



Post COVID Challenges: The New Flu?

Introduction

COVID-19 has tested the health standards of the world's most prosperous countries, our patience, and our body's ability to fight disease. Whether or not we could have arrived better prepared for a pandemic of such scale and impact, prevention remains the key to moving forward because one thing is certain: COVID-19 will not be the last pandemic to target humankind.

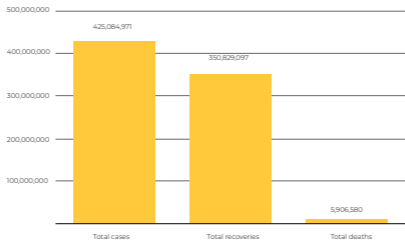
Considering that COVID has impacted large segments of the population across multiple categories of health outcomes and experiences, it will take years to properly assess what "Long COVID" actually is, as well as its determinants, diagnosis and treatment. In the meantime, health plans are urged to communicate with members who are rightly concerned about whether this viral infection will become the next chronic disease.

In this white paper, we explore the post-COVID illness challenges and what health plans can do to address members' concerns and improve care experience.

Ongoing Malaise: A “Variant” Raising Concern

Consider for a moment how COVID-19 has impacted our expectations of others, to the people close to us and mere strangers. Even in moments where our health and that of beloved friends and family may have been at risk, we often fail to wear a mask, or to wear it properly, and do not always adhere to social distancing. Some people are still hesitant to be vaccinated against COVID-19, or have refused to do so altogether out of concerns that the vaccine is not effective, or may even be unsafe. It is increasingly clear that our health-related behaviors are difficult to understand, predict or influence, and that people vary in their decision-making process and willingness to adopt recommended behaviors. For those who have been infected with COVID, the picture vastly changes. The dis-ease that results post COVID turns out to be more challenging than the burden of wearing a mask or maintaining social distance, as research illuminates.

As of February 21, 2022, almost 351 million people have recovered from COVID-19 worldwide. “Common human coronaviruses typically cause mild symptoms such as a cough or a cold, but the novel coronavirus SARS-CoV-2 has led to more severe respiratory illnesses and deaths worldwide,” as cited by Statista.



Reports of ongoing symptoms directly related to COVID as well as more unusual symptoms with unknown links to the infection have raised many concerns around the world. In a [BBC report](#) released early this year, **about 1.2 million people in the U.K. have what is known as “long COVID” symptoms that last more than four weeks after the infection** (The Office for National Statistics, ONS). In parallel, one U.S.-based study indicates that [between 10% to 30% of people who contract COVID-19 end up with “Long COVID”](#). However, it is important to remember that these estimates are still under academic research and revision.

A Society Living with Dis-Ease

The World Health Organization's (WHO) [definition of Long COVID](#) (as of October 2021) refers to a Post COVID-19 condition that begins approximately three months after the onset of the infection and lasts for at least 60 days, with no explainable connection to another diagnosis. [The Centers for Disease Control and Prevention](#) (CDC) goes further, identifying three types of post-COVID conditions: “new or ongoing symptoms”, “multi-organ effects”, and “effects of COVID-19 illness or hospitalization”.

In an interview with [Rolling Stone magazine](#), Associate Research Professor of Biostatistics & Health Data Sciences at Indiana University, Dr. Natalie Lambert PhD, shared her experience in researching long COVID with a group of patients in April 2020 as part of a collaboration with Survivor Corps, a virtual support community for individuals dealing with long COVID. When the research began, they were relying on data largely from people who had COVID and still had not recovered two months later – basically working from scratch. As a biostatistician, she understood that, “not recovering from something isn't a good definition of a disease”.

Such an undertaking requires rigorous study and identifying the population to begin with because, “you can't say how many people have Long COVID unless you know that whatever sample of people you ask about their recovery or non-recovery after infection is representative of everyone who got COVID.” Studies began with what was known at the time, with no knowledge of how to define Long COVID, and with a limited number of participants – the only choice was to study those who had been hospitalized before approaching people who recovered at home.



In order to establish a disease and identify who is diagnosed with it, scientists must first understand the medical condition, its behavior and the mechanism of how it develops. As of yet, many of the various symptoms that either continue; surface post-recovery; or develop after a specific period are all under research, making Long COVID very hard to define. General symptoms of what the new chronic condition includes are very broad and impact different populations at different intervals; however, recording these symptoms are helping researchers and medical professionals get a better picture of how it affects individuals with the aim of segmenting the symptoms into different categories, degrees, and populations.

