



## IssueBrief

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### **Long COVID and the workplace:** Case managers and disability management specialists must prepare to support clients and educate employers

Only recently have we begun to grasp the impact of long COVID on the workplace.

Despite knowing about COVID-19 and its symptoms, most health care professionals don't completely understand what has come to be called "long COVID." Case managers and disability management specialists need to learn as much as they can, says Patricia Nunez, MA, CRC, CDMS, CCM, secretary, Commission for Case Manager Certification. "As many as 30% of those who get COVID-19 have lingering symptoms, some debilitating."

The medical term for long COVID illness is post-acute sequelae of COVID-19 (PASC). PASC includes persistent or new symptoms that develop at least four to eight weeks after the initial infection with COVID-19. For some people, these symptoms persist for a year or more.

Estimates vary widely: About 10% to 30% of COVID-19 survivors develop PASC. "I'd say with the research that I've seen, it's probably around 15%," says Charles Glassman, MD, associate medical director, the Standard Insurance Company (The Standard). "That means up to 3.1 million people are expected to develop PASC, which is almost 2% of the workforce."

*"Hopefully, as the science develops, clinicians and behavioral health providers will be able to better treat long-term post-virus symptoms. In the meanwhile, disability management specialists and case managers are learning how to make accommodations for clients who are struggling with long-COVID symptoms."*

—PATRICIA NUNEZ, MA, CRC, CDMS, CCM

## Unexplored territory

Researchers are still trying to more fully understand PASC, Glassman explains. It can be divided into two types:

- Symptoms arise from multiorgan involvement caused by the acute infection
- Symptoms present without evidence of any end-organ damage

In the former, symptoms can be measured objectively. Not so in the latter. “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,” Glassman explains.<sup>1</sup> According to this theory, PASC is a consequence of an escalated response to the initial infection. “So, it is an over-exaggeration of the normal mechanism that our body uses to fight something that doesn’t belong, something that gets in us, like a virus.”

There’s no time to wait for PASC to be fully understood, says Nunez. “Hopefully, as the science develops, clinicians and behavioral health providers will be able to better treat long-term post-virus symptoms. In the meanwhile, disability management specialists and case managers are learning how to make accommodations for clients

1 Hojyo S, Uchida M, Tanaka K, et al. How COVID-19 induces cytokine storm with high mortality. *Inflamm Regen*. 2020; 40:37. Published 2020 Oct 1. doi:10.1186/s41232-020-00146-3

who are struggling with long-COVID symptoms.”

## Understanding who gets PASC

Overall, PASC is more likely to affect people who are older, those with lower incomes, those with serious pre-existing conditions (especially heart disease and COPD), those with a higher BMI and women. There were no statistically significant differences associated with race or ethnicity. PASC is most often associated with severe cases of COVID-19—especially among patients who experience more than five symptoms during the first week of illness.<sup>2,3,4</sup>

Preliminary research suggests vaccines may reduce the incidence of PASC.<sup>5</sup> “We have seen that the vaccination for COVID-19 reduces the severity of the illness,” Glassman says. “If people are getting a less severe case, then they may be less likely to get PASC.”

## Symptoms, old and new

COVID-19 symptoms include cough, fatigue, shortness of breath

- 2 Sudre, C.H., Murray, B., Varsavsky, T. et al. Attributes and predictors of long COVID. *Nat Med* 27, 626–631 (2021). <https://doi.org/10.1038/s41591-021-01292-y>
- 3 MI CReSS Data Reports. “Michigan COVID-19 Recovery Surveillance Study. Data Report 2: Black-White Differences in Access to Care, Recovery, and the Social Impact of COVID19.” University of Michigan School of Public Health January 2021 <https://sph.umich.edu/mi-cress/reports.html>
- 4 “A Detailed Study of Patients with Long-Haul COVID - An Analysis of Private Healthcare Claims” FAIR Health, Inc. <https://www.fairhealth.org/publications/whitepapers>
- 5 <https://www.statnews.com/2021/09/01/vaccination-reduces-risk-long-covid-even-when-people-are-infected-study/>

or difficulty breathing and loss of taste or smell. “Now, those are seen in PASC also, but additional symptoms seem to arise with this syndrome of PASC which is new: anxiety and depression, chest pain and palpitations, cognitive impairment or brain fog, joint pain and sleep problems,” Glassman explains.

