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A Resource Center for Today's Case Manager

COVID-19 and the Effect on the Workplace: Return-To-Work Strategies and COVID Long-Haulers



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■ Welcome and Introductions:

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■ Presentation:

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COVID-19 and the Effect on the Workplace: Return-To-Work Strategies and COVID Long-Haulers

After listening to the webinar, participants will be able to:

1. Describe COVID-19 long-hauler syndrome;
2. Discuss laws that relate to return-to-work and back-to-work employee situations;
3. Explain to clients and co-workers how workplace benefits can be utilized to support those suffering from COVID and COVID long-term symptoms;
4. Comprehend how to best advocate for themselves and clients regarding best return-to-work strategies post-COVID or other similar illnesses.

Exam Prep Resources



Quiz App



Practice Exam



Glossary App



Certification 360
Virtual Workshops



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Exam Prep
References



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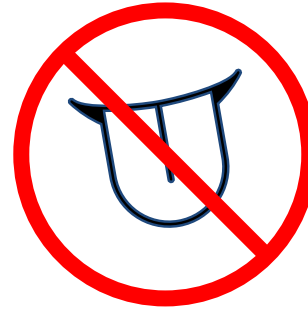
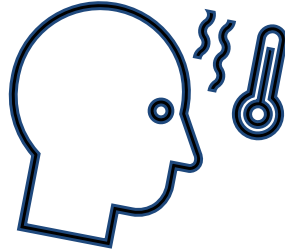
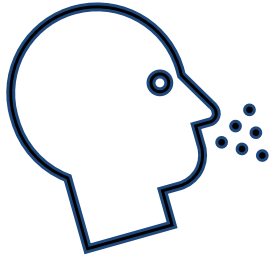
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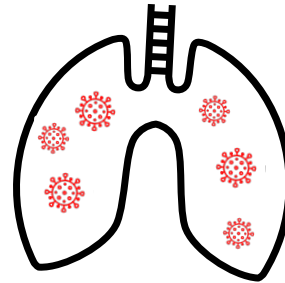
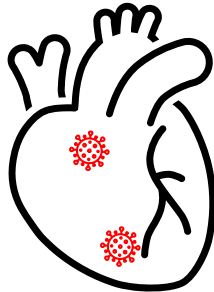
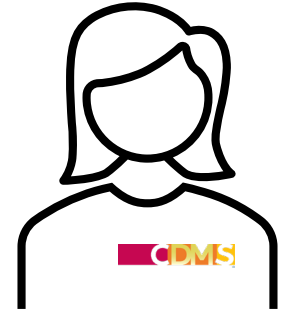
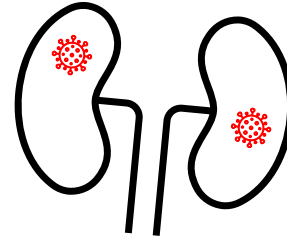
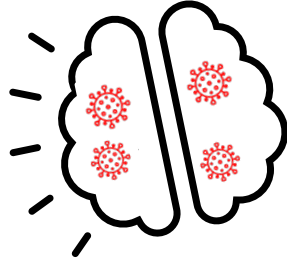
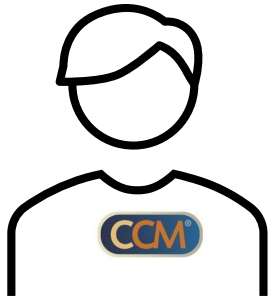
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Understand and Adapt



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Insights for Case Managers to Combat Conditions Caused by Covid-19

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Agenda

- What is “Long COVID”?
 - Diagnosis and common symptoms
 - Latest medical evidence and theories
- Workplace Impacts and Considerations
- Case Management Strategies and Solutions
- Final Thoughts/ Closing Comments



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Both Drs. Glassman and Jolivet are employed by the Standard Insurance Company; however, no actual or potential conflicts of interest were identified with respect to this presentation.





What is “Long COVID”?





COVID-19: Brief Review

COVID-19 symptoms are a result of the immune system response to the SARS COV2 virus and commonly include:

Congestion or runny nose

Cough

Fatigue

Fever or chills

Muscle or body aches

New loss of taste or smell

Nausea or vomiting

Shortness of breath or difficulty breathing

Sore throat



What is “Long COVID”?

- The medical term is **Post-Acute Sequelae of COVID-19 or PASC**
- PASC includes **persistent or new symptoms** that develop at least four to eight weeks after initial infection with COVID-19
 - May occur following mild COVID-19 symptoms, **not just severe ones**
- For some people, **recovery is slower**
- Ranging from three months to **a year or more**
- Preliminary research on PASC following vaccination suggests vaccines may reduce the incidence of PASC



PASC: By The Numbers



Occurs in approximately 10% to 30% of COVID-19 survivors



Up to 3.1 million people are expected to develop PASC (almost 2% of the workforce)



Higher prevalence following severe COVID-19 with 5+ symptoms experienced during the 1st week of illness



More common among patients with increasing age, higher BMI and female



Associated with lower annual household income



More likely among non-hospitalized patients with heart disease and chronic obstructive pulmonary disease (COPD)



Common Symptoms of PASC

PASC symptoms are similar to COVID-19 symptoms and include additional or new symptoms that typically manifest subjectively:

Anxiety and depression

Chest pain and palpitations

Cognitive impairment (“brain fog”)

Cough

Fatigue

Joint pain

Shortness of breath or difficulty breathing

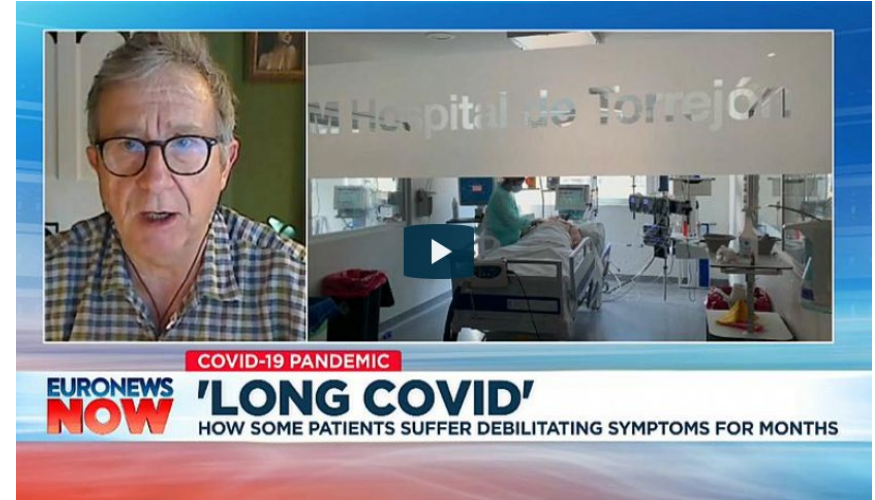
Loss of taste and smell

Sleep problems



An Epidemiologist's Experience with PASC

“I am unable to be out of bed for more than three hours at a stretch, my arms and legs are permanently fizzing as if injected with Szechuan peppercorns, I have ringing in the ears, intermittent brain fog, palpitations, and dramatic mood swings.”



Epidemiologist Paul Garner tells Euronews about his own months-long struggle with 'long COVID'

Documented on the 95th day after the onset of symptoms by Dr. Paul Garner, Professor of Infectious Diseases, at the Liverpool School of Tropical Medicine.





Latest Medical Evidence and Theories

There is a clear understanding of how COVID-19 causes organ damage

PASC without apparent organ damage is not clearly understood at this time

- It may reflect an assault on the autonomic system related to a cytokine storm induced by the virus

Cytokines are chemicals that facilitate communication between cells

- They signal to the immune system that a response is needed to an infection
- In some cases, there is a heightened immune response that causes inflammation that damages the body and can even be fatal
- According to this theory, PASC is a consequence of this escalated response to the initial infection





There are other theories for the pathophysiology of PASC without apparent organ damage

- One is that COVID-19 is a disease of the blood vessels
- Since the virus enters through the vascular receptors (via the spike protein) of the respiratory tract, it causes a type of vasculitis in the respiratory system before spreading throughout the blood vessels of the body
- This leads to an illness very similar to bacterial sepsis and disseminated intravascular coagulation (DIC)