Precisely because Long COVID lacks medical knowledge, clear diagnosis, and a provable diagnostics lab test, **it is the task of practitioners and health plans to shift their mindset about what it means to “feel sick”**. It also begs us to challenge researchers' initial question: if we can't prove it, is it true? This kind of bias also begs to be lifted if we seek to tackle the Long COVID challenge, and commands a broader approach to health, taking into consideration that symptoms such as anxiety, conversion disorder or depression are not psychosomatic, but potentially real side effects of those living with Long COVID. Perhaps it is not the patient seeking attention; rather it is the potentially new chronic disease that is obliging us to study further and revise our methodology.

Challenge the Numbers by Reaching More Members

Instead of focusing on specific populations and excluding seemingly light recoveries, researchers are being urged to speak to as many patients as possible to understand the symptoms and the variety of experiences in detail. As in every scientific undertaking, **research on Long COVID must inform the clinical studies, and this means listening to patients and asking the right questions to determine people's individual stress levels, home and work environment, and other social determinants of health.**

To determine whether Long COVID is “real”, all factors must be considered. “There are many different fields of research that do incredible work that is valid and trustworthy, and many methods of inquiry that can find really important patterns about the world that are very useful to us. And we need all hands on deck.”, affirms Lambert.



The Bottom Line? Better Communication

As research unfolds, providers will be able to offer better treatment options; for health plans, this is an opportunity to communicate with each individual by addressing their concerns related to Long COVID. One of Dr Lambert's recommendations is to "...try to do better by trying to follow up with people who went to their primary care provider and seeing how many of them became long-haulers." Still, Lambert points out that most people aren't skipping the doctor's appointment, and this is where health plan communication strategies must perform better, too.

Each experience with Long COVID is personal and when we look across populations, there are emerging patterns that can help health plans better communicate this dis-ease. Among many organizations such as the CDC, WHO and [National Institutes of Health \(NIH\)](#), there are resources for individuals who are looking for support and advice in dealing with Long COVID.

Here is the general messaging that health providers are communicating:

- How long it takes to recover from COVID-19 is different for everybody.
- Many people feel better in a few days or weeks and most will make a full recovery within 12 weeks. But for some people, symptoms can last longer.
- The chances of having long-term symptoms does not seem to be linked to how ill you are when you first get COVID-19.

People who had mild symptoms at first can still have long-term problems. Record a list of common symptoms related to COVID and most importantly, communicate with your health provider. Do not deal with this alone. It is important to keep your provider updated about your general health and any unusual symptoms to provide proper treatment in time.

While healthy living is a personal responsibility, it is also on everyone's shared agenda and therefore requires an all-inclusive approach where information and support are available, and this is especially true in the case of this "new flu". From MedOrion's extensive experience, being seen and heard are one of the most important elements in effective communication.



Using MedOrion's Health Behavior Management

MedOrion's Health Behavior Management (HBM) platform can identify those members concerned by post-COVID chronic symptoms, providing health plans with insights and constructive tools to reinforce awareness and communicate readily-available support mechanisms to increase better health outcomes and decrease long term costs in managing the effects of Long COVID. Knowing which members to address and why can help health plans to enhance trust and loyalty, strengthen relationships with members, and alleviate their anxiety.

For example, one way of doing this could be:

Book an appointment and confide in your physician

If you are concerned by a lingering effect of COVID 19 on your general health, contact your physician. Bear in mind that medical experts are learning more about how to manage post-COVID symptoms more effectively, and rest assured that your wellbeing is our top priority. Discuss the symptoms with your physician and the impact on your daily life. They will provide you with the best recommendations and support.

The more you know about your members, the better health plans can provide better care and communicate in all the ways that really count. Messages like these can be supported by service recommendations, special trial offers, and much more.

MedOrion's HBM platform has worked extensively with health plans at the height of the COVID-19 outbreak in the U.S., delivering similar messaging strategies to members in targeted populations who were identified as the most likely to be experiencing certain challenges and most likely to engage with the messages.

For more information visit: www.medorion.com