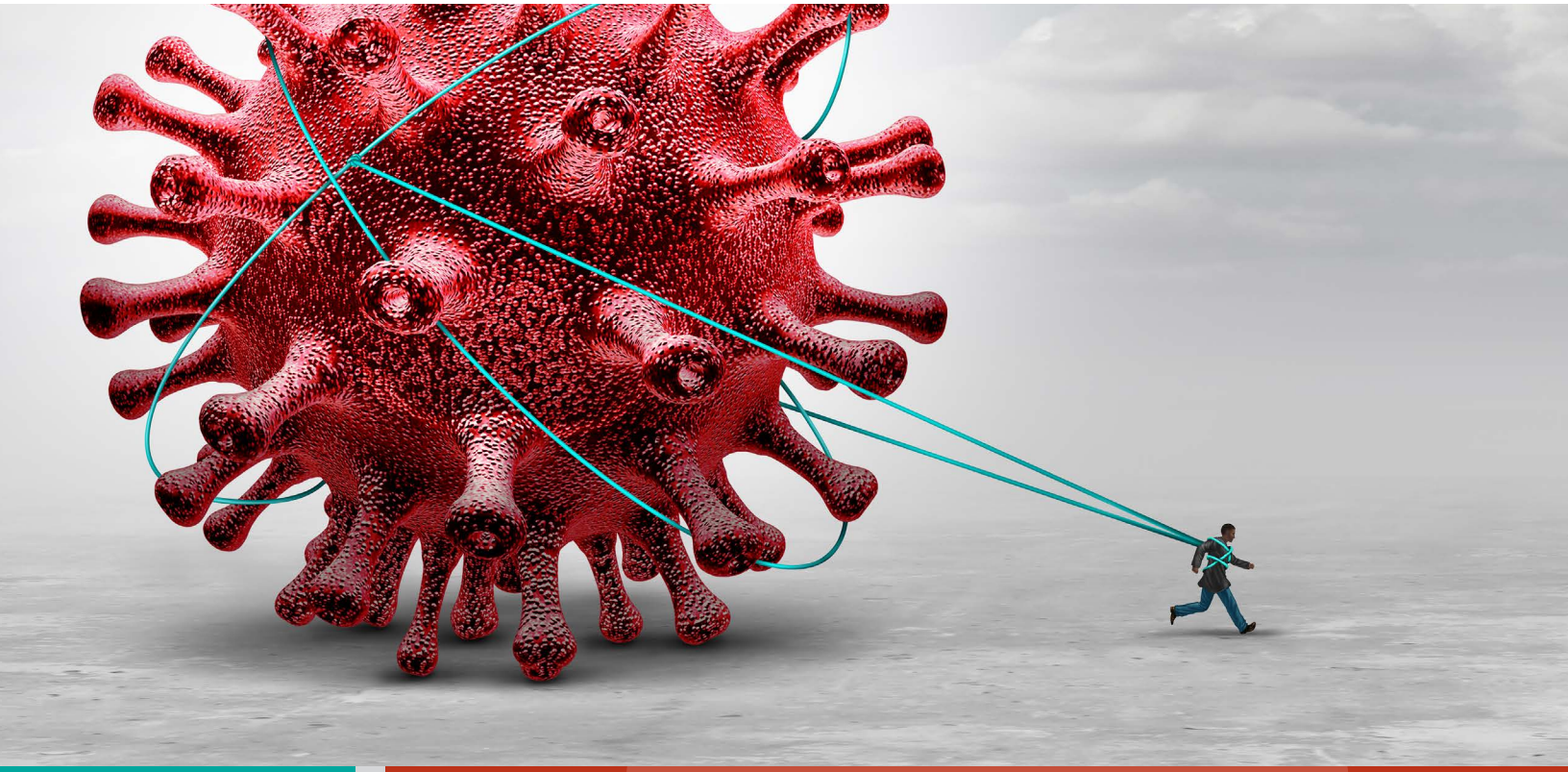

Long COVID: Assessing and Managing Workforce Impact

INDUSTRY THINK TANK PROVIDES RESOURCES AND INSIGHTS FOR EMPLOYERS

sedgwick

DMEC Disability Management Employer Coalition

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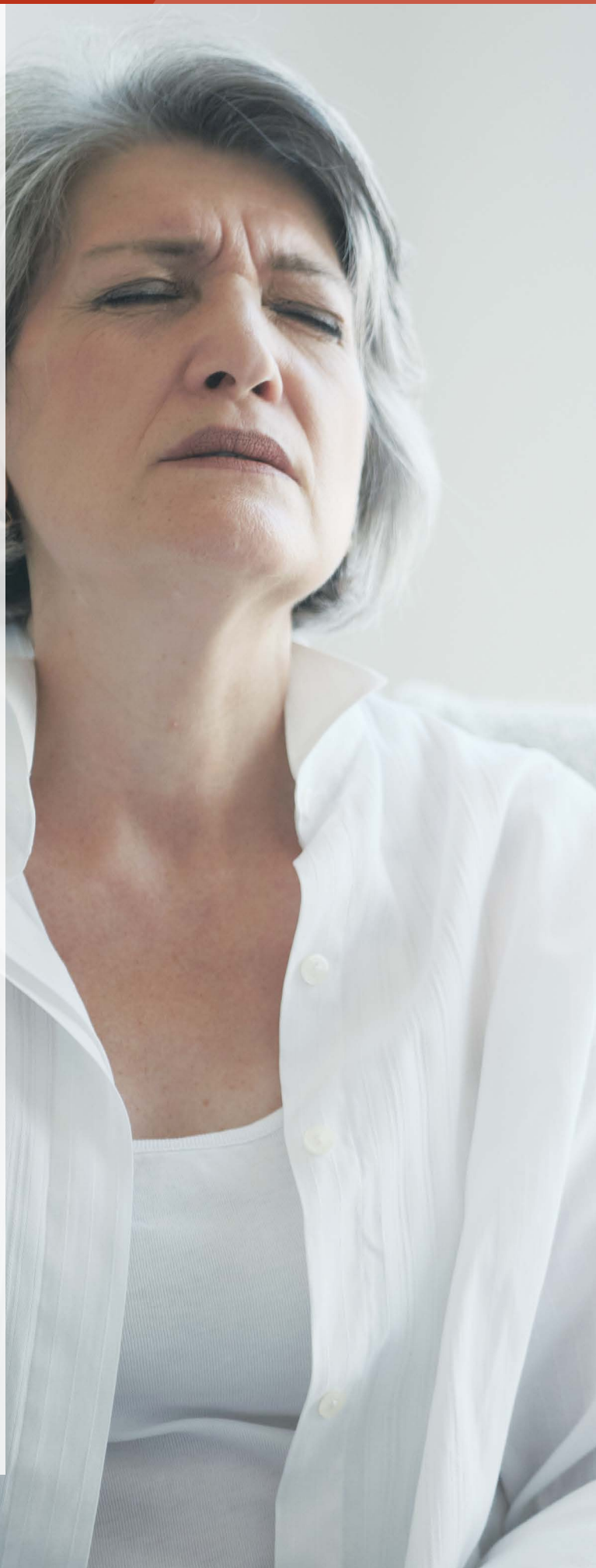