PASC includes two groups:

Group 1

Symptoms arise from multiorgan involvement caused by the acute infection

Group 2

Symptoms present without evidence of any end-organ damage



Group 1

PASC With Multiorgan Involvement

- Associated with severe COVID-19, including hospitalization
 - Acute heart, kidney, liver and/or neurological injury
 - Breakdown of muscle tissue
 - Blood clots
- Reflected in objective tests
 - Reasons for ongoing symptoms in this group are very clear and well understood



Group 2

PASC Without Apparent Organ Damage

- Not limited to severe COVID-19, may occur with mild cases
- Most symptoms are subjective
 - Since they did not have a severe infection initially, some people may have dismissed their complaints in the earlier stages of the pandemic asking, “Is this person really sick?”
- Most patients with PASC are in this group



Long-Term Disability for PASC

Current experience* with PASC claims indicates:

The average Long-Term Disability duration is around 90 days

Approximately 25% of claims continue for more than 5 months

Claimants more likely to be older

More likely to be in occupations with medium, heavy or very heavy physical exertion requirements

*Based on internal data from The Standard.





Increasing Behavioral Health Conditions

Post Traumatic Stress Disorder is on the rise due to the pandemic

- Recent research¹ also shows that 46% of American workers report suffering with mental health issues and 49% screened positive for problem alcohol use, drug abuse or prescription misuse
- Rates of anxiety and depression have tripled²
- Over 93,000 overdose deaths occurred in 2020³

PTSD is a known complication of COVID-19 and may occur independently of any diagnosis of PASC

- PTSD is common following mechanical ventilation

PTSD following COVID-19 does not necessarily indicate PASC

- PTSD occurs following a trauma that was perceived as life-threatening by the individual

¹ Source: 2020 Behavioral Health Impact Update, The Standard

² Source: CDC Household Pulse Surveys, 2020 – 2021

³ Source: CDC National Center for Vital Statistics, 2021





Workplace Impacts and Considerations





Workplace Impacts of PASC

- **Employees with PASC are likely to become one of the largest groups of workers requiring accommodations**
- The **subjective nature** of the complaints and **variability of symptoms** pose treatment challenges
 - There's no “one-size-fits-all” approach to accommodations
 - Case management will require customized, hands-on approaches
- People who continue to work with PASC may exhibit **presenteeism**
- People who cease work because of PASC may not realize that **accommodations exist that could help them return to work**



Challenges of Subjective Conditions



The diagnosis may be made solely based on the subjective reports of the employee (for people without organ damage)



Limitations and restrictions are identified by the treating provider



Employees with subjective conditions often experience skepticism from others

- This may lead to a feeling of not being supported or understood
- People told “It’s all in your head” may resist behavioral health interventions that could improve physical health



Challenges for Employers and Case Managers

For Employers

- Stigma is common, especially for conditions seen as indicating a mental health issue
- Employers frequently question the validity of subjective conditions
 - “Is he really sick?”
 - “It’s all in her head.”
 - “They’re faking it to avoid working.”
- Managers tend to see subjective conditions as reflecting personal issues rather than a medical problem

