



The impact of COVID-19 adds up and can change focus of care

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Presenters



Tron Emptage

Chief Clinical Officer
Optum



Hiren Ghayal, PsyD

Clinical Quality Assurance Advisor
Ascensus



Dan LeGoff, Ph.D., LP

Neuropsychologist, Psychologist
Ascensus

The COVID-19 Impact



Boston University School of Public Health:

The elevated rate of depression has persisted into 2021, and even worsened, climbing to

32.8 %

affecting 1 in every 3 American adults

Remember when this all started?



Plan your time
outside the home



Take advantage of
special store hours



Use telehealth
if possible



Have lab work
close to home



Identify someone in your
family or community to
check in on

Steps to help prevent the spread of COVID-19



Wash hands with soap and water



Avoid close contact



Avoid touching face (eyes, nose, and mouth)



Stay home when you are sick



Clean surfaces

Perceptions that life has forever changed due to the pandemic

Life has been forever changed by the pandemic

63%



Agree that the past two years of the pandemic are a blur

63%



Agree that with each new variant, they lose hope that the pandemic will ever end

66%



Say they have gotten better at prioritizing what is important to them because of the pandemic

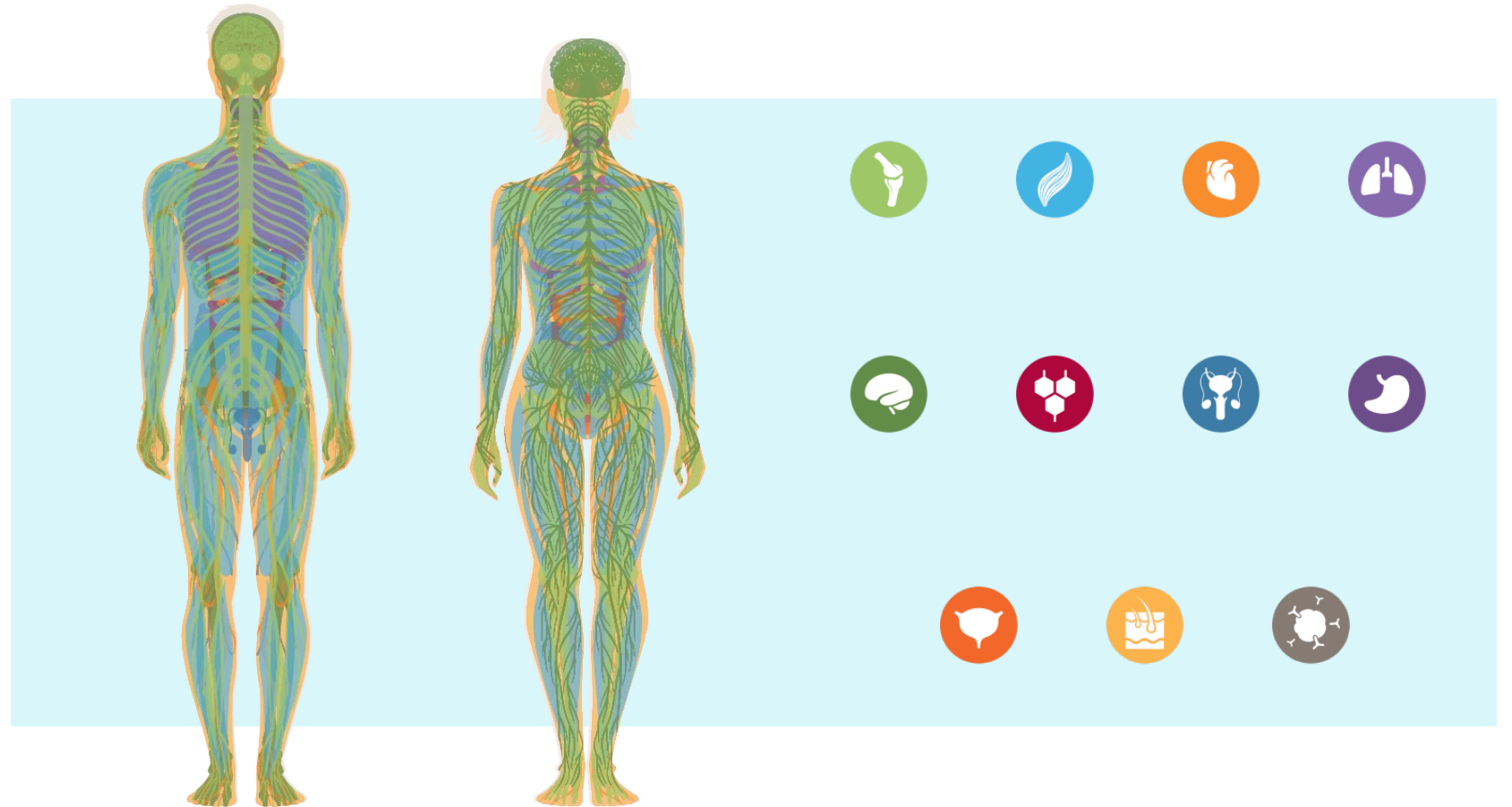
71%



<https://www.apa.org/news/press/releases/stress/2022/march-2022-survival-mode>

Long-term impacts of COVID-19 to the body

Respiratory
Cardiovascular
Nervous
Gastrointestinal
Musculoskeletal
Skin
Endocrine
Immune
Reproductive



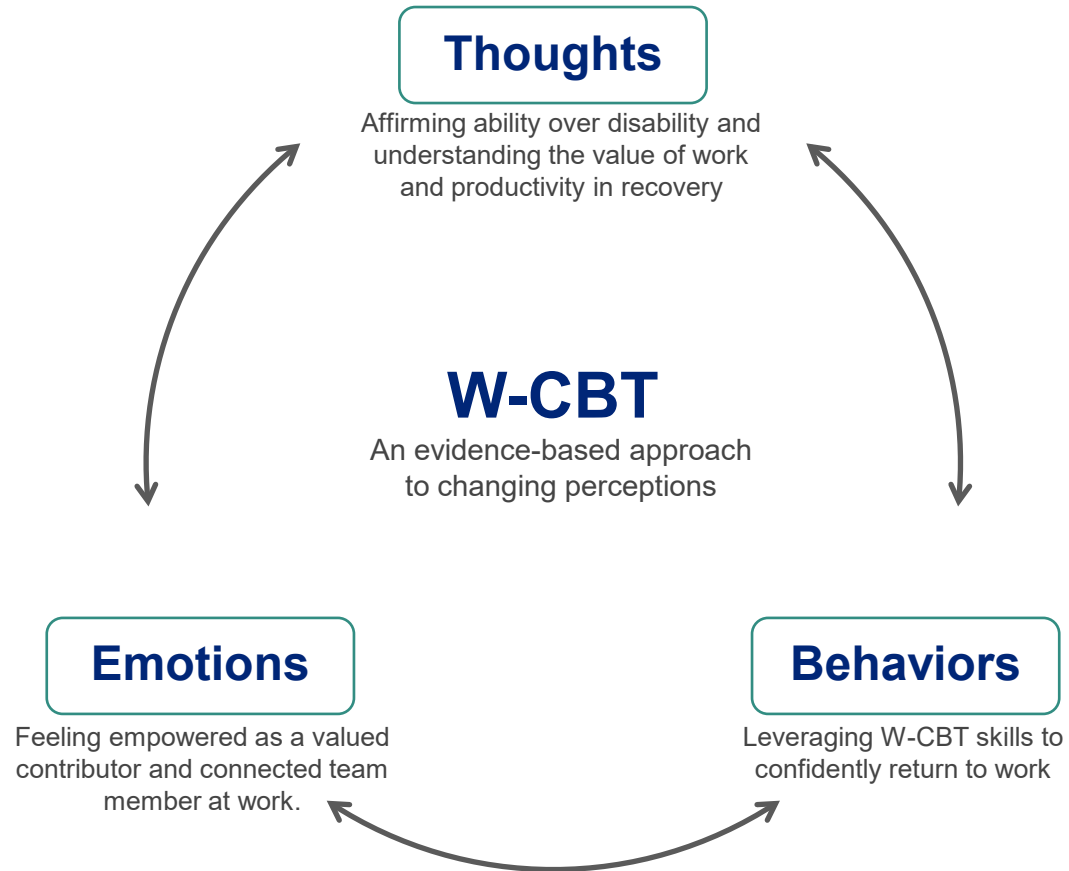
The benefits of a behavioral health program