LONG COVID AND TODAY'S WORKFORCE

AN OVERVIEW

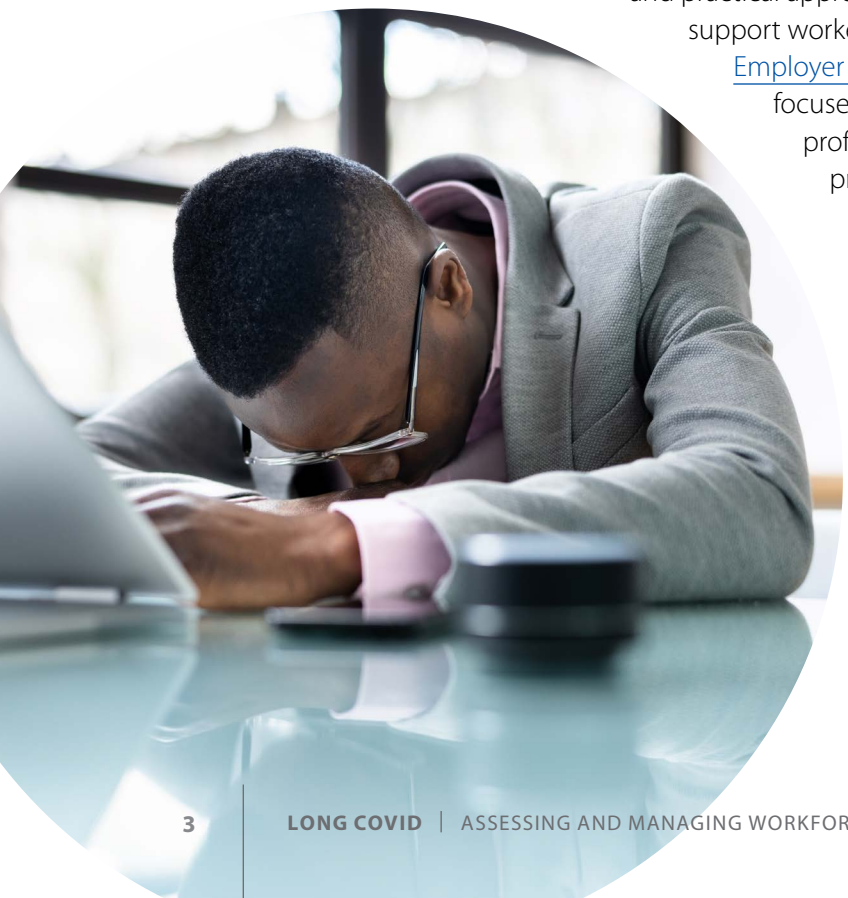
The United States and the world have been coping with the COVID-19 pandemic for three years — and there's still much we don't fully understand about its impact and implications. However, as the virus lingers and mutates, critical issues are becoming more evident and concerning. One of the most problematic is that long COVID is not like the flu or other acute conditions. Instead, it is a condition with lingering symptoms and long-lasting implications for employers, employees, families, communities, and nations. It's something we have never seen in the workplace.

1 in 13 adults may have long COVID*.

** According to the Centers for Disease Control and Prevention*

Long COVID — the term used to describe the disease when symptoms last beyond five weeks — has affected millions of U.S. workers. Many have experienced significant, long-term health-related changes that affect their jobs, families, and futures. And that, in turn, impacts a wide range of U.S. employers and industries.

"Long COVID has been described as 'our next national health disaster' and the 'pandemic after the pandemic,'"[1] reports the Kaiser Family Foundation. While estimates vary on how many people in the U.S. suffer from long COVID, the General Accounting Office (GAO) puts the number at 23 million.[2]



Employers need information, guidance, and insights that enable innovative and practical approaches for managing long COVID. To help them support workers with the condition, the Disability Management Employer Coalition (DMEC), a national nonprofit association focused on education for absence and disability professionals, partnered with Sedgwick, a leading global provider of technology-enabled risk, benefits, and integrated business solutions, to identify long COVID issues, as well as feasible and promising solutions.

Toward that end, the two organizations convened a group of the nation's employers, researchers, clinicians, and others to develop a pathway forward. The mission of the long COVID think tank was to share answers to difficult questions and recommend effective solutions and strategies to help employees with long COVID remain on the job, return to work in an effective and productive capacity, or access leave if they are unable to work.

BRINGING TOGETHER NATIONAL EXPERTS FOR ANSWERS

The think tank's work encompassed:

- Exploring the current and future problems long COVID presents to employers and employees
- Developing a consensus definition for long COVID to guide employers' actions
- Identifying long COVID's symptoms and phases (to support benefit design strategies)
- Summarizing the most credible research on the prevalence and impact of long COVID
- Assessing stay-at-work (SAW) and return-to-work (RTW) challenges
- Highlighting emerging best practices and steps for employers and absence management professionals to consider

This white paper shares results of the think tank's work to date. It is the beginning of a long-term commitment by the absence management industry to explore the challenges of long COVID and develop solutions. It includes policy guidance, suggested SAW and RTW accommodations, a decision-making process map, and best practices for monitoring long COVID and mitigating its adverse effects on employees and organizations.

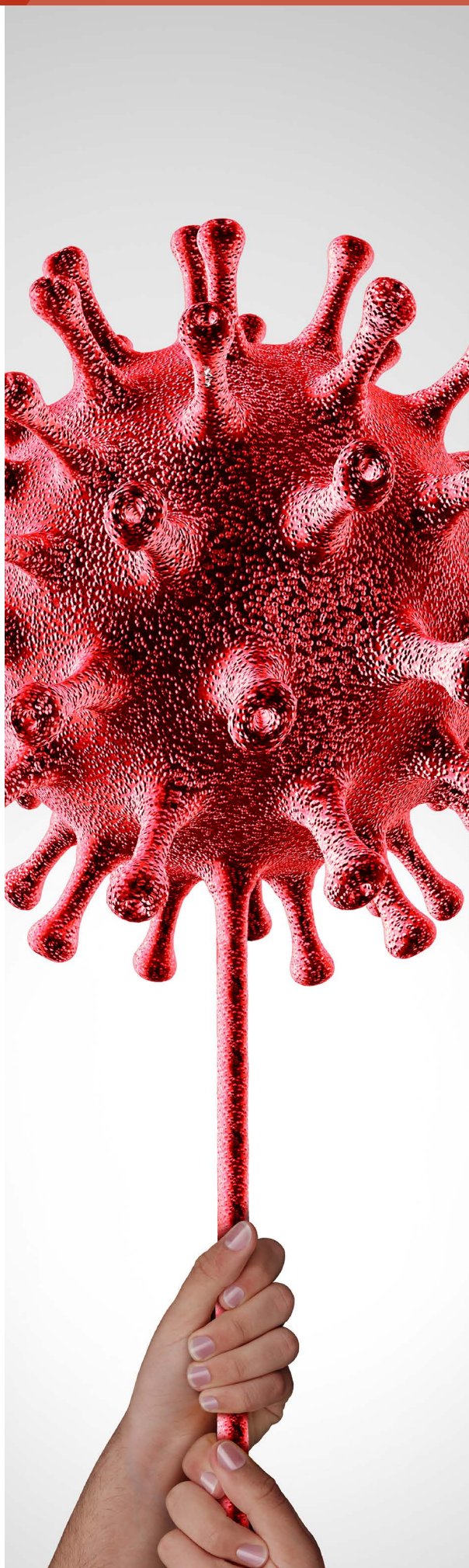
"Our focus was to put together a roadmap and set of best practices for employees who present with post-COVID disabilities and impairment, and how they can be returned to the workplace."

