

# Assessing and Stratifying Patient Risk to Determine COVID-19 Outpatient Care

COVID-19 treatment is complicated by patients' risk factors, making it critical to assess underlying conditions and social determinants in order to stratify risk and determine care.

## Risk Stratification

Risk stratification helps providers determine the optimal treatment and treatment setting for each patient. The first step is to build a comprehensive and accurate medical history.

A number of factors put patients at greater risk for a severe COVID-19 infection, including age, race and ethnicity, as well as patients with chronic disease, obesity, cancer and other immunocompromised states (complete list [here](#)).<sup>i</sup> Longstanding social determinants of health – economic stability, education, health and healthcare, neighborhood, and environmental factors – contribute to health disparities and can cause barriers to healthcare, such as access to testing and treatment.<sup>ii</sup>

Special populations at increased risk, include:

- Pediatric patients: increased risk of Multisystem Inflammatory Syndrome in Children (MIS-C)
- Pregnant patients: increased risk of pregnancy-related complications as well as preterm or stillborn birth
- Transplant and immunocompromised patients: severe risk due to medical comorbidities and medications may complicate or hamper treatment.

## Caring for Patients

There are several COVID-19 outpatient treatment options for those with an acute infection or those at increased risk, with

common treatments including steroids, oxygen, antivirals, and monoclonal antibodies. This [COVID-19 Drug Interaction Checker](#) is a valuable resource.<sup>iii</sup>

Virtual patient visits have become popular with COVID-19. Assessing the severity of illness on virtual platforms is challenging for clinicians, and they may need to develop creative assessment techniques. Timeliness of assessment for COVID-19 infected patients is essential to ensure treatment and prevention of severe illness. Virtual visits are not a replacement of in-person follow up visits when it is safe to do so.

Special populations are vulnerable and require specialized treatment and assessment due to other medications or underlying conditions. Coordination of patient care with their other specialists is imperative.

**“Clinicians need to be very careful in looking at home medication lists and kidney function, liver function, other medical comorbidities before prescribing antivirals. And at times, the risk of the antiviral course may actually outweigh the benefit of the agent.”**

STEPHANIE PODOLSKI, MPH, MSPA, PA-C



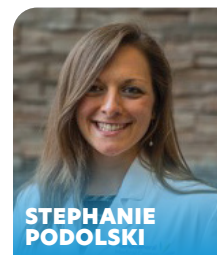
**ANGELA  
LECLERC**

**MSPA, PA-C**  
Critical Care PA; Critical Care APP Program Manager & Residency Director, Maine Medical Center



**SAMPATH  
WIJESINGHE**

**DHSC, AAHIVS, PA-C**  
Clinical Assistant Professor, Stanford School of Medicine PA; Central Valley California Clinical Site Director, Adventist Health



**STEPHANIE  
PODOLSKI**

**MPH, MSPA, PA-C**  
Hospitalist PA, Lead PA, Director of the APP Hospital Medicine Fellowship, MaineGeneral Medical Center

<sup>i</sup> Underlying Medical Conditions, CDC. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

<sup>ii</sup> Healthy People 2030, HHS. <https://health.gov/healthypeople>

<sup>iii</sup> COVID-19 Drug Interactions, University of Liverpool. <https://covid19-druginteractions.org/>