Behavioral health medication types

- Antidepressants
- Anxiolytics
- Antipsychotics
- Substance use disorder medications
- Non-opioid pain relievers
- Opioids

Work-focused Cognitive Behavioral Therapy



W-CBT is an evidence-based psychological treatment approach that has been demonstrated to be effective for a range of problems including **depression, anxiety, trauma and pain.**

- Department of Psychology, Boston University

The focus on COVID
often outweighed the injured person

Long-term psychological health impacts of COVID-19

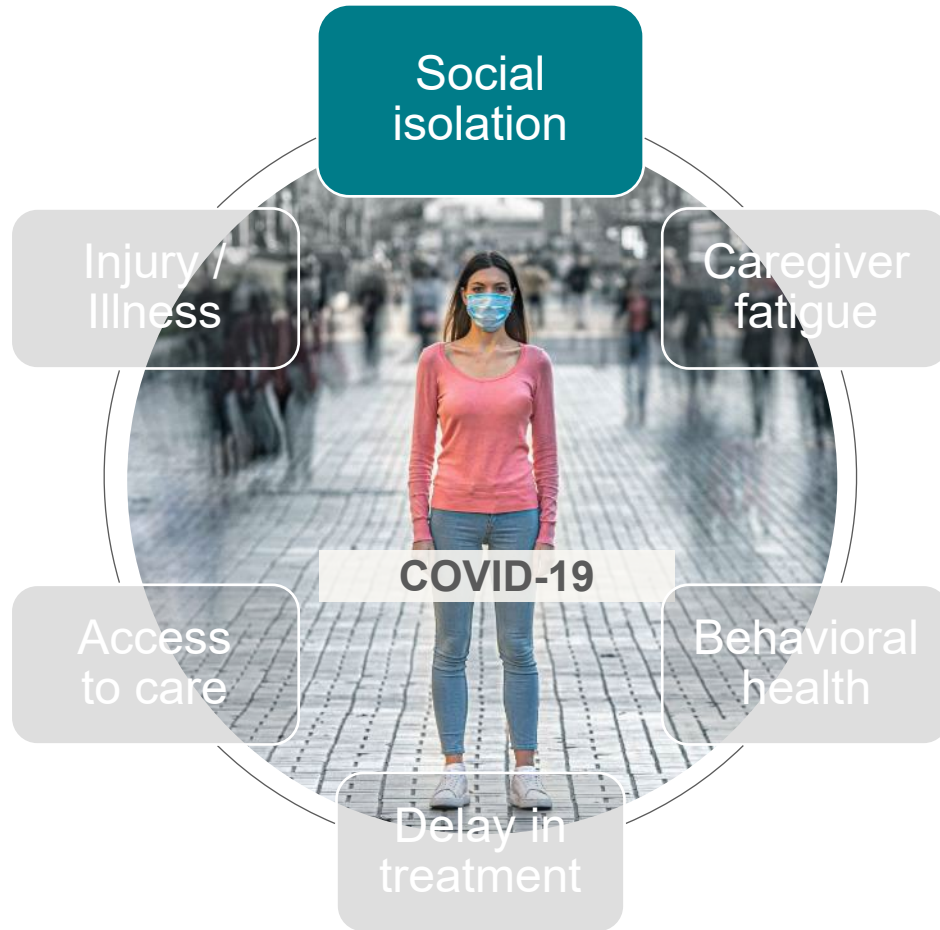
“Causes” of psychological concerns in the context of COVID

- Possible specific effects of COVID-19 on the brain, the immune system, other organ systems
- Trauma response related to having COVID-19, fear of prolonged illness/death
 - Grief related to loss in functioning
 - Long-term hospitalization, severe weakness, cognitive problems
 - Changes in relationships, co-occurring losses (employment, financial stability, others ill/dying)
- COVID exacerbates preexisting conditions

Common co-occurring psychological concerns/diagnoses

- Anxiety
- Depression
- Post-traumatic stress disorder (PTSD)
- Mood dysregulation
- Concentration concerns (brain fog)
- Sleep disturbance and disorder
- Non-adherence to medical treatment recommendations (seek Motivational Enhancement/Interviewing)

The impact of COVID-19 changed our focus

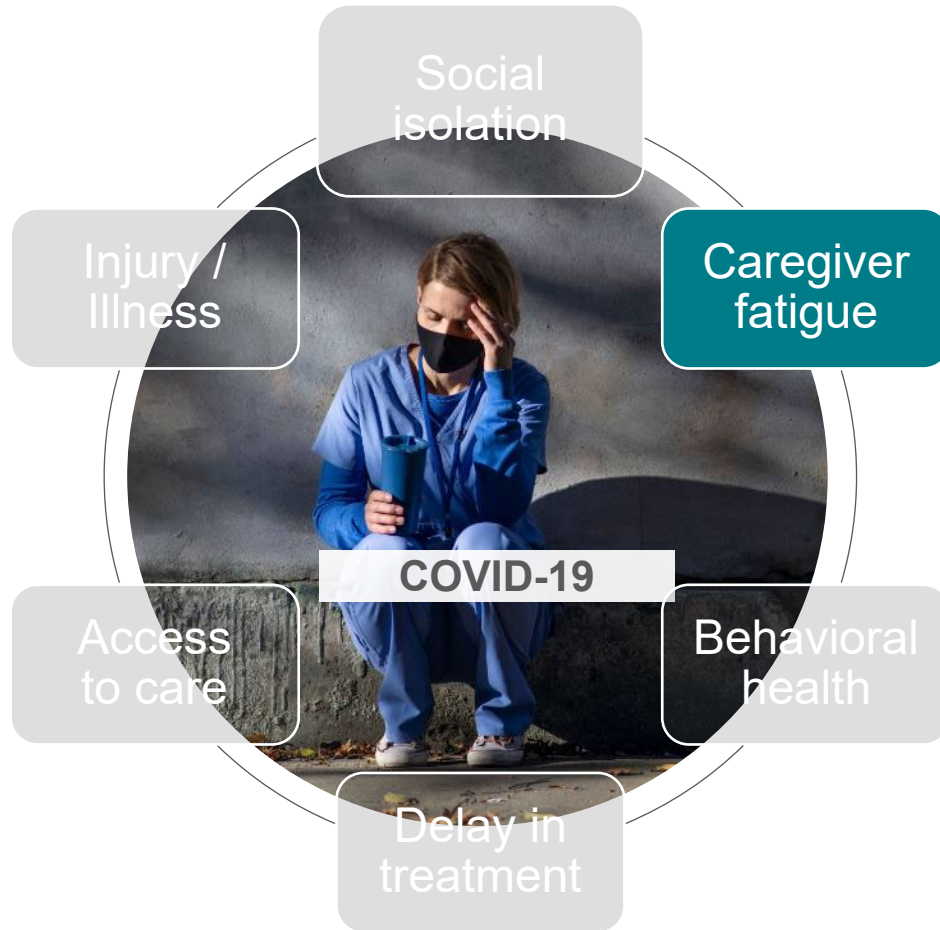


[CDC](#) survey June of 2020

- 31% reported symptoms of anxiety or depression
- 13% reported having started or increased substance use
- 26% reported stress-related symptoms
- 11% reported having serious thoughts of suicide in the past 30 days.

<https://www.nimh.nih.gov/about/director/messages/2021/one-year-in-covid-19-and-mental-health>

The impact of COVID-19 changed our focus



Mental Health America survey on healthcare workers during COVID-19

(June-September 2020)

- 93% experiencing stress
- 86% reported anxiety
- 77% reported frustration
- 76% reported exhaustion and burnout
- 75% said they were overwhelmed

<https://mhanational.org/mental-health-healthcare-workers-covid-19>

Ascellus study of healthcare workers and first responders

The study

Data from 103 healthcare workers and first responders were used to investigate the benefits of psychological services to address delayed recovery from COVID-19 due to psychological stressors and/or mental health diagnoses. Participants were referred to treatment and engaged in work-focused Cognitive Behavioral Therapy between May 2020 and August 2021.