– **Bryon Bass**
SVP, workforce absence & disability practice leader, Sedgwick

THINK TANK PARTICIPANTS

DMEC's think tank participants included representatives from some of the nation's leading companies, medical centers, and professional organizations to ensure a broad perspective on crucial issues and promising solutions.

- **Bryon Bass**, Senior Vice President, Workforce Absence & Disability Practice Leader, Sedgwick
- **Vivian Campagna**, Chief Industry Relations Officer, Commission for Case Manager Certification
- **Josephine Copeland**, Senior Vice President, Managed Care Product Design and Strategy, Sedgwick
- **Benjamin Cormack**, Program Manager, Integrated Absence Management, Walmart Stores, Inc.
- **Linda Croushore**, Assistant Vice President, Absence, WorkPartners
- **Tracie DeFreitas**, Director of Training, Services and Outreach, Job Accommodation Network
- **JoAnn Edwards**, Senior Director, Employee Services Center – Leaves, Charter Communications
- **Dr. Panagis Galiatsatos**, Director of the Tobacco Treatment Clinic and Assistant Professor of Medicine, Johns Hopkins University
- **Dr. Charles Glassman**, Associate Medical Director, The Standard
- **Joe Guerriero**, Senior Vice President, MDGuidelines
- **Carol Harnett**, President, The Council for Disability Awareness
- **Danette Heine**, Clinical Educator, ODG by MCG
- **DeShawna Manley**, National Benefits Director, Leave and Disability, PwC
- **Louis Orslene**, Director, Employer and Workplace Policy Team, Office of Disability Employment Policy
- **Dr. Glenn Pransky**, Scientific Advisor, Lincoln Financial Group
- **Terri L. Rhodes**, Chief Executive Officer, DMEC
- **Dr. Adam Seidner**, Chief Medical Officer, The Hartford
- **Kerri Wizner**, Assistant Director of Epidemiology, MDGuidelines



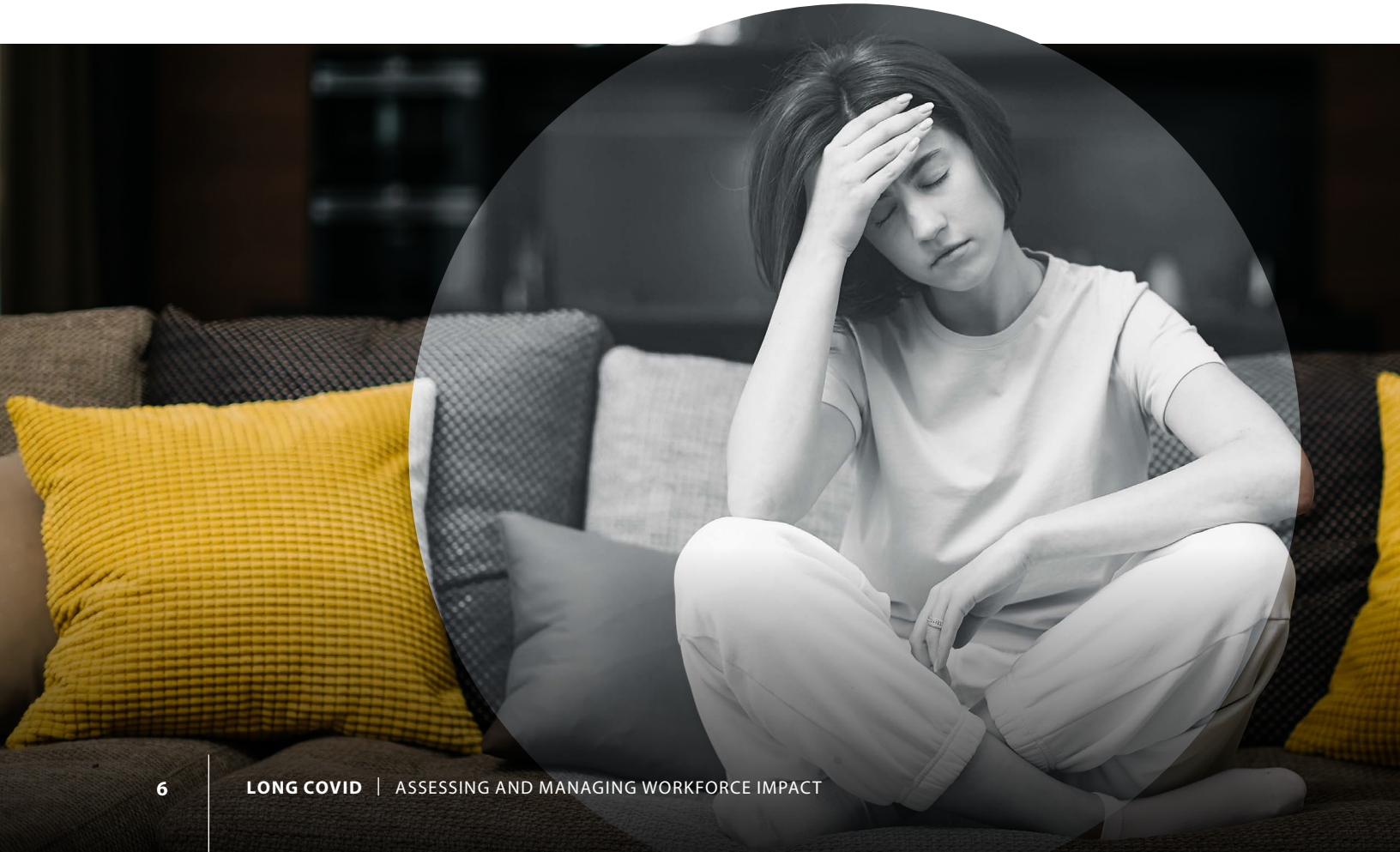
SUMMARIZING THE PROBLEM:
WHY WE MUST IDENTIFY SOLUTIONS

The long COVID statistics and trends we're seeing are troubling. While most patients with COVID-19 recover in a matter of weeks, millions have lingering symptoms six or more months after their initial infection. Furthermore, recent Centers for Disease Control and Prevention (CDC) data shows that of the adults in the U.S. who have long COVID, more than 80% have some trouble carrying out daily activities.[4]

This will have profound implications for families, employers, workforce absence partners, third-party administrators (TPAs), payers, and the nation's healthcare system. Effective management strategies — particularly for workplace accommodations and return-to-work programs — need to be developed and documented for employers to manage costs and maintain a productive workforce.

