Hello,

As the threat of surges of COVID 19 cases looms, our patients sit at home and continue to have chronic illnesses that make them vulnerable to this new Coronavirus.  These folks represent the second tsunami of care needed in this time.  In a push of proactive health care, our care coordinators and staff are poised to begin working through lists of patients.  They are starting with our most vulnerable as identified by Medicaid for chronic conditions and/or homelessness, then moving to our Chronic Care Management patients, and then all of our Medicare patients.  The goal is to touch base with as many people as possible and get those who need a visit with a provider set up with virtual visits or in office visits if appropriate.

In these phone calls, the care coordinator will inquire about general health/concerns first.  There are some chronic conditions for which there are specific lists of questions (CHF, COPD, HTN, Asthma, Diabetes, Depression (PHQ-9) and Anxiety (GAD-7) to be asked based on whether or not the patient has any of those co-morbidities.  If the patient responds “yes” to any questions they will be scheduled for a virtual visit with t heir provider or a clinic provider if the PCP is not available.  The staff making the calls has some key phrases that should alert them to a patient needing to be seen urgently/emergently (SOB, Suicidal Ideation, Chest Pain, etc.)

This is an uncertain and difficult time to navigate as a physician working to provide continuity of care, best practice care and physically distant care!  The hope is that in reaching out to our patients we can have better health outcomes, increased virtual visits and reinforce the healing relationship with our patients that are meaningful for all of us.  Thank you for your hard work and your care.

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Preferred Pronouns: She/Her/Hers

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