30%

had a psychological diagnosis that interfered with recovery.

70%

had psychosocial factors that interfered with recovery.

The result

Researcher compared recovery status before and after treatment, return-to-work times and self rating on work-related daily functioning. Within 12 weeks:

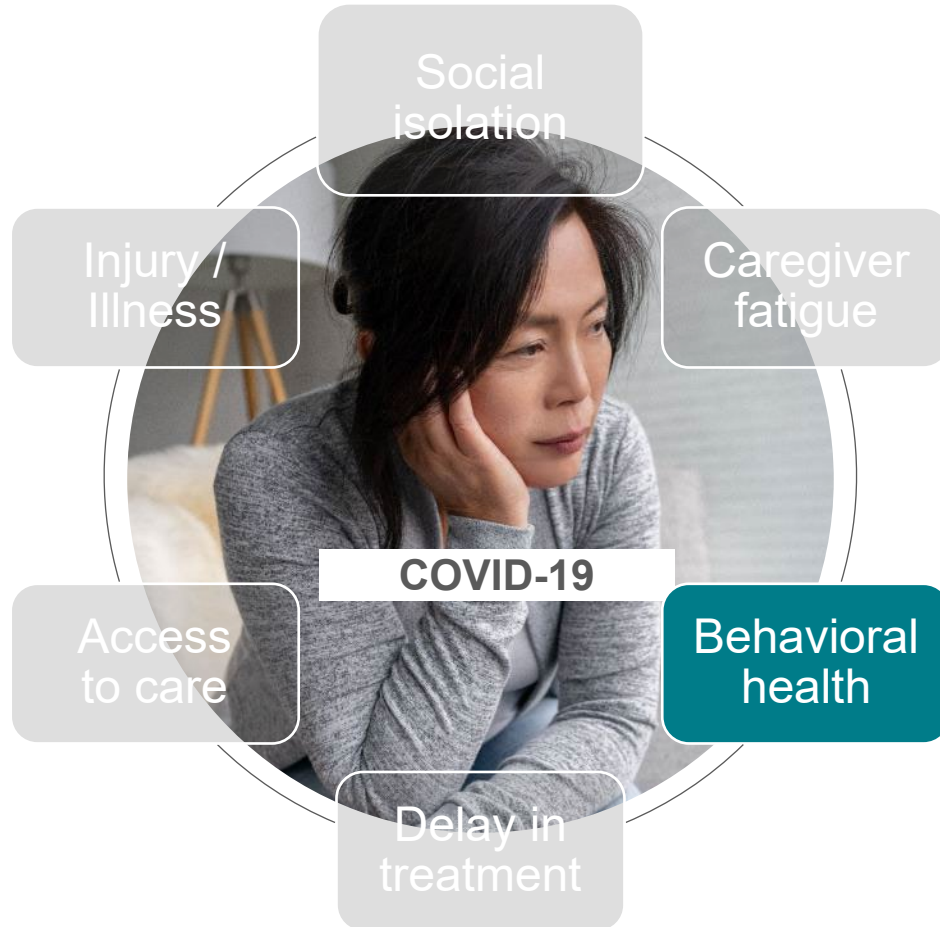
80%

of injured workers returned to work.

40%

improvement was made in participant work-related functional goals.

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Studies show
nearly **1/3** of all **COVID-19** patients
experience depressive symptoms.

Almost **ALL** hospitalized patients
show symptoms of PTSD

<https://www.liebertpub.com/doi/10.1089/jicm.2022.0473>

The assessment and intervention of psychological services



Assessment

Identify psychosocial factors impacting recovery and return to work

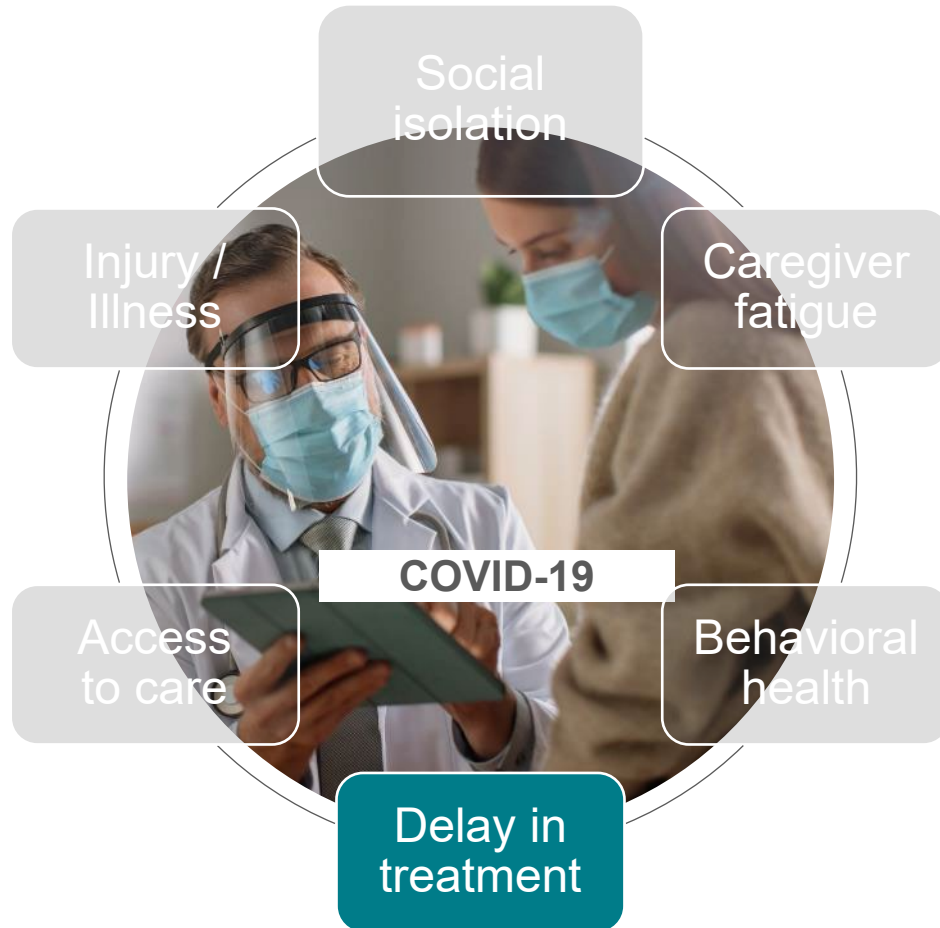
- Health Behavior Assessment
- Psychological Assessment
- Neurocognitive or Neuropsychological Assessment/Testing



Intervention

- Health Psychology: address psychosocial factors impacting recovery
- Mental Health Services: treat psychological diagnoses secondary to illness
- Work-focused Cognitive Behavioral Interventions

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Per the CDC:
As of June 30, 2020,
an estimated **41%** of U.S. adults
delayed or avoided medical care during the
pandemic because of concerns about
COVID-19.

Includes 12% who avoided urgent or emergency care.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm#:~:text=Discussion,avoided%20urgent%20or%20emergency%20care>.