"A knowledge drain is occurring in the workforce. Many employees in the boomer generation exited as COVID became real, and now people are transitioning to long-term disability because employers aren't able or willing to accommodate them."

– **Linda Croushore**
Assistant vice president, absence, WorkPartners



MOVING BEYOND THE EXPECTED

The think tank also addressed problems and potential solutions that may go beyond what absence and disability management professionals typically address in their day-to-day duties. Yet, effective solutions for supporting employees with long COVID may require moving beyond general practices.

For example:

How can we address inconsistencies in how employers and health plans address long COVID?

One plan may accept the treating clinician's judgment and pay the submitted claims, while another could decide the service was not "medically necessary" and deny payment. Employers must work with health plans to develop a consistent policy for coverage.

Why do we have certain restrictions on treatment?

Those with fatigue, shortness of breath, or cognitive challenges — including "brain fog" — may receive services such as physical, respiratory, or occupational therapy. However, many plans restrict coverage for these therapies to a defined number of visits or will only cover therapy services as long as the patient continues to improve. A look at best practices and outcomes studies can help us better determine optimal coverage times for proven therapies.

Should we revisit coverage time limits?

Many plans have a 24-month limit on mental health benefits. It may be time to work with insurance carriers to ask if that's enough or if there could be a graduated response (e.g., from in-person therapy to telehealth).

How can we reduce costs for patients?

Long COVID patients may run into limitations as they seek treatment to manage their conditions, resulting in large out-of-pocket costs even for those with insurance, and that may prevent patients from seeking needed care.[3] Employers may need to look at their data and partner with trusted vendors to identify optimal benefit strategies.

Is there a way to improve patients' access to medical care?

There is a shortage of providers in healthcare, notably in the field of mental health. There are also well-documented delays in securing appointments. Many employees may also face challenges in scheduling appointments with other specialists, including cardiologists (for breathing issues), nephrologists (for kidney disease), and others. Adopting concierge-level assistance programs that can help employees access care and navigate the system may be something employers should consider as well as expanding access to proven digital and telehealth services.

What can we do to further research that will give us more answers about long COVID?

Without evidence of effectiveness, such as in the case of long COVID, plans may not pay for a particular service or treatment. We may need to rethink how we approach clinical trials and develop partnerships to develop effective solutions and safe alternatives to traditional clinical trials.

A WORKING DEFINITION OF LONG COVID

Since understanding a problem is a critical first step in solving an issue, the think tank sorted through the terms and definitions used for health conditions that can follow an initial COVID-19 infection. They proposed the following "working" definition based on a review of literature and input from clinicians and employers, which will be useful to develop programs and policies.

Long COVID describes the experience of post-infection illness lasting four months or longer and includes a broad range of symptoms, such as chronic fatigue, brain fog, shortness of breath, heart palpitations, and headaches — that can be disabling. These conditions may prevent recovery to pre-infection health, inhibit an individual from full function, and challenge return to the workforce.

EXPERTS' PERSPECTIVES ON DEFINING LONG COVID

If you think defining long COVID is hard, you aren't alone. Clinicians and scientists admit there is not yet a working consensus on how to define the disease, in part because researchers trying to understand long COVID would rather incorrectly include people than incorrectly exclude them.

However, basic industry agreement on the definition is important.

"Our definition provides helpful parameters and a framework on which to build programs and policies while organizations work to better understand the full ramifications of long COVID and how we can ensure we encompass all symptoms faced by employees."

– **Terri L. Rhodes**
CEO, DMEC

PHASES OF LONG COVID

Just as the symptoms of long COVID vary, so too do duration and severity. The generally agreed-upon spectrum of the disease includes:

- **Transition phase:** Symptoms associated with the initial, acute COVID-19 infection that may last up to four to five weeks
- **Long COVID phase 1:** Acute post-COVID symptoms that last from week five to week 12
- **Long COVID phase 2:** Long post-COVID symptoms that last from week 13 to week 24
- **Long COVID phase 3:** Persistent post-COVID symptoms that last more than 24 weeks[5]

The identification and acceptance of the condition's phases will provide an important guide for employers and absence management professionals as they develop long COVID policies and programs.

For now, it is important to note that these phases should not be viewed as disability periods. Even though an individual may fall on a spectrum of severity in symptoms, this may not indicate a disability.

PREVALENCE AND IMPACT OF LONG COVID

The most recent data from the CDC and the National Center for Health Statistics reveals that more than 40% of adults in the U.S. reported having COVID-19 in the past, and nearly one in five of those (19%) are still having symptoms of long COVID.

For all U.S. adults, the new data show[4]:

- Overall, 1 in 13 adults in the U.S. (7.5%) report having long COVID symptoms, defined by the CDC as symptoms lasting three or more months after first contracting the virus and not present before their COVID-19 infection.
- Age matters when it comes to adults who have long COVID symptoms. Nearly three times as many adults aged 50 to 59 have long COVID than those 80 and older.
- Nearly 9% of Hispanic adults currently have long COVID, which is higher than non-Hispanic White (7.5%) adults, and Black (6.8%) adults, and more than twice the percentage of non-Hispanic Asian adults (3.7%).

DMEC LONG COVID PULSE SURVEY

Adapting to long COVID is becoming one of the key challenges for employers of all sizes, in all industries.

As part of DMEC's commitment to providing guidance and insights to stakeholders across the workforce spectrum, we recently undertook an employer survey about long COVID and how it impacts productivity, benefits, costs, and more. This survey provides real-world insights from employers that supplement and enhance the work of the think tank.

We surveyed more than 200 businesses large and small — from one to 50 employees (representing 17% of respondents) to 50,000+ (12% of respondents) in a range of industries. The responses have been enlightening and often surprising, even to those studying long COVID and its impact since its onset.

We've found there is a lot of uncertainty and confusion — from benefits administrators to providers to employees. However, we are heartened to see an equal amount of innovation and commitment to finding solutions.

You'll find key data points from the pulse survey within this white paper. For full results of the survey, visit www.dmec.org/long-covid-pulse-survey.

