

Evidence-based services to support people back to work and function

Individuals, employers and insurers are grappling with emerging cases and risk of Long COVID. Not all COVID claims will develop Long COVID, but for those that do, it is important to be able to accurately capture and triage the individuals, in order to deliver needs-based services and support people back to work and function.

Supporting individuals with complex biopsychosocial and psychological needs is a team effort, integrating doctors, exercise physiologists, treaters, mental health support and employers. Key to this is the ability to leverage the right medical specialists and engage GPs to provide correct management of Long COVID, while simultaneously supporting workers with evidence-based services.

When does Long COVID occur?



Raveendran AV, Jayadevan R, Sashidharan S. Long COVID: An overview. Diabetes Metab Syndr. 2021

How can you tell if an individual needs additonal support?

Act at the Post-Acute COVID stage, asking the individual:	GREEN	RED
Were you hospitalised for the initial, acute symptoms of COVID-19?	No	Yes
If you are continuing to experience ongoing fatigue related to your condition, do you think this fatigue is going to persist for a long time?	N/A; No	Yes/unsure
Do you have doubts about being able to 'bounce back' from your condition?	No	Yes/some
Are you lacking the support you need from your family and friends?	No	Yes/unsure
Have you ever experienced any anxiety, depression or other emotional/psychological conditions that you have sought help for in the past?	No, never	Yes/unsure
Are you living with any health-related conditions or complications at present, e.g. diabetes, cardiac condition, chronic pain, severe allergies / asthma, very high BMI?	No	Yes

If *any* of these items are scored 'Yes' (i.e. red), please access further support through this tailored service.

How do you access support?

💬 TALK TO our experts

If you are supporting an individual with Long COVID, please talk to us for triage and support planning. Our services can assist to shape healthcare, minimise risks and support an individual's return to function and work.

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What support is available?

···· Pre-claim COVID Support

- · Vaccination exemption reviews
- · Large employer panel discussions
- Education and sharing of latest and emerging research via regular COVID Matters newsletters

· → Claim-related COVID Support

0-4 weeks

- Triage screening
- Medical Liability Assessment
- Biopsychosocial Assessment
- Early intervention RTW support and case conference
- Employer advice
- Support and advice from the mlcoa consultant medical officer

4-12 weeks (Post-Acute COVID Syndrome)

- Medical assessment to review work capacity, treatment, recovery
 expectations, flag further specific medial assessments required
- Biopsychosocial Assessment
- · Health coaching, health literacy, rehabilitation and RTW support
- · Clinical escalation where required
- Specialist GP engagement and support
- Case conferencing
- · Support and advice from the mIcoa consultant medical officer

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12+ weeks (Long COVID)

- · Specialist GP engagement and support
- Establishment of a recovery plan
- Medical management and monitoring (via Allied Health professionals or Medical Specialists)
- · COVID Specialist Panel support for Treating Specialist
- Home/Worksite visit
- · Health coaching, rehabilitation and RTW support
- · Clinical escalation where required
- Ongoing support for GP and individual with gradual transition of care

At any time along the journey: Access to flexible medical support

- Overseen by MedHealth's Chief Medical Officer and Monash University
- Triage managed by mIcoa Medical Advisor
- Access to Specialists/Doctors in every state and territory
- Medical triage screening tool developed
 with Monash University
- Medical opinions, file reviews, doctor to doctor contact, medical case conferences, independent examinations and second opinion services





COVIDsupport

COVID rehabilitation program



positivum

contexperts

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COVID Health Coaching Program

This evidence-based online health coaching program has been specifically designed by MedHealth and Monash University to support people post COVID diagnosis. Integrated into rehabilitation services and delivered by IPAR Allied Health professionals, the program content is continually reviewed and updated with emerging COVID literature and evidence.

Created with behavioural insights and adult learning principles, health coaching modules are tailored to the individual client's needs.

