Commentary

A COVID-19 exemption code to ensure post-recovery care: From the territory a proposal for the Apulia Region government

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The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) pandemic has certainly generated several public health challenges, and more await us in the coming months, in addition to a possible second wave in the fall. Its related disease, COVID-19, is a complex pathology with a broad symptomatic spectrum and a not exclusively pulmonary organotropism \[1\]. The effects of this illness are still not clearly identifiable and the possibility of irreversible damages remains even after a complete dimission. The Italian Society of Pneumology in fact estimates that 30\% of COVID-19 patients will have chronic respiratory problems \[2\]. It follows that even the recovered patients will be an important test bench, as both those who have needed hospitalization and those in-home isolation will need to face further medical care and investigation. Specialists report the need to carry out respiratory physiotherapy, cardiologic and vascular consultations, eventually also nutritional integration therapies, as well as a series of instrumental and biohumoral diagnostic tests (echo- and electrocardiogram, chest X-ray, blood chemistry analyses with particular focus on iron metabolism and coagulation panel). If necessary, according to the latest available knowledge, neurological, dermatological, gastroenterological, nephrological examinations and checks must be added, as well as possible psychological interventions. All this without neglecting the emerging effects in children \[3\] and the need for further pharyngeal swabs and serological tests even after the negativization \[4\].

The Italian National Health Service is decentralized, thus healthcare is managed differently by each of the twenty regions. It provides universal coverage to citizens and residents, with public healthcare largely free of charge: only some treatments requires a co-payment (the so-called “ticket”, whose amount can change among regions) such as thermal cares, specialist visits and instrumental and laboratory diagnostic tests, not critical services performed in emergency room or those not followed by hospitalization. However, this form of economic contribution can be avoided (for some or all services) in particular income scenarios associated with age or social condition, in presence of certain diseases (chronic or rare) or disability status and in other special cases (e.g., pregnancy, early cancer diagnosis, HIV detection) \[5\]. Each of these different situations is linked with an alphanumeric code in the citizen health dossier, the exemption code, always on regional basis.

Regarding post-recovery care, it is clear that the convalescent patient cannot afford all these medical procedures, in particular at a time such as the current one, also characterized by a deep economic crisis which adds to that was already underway. For these reasons, the territorial medicine and the operators of the Apulian prevention services have decided to propose to the regional government the possibility of adopting a specific exemption code for COVID-19, taking on the economic burden deriving from treatments and diagnostic investigations once the acute phase of the disease has been overcome. Moreover, a similar procedure would also have the comfort of numbers: the sum of confirmed cases remains limited to date (as reported by the latest epidemiological bulletin - 01/08/2020 h :14:00 CEST - , there are 4631 total cases of COVID-19 syndrome in Apulia, including 112 currently positive, 3967 healed subjects and 552 deaths \[6\]), which makes the operation sustainable and not expensive for the regional finances. This idea would arise as a public health pilot project within the Italian healthcare system and the major western health services, absorbing the various temporary exemptions granted at local level in a stable and lasting framework. The implementation of this code, moreover, would have an undisputed utility also for research purposes: pending a complete use of the Electronic Health Record (EHR), it could constitute an essential source of data (accompanied by other clinical documentation) for future epidemiological studies.

Author contribution

All authors have contributed equally.

Declaration of Competing Interest

The authors have no interests to declare.
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