THE TOLL ON HEALTH, PRODUCTIVITY, AND THE BOTTOM LINE

The impact of long COVID is setting off alarm bells in C-suites nationwide as executives review the evidence.

Nomi Health, a direct healthcare company, recently analyzed 20 million claims filed for COVID, long COVID, and diabetes, and found that the per-member employer spend for long COVID was, on average, $2,654.67 — more than 26% higher than the average diabetic spend.[6] Furthermore, when comparing baseline COVID claims to long COVID claims for thousands of members, Nomi found other sharp increases for employers and patients, including a:

- 203% increase in medical spending per-member, per-month within the first six months following an initial COVID-19 diagnosis, with a predicted $9,000 per case increase in medical spending compared with similar patients who had COVID but not symptoms of long COVID;
- 421% increase in in-patient hospital spend within the first six months following the initial COVID-19 diagnosis, resulting in a predicted increase of $6,000 compared to similar patients without long COVID;
- 126% increase in costly diagnostic laboratory and imaging procedures; and a
- 110% increase in outpatient visits for patients, resulting in rising actual costs and "opportunity costs."

It also noted that the likelihood of missing work for medical reasons is 3.6 times higher for those with long COVID than those with baseline COVID-19, which results in significant time and productivity loss for both patients and employers and exposes all parties to business and financial risk.

Sedgwick's workers' compensation book of business data from the U.S. indicates that 80% of long COVID claims qualify as moderately or severely complex from a cost perspective. More concerning is that the average incurred costs on long COVID claims are nearly 12 times higher than other COVID claims.[7]

PULSE SURVEY HIGHLIGHT

DMEC Long COVID Pulse Survey respondents indicated the biggest challenges for managing long COVID in their organizations are:

- Lack of objective evidence of condition – 32%
- Lack of diagnosis – 28%
- Lack of accommodation options – 16%

There's no question that long COVID cuts deeply into productivity. The CDC found that one in four adults with long COVID reported significant limitations on day-to-day activities. According to a summary of that report, "the number jumps closer to 40% for respondents who are Black, Latino, or disabled — three groups that shouldered outsized burdens throughout the pandemic."[8]

While there is much data still to consider, one thing is clear: Whether we face a disability tsunami or a massive deterioration wave in which millions of Americans feel ill but not sick enough to stop working, employers will continue to experience a significant decline in the well-being of their workforce.

In addition to lost productivity, long COVID impairment may lead to decreased morale, lower work quality, and strained relationships on the job. In real-world settings, long COVID may affect employees in numerous ways, including[9]:

- Taking more time to complete tasks
- Making errors on simple tasks
- Inability to perform routine tasks
- Loss of productivity/increased presenteeism
- Sensitivity to light and noise
- Visible anger, anxiety, and frustration on the job

DEFINING SYMPTOMS

HOW DO WE KNOW IT'S LONG COVID?

The first, and perhaps most significant, challenge for employers and benefits professionals dealing with long COVID is identifying it. The symptoms of long COVID are vast, varied, and vague. "Trouble concentrating" or "being tired" are two of the more widely cited complaints but are by no means the only symptoms of the disease.

The CDC lists the following as some of the more common long COVID symptoms[10]:

- Tiredness or fatigue
- Difficulty thinking or concentrating (sometimes called "brain fog")
- Shortness of breath or difficulty breathing
- Headache
- Dizziness on standing
- Fast-beating or pounding heart (heart palpitations)
- Chest pain
- Cough
- Joint or muscle pain
- Depression or anxiety
- Fever
- Loss of taste or smell

The CDC also reports that fatigue is the most commonly reported symptom (80%), followed by post-exertion malaise (72%) and brain fog (58%)[10].

"There's a tendency to focus on false claims, but those are only a small percentage of the total. Instead we should focus our energy helping those who need assistance in staying at work or getting back to work."

– **Terri L. Rhodes**
CEO, DMEC

SYMPTOMS: INSIDIOUS — AND DIFFICULT TO TREAT

More than 200 symptoms have been associated with long COVID to date.[9] Long COVID can attack the body in a range of ways, causing damage to the lungs, heart, nervous system, kidneys, liver, and other organs — all of which impact patients over the long term and are potentially costly conditions to treat.

There is also a tendency among some to discount employee complaints about the condition. It's understandable in today's era of "quiet quitting" to look at employees who claim to have fatigue as using the condition as a way to shirk duties or as a pathway to a disability claim. Data shows us this isn't the case. Maintaining this attitude hinders the ability to fully address legitimate issues and concerns, as well as acceptance of the condition and its impact on individuals with legitimate issues.

DIAGNOSIS DIFFICULTIES ADD COMPLEXITY

Multiple structural issues within today's healthcare and benefits system make it difficult to secure an official long COVID diagnosis.

It starts with the basics. Some employees lack access to primary care physicians or may experience frustrations when trying to secure appointments and opt not to seek care. Even if the employee can see a provider, there are significant obstacles to securing a diagnosis, primarily because 1) there are no diagnostic tests for long COVID; and 2) symptoms may also be due to other underlying health conditions.

Many physicians go through a process of elimination, ruling out various underlying diseases before reaching a long COVID diagnosis. Some providers report feeling hard-pressed to make a diagnosis, as some symptoms are perceived as subjective.

PULSE SURVEY HIGHLIGHT

Data from the DMEC Long COVID Pulse Survey reveals "a very large gap" in access to care. According to respondents, "the waitlists for COVID rehab seem to be continuously growing, and employees have no idea when they will be able to be seen."

Further complicating matters, long COVID symptoms can continue beyond the acute infection, or they can be completely new. They may wax and wane. They can occur after asymptomatic infections and even in those who are vaccinated.

Another common issue is that while many employees start with their primary physician, they are often referred to one or more specialists as they travel down the path of weeding out other ailments or conditions. This can be both time intensive and expensive, and also require a level of commitment to the process that not everyone can or will make.

In addition, some employees face difficulties securing appointments, especially with specialists. The result is that while many employees try to confirm a diagnosis, a myriad of external factors — and not necessarily a lack of effort — thwart their efforts.

REMAINING OR RETURNING

SUPPORTING EMPLOYEES AND THE ORGANIZATION

When deciding how to manage long COVID and support employees, start by determining what's working with existing policies, what may be lacking, and what's feasible.

For example, employers can feel caught between the proverbial rock and a hard place when it comes to medically substantiating long COVID. As noted in the previous section, employees seeking to confirm diagnosis often face roadblocks.

While a growing number of employees may now have a diagnosis, many still don't, and they should not be penalized for circumstances they can't control. Employers will want to ensure there is some type of medical substantiation for long COVID situations that progress to disability or results in excessive costs, lost productivity, or sick days. However, for employees struggling with other challenges, such as depression or anxiety, a more flexible approach is warranted. There must be acceptance of the reality that not every employee may be able to confirm a diagnosis.