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Reduced access to care, surgeries, and other hospital services, combined with fear of exposure to the virus, have led to a significant drop in access.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7999346/#:~:text=The%20COVID%2D19%20pandemic%20continues,reasonable%20number%20of%20health%20care%20professionals.>

The impact of COVID-19 changed our focus

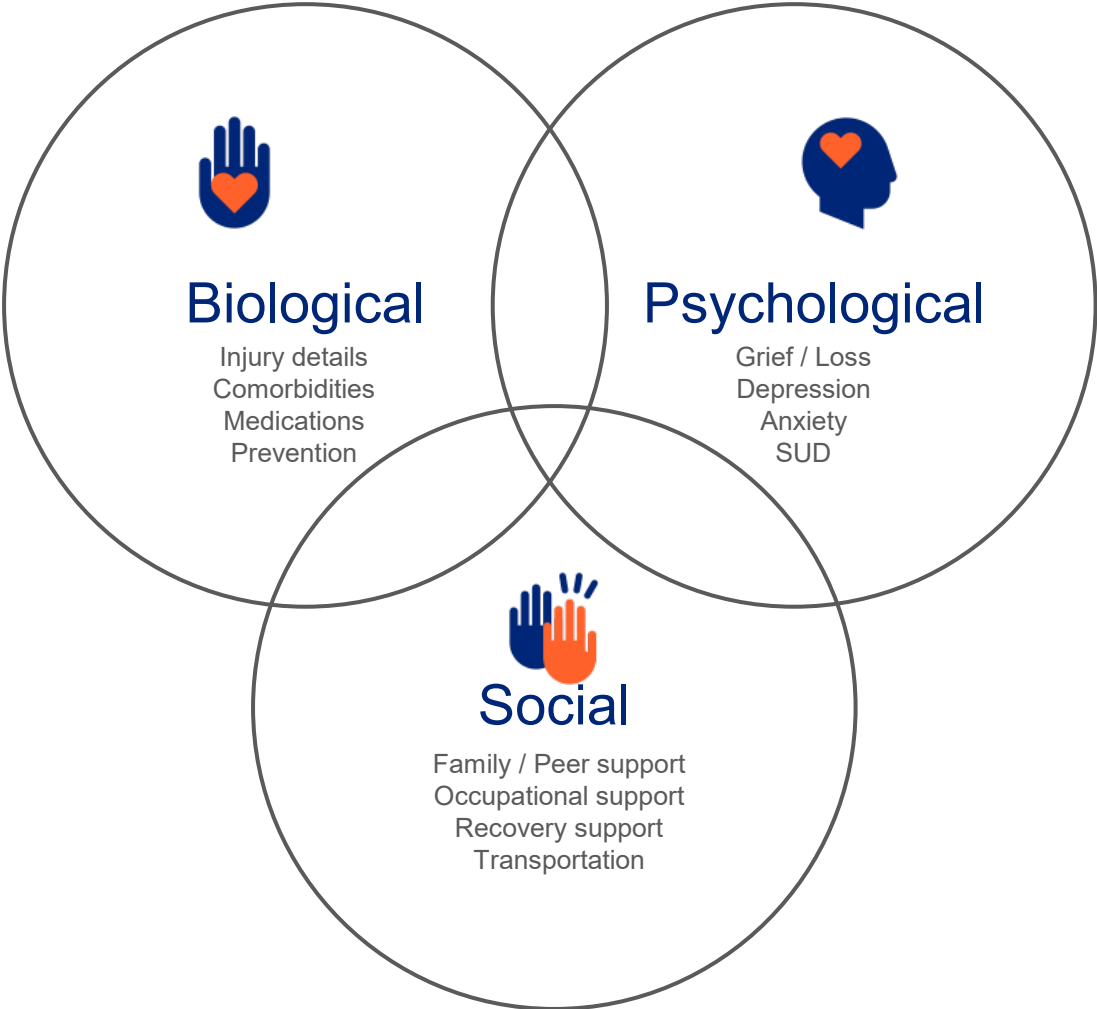


Common co-occurring diagnoses

- Abnormalities of breathing (23.2%), cough (18.9%), malaise/fatigue (16.7%)
- Hypertensive Diseases (65+), Generalized Anxiety Disorder (23-35)
- Abnormalities of Heartbeat (13-22), Multisystem inflammatory syndrome (age 0-12)
- Additional frequent symptoms: Headache, Loss of taste/smell, Cognitive/mental health impairments
- Other and unspecified myopathies: 11.1 x more frequent than in same population prior to COVID
- Pulmonary embolism: 2.6 x more frequent

Flipping the focus from COVID to the Injured person

Biopsychosocial approach



Body

- Symptoms of illness or injury
 - Lingering symptoms of illness or injury
 - Polypharmacy
 - Physical Pain (opioids)
 - Poor sleep hygiene
 - Inadequate nutrition
 - Co-morbid conditions
 - Jurisdictional guidelines
 - Financial constraints
-



Mind

- Stigma
 - Lack of Awareness
 - Perceived Injustice
 - Catastrophizing
 - Fear
-

Body

- Recovery timeline
 - Functional recovery
 - Medication side effect management
 - Pain Score
 - RTW
 - Future treatments
-



Mind

- Diagnostic interview
 - Causality Opinion (when requested)
 - Assessment of psychological and psychosocial needs
 - Agreement on treatment plan
 - Execution of treatment plan
-

Body

- Physical needs
 - Durable medical equipment
 - Translation and Transportation
 - Social Network
 - Recovery Support
 - Clinical care
 - ADLs
-



Mind

- Engage family support with consent of the patient
 - Engage community resources
 - Access additional employer benefits as appropriate
 - Consider online support group
 - Provide education
-

Body

- Multiple prescribers
 - Multiple providers
 - Multiple pharmacies
 - Coordination of care
 - Multidisciplinary care teams
 - Pain clinic or MAT clinic
 - Group Health vs Workers' Comp treatment
-



Mind

- Coordinate care with PTP/ATP
 - If more than one mental health provider, collaborate on the treatment plan and monitoring of patient progress
 - Document and seek collaboration with others providing care to the patient (e.g., PT)
 - Maintain regular contact with the claim examiner and NCM
 - Collaborate with pharmacy
-

Body

- Return to work date
 - Retraining needs
 - Realistic expectations
 - Coaching
 - Lifestyle change opportunities
 - Social Support Services
 - Medication Weaning
-



Mind

- Work-related functional improvement
 - Progressive return-to-work planning
 - Emotional management, improved concentration, focus and stamina
 - Problem-solving and Interpersonal communication
 - Practice using CBT and Mindfulness skills
-

Body

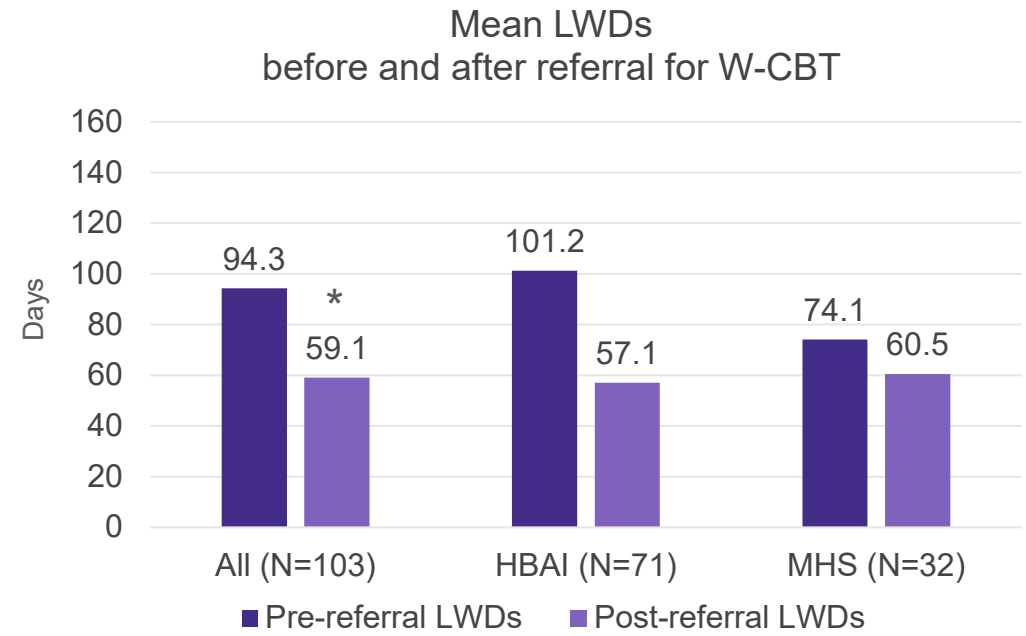
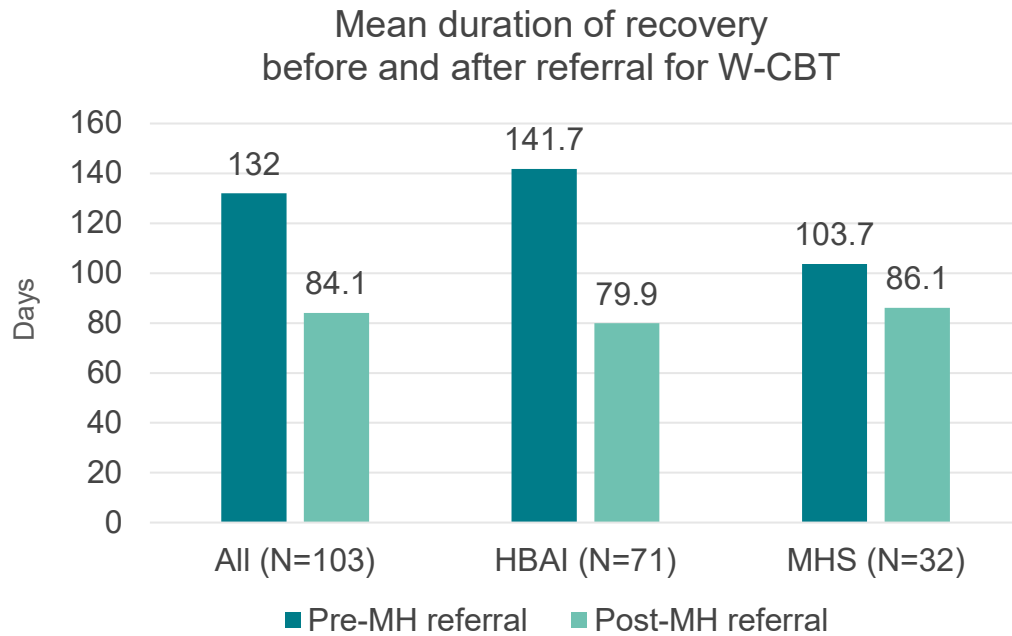
- Jurisdictional requirements
 - Legal representation
 - Care Coordination
 - Visit Summaries
 - Treatment information
 - Claim documentation
-