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BEHAVIORAL HEALTH DIRECTOR,  
STANDARD INSURANCE COMPANY

Patients typically describe being exhausted all day long, and they have severe difficulty doing their jobs because of memory and thinking issues, breathing discomfort and other symptoms—many of which have a direct impact on their ability to work.

## Impact on work

“What we see with our data in terms of long-term disability is that the

average long-term disability duration for a PASC patient is about 90 days,” explains Daniel Jolivet, PhD, behavioral health director, The Standard. “However, almost 25% of claims continue for more than five months, so some of these claims continue for a very long duration for a post-infection claim.”

“Disability claimants, in our sample at least, appear to be more likely to be older and more likely to be in occupations with medium, heavy or very heavy physical exertion requirements,” he explains. “If you are struggling with PASC and you have a job that requires physical exertion, that’s more likely to lead to people going out on disability leave.”

Employees with PASC are likely to become one of the largest groups of workers requiring accommodations, Glassman predicts. And unlike with many other conditions, there’s no standard approach: the subjective nature of the complaints and the variability of the symptoms poses challenges for the employer, the client, the clinician and the case manager. “Case management will require customized hands-on approaches. This is really important because we saw that there’s going to be maybe a laundry list of symptoms.”

Their subjective nature leads to another problem: Employees with subjective conditions often experience skepticism from others, Glassman says. This may lead to a feeling of not being supported or understood. Because they are dismissed with an “It’s all in your head,” these individuals may resist

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behavioral health interventions that could improve their physical health.

Employers frequently question the validity of subjective conditions, but it’s important to recognize that people with PASC may be considered disabled under the ADA, Jolivet notes. “Whether a particular person is disabled with PASC depends on their specific limitations and restrictions. It’s also important to recognize that ADA protections apply to temporary disabilities. A lot of people think they just apply to permanent disabilities.”

It’s important to train employers to offer appropriate resources whenever an employee discloses a condition, such as PASC, that may affect their work. Case managers and disability management specialists can help with that.

### **Putting the client front and center**

Case managers and disability management specialists always

tailor their strategies to specific issues, but with PASC, this is especially important. “With subjective conditions, you have to be very clear that you support the employee in response to any stigma or skepticism they experience at work,” Jolivet explains. “You can support clients also by educating the employer about what PASC is, making clear they understand it’s a real diagnosis—and because it’s covered by the ADA, there are real legal and compliance issues.”

For case managers and disability management specialists, the most important person is the client. So, they not only need to make sure employers are on board; they need to identify and address barriers to treatment. The stigma of PASC may make it difficult to seek help, and a lack of understanding makes it difficult to know what to expect and what to ask or tell providers. Another concern is that, by itself, each symptom may seem insignificant.

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BEHAVIORAL HEALTH DIRECTOR,  
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# Helpful 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 and a comprehensive review of the available literature on the subject](#)
- **The Standard:** [Behavioral Health Resource Center](#)
- **Workplace Possibilities <sup>SM</sup> Blog:** [The Human Side of Managing People—When Is It Especially Important?](#)
- **National Institutes of Health:** [NIH launches new initiative to study “Long COVID”](#)



However, the combined impact of multiple symptoms may cause significant impairment. And, as case managers and disability management specialists often see with clients, the symptoms themselves may make it difficult for the client to follow a care plan.

“The client needs to see you as their advocate, as their partner, as someone who they can trust and someone who will support them and remind them that what they’re going through is real,” Jolivet says. “For all subjective conditions, there’s tremendous stigma and oftentimes shame. Case managers can help tremendously in coping with these issues.”