Addressing long COVID's challenges requires organization-wide education and a new mindset about disabilities in general. "Leave should never be the first answer," says Tracie DeFreitas, director of training, services, and outreach at Job Accommodation Network. "Our first response to an employee who presents with long COVID symptoms should be, 'What can we do to help you keep working?'"

Employers should try a trial accommodation and adjust it, if necessary, she adds. "Look at flexible work arrangements and transitional work. Make modifications for a short duration. It may require a cultural shift."

To that point, communicating with managers, supervisors, and senior leadership on the importance of choosing return to work over leave is essential, says DMEC CEO Terri Rhodes. "It is important that leadership and supervisors understand the emotional and financial impact to an individual when we don't get them back to work," she highlights.

Kerri Wizner, assistant director of epidemiology at MDGuidelines, urges employers to think about the whole person when making accommodations for long COVID sufferers. "Employers should consider getting creative with accommodations, even if there's not a lot of evidence available," she says.

PULSE SURVEY HIGHLIGHT

Employers responding to the DMEC Long COVID Pulse Survey indicated the following around their use of work hardening/conditioning programs as a treatment protocol for individuals with long COVID who are returning to work:

- We have an existing program that is being used. – 10%
- We have implemented a program specifically for long COVID cases. – 1%
- We are considering a program. – 1%
- We have no plans to implement a program. – 44%
- Unsure – 35%
- Other – 9%

STAY-AT-WORK CHALLENGES AND CONSIDERATIONS

Let's say an employee goes through all the steps of obtaining a diagnosis and wants to remain at work. What does that mean for the employee, managers, colleagues, and the employer?

Working with any illness or chronic condition can be a challenge. Long COVID is no different. Problems to address will include adapting to new physical limitations (e.g., the warehouse worker prone to fatigue or the accountant experiencing cognitive lapses).

Acknowledging that employees will feel different and that their conditions will affect their abilities at work will be an important step for employers. For those with long COVID, it won't be business as usual.

"In our clinics, we are hearing a lot of discussions on symptoms of fatigue and breathlessness. They're not life-threatening, but they're life-changing, and they keep employees from being who they were," said DMEC think tank member Dr. Panagis Galiatsatos, an expert in obstructive lung disease, who works in the Johns Hopkins University Post-COVID-19 Clinic, and is the director of the Tobacco Treatment Clinic and an assistant professor of medicine.

Special attention must also be given to the impact of long COVID on employees who have chronic illnesses, such as diabetes and heart or lung disease. When not well-controlled, these diseases can spiral after a bout with COVID-19.

Mental Health Support

Helping long COVID patients get back to pre-illness status will require mental support as well as physical care. Increasingly we are finding that while we are paying more attention to physical symptoms, the effects of COVID-19 on mental health may be equally important.

DMEC think tank members agreed that offering accommodations for employees reporting brain fog, depression, anxiety, or other mental health issues is in the best interest of the employee, employer, and the community at large.

And since employees may be hesitant to share their suffering, managers should be sensitive to symptoms and encourage employees to access available programs and benefits. Organizations should ensure there are clear materials available to explain what those resources are to simplify the process.

Mental health support should be particularly emphasized for employees who remain at work. Education of managers and frontline employees on issues and behaviors to note, support groups, onsite access to behavioral health support, and other solutions should all be considered. Most employee assistance programs provide a range of services to help educate managers and employees on how to support employees with challenging situations.

Stay-at-work Accommodations

Other accommodations for employees who remain at work should also be in the toolbox. Below are some accommodation options suggested by the Department of Labor (DOL) for employees who suffer from long COVID and remain in the workplace, based on the most common symptoms.[11]

> "Our first response to an employee who presents with long COVID symptoms should be, 'What can we do to help you keep working?'"
>
> – **Tracie DeFreitas**
> *Director of training, services, and outreach, Job Accommodation Network*

LONG COVID ACCOMMODATIONS

DECREASED STAMINA/FATIGUE

- Scooters
- Ergonomic and pneumatic tools, assessments, and equipment
- Flexible schedule
- Job restructuring
- Medical leave
- Periodic rest breaks
- Telework/working remotely
- Stand-lean stools
- Wheelchairs
- Modified workplace
- Aide/assistant/attendant

MEMORY LOSS/BRAIN FOG

- Additional training time/training refreshers
- Electronic organizers
- Job coaches
- Professional organizers
- Recorded directives, messages materials
- Reminders
- Support person
- Visual schedulers
- Written instructions
- Memory software
- Timers and watches

LIGHT SENSITIVITY

- Alternative lighting
- Anti-glare filters
- Additional shields, shades
- LED light filters
- Lighting gel filters
- Non-fluorescent lighting
- Personal visors
- Telework/working remotely
- Simulated skylights or windows

Other reasonable accommodations may consist of modified work schedules and reassignment to open positions. Options for addressing cognitive impairments and behavioral health may include task checklists, allotting extra time for work preparation and assignments, extended work breaks, and apps/software to help with organization and focus.[12]

Not Quite a Disability . . .

Other issues are also vexing employers. Specifically, how to manage employees whose symptoms worsen but don't reach the level of a disability. That employee may want to remain on the job, but their manager may recognize that they can no longer handle specific responsibilities.

ASK YOURSELF THIS SIMPLE QUESTION:

Are we engaging in the same interactive process for employees with long COVID as we do with employees that have other conditions?

This is a difficult situation. However, if the organization's underlying goal is keeping employees at work, there are options. As a best practice, encourage trial accommodations rather than leave as the first line of action. In addition to the accommodations listed in the DOL graphic on page 17, other options include allowing individuals to work from home — if they don't already — or job sharing.

While there are still questions to answer, it's critical to look at what we know today about long COVID and the basic principles of disability that have held true for years.

For example, we know that the chances of returning to full employment after a six-month absence due to injury or illness is 55.4%; let that time extend to one year, and chances drop to 32.2%, and after two years, it falls to less than 5%.[13] Most employers want to retain skilled workers. That alone is worth investing in research, programs, and options that encourage RTW initiatives in any form — from on-site accommodations to work from home.

CONSIDER FUNCTIONAL LIMITATIONS

Someone who evaluates perfumes and has lost the sense of smell would have a functional limitation that does not allow them to perform the essential functions of their job. A construction worker who has lost the sense of smell would not have a functional limitation that impacts their ability to perform the essential functions of their job.

Return-to-work Obstacles and Issues

Equally challenging to managing employees who remain on the job is welcoming back employees who have been on leave because of long COVID. Again, there will be physical, medical, emotional, and social needs to support.

ROADMAP FOR MAKING ACCOMMODATION DECISIONS

- Educate managers and leadership on why accommodations and RTW are so vital to the organization.
- Develop an accommodation-friendly culture. Think about things differently, including how to better support the workforce and how to reduce stigma, especially for mental health related long COVID conditions.
- Bring employees into the equation — the basic premise for the ADA interactive process. Ask staff members to help identify appropriate accommodations for their positions. This step also takes the pressure off physicians and outside references who don't understand an employee's job responsibilities.
- Pay attention to symptoms that affect work and quality of life.
- Simplify medical paperwork to obtain the pertinent information needed.
- Continue to offer remote work when possible. Many employers have found that allowing employees to work in a more comfortable environment — even when ill — reduces long COVID-related leave requests.