Mind

- Patient and provider
 - Patient and employer
 - Patient and claims examiner
 - Patient and support system
-

The duration of recovery and lost workdays are general indicators of the overall costs of WC claims due to work leave and medical expenses.



Pre-MH referral: DFR to Intake

Post-MH referral: Intake to MMI/Discharge

* if psychological treatment were effective, one indicator would be a reduction in the duration of illness after the initiation of psychological treatment relative to the duration before treatment started

Reduction in mean LWDs = decrease in illness-related work-leave of 44.7% & mean gain of 41.6 workdays for all participants

*statistically significant using Student's t-test, ($p < .01$)

Post COVID-19 Condition and Cognitive Complaints

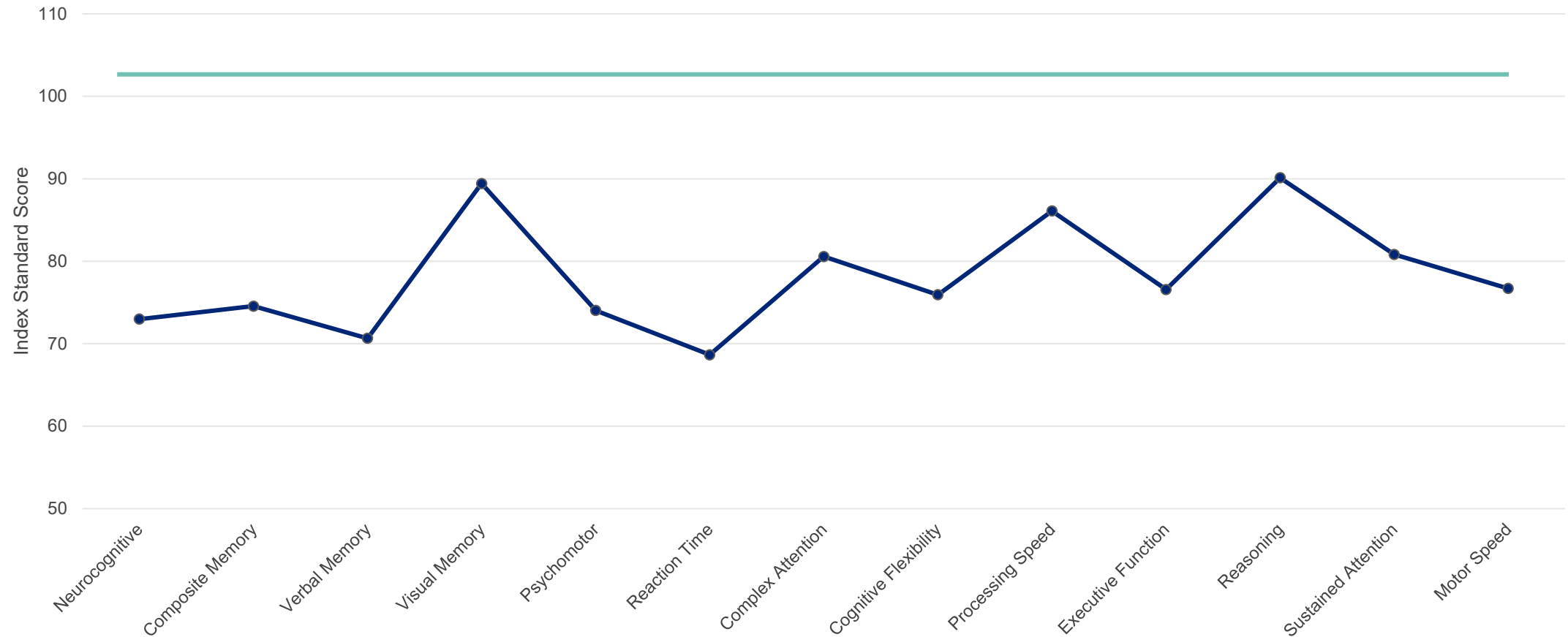
Symptom validity in prolonged “brain fog” cases
Research article submitted to JOEM

Study participant age and self-declared gender overall and by occupational category

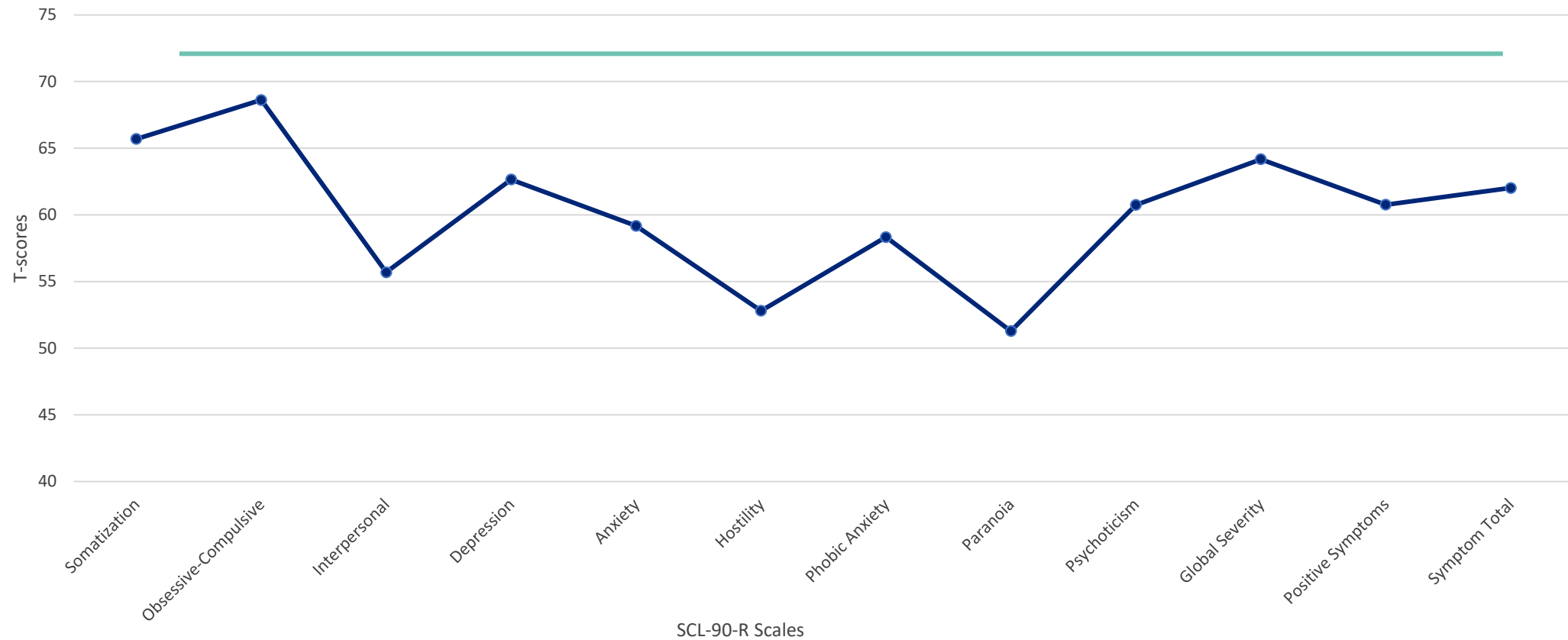
All participants diagnosed with Post COVID-19 condition and reporting neurocognitive complaints

Occupational Category	N	% of N	Mean Age (Y:N)	Gender
Overall	64	100	48.3	Female = 35, Male = 29
Healthcare services	32	50.0	44:5	Female = 27, Male = 5
Corrections	14	21.9	49:2	Female = 3, Male = 11
First responders	9	14.1	41:3	Female = 1, Male = 8
Facilities maintenance	9	14.1	51:8	Female = 4, Male = 5

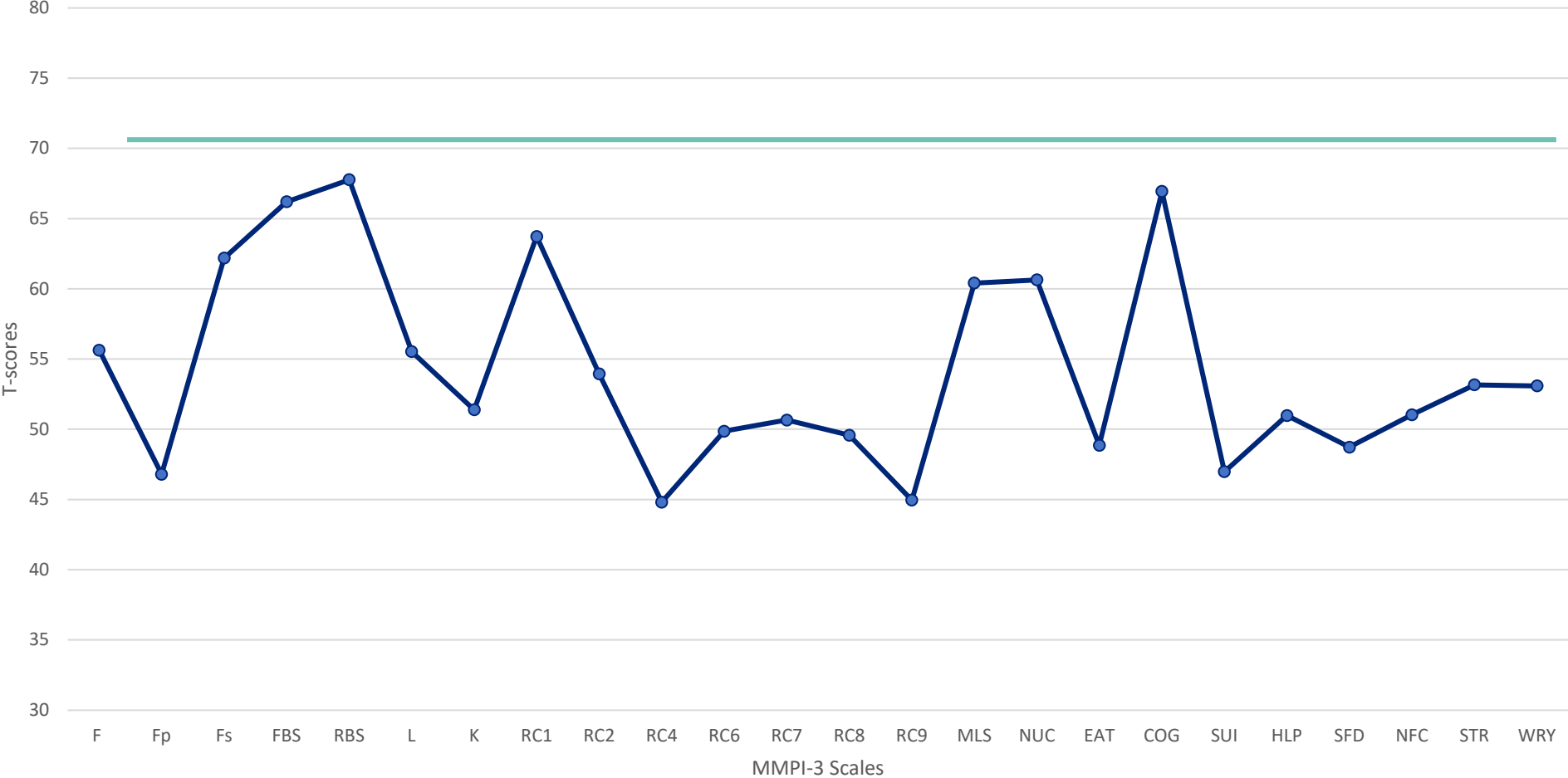
Sample mean CNS-VS Index standard scores (N = 64) in comparison with mean DEP-IQ (103.4)



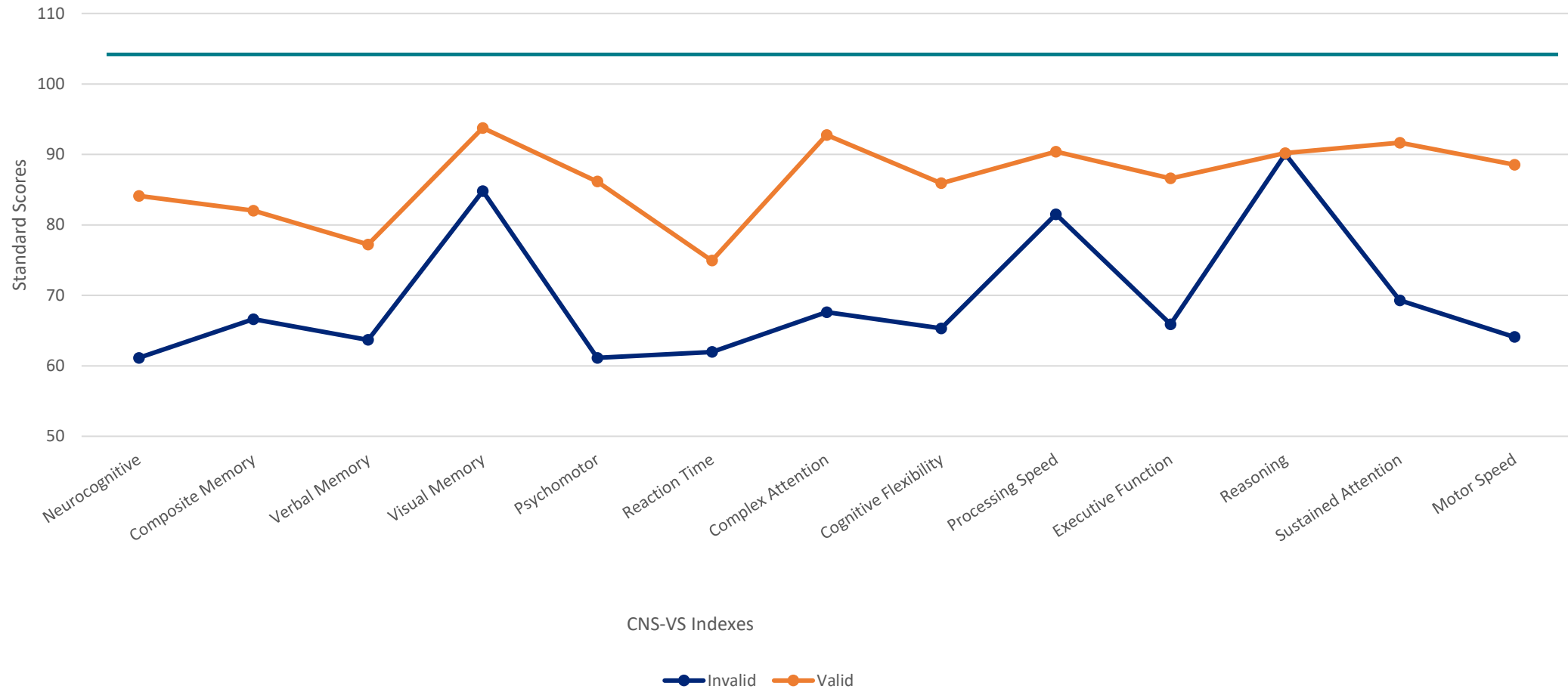
Full sample mean SCL-90-R scale T-scores in comparison with clinical cut-off level, $T \geq 72$.