At the same time, part of the relationship with the client is helping them to recognize that they’re looking at gradual rehabilitation and recovery. “There isn’t a cure. There’s not going to be a pill; there’s not going to be something that will snap and fix everything.”

Subjective conditions frequently require advice and support for self-management techniques, including goal-setting and concrete plans for support. “You may need to help address their social isolation, loneliness and grief, which is particularly acute for those struggling with PASC,” says Jolivet.

Transitions may be particularly difficult because there are no objective outcomes to guide a client’s progress. So, someone



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may feel like they're ready to go back to work and discover they returned too soon. Clients and employers need to be very aware that recovery is not linear, and the situation may remain in flux for a while.

It's here that case managers and disability management specialists should emphasize self-care — "being gentle with yourself, recognizing that you're doing the best you can and monitoring your activity, your mood, your nutrition, sleep and your thought processes to make sure that you're doing appropriate self-care, eating well, getting enough sleep and safely getting as much exercise as you can."

Among Jolivet's other recommendations:

- Partner with the employee to improve communication and collaboration among providers.

- Focus on rehabilitation or recovery rather than a cure.
- Always keep in mind that rehabilitation is most effective when led by the client, and remember that the client—not the employer—is the expert on which symptoms are most disruptive.
- Focus on SMART goals (specific, measurable, achievable, realistic or relevant and time-limited).
- Translate goals into a clear implementation plan involving realistic steps.
- Consistent follow-up is key. Ongoing monitoring and frequent assessments may be necessary to maintain a clear focus on client symptoms, which may change over time.

## **Not reinventing the wheel**

PASC may be relatively new, but we already have tools to support clients and help employers accommodate them, say Jolivet and Glassman

For example, fatigue in PASC is similar to chronic fatigue syndrome, another subjective, post-viral syndrome. People with chronic fatigue syndrome often struggle with a feeling that maybe they are just being lazy or weak, or maybe they're overreacting or being dramatic.

"People suffering from fatigue often think there's nothing we can do, or

an employer can do, to accommodate them," says Jolivet. But in reality, there are many possibilities, including anti-fatigue mats that reduce stress on feet, knees and legs; scooters; walkers and specialized seating.

Employers can also accommodate those with fatigue through flexible scheduling and more frequent breaks. "One of the key things we see working with people who've gone out on disability leave is working together along with their treating provider to develop a gradual return to work plan so that people can work up to being back at full-time," he says.

Jolivet relays the story of a 40-year-old librarian who had chronic fatigue, muscle weakness and mental fog, along with light

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sensitivity and headaches. What worked for her could also work for PASC patients suffering from fatigue.

“We provided stay at work services including an ergonomic evaluation, onsite assessment and consultation with HR, and then gave her an ergonomic chair, a saddle stool, sit-stand workstation and then some precision tinted glasses

and a light shade to help with the light sensitivity.”

The accommodations cost about \$2,300. The estimated savings for the employer: \$4,200 and avoiding 61 days of disability leave.

The client’s response? “The adjustable desk and chair were so helpful. The glasses do help while I’m in the back workspace. Even

a little bit of relief is helpful.” Any improvement can make a tremendous difference for people dealing with these symptoms, he says.

Along those same lines, accommodations made for other conditions such as stroke, cancer and anxiety, may work for patients with PASC. (See Figures 1 and 2 below for examples of success stories.)

## Success Story: Stroke

Occupation	Barrier	Interventions	Costs	Estimated Savings	Employee Feedback
<b>Teacher, age 45</b>	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.	<b>\$1,010</b>	<b>\$3,762 63 days</b>	Employee thanked case manager for the help.

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

**Figure 1**

## Success Story: Anxiety

Occupation	Barrier	Interventions	Costs	Estimated Savings	Employee Feedback
<b>Chief, age 61</b>	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.	<b>\$659</b>	<b>\$5,131 56 days</b>	"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.*

**Figure 2**

### Looking ahead

Managing employees with PASC is probably going to be an ongoing issue for employers. Employers really should look at an employee's well-being 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—such as PTSD.