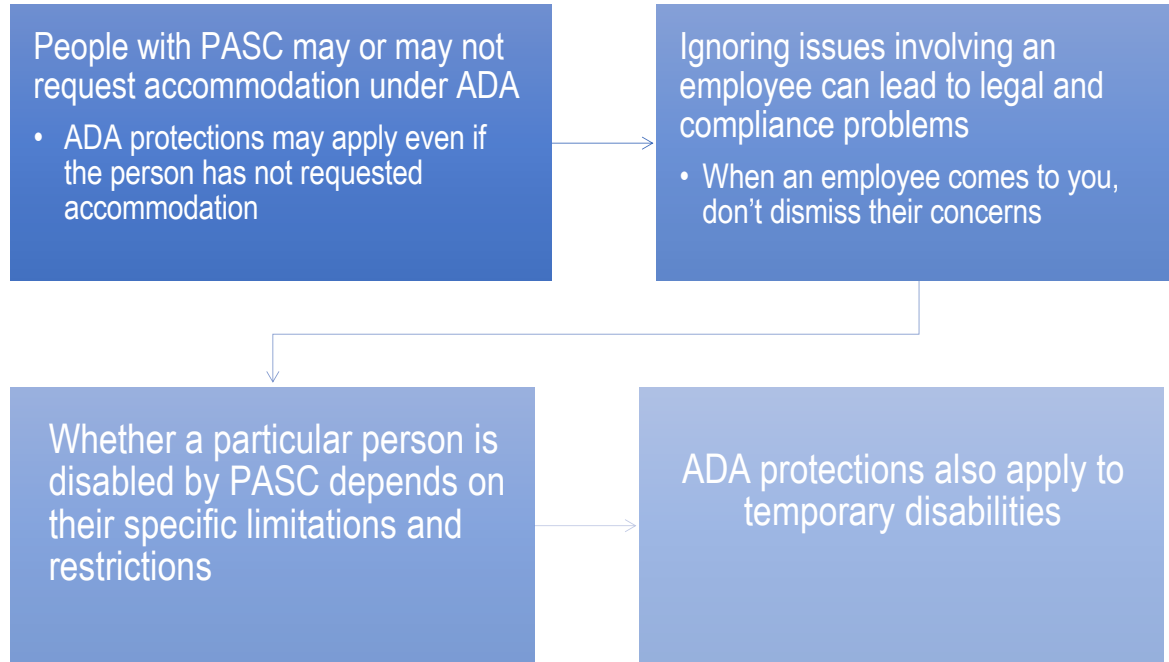
For Case Managers

- Case managers must verify that employees have seen an appropriate specialist
- Employees may exhibit different symptoms, so a standardized approach will not be appropriate.
 - Case management of subjective conditions must be both flexible and consistent.
- Case managers can look for consistency between symptoms employee shared with different providers





ADAAA Considerations





Communication Best Practices

Employers can use a **6-step process** for talking with employees who may be struggling:



1. Identify workplace issues



2. Meet with the employee in private



3. Explain reasons for concern and ask, "How can I help?"



4. Listen in a non-judgmental, empathic manner



5. Offer appropriate resources for coping



6. Follow up



Resources for Subjective Conditions

Train managers to offer appropriate resources whenever an employee discloses a condition that may be impacting their work, starting with encouraging them to talk with their existing provider(s) and suggesting they contact HR.

Additional resources may include:

Employee Assistant Programs (EAPs)

Stay-at-Work services

Referrals through employer-sponsored health insurance

Health navigation benefits

Community resources available through 211

Online communities and local support groups



Employers Must Collaborate with Their Vendors

- **Health insurance and Pharmacy Benefit Managers (PBMs)** are developing processes to support employees to obtain appropriate diagnoses and treatment
- **Disability insurers and Workers Compensation** vendors can support employers by providing creative and cutting-edge accommodation strategies
- **Absence Management** vendors can assist employers to track the various leave options available to employees, especially when intermittent leave is requested
- **ADA/ADAAA compliance services** may aid in maintaining compliance with legal requirements and help facilitate the interactive process



Case Management Strategies & Solutions:

Applying Lessons Learned From Other Chronic Conditions





Tailor Case Management Strategies to Specific Issues

- Support employee in response to stigma or skepticism
- Educate employer, including impact of ADA/ADAAA
- Identify and address barriers to treatment
 - Lack of understanding makes it difficult to know what to expect and what to ask or tell providers
 - Individual symptoms may not seem clinically significant, but the combined impact of multiple symptoms may cause significant impairment
 - Difficulty with compliance because of symptoms
 - Self-stigma



Clear Goals are Essential for Case Management of Subjective Conditions

“If you don't know where you're going, you might not get there”

Attributed to Yogi Berra



Ongoing Case Management Strategies for PASC

- Partner with employee to improve communication and collaboration between providers, especially if not seeing a specialized team
 - Rapport and relationship are essential
 - Focus on rehabilitation or recovery rather than “cure”
 - Rehabilitation is most effective when led by the employee (client or patient)
 - The employee is the expert on which symptoms are most disruptive
 - SMART goals may be established using tracking devices or daily logs
 - If goals include Stay at Work or Return to Work, case management must include the employer (HR and/or
 - Translate goals into a clear implementation plan involving realistic steps