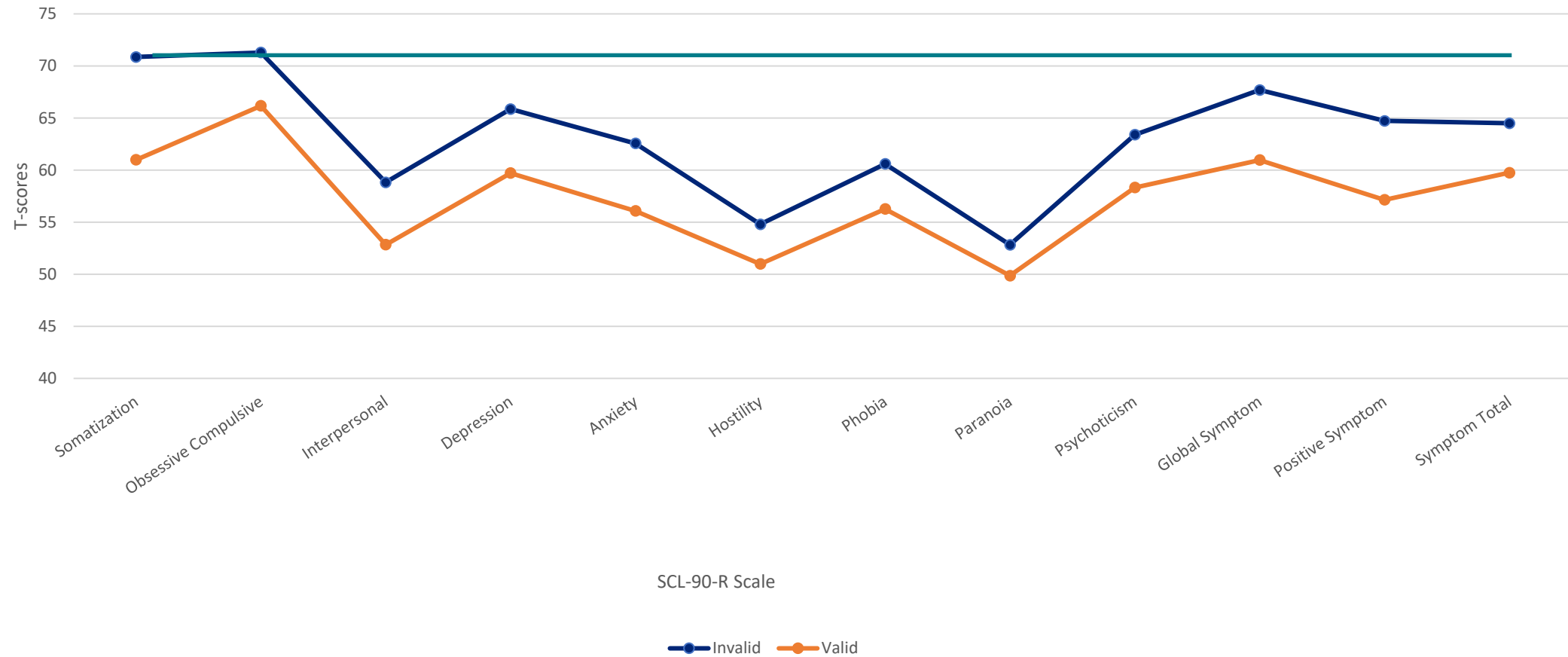
Full sample mean MMPI-3 Validity and Clinical Scale T-scores in comparison with clinical cut-off level, $T \geq 70$.



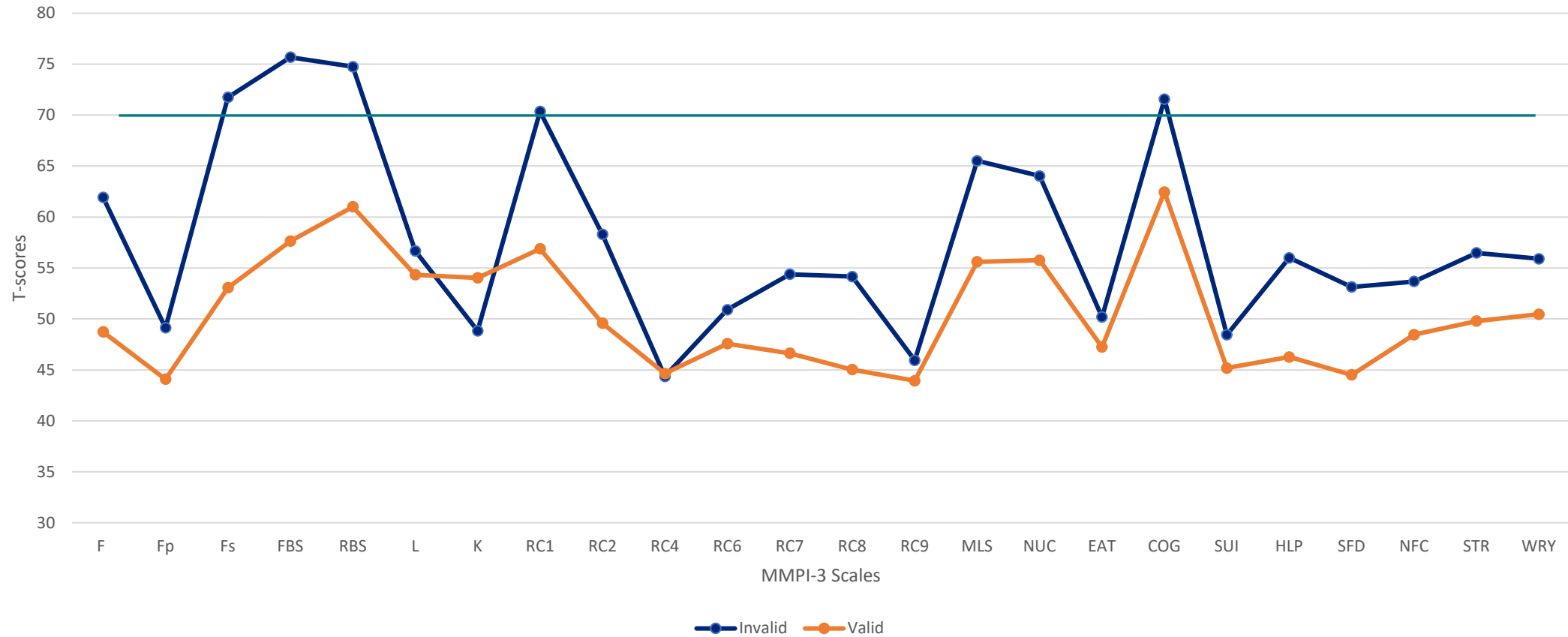
Mean CNS-VS Index standard scores for valid and invalid groups compared with mean DEP-IQ (103.4).



