

Teleconsultation for patients with postviral symptoms

Submission date 04/03/2025	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 28/04/2025	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 10/09/2025	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Long- and post-COVID stands for various health complaints that patients suffer from after they have survived a SARS-CoV-2 primary infection. The most common long-term symptoms include persistent fatigue, dyspnoea, but also cardiovascular and neurological complaints. The symptoms can persist, reappear or fluctuate after the initial recovery from an acute SARS-CoV-2 infection. Long- and post-COVID is therefore a complex disease with long-lasting, heterogeneous symptoms. The disease can be a major challenge, especially for those in employment, making it considerably more difficult to return to work. Comprehensive treatment of those affected requires interprofessional structures and networks, which only exist to a limited extent in Germany to date. This is particularly true for rural and structurally weak regions. Patients experience care bottlenecks in diagnosis, further treatment and outpatient follow-up care after rehabilitation stays. This trial is being conducted to investigate the extent to which an interprofessional, patient-centred teleconsultation, initiated and accompanied by the general practitioner (GP), helps to reduce the symptoms of patients with long-COVID and other post-viral symptom complexes. At the centre of this intervention is the interprofessional exchange between GPs and long-COVID specialists at Rostock University Medical Center (Long-COVID Board) and the direct involvement of patients via teleconsultation. On the one hand, this approach enables patients to receive care close to home in familiar structures. On the other hand, the specific experience and expertise of the specialists in the treatment of long-COVID and other post-viral complaints enriches the diagnosis and treatment of the patients included. The aim is a focussed and efficient evidence-based differential diagnosis and, depending on the participatory decision-making process, the application of elaborated therapeutic approaches.

Who can participate?

Patients from participating GP practices in Mecklenburg-Vorpommern (Germany) who are at least 18 years old and suffer from a post-viral symptom complex can take part in the study.

What does the study involve?

At the beginning of the study and four months later, all included patients visit their GP practice for data collection (physical performance, health-related quality of life, cognitive impairment, lung performance and fatigue symptoms). For patients in the intervention group, a teleconsultation takes place between the two appointments at the GP practice, during which

they and their GP discuss the diagnosis and treatment options with a representative of the Long-COVID Board. Patients in the control group receive care as usual.

What are the possible benefits and risks of participation?

Prompt interprofessional dialogue between specialists, GPs and patients can help to improve diagnosis and access to treatment. As diagnosis and treatment are carried out according to current guidelines and procedures, no harm to the patient is to be expected.

Where is the study run from?

Institute for General Practice, Rostock University Medical Center (Germany)

When is the study starting and how long is it expected to run for?

November 2024 to December 2028

Who is funding the study?

German Federal Ministry of Health

Who is the main contact?

Dr Christin Löffler, christin.loeffler@med.uni-rostock.de

Contact information

Type(s)

Public, Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Protocol serial number

ZMII2-2524FSB031

Study information

Scientific Title

Patient-centred interprofessional teleconsultation for patients with postviral symptom complexes (Subproject of, "Coordinated LongCOVID care system for integrated supply and capacity expansion in Mecklenburg-Western Pomerania (COVI-Care M-V)")

Acronym

COVI-Care M-V

Study objectives

The trial tests whether the COVI-Care M-V intervention (interprofessional, patient-centred teleconsultation, initiated and accompanied by the general practitioner (GP) with long-COVID specialists from Rostock University Medical Center (Long-COVID Board) is more effective in improving physical performance among patients than care as usual.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 05/02/2025, Ethics Committee at Rostock University Medical Center (St.-Georg Str. 108, Rostock, 18055, Germany; +49 381 494 9900; ethik@med.uni-rostock.de), ref: A2025-0033

Study design

Interventional cluster-randomized controlled

Primary study design

Interventional

Study type(s)

Diagnostic, Treatment

Health condition(s) or problem(s) studied

Long- and post-COVID and other post-viral symptom complexes

Interventions

Interprofessional, patient-centred teleconsultation initiated and supervised by the GP with the patient and GP at one end (GP practice) and Long-COVID specialists from Rostock University Medical Center (Long-COVID board) at the other end.

Intervention Type

Other

Primary outcome(s)

Physical performance measured using the target and actual value of the walking distance of the 6-minute walk test between patient inclusion (T0) and 4 months later (T1)

Key secondary outcome(s)

The following secondary outcome measures are assessed before the intervention (T0) and four months later (T1):

1. Health-related quality of life measured using the Post Acute COVID-19 Quality of Life (PAC-19QoL) tool
2. Cognitive impairment measured using the DemTect screening test
3. Lung performance measured using a peak flow meter
4. Symptoms of fatigue measured using the Fatigue Assessment Scale (FAS)

Completion date

31/12/2028

Eligibility

Key inclusion criteria

Patients:

1. Presence of a post-viral symptom complex
2. Age from at least 18 years

Physicians:

1. General practitioners based in Mecklenburg-Western Pomerania (Germany)

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 years

Upper age limit

99 years

Sex

All

Key exclusion criteria

Patient exclusion criteria:

1. Presence of an acute underlying malignant disease
2. Remaining life expectancy of less than 12 months as assessed by a GP
3. Language barriers (e.g. hearing impairment, lack of language skills)
4. Dementia and lack of capacity to give consent

Date of first enrolment

01/04/2026

Date of final enrolment

31/12/2027

Locations

Countries of recruitment

Germany

Study participating centre

Rostock University Medical Center, Institute of General Practice

Doberaner Str.142

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Sponsor information

Organisation

Bundesverwaltungsamt

Funder(s)

Funder type

Not defined

Funder Name

German Federal Ministry of Health

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Christin Löffler, christin.loeffler@med.uni-rostock.de. Raw data will be available on request following publication of results in 2029. Informed consent will be obtained during patient enrolment. Data will be anonymised. An inter-institutional data sharing agreement will be required.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		09/09/2025	10/09/2025	Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes