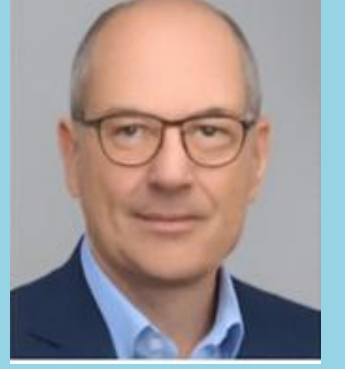

Dr. Thomas Lambert

Age: 59
Location: Liège, Belgium
Education: MD in General Practice, training in psychosomatic medicine
25 years of practice

Personality & Interests:
Empathic, reflective, tech-curious but pragmatic. Enjoys anthropology books, cycling, mentoring.
Community Role: GP with ~1,600 patients; active in regional GP network

Over the past three years, Dr. Lambert has followed an increasing number of patients with post-viral syndromes, including Long COVID.

ORGANIZED — DISORGANIZED

EXTROVERT — INTROVERT

EMOTIONAL — RATIONAL

Share
EHR Xchange Format

Role:

Primary care physician, first point of contact for chronic/emerging conditions.

Challenges:

- Managing uncertainty around long COVID
- Avoiding over-medicalization while not dismissing symptoms
- Integrating fragmented specialist reports

Coordination responsibilities

- Consolidates fragmented specialist reports
- Translates specialist findings into understandable information for the patient
- Helps patients navigate administrative aspects (sick leave, insurance forms)
- Monitors the evolution of functional symptoms over time

Workflow Position:

Receives public health agency alerts → bridges patient, system, and research networks.

Daily Practice:
Morning consultations, EHR dashboard review

Collaboration:

Weekly multidisciplinary meetings (physio, psychologist)

Attitude:

Patient empowerment through flagged self-reporting.

Goals:

- Better continuity of care
- Contribute to public health surveillance
- Build patient trust through visible impact of their input

Alert Response:

- Reviews EHR after receiving alert
- Contacts patient to explain recruitment
- Supports PROMs/PREMs completion via “yellow button”

Data Handling:

- Ensures self-reported data is flagged
- Cross-validates but does not overwrite clinician entries

Concerns:

- Administrative overload
- PROMs/PREMs must complement, not replace dialogue with GP
- Lack of structured and validated data
- GDPR compliance & data protection

Care Professional Concerns

Variety of hard-to-objectify symptoms
Need for multidisciplinary coordination
Fatigue affecting treatment adherence
Risk of psychological isolation
Lack of (updated) reference clinical guideline

Frequent symptom patterns observed:

- Persistent fatigue and post-exertional malaise
- Cognitive dysfunction (“brain fog”)
- Headaches and sleep disturbances
- Shortness of breath without clear pulmonary pathology
- Anxiety and emotional distress linked to uncertainty

Approach to medically unexplained symptoms
Dr. Lambert prioritizes:

- Validating the patient’s experience
- Explaining uncertainty without dismissing symptoms
- Avoiding premature psychological attribution
- Providing structured follow-up to reassure patients

Convinced that clinic and medical research must increasingly be both part of any clinician

Becomes « de facto » a **referral person** for many patients lost in errancy.

Regrets lack of (financial) support to consolidate data dn findings.

Use of patient-generated data
Dr. Lambert reviews:

- fatigue scales
- symptom tracking
- cognitive complaints
- functional limitations
- reported through patient apps or questionnaires.

Support Network:

Regional GP network, hospital specialists, public health agency, patient associations.

Digital Tools:

- National EHR with yellow button
- PROM/PREM platforms and tools
- Secure public health messaging app

Constraints:

- Limited time per patient
- Mistrust due to history of dismissal in long COVID
- Fragmented insurance & care systems

Story

- Over 20 years, Dr. Lambert has witnessed the rise of long COVID. Initially uncertain, he adapted by listening actively, accepting uncertainty, and valuing patient knowledge.
  At times, he realised he struggled to recognize long COVID or provide adequate support, due to the wide variety of symptoms and the time lapse between the initial infection and the appearance of persistent complaints. For years, he felt unsupported in this task.
  Thanks to the EEHRxF, he is now very happy that patient discovery by relevant authorities — always within the consent of patients — can happen more easily. Patients are empowered to actively send their data for secondary use, while both patients and GPs feel part of an ecosystem where they grow together rather than feel left alone and behind.
  When an alert identifies a patient, he explains the initiative, facilitates PROMs/PREMs via the yellow button, and ensures transparency about data origin. For him, this marks a shift to collaborative medicine, where patient voices shape new knowledge.