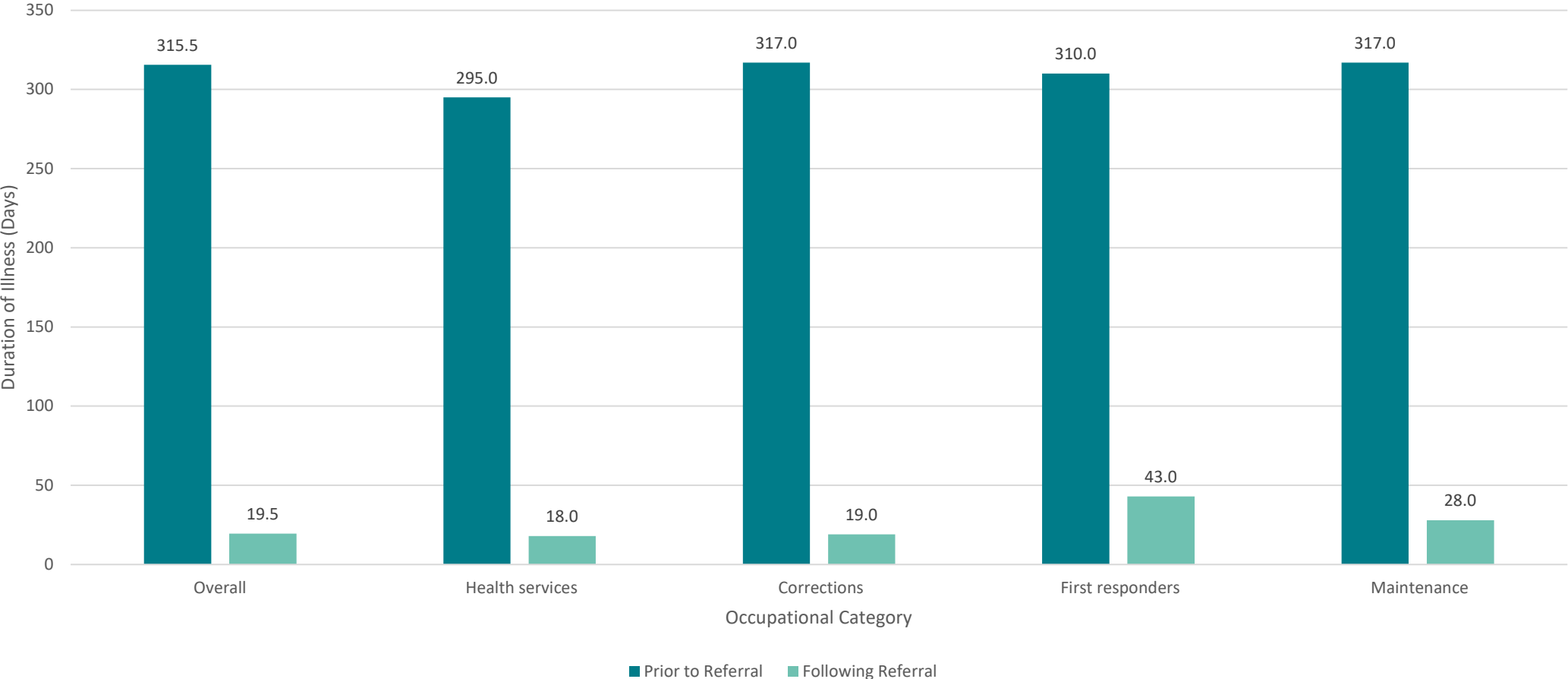
Mean SCL-90-R T-scores for valid and invalid groups in comparison with clinical cut-off level, $T \geq 72$.



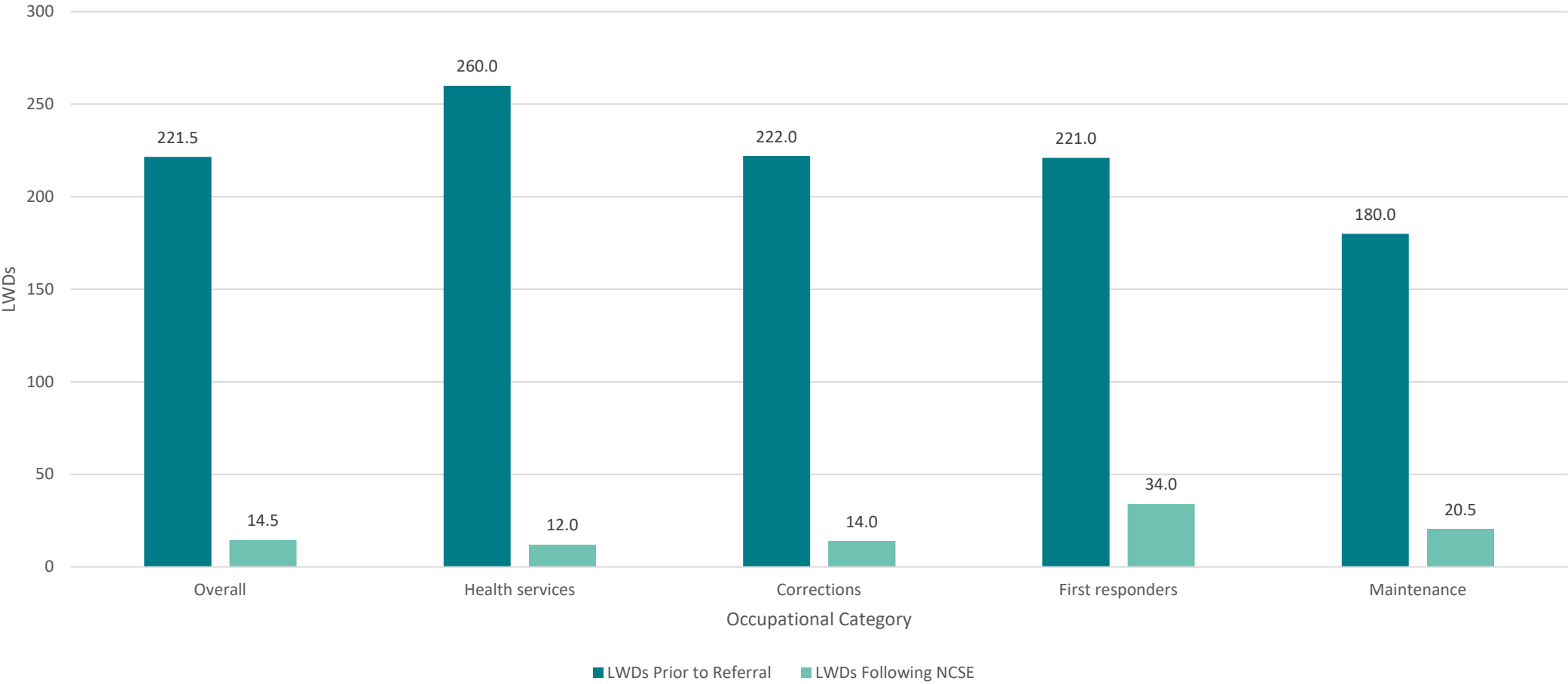
Mean MMPI-3 T-scores for valid and invalid groups in comparison to clinical cut-off level, $T \geq 70$.



Median duration of illness (days) prior to and following referral for NCSE for overall sample and each occupational category.



Median number of LWDs prior to and following referral for NCSE for overall sample and each occupational category.



Recommendations based on NCSE data for Post COVID-19 cases

- Post COVID-19 cases with delayed recovery due to neurocognitive complaints (memory problems, mental fatigue, difficulty concentrating, etc.) should receive objective cognitive testing.
- Feedback should be provided about mental hygiene (stress management, mental activity, sleep habits, normal diet).
- Brief, supportive psychoeducational therapy can be offered under Health Behavior Assessment and Intervention (HBAI).
- Physical and mental de-conditioning needs to be addressed in sustained way – push through the inertia.
- Burst the bubble of isolation from the work environment – have positive contact with co-workers and reach out to HR about RTW options/suggestions for restrictions and accommodations.
- Almost 50% of cases may involve *reliably invalid* symptom reporting:
 - Find and use source of information other than subjective self-reports;
 - Be skeptical and probe for evidence of disability, not just self-reported symptoms;
 - Re-interpret invalid reporting as RTW readiness: “Good news! You’re ready to go back to work.”
- Consider using NCSE or similar neurocognitive screening format to address irrational anxiety about cognitive impairment regardless of symptom validity: both valid and invalid cases showed similar RTW rates.

Summary

What's next

Three years+ later, these rules still apply



Wash hands with soap and water



Avoid close contact



Avoid touching face (eyes, nose, and mouth)



Get plenty of rest



Decrease your worry and anxiety



Comorbid conditions



Stay home when you are sick



Clean surfaces



Eat a balanced diet



Get some sunlight



Exercise regularly

Focus on the injured person and their behavioral health

- Workers' compensation resources and expectations
- Development of a strategic approach
- Cost savings and containment



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