While challenging, think tank members acknowledge existing and emerging solutions to many of the issues facing employers today. For example, for those who may be unable to return to their current positions, consider:

- **Work-hardening/conditioning programs** (frequently used in workers' compensation cases) to build back stamina and skills to pre-illness
- **Flexible/graduated work schedules** to enable workers to ease back to productivity
- **Cognitive and physical fitness-for-duty exams** to ensure workers are mentally and physically sound to work

Remember to consider those areas that are often overlooked as you build out new programs.

1. Medical forms are complicated and may not have the appropriate information to encompass long COVID data.

   Consider tailoring these forms to cover long COVID and simplifying them.

2. Employers often lack formal plans to help employees who present with long COVID symptoms but are not diagnosed.

   Create and codify a formal description of conditions you believe should be acknowledged and addressed by your benefits program.

3. It's often difficult to track and monitor employees' COVID status.

   Many employee health vendors have technology to track immunizations and other COVID-related conditions. Make it a priority to know the status of each employee and communicate why it's important (e.g., we want to help you through your COVID journey).

NOVACARE HELPS EMPLOYEES RECOVERING FROM COVID FIND THEIR FEET

For long COVID sufferers, regaining health is rough sailing. NovaCare Rehabilitation's Recovery and Reconditioning Program shines a beacon through the uncharted waters.

NovaCare, the nation's largest provider of outcomes-based physical therapy, knew in 2020 that a different approach was needed to help patients recovering from COVID. Rather than rely on traditional therapy pacing methods, the company worked with local employers and healthcare experts to develop a new regimen for screening and assessing patients that focused on improving both physical and mental health to enable a faster return to work.

To date, the CDC-validated Recovery and Reconditioning Program has helped over 5,000 patients with long COVID and other diseases. NovaCare has more than 1,000 specially-trained physical and occupational therapists who work with patients to identify where issues exist, then structure a customized routine around their personal needs. The customized rehabilitation generally lasts six to eight weeks, with both in-person and telehealth options available. Patients do not need a physician referral to receive treatment.

North Memorial Health System in Minnesota joined forces with NovaCare early in the pandemic. David Dubovich, a disability case manager there, says the company has seen great results for employees who have gone through the program.

"We would email out the NovaCare brochure, and employees would read it and say, 'That is what I need.' I am grateful that NovaCare came up with this program and that we found out about it, because I felt like we were spinning our wheels," said Dubovich. "I promote this whenever I can."

Listen in to a DMEC podcast episode on NovaCare's partnership with North Memorial Health System.

SOLUTIONS FOR LONG COVID CHALLENGES

Below are a few challenges that might arise with long COVID cases in the workplace as well as solutions employers might consider.

CHALLENGE	SOLUTION
WHEN . . .	
Lack of objective diagnosis of long-COVID	Focus on restrictions and limitations while the employee is being assessed for long COVID. Consider expansion of coverage in short-term disability (STD) plans for situations where a diagnosis is not yet available, but the employee is treating with a physician.
Colleagues are concerned about another employee's accommodation due to long COVID	Highlight the company's commitment to an inclusive work environment with a focus on accommodation. Break down stigmas through education and communication.
An employee is unable to RTW at full capacity	Institute a flexible, graduated work program.
An employee has brain fog or cognitive decline	Recommend the use of electronic organizers, checklists, and written instructions to employees. If further assistance is needed, provide fitness-for-duty exams and identify alternative, temporary positions that will be reassessed in a certain amount of time.
An employee is depressed or suffering from other behavioral health issues	Encourage the use of mental health benefits, provide concierge-level assistance through benefit vendors, and help identify local mental health resources.
There are concerns about over-medicating employees with long COVID for anxiety or depression	Work with the health plan to identify a range of non-medical options, including behavioral health, diet, and exercise counseling.
An employee is suffering from fatigue	Consider shift-splitting or providing more frequent breaks during the workday.

Partner with Your Vendors

Employers don't need to face these challenges alone. Partnering with vendors can help employers identify effective accommodations. While each organization's issues and concerns will be unique, there are some core areas to consider as you initiate these discussions.

Here are some questions for employers to review with their benefits partners, including consultants, TPAs, and disability insurers:

1. How should we determine the length of time an individual may be considered to have long COVID? Is it six months, one year, or longer?
2. How can we avoid dismissing subjective symptoms, such as brain fog and fatigue?

3. How can we quantify the cognitive demands of different jobs?
4. How can we address and fix the current delays in evaluation and treatment?
5. What are the costs of transitional-duty accommodations?
6. How can we best handle the condition in the event it needs to transition to other more extensive coverage (STD, LTD, etc.)?
7. What is the impact on employees with long COVID who transitions to a long-term disability?

There are answers to all of these questions, but they will vary based on several factors, so we encourage you to work through different scenarios with your partners.

OTHER CONSIDERATIONS AND CHALLENGES

Government Guidance: A Work in Progress

The federal government has provided some direction for employers determining how to support individuals with long COVID through benefit programs, disability management, paid leave, and short-term disability.

Currently, the Department of Health and Human Services requires that individuals with long COVID must be accommodated under the Americans with Disabilities Act (ADA) "if [the disability] substantially limited one or more major life activities."

Additionally, the Equal Employment Opportunity Commission (EEOC) issued guidance that long COVID is considered a disability under the ADA if a person has an actual physical or mental impairment that substantially limits a major life activity; there is a history or record of an actual disability; or the person is regarded as an individual with a disability by the employer.[14]

One important caveat: Not every impairment will constitute a disability under the ADA.

Long COVID sufferers may qualify for Social Security Disability Insurance benefits if they can document that they are unable to work for 12 continuous months or longer and their impairment(s) meet the agency's eligibility requirements.[15]

Kaiser Health News reported that the Social Security Administration (SSA) has identified about 40,000 disability claims that "include indication of a COVID infection at some point." How many of these claims are among the more than one million awaiting processing by SSA is unknown, it states.[16]

More guidance from the federal government is expected; however, employers and benefits professionals should not wait to develop best practices for long COVID management and employee care.

"As we see more people returning to work or disclosing their long COVID, it's important to have programs and policies in place. We need to ensure we align all the various research, agencies, and medical authorities to work hard to resolve discrepancies. Don't get lost in the diagnosis/determination. Look instead at limitations and challenges and the opportunities we need to create for our workforce."

