GROUP BENEFIT SOLUTIONS

The Group Solutions Sit-Down

Long-COVID: Returning to Life & Work

SUMMARY KEYWORDS

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SPEAKERS

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Kristen 00:07
Since the onset of the COVID-19 pandemic, there have been reports of people experiencing persistent symptoms, weeks to months after initial infection. Often these are young healthy adults, who experienced mild or even asymptomatic Coronavirus infections and recovered quickly, only to experience an onset of debilitating symptoms shortly after. The Center for Disease Control and Prevention calls such cases post-COVID conditions. However, you may have also heard them referred to as long-COVID, long-haul syndrome, chronic-COVID and post-acute COVID-19. While much is still to be determined, what we do know is that for those living with these chronic symptoms, daily activities like going for a walk or washing the dishes, or being on a zoom call, can be incredibly draining. And with more than half of COVID survivors experiencing these lingering symptoms six months after recovery, according to Penn State College of Medicine's 2021 study, the issue of long-COVID is top of mind for researchers and employers alike as people begin to return to life and employees face new obstacles in the workplace. I'm Kristen Osburn, a Marketing Strategist with New York Life Group Benefit Solutions. In this episode, I sit down with Dr. Jeff Miskoff, Medical Director of Pulmonary and Critical Care for New York Life Group Benefit Solutions and Ryan Bruce, Vocational Services Director and Mental Health First-Aid Trainer also with New York Life Group Benefit Solutions, to discuss the complexities behind long-haul COVID and some insights employers should consider to help support their employees in returning to health, work, and productivity. Ryan and Dr. Miskoff, welcome to The Group Solutions Sit-Down… it's such a pleasure to have you both on the show today!

Ryan 02:14
Thanks, great to be here.

Dr. Miskoff 02:16
Yeah, thanks so much, Kristen. It's great to be here on the podcast to discuss a topic that's so hot right now and is so globally important.

Kristen 02:23
Yeah, well, Dr. Miskoff, I know there's a lot about Long-Haul COVID that is still unknown, a lot of research that's still being done, but I'm wondering if you can actually start by maybe sharing with us how long-haul COVID is being defined with all these different terms that are out there? And maybe some of the common symptoms associated with it?

Dr. Miskoff 02:46
Sure, sure, absolutely. So Kristen, The World Health Organization has actually come out with a new definition recently, you know, when we first started seeing people with COVID, we weren't exactly sure, you know, how it was going to play out. And then we started to say, well maybe, you know, if they had symptoms a month or so after the initial test or presentation, that that could be a more prolonged situation. But The World Health Organization, or the WHO, has actually defined something called post-acute sequelae of COVID, or the acronym would be PASC. And this refers to people who have had COVID and then within three months from that onset they've developed symptoms that last at least two months. And the most important thing about this is that, you know, as a clinician, you make sure that those symptoms are not from another diagnosis or another condition - that you've ruled out all the alternative diagnoses. Certainly we saw people present with chronic asthma and other conditions that sometimes confused the clinicians when they presented and others. And some of these symptoms that the post-COVID patient can present with, maybe fatigue, we've all heard of chronic fatigue syndrome, and that's a very popular one that's being documented. You know, whether or not there's some reactivation of Epstein Barr virus that's leading to a chronic fatigue syndrome is still under debate. Brain fog, I mean, so many are reporting brain fog, a difficult one to measure, because these are going to be symptoms, obviously, that the employee is telling us. And shortness of breath and cough, you know, these are the respiratory symptoms that we see. Cough is a tough one because so many viruses, upper respiratory viruses, can cause cough and we've seen clinically with influenza, power, influenza, RSV - all these upper respiratory infections - not uncommon to see the person come in and have a cough for several weeks, and in even more rare cases, several months, and, you know, when I was in clinical practice, up to six months I would see and this is pre-COVID. And let's not forget about depression and anxiety, you know, not knowing what's causing the symptom can cause angst and depression, especially if it's lingering and hanging around for a long time. Different I think with PASC, the Post-Acute Sequela of COVID, than with those who were more severe on presentation and were on ventilators and survived through that and then are having a PTSD or Post Traumatic Stress Disorder. So that's a bit different in a more severe case. But certainly there are people presenting with anxiety, depression, and then some of the other ones cross over to neuro, headaches, dizziness, memory loss, all this can lead to insomnia, of course, and then just generalized aches and pains is also being described. And then the hard part here is what's causing it, you know, is this an autoimmune phenomena? Is the body trying to attack itself? There's talk of, you know, are there reservoirs in the body that could harbor COVID for longer periods of time in the brain tissue or in the gut? You know, there's been talk of people having low antibody levels, and most of us have heard of checking antibodies. One thing that's interesting about long-COVID is that, you know, you could be young or old, you can present asymptomatically or mild all the way up to severe, and still be at risk of developing this condition. So it's not just like the older population with lots of comorbidities were more at risk of getting severe COVID. But it turns out that you could be even a very mild case, and still present with long COVID symptoms.

Kristen 06:22
Wow. Well, with such a range of symptoms associated with long-COVID, you know, sounds like, again, it could present itself as so many other things. And then no real set indicator at this time for when someone will or won't experience it, you know, we can't use hospitalization as the marker or certain age. How really is then

this PASC currently being diagnosed and treated if someone's coming in with these symptoms?

Dr. Miskoff 06:50
It's such a great question, Kristen, and it's such a tough one to answer because there is no exact right answer. You know, the clinician or the doctor will diagnose it, most likely follow this newer WHO definition of, as we mentioned in the beginning, but the timeline, right, and when the person actually developed symptoms, when they tested positive, what symptoms they have, or had - these are all important. So just a good history and physical exam. You know, I was trained to always look at the entire person, the whole-body approach, which is a New York life motto, I know, to really look at that entire individual when you're not only working them up, but treating them and looking at all the systems together, right? So if somebody has chest pain, you don't just stop there and say, "okay, it was COVID." You work them up for chest pain, whether they get a stress test, or an EKG, an echo. If it's shortness of breath, you know, how do you appropriately work that up? Is it a pulmonary function test, six-minute walk, etc.? So you don't want to ignore any of the systems or symptoms. And, you know, hopefully with time there'll be protocols that guide us as the research starts coming out and we start to learn, you know, what blood test can we do? So I think, you know, looking at the whole body approach for that workup is important. And then that carries over to treatment as well, you know, trying to treat the symptom, but you don't want to just do a shotgun approach either. So again, that whole body approach, working up the customer and then figuring out what the best strategy is for treatment, whether that be rehab, physical therapy, or trying different medications, but right now, today, we do not have an FDA approved pill or infusion for long COVID per se.

Kristen 08:31
Yeah, wow, well, I want to bring it back to kind of the anxiety and depression focus. I know that with COVID-19 in general we've seen a rise in mental health diagnoses as a result of both some of the physiological impacts as well as the sociological impacts - strains on relationships, isolation, caregiving, distance learning, a lot of different impacts, Yet, I know that also doesn't even take into account those then also suffering from PASC and some of these longer term symptoms. So Ryan, I'm actually wondering if maybe you can speak to this a little bit with your experience as a mental health first aid trainer and what you've been seeing and learning that employers should really be aware of with long-haul COVID and some of the rising mental health concerns that we're seeing.

Ryan 09:22
Yeah, thanks. So one thing, Kristen, you said, the different factors - that is, like, a great summary of everything that has been happening out there. Our last two years have had different factors. Now, we now also know that the CDC (Centers for Disease Control) in 2021 put out a household pulse survey that found that about a third, 35%, of Americans were reporting symptoms of anxiety and depression. 2021, the Lancet in Great Britain, also found about the same exact thing too. Long-COVID, mental health, different factors, it's impacting all of us. And really being able to, as an employer, take a step back and think about stigma. Think about all of those years, maybe where you or an employee maybe was fearful about reporting mental health, about having that non-apparent disability. You might look okay on the outside, but are you okay on the inside? All of that makes it harder sometimes for people to ask for help. And in a Mental Health First Aid training, we really are able to give that gift to people that they can do it, they can have that confidence. We're not treating, we're not diagnosing, but we are taking that first step, that first band-aid, talking to someone for that first time about what might work for them? What's some self-help that they can do? What kind of professionals do they find help from? So having that positive opportunity to step up and check-in with people has been something that a lot of the employers we've been working with have been really excited to start talking about in a different way, kind of a more upfront way. They want to be there for someone. They want to be there for people who have had COVID and they want to be there for people who haven't but have had all of these factors in their life that just make stuff more difficult. It's a lot to deal with.

Kristen 11:24
Yeah, it is a lot. I mean, I know, we've all experienced a lot over the course of COVID. And a lot of the shifts that people have had to experience and then, on top of that, if you've had COVID, or the long, you know, COVID symptoms afterwards, trying to get back into life and work, it IS a lot. And it's been really helpful, I think, to hear some of the background on long-haul COVID from both of you, some of the different complexities, really, that employers should be aware of as their employees are starting to return to work. I'm really curious, as employers start building out their return-to-work strategies, what recommendations would you both give to employers, whether around policies to look into or practices to consider implementing?

Dr. Miskoff 12:12
Yeah, it's another great question. And, you know, obviously, the number one way to not get long-COVID is to not get COVID to begin with, right? So prevention, prevention, prevention. And, you know, we were taught in medical school that, you know, when you get, let's say, a pneumonia or another type of condition, the number one risk was having that condition before. So really, you know, you want to get the vaccination, obviously, there is some data and studies that is being looked at in regards to long-COVID and severity of long-COVID based on whether you had the vaccine or not, and that looks somewhat promising, but we still have to wait for the full data set on that. You know, making sure that employees have their regular breaks, that they're eating healthy, that they're drinking enough water and exercising. I know some employers provide gym memberships and that type of thing and incentives for health visits, but time off policies and, you know, if you have to go for your COVID vaccine, or your booster shot, knowing that your employer is going to support that, and, and that you will have that half a day or whatever few hours to go get the vaccine. And looking, of course, at the broader policies, ensuring that if you do get COVID, you have, you know, the appropriate time off for that, and also managing the long-haul COVID. As you mentioned, in the beginning, it could be up to 50%, that could develop that, so I think the time off policies do need to be looked at and we need to support the employees and make sure that they get back to work safely and healthy.

Ryan 13:44
Yeah, and Dr. Miskoff, another thing to focusing on policies, thinking about the ADA (The Americans with Disabilities Act) and what it means for accommodations for employers. One of the things that we really try to focus on when we talk to employers, something that we really are out there and a champion of, is that we need to focus on the individual and how that individual's ability might be impacted from anything – label, diagnosis, doesn't matter – but what they're saying, what are their limitations and restrictions that are affecting their performance of their job duties. So, I would really encourage everyone to think about your people and your concerns, and not just the label of long-COVID. Now, everything Dr. Miskoff has said is really important because as we raise awareness of what's around us, it puts us in a better place to be able to kind of notice when something might not be entirely right with maybe a co-worker, or maybe someone even at home. So what we can do is really reassure people that when they come and they say “I just I don't understand what's happening,” or “I just feel sad for no reason, I can't explain it,” that we're reassuring, that we believe them, and that we're here for them. Something that I found really helpful to do in conversations like this, as a manager or as an HR business partner or someone in employee relations, is to think about like a mini-framework – feeling, doing, thinking or affect, behavior, and cognition – are great follow up questions so you can concentrate on what someone's telling you. So, how does it make you feel? What do you do when you say that you feel really sad right now you don't know why? What goes through your head when that comes up? And when you focus on the person, you can really kind of consider what they might need to be successful. A couple examples…. So customer service rep, someone on the phone all day, maybe people are complaining a little bit, and they come with, let's say, a brain fog or memory or concentration issues. Helping them with more of a written job aid, showing them tasks in the order in which those tasks exists, could really kind of give them a leg up. And like all accommodation ideas, that could be really useful for everyone. So best accommodations are those that can be for everyone, and, in this case, free. Someone who works at a computer all day, has headaches or photo sensitivity with long-COVID… anti-glare glasses, better window shades, moving, being cognizant of at least where your monitor is and potentially moving it so it's not right between the employee and a window, would be helpful. Warehouse workers with unpredictable losses in balance, especially when walking or climbing… might they be able to be assigned to forklift duty for an entire shift so that they can not move around

as much. Anyone with anxiety or depression, really kind of consider breaks, especially if someone is tied to the phone or answering calls. But the break would mean not necessarily just more breaks, but maybe make their day a little bit longer, so that they're able to still hit as many calls as they can to make as big of an impact as possible for you. The ADA really favors plans and people having conversations that are very flexible. And that's what we're really trying to do here, we're trying to understand people and we're trying to be flexible. Also just consider the resources that you have – employee assistance program, life assistance programs, relying on diversity, equity, and inclusion groups, employee resource groups for peer support potentially, or even the development of communications to show employees that you really do value them. And, of course, Mental Health First Aid trainings and talking to your disability consultants and carriers about what ideas they might have and know from a larger industry perspective that might help you out with more general planning.

Kristen 18:05

Great. Well, Ryan, Dr. Miskoff, thank you again for joining me on the show today. This was incredibly informative and provided a lot of really valuable insights into what people are going through. And I think it not only gave practical steps that employers can be taking and supporting their employees, and really developing more robust return-to-work strategies, but I think it also gave us the collective reminder to all be practicing a little more empathy as we, you know, we never really know what someone might be going through or what symptoms they might be experiencing that we can't see. Listeners, make sure you tune into our next episode of The Group Solutions Sit-Down for more conversations with thought leaders and industry experts about benefit programs trends, needs in the evolving absence, and group insurance space as we continue to discover more ways that we can all build better futures for employers, employees, and those they love.

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