It's not only the right thing to do: It's good business. "Providing support to employees may help to avoid employee turnover as the pandemic resolves," says Glassman. "It will certainly lead to better morale, more positive relationships among workers, higher productivity and lower costs." Case managers and disability specialists can lead the way. ■



**Charles Glassman, MD**  
Associate Medical Director,  
Standard Insurance Company

**Charles Glassman** is an associate medical director for The Standard. Dr. Glassman joined The Standard as a physician consultant in 2016. In 2018, he was promoted to an associate medical director (AMD) and has become a valuable member of the AMD team. Prior to joining The Standard, he practiced general internal medicine for over 30 years in Pomona, NY. During the course of his career, Dr. Glassman has earned multiple awards such as Top Doctor, Compassionate Doctor and being elected as a Fellow of the American College of Physicians (FACP). Dr. Glassman graduated Phi Beta Kappa from Hobart College with a bachelor's degree in Mathematics and earned his M.D. from New York Medical College.

*continued*



## PTSD: A common PASC comorbidity

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**PTSD** is a complication of COVID-19 and can occur alongside PASC; however, it is not a PASC symptom.

PTSD is a common complication of mechanical ventilation, but that alone doesn't account for its dramatic increase. It's also common for many people going through the pandemic—even those who don't develop COVID.

"We're seeing this with health care providers and people who had a prior diagnosis of PTSD—so combat veterans, survivors of adverse childhood events like childhood abuse and people who have survived other traumas." COVID has reactivated their PTSD. Jolivet says. "We're anticipating a tremendous rise in PTSD, not just amongst COVID survivors, but among people who have just been dealing with the stress of the pandemic."

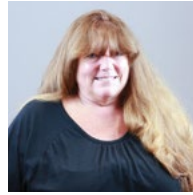
At The Standard, we have very high success rates with all behavioral health conditions, both for stay at work and return to work services. About 90% of people will be able to stay-at-work and about 70% will be able to return-to-work more quickly than they would have without accommodation and support.



**Daniel Jolivet, PhD**  
Behavioral Health Director,  
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**Dan Jolivet** is the workplace possibilities practice consultant at The Standard, where he provides leadership, analysis and consultative insights into the workplace possibilities service line. He provides specialized focus on behavioral health, stay-at-work, return-to-work, ADAAA services, health management integration and other related employer solutions. He is a clinical psychologist licensed in Georgia and Oregon, and he has worked in behavioral health since 1980. He joined The Standard in 2016 as the behavioral health director.

Prior to joining The Standard, Dan worked in managed behavioral health care organizations for 20 years in a variety of management roles and was in clinical practice as a child psychologist until 2003.



**Patricia Nunez,**  
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**Patty Nunez** is director in the Claim Supply Management office at CNA. She leads a team responsible for overall claim and sourcing strategy, data and analytics, supplier governance and management for workers compensation, general liability and specialty lines of business. In her time at CNA, she has held case management manager and medical management director positions.

Patty holds a Bachelor of Arts in Psychology from Rutgers University, and a Master of Arts in Rehabilitation Counseling from Seton Hall University. Patty has a long history of professional service and leadership roles in organizations such as the American Counseling Association, the American Rehabilitation Counseling Association and the California Association of Licensed Professional Clinical Counselors.

Patty served on the Commission on Rehabilitation Counselor Certification holding leadership positions on diverse committees and twice as chair. She served as a commissioner on the Certification of Disability Management Specialist Commission. Patty served as a public member on the Council on Rehabilitation Education (CORE) and as president of the CORE Board, during which time CORE merged with the Council on Accreditation of Counseling and Related Educational Programs (CACREP). Patty is dually certified as a CCM and CDMS and has served the Commission as a volunteer for many years in both capacities.



### Commission for Case Manager Certification

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