Ongoing Case Management Strategies for PASC

- Ongoing monitoring and frequent assessments may be necessary to maintain a clear focus on employee symptoms, which may change over time
 - Identification and management of comorbid conditions, particularly new-onset psychiatric conditions
 - Assistance with remote monitoring devices
 - Support coordinating multiple provider appointments
 - Consistent follow-up is key



Case Management to Support Self-Care

- Subjective conditions frequently require advice and support for self-management techniques
 - Assist with goal-setting
 - Concrete plans for support
 - Identification of support groups or support individuals
 - Help to address social isolation, loneliness and grief
 - Transitions may be particularly difficult because there are no objective outcomes to guide progress
- The emotional impact of continuing symptoms may complicate the employee's recovery
 - Emphasize self-care and being gentle with yourself
 - Monitor activity (exercise), mood, nutrition, sleep and thoughts

PASC Symptom: Fatigue

Similar to Chronic Fatigue Syndrome (CFS):

Impaired ability to engage in pre-illness levels of activity

Profound fatigue

Malaise after exertion

Unrefreshing sleep

Cognitive impairment

Postural Orthostatic Tachycardia Syndrome (POTS) – increased heartrate and lightheadedness when standing up

Common Accommodations for CFS include:

- Anti-fatigue matting
- Ergonomic and pneumatic tools
- Specialized seats, including stools, low-task chairs and creepers
- Multi-purpose carts
- Scooters and walkers
- Flexible scheduling and increased break frequency
- Working with the treating provider to develop a gradual Return-to-Work plan

Success Story: Chronic Fatigue Syndrome

Occupation	Barrier	Interventions	Costs	Estimated Savings	Employee Feedback
Librarian, age 40	Chronic Fatigue Syndrome. Other symptoms included muscle weakness and “mental fog,” along with light sensitivity and headaches.	Stay-at-Work services included ergonomic evaluation, on-site assessment, consultation with HR, equipment procurement, training and follow-up. Equipment provided included ergonomic chair, saddle stool, sit/stand workstation, precision-tinted glasses, light shade and trackball mouse.	\$2,338	\$4,216 61 days	"Thank you for checking in! The adjustable desk and chair are so helpful! The (glasses) do help while I'm in the back workspace. . .even a little bit of relief is helpful. . .thank you for everything!"

Estimated savings are based on 2019 IBI STD benchmark data for libraries.



PASC Symptom: Cognitive Impairment (a.k.a. “Brain Fog”)

Similar to Cognitive Impairment following a Stroke:

Impaired ability to focus

Easily distracted

Difficulty staying organized

Problems following directives

Employers may have difficulty distinguishing problems with concentration from intellectual impairment, even if memory and intellectual ability are not impacted.

Common Accommodations for Cognitive Impairment following a Stroke include:

- Apps to aid with concentration and electronic organizers
- Desk organizers and planners
- Task separation, task flow charts and written instructions
- Noise abatement strategies to reduce distractions
- Cubicle doors, shields and shades to reduce visual distractions



Success Story: Stroke

Occupation	Barrier	Interventions	Costs	Estimated Savings	Employee Feedback
Teacher, age 45	Difficulties concentrating following stroke. Other symptoms included: headaches, problems with fatigue, and sensitivity to light and sound.	Stay-at-Work services included file review, on-site meeting, information on local support groups for brain injury survivors, and discussion of keeping a “headache bag”. No equipment provided.	\$1,010	\$3,762 63 days	Employee thanked case manager for the help.

Estimated savings are based on 2019 IBI STD benchmark data for teachers.



PASC Symptom: Anxiety

Similar to Panic Disorder:

Sudden and unexpected periods of intense fear

Heart palpitations, pounding or rapid heartrate

Sweating

Trembling or shaking

Shortness of breath, feeling of smothering or choking

Feeling out of control

Feelings of impending doom

Common Accommodations for Anxiety associated with Panic Disorder include:

- Apps for managing anxiety and panic attacks
- Modified break schedule
- Rest area or private space
- Support person



Success Story: Anxiety

Occupation	Barrier	Interventions	Costs	Estimated Savings	Employee Feedback
Chef, age 61	Anxiety Disorder, not otherwise specified. Other symptoms included ruminative thinking, problems concentrating, sleep disturbance; treating provider was adjusting medications.	Return-to-Work services included review of medical records, telephone calls with claimant for support and encouragement, and negotiating a Return-to-Work plan with HR. Claimant also started attending support groups. No equipment provided.	\$659	\$5,131 56 days	“Thank you very much for your help”.