Content includes:

- Tackling unhelpful illness beliefs and perceptions
- Work and functional goal setting
- Living with a COVID diagnosis
- Fatigue and pain management
- Worker and employer perceptions

Initial assessment

The rehabilitation program starts with a multi-modal intervention incorporating:

- Liaison with treaters to understand and navigate treatment plans
- Positivum™ COVID Support Assessment and Health Coaching program
- Education on fatigue management and the importance of pacing
- Acitivities of Daily Living Support
- · Employer and workplace support and education
- Return to work goal setting, planning and monitoring
- Support to find new or alternate employment if needed
- Escalation to the MedHealth COVID Specialist Panel for expert opinion and support

Positivum[™] COVID Assessment

This assessment measures a variety of psychosocial factors that may increase the risk of Long-COVID and/or recovery from similar chronic conditions.

It obtains a measure of baseline function, informs the level and type of ongoing engagement, and identifies key psychosocial barriers to participating in relevant interventions and services. Low scores in the assessment signify a 'yellow flag' for that particular psychosocial domain and are indicative that extra support may be needed to improve prognosis.

The assessment draws on the Fatigue Assessment Scale (FAS), the Kessler Psychological Distress Scale, and the Illness Perceptions Questionnaire.

Importantly, the assessment can be easily repeated at key rehabilitation stages to provide an indication of progress and change.

O_ What are we measuring?

- Recovery expectations
 - Daily functioning
- Health beliefs
- Work beliefs
- Employer perceptions
- Fatigue

- Barrier to daily activitiesCoping skills
- Illness perceptions
- General health



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Reference and research summary

What does Long COVID look like?

It can be any one or more of the below:

Post COVID syndrome	Predominant clinical features	
Post COVID fatigue syndrome	Profound fatigue	
Post COVID cardio-respiratory syndrome	Cough, low grade fever, shortness of breath, chest pain	
Post COVID neuro-psychiatric syndrome	Headaches, anosmia, neurocognitive difficulties, insomnia, depression and other mental health conditions	
Post COVID gastro-intestinal syndrome	Abdominal discomfort, diarrhoea, constipation, vomiting	
Post COVID hepato-biliary syndrome	Nausea, jaundice, deranged liver function test	
Post COVID musculo-skeletal syndrome	Muscle pains and weakness, arthralgia	
Post COVID thromboembolic syndrome	Depending upon the vascular territory of involvement breathlessness in pulmonary embolism, chest pain in coronary artery disease and limb weakness and neurological defic in cerebral vascular accident	
Post COVID multisystem inflammatory syndrome/post COVID autoimmune syndrome	Fever, gastrointestinal symptoms, rash, chest pain, palpitations	
Post COVID genito-urinary symptoms	Proteinuria, haematuria, development of kidney injury	
Post COVID dermatological syndrome	Vesicular, maculopapular, urticarial or chilblain-like lesions on the extremities (COVID toe)	

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Long road to RECOVERY

Psychological support is necessary for many during and after COVID-19 treatment

- Most common symptoms among patients after hospitalisation for acute COVID are sleeplessness, fear and anxiety
- Psychiatrists find that many are affected by bereavement and isolation
- · Symptoms get aggravated among those with pre-existing psychological issues
- A small percentage of people display neuro-psychological symptoms such as confusion, agitation and sleeplessness

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Women are experiencing higher levels of depression, anxiety and stress than men in response to COVID-19

35%	27%	37%
of women	of women	of women
have moderate	have moderate	aged 18-24
to severe levels	to severe	report suicidal
of depression,	levels of stress,	thoughts,
compared to	compared to	compared to
19% of men	10% of men	17% of men

During lockdown, **women are significantly more likely** than men to have felt:



2,800% increase in demand



to the women's mental health clinic at the Alfred Hospital in one month

Women's Mental Health Alliance (UPDATE October 2020). Policy brief: Impacts of COVID 19 on women's mental health and recommendations for action. https://womenshealthvic.com.au/resources/WHV_Publications/WMHA