— **Louis Orslene**
Director, employer and workplace policy team, Office of Disability Employment Policy

Disability System Limitations

The current disability system is convoluted and often has the unintended consequence of discouraging disabled workers from staying in the workforce. More specifically, the system often creates barriers for those with complex, invisible disabilities — a recipe for failure when considering long COVID.

Here are three other troubling realities with the current system:

1. It doesn't currently recognize partial disability, which is already emerging as a common characteristic of long COVID.
2. It caps what someone drawing disability benefits can earn in the market and may prevent people from working if and when they can.
3. It penalizes people for trying to work. Those who receive disability benefits have work options, but if the position doesn't work out for some reason, a recipient may lose support.

The ongoing uncertainty surrounding many key issues puts employers and carriers in a delicate quest for balance. We live and work in a dynamic and ever-changing environment. Healthcare costs are rising, and that, of course, will influence insurance premiums. Some pundits are predicting rates will go up by nearly 7%, resulting in an average cost of nearly $14,000 per employee.[17] As a result, new programs to address long COVID will need to be thoughtfully considered in terms of their impact and implications on the benefit program as a whole.

Think tank members caution not to get bogged down in every issue but to assess what matters most to your organization and people. Keep up with relevant data and studies and emphasize those areas that have the potential to be most beneficial to your company and its goals.

Steps employers can take to stay focused include:

- Emphasize an employee's abilities and not a diagnosis when considering accommodations.
- Understand the disability analysis and look at restrictions and limitations.
- Don't default back to plan design to manage a condition that you believe is unmanageable — look for ways to adapt and identify new solutions.

LOOKING AHEAD

APPROACH LONG COVID OPTIMISTICALLY

How can we adapt, plan, and succeed with all of the uncertainties of long COVID? This white paper aims to jumpstart that process and initiate discussions with carriers, TPAs, and benefit providers working collaboratively to develop and share effective options. Legislators and other stakeholders will need to be brought into the discussion as well. This will be an ongoing challenge, and long-term planning will be critical for success.

We've seen changes that are working. During the last year, increases in data and guidance have led more employers, carriers, and providers to develop interventions and programs to address long COVID. For example, a growing number of health systems have established specialized clinics that offer help to patients managing pain, fatigue, behavioral health effects, and other symptoms related to long COVID.

Promising research is also underway. Clinicians at the Mayo Clinic are conducting studies on people with brain fog through an approach often used for patients with strokes. The rehabilitation program allows the brain to rewire and is based on the concept of neuroplasticity, or "the ability of neural networks in the brain to change, adapt, and strengthen, much like a muscle in the body that has been trained and exercised."[18]

Studies like this show that, most importantly, it's time to approach long COVID with optimism, not fear. We already know from the treatment of other conditions that keeping employees with impairments in the labor force led to better outcomes for the individual and system. That's good news for employers, and it highlights that well-thought-out and creative programs can make a positive difference. Innovations in benefit design are also needed.

It is also time to transition our thinking about disability and accommodation to one of functionality instead of restrictions. Now is the time for a new mindset as well as support and an emphasis on the "whole person." In the past, employers have been open to spending time developing solutions for challenging diagnoses, such as fibromyalgia and musculoskeletal conditions. The same must apply to long COVID.

Foster an Accommodation Culture

Perhaps most importantly, we can all think about accommodations along the lines of what jobs people can do rather than those they can't do. Ask employees to be part of the discussion — what do they feel they can and can't do, and why? For example, can a driver who is unable to spend eight hours in a truck every day become part of the logistics team or work as a dispatcher as a temporary accommodation?

Let's start by changing outdated opinions and attitudes about long-term illnesses and disability in general. When it comes to an employee seeking accommodations or disability due to long COVID,

> "We will see societal and financial impact to all parties if individuals cannot be accommodated and go on long-term disability. Now is the time for employers to take action by reviewing policies and practices."
>
> – **Terri L. Rhodes**
> *CEO, DMEC*

let's not say, "here we go again." Instead, we have much more to gain if we come at the complex and far-reaching issue of long COVID with an attitude and perspective of "how can we help you?"

The resulting initiatives will lead to better outcomes for employees and enhanced productivity and organizational stability. In the end, it will be a win for everyone.

HOW CHG HEALTHCARE IS 'FUTURE-PROOFING' COVID LEAVE

COVID-19 has forced many employers to create or reevaluate leave policies to help employees achieve a work-life balance. CHG Healthcare, an industry leader in healthcare staffing, has found success with a benefits-bucketing system that grants employees more autonomy and, equally as important, is sustainable.

When the coronavirus pandemic first gripped the U.S., CHG responded to employees' needs with dedicated "COVID paid time off, or CPTO" says Rachel Foster, leave of absence specialist II with the company. Employees could take leave to get vaccinated, recover from COVID, or care for a sick family member.

However, once it became clear that "COVID won't go away," Foster recounted, CHG began thinking about transforming the CPTO into a more sustainable, long-term benefit. Its annual employee surveys showed there was strong interest in having a sick leave policy separate from the general PTO benefit. So, beginning in 2022, CHG implemented a bucket approach to leave. In addition to 18 PTO days, employees get five days of "sick leave" that can be used as needed, for any reason. Employees code their own sick days; a manager's approval is not required.

"I think employers have always had the desire to trust their employees to do the right thing for themselves and for the company, but when you have thousands of workers, it's hard," Foster says. "COVID pushed us past that fear, and I think we'll now see a lot more creativity when it comes to leave benefits."

Listen in to a DMEC podcast episode with more insights from CHG Healthcare.

ADDITIONAL RESOURCES

DMEC RESOURCES

- Customized Therapy Helps Employees with Long COVID Return to Work
- 5 Things Employers Need to Know About Accommodating Long COVID
- Returning to Work After Long COVID: Focus on Accommodation
- Bucketing Paid Leaves Gives Employees More Flexibility and Support
- 2022 DMEC Long COVID Think Tank Summary
- 2022 DMEC Long COVID Pulse Survey Results
- Cognitive and Behavioral Job Analysis Form
- Cognitive and Behavioral Capacities Evaluation Form
- Sample ADA and Return-to-work Letters, Forms, and Checklists

INDUSTRY RESOURCES

- Researching COVID to Enhance Recovery (RECOVER)
- Long COVID Initiative: Solving Post-Infectious Diseases
- Job Accommodation Network: Long COVID
- Supporting Employees with Long COVID: A Guide for Employers
- Long COVID Attending Physician Form

GOVERNMENT RESOURCES

- COVID.gov
- U.S. Department of Labor/Office of Disability Employment Policy
- Centers for Disease Control and Prevention
- U.S. Government Accounting Office
- Equal Employment Opportunity Commission
- U.S. Health and Human Services

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The Disability Management Employer Coalition (DMEC) is the only association dedicated to providing focused education, knowledge, and networking for absence and disability professionals. Through its education programs, DMEC delivers trusted strategies, tools, and resources to minimize lost work time, improve workforce productivity, and maintain legally compliant absence and disability programs.

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