Estimated savings are based on the difference between the anticipated Return-to-Work date from the treating provider and the actual Return-to-Work date, along with the cost of the claim for the disability leave days avoided.



Chronic Condition: PTSD

Symptoms are clustered into four categories:

Intrusive symptoms

Avoidance

Changes to thought processes or mood

Increased reactivity and arousal

Stigma around PTSD includes an unfounded belief that people with PTSD are violent

Common Accommodations for PTSD include:

- Apps for PTSD
- Noise abatement strategies and cubicle doors to reduce events that might startle the employee
- Support person
- Trauma-informed management strategies

Success Story: PTSD

Occupation	Barrier	Interventions	Costs	Estimated Savings	Employee Feedback
Mental Health Worker, age 50	Post Traumatic Stress Disorder. Other symptoms included flashbacks, avoidance, rumination, sleep disturbance, poor concentration, and sensitivity to loud noises.	Return-to-Work services included review of medical records, telephone calls with claimant for support and encouragement, telephone call to treating therapist, and negotiating a Return-to-Work plan with HR. No equipment provided.	\$1,267	\$3,336 46 days	“Thank you for your kind words. Thanks for helping me. It made a difference in a difficult time.”

Estimated savings are based on the difference between the anticipated Return-to-Work date from the treating provider and the actual Return-to-Work date, along with the cost of the claim for the disability leave days avoided.





Final Thoughts / Closing Comments





Looking Ahead: The Bigger Picture



As the pandemic is contained, it appears likely COVID-19 will remain endemic and there will continue to be a significant number of PASC cases in the future. As a result, **managing employees with PASC is probably going to be an ongoing issue for employers.**



Employers should look at employee wellbeing and health holistically, recognizing that accommodations appropriate for workers with PASC may also be needed for employees with **behavioral health or medical conditions** that **have developed or worsened during the pandemic.**



Providing support to employees may help to avoid employee turnover as the pandemic resolves and will certainly **lead to better morale**, more positive relationships between workers, **higher productivity and lower costs.**

Use Your Resources and Experts

For example,
disability insurance providers are in a unique position to assist employers
cope with the impact of PASC through:

Stay-at-Work and Return-to-Work Programs

Manager support and training

Medical and vocational expertise to evaluate workers' symptoms, diagnoses, limitations, restrictions, and treatment

Ability to supplement information with Independent Medical Evaluations

Experience with case management

Knowledge of effective and innovative accommodations

Additional Resources

- American Academy of Physical Medicine and Rehabilitation: [Multidisciplinary collaborative consensus guidance statement on the assessment and treatment of fatigue in postacute sequelae of SARS-CoV-2 infection \(PASC\) patients](#)
- CDC: [Post-COVID Conditions: Information for Healthcare Providers](#)
- EEOC: [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)
- Health.com: [What Is a Cytokine Storm? Doctors Explain How Some COVID-19 Patients' Immune Systems Turn Deadly](#)
- Job Accommodation Network: [Accommodating Employees with COVID-19-Related Symptoms](#)
- Nature Medicine: [Post-acute COVID-19 syndrome](#)
- The Standard: [Behavioral Health Resource Center](#)
- Workplace PossibilitiesSM Blog: [The Human Side of Managing People - When Is It Especially Important?](#)



“Long Covid is horrible. **It is real.** I would not wish it on anyone. **It is also different for everyone,** and one person’s story of recovery will not apply to all. **But stories of people getting better are out there,** and one enabled me to find a path to recovery. I hope that, as we wait to further understand this aspect of the Covid-19 pandemic, others too might derive some relief from hearing me share my story in the same way.”

- Dr. Paul Garner



Thank you for attending!





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Q&A



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Closing Remarks



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Thank you!

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