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Workers' compensation health disparities in a post-COVID-19 environment

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The inarguable fact of COVID-19 is that the coronavirus itself has been an indiscriminate and equal-opportunity tragedy on a global scale. Women and men, young and old, across the world and right next door, COVID-19 has impacted the way in which we live our lives irrespective of who we are or where we come from.

Yet, from the tragedy of this global pandemic are changes that may positively shape how we engage one another for years to come.

Workers' compensation is a microscopic and unique ecosystem through which to look at some of the positive changes driven by COVID-19, but there are still factors to consider as the world and our industry evolves. In fact, we may not know the true impact of COVID-19 for some time, despite the best clinical and analytical resources. What we do know is that managing care will never look the same, when we consider the following:

- Since March of 2020, a total of 46 states have adopted either permanent or emergency rules expanding or authorizing the use of telemedicine and telehealth services as a direct response to COVID-19
- Since March of 2020, the use of telehealth or telemedicine has increased over 200%

The advance of telemedicine and telehealth, previously shunned by many regulatory bodies, is undoubtedly helping close the gap in getting necessary medical care to injured workers who could otherwise not be treated. Similarly, increased use in translation and transportation services reflect an advancement in the commitment to caring for injured workers, even in the most challenging of circumstances. Still, we need to do more.

When we look at issues of behavioral health, recently conducted [national survey data](#) shows that 88% or more employees report the time since the onset of COVID-19 to be the most stressful time in their career. Within the workplace, 62% of employees also report that this stress and anxiety has led to one or more lost hours of work. Unsurprisingly, [data from pharmacy benefit managers](#) shows a significant increase in new prescriptions for anti-depressant, anti-anxiety, and anti-insomnia medications as well.

Injured workers, like so many of us, spent a prolonged period in relative isolation due to COVID-19. For some, this meant only having interaction at work and, for many, it meant no longer having work. These factors reinforce the need to look at how behavioral health and return to work services should be enhanced to meet the new reality of a reduced workforce.

Another area of additional focus needs to be on how we understand and address the disparity with which COVID-19 is impacting women and people of color in the workplace. In many ways, workers' compensation has been, and will always be, a reflection of the times in our nation. This has never been more evident when we look at the people most frequently filing claims for COVID-19. The hardest hit among our workers are the first responders, healthcare workers, industrial workers, agricultural workers and all the essential workers who keep us in food, medication and transportation. The data also shows that these same workers are part of communities that are primarily comprised of women and people of color.

- Women make up [78%](#) of all healthcare workers
- Women also make up [73%](#) of healthcare workers testing positive for COVID-19
- People of color make up [49%](#) of all food manufacturing workers and [37.9%](#) of all crop production workers
- Is trying to empower injured workers with technology-driven solutions leaving behind people who have little to no access to smartphones or wi-fi?
- Are medical networks constructed to address not just timely access to care but access to care with a provider who can engage an injured worker in their first language or who comes from a similar cultural background?
- When thinking about comorbidity analytics in our injured worker population, are we investing time and energy into understanding the biopsychosocial dynamics of injured workers who come from underserved populations?

There is value in knowing this information. It highlights that, when being responsive to the needs of injured workers affected by COVID-19, we must be conscious of the makeup of the populations needing the most help. From how we engage an injured worker to how we look at their possible outcomes of care, we must start asking and answering some hard questions:

Most importantly, when considering these questions...what steps are we taking to address them?

The beautiful diversity of thought and skill that individuals bring to our workplaces is not divorced from the same beautiful diversity which makes them human. When we forget to actively acknowledge and address that in treating those who are injured or ill, we approach managing care with blinders on.

Understanding the uniqueness of people can lead to transformative care and improved outcomes for all participants in our industry. COVID-19 has forced us all to reinvent to meet the challenges and to find new ways of reaching out and caring for injured workers and, so far, we have met that challenge halfway. Let's not stop now.