

Long COVID in Colorado

Lessons for the Nation

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Problem Statement

Amidst the unknowns of Long COVID and the lack of federal guidance and support to states, this report assists Colorado in its Long COVID response, by answering:

What are the health needs of Long COVID patients and gaps in Colorado's Long COVID strategy?

What does this mean for federal government?

Methodology

 19 patient interviews

 6 Colorado gov't interviews

 7 provider interviews

 State landscape analysis on Long COVID response. **California** and **Minnesota** interviews

 4 advocate interviews

"I was able to get Medicaid during the PHE but **almost lost it this month due to the PHE ending**. I was only able to keep it because I know about the disability buy-in program, but I don't think most people know about that option." – *Long COVID patient, male*

"It is important that we have systems in place to make sure that individuals disabled as a result of COVID infection who are eligible for Medicaid **receive application assistance**." – *Colorado state Medicaid official*

"**I worry about the patients that we know we're not getting to, where we know that COVID is overrepresented**. So few of those patients are getting care. Many of the clinics are based on insurance, and that's a big deciding factor." – *Long COVID provider*

Findings

Colorado faces **6 pivotal gaps** in **Long COVID** health care **access, coverage, and affordability**. These replicate national trends.

- Lack of provider education and support** on Long COVID and other post-viral conditions, creating delays in diagnosis and care and medical distrust.
- Ineffective public communication** on Long COVID to create widespread awareness and improve surveillance.
- Poor access to post-COVID multidisciplinary clinics** due to long wait times and difficulties with travel for disabled and rural patients. Nationally, some post-COVID clinics are closing.
- Poor engagement with and coverage of non-traditional care**, such as acupuncture and massage therapies, despite patients finding these effective.
- Gaps in care coordination, service navigation, and support**, contributing to delays and wasted resources in accessing informed care and support services.
- Under-representation of marginalized and rural communities** in Long COVID clinical settings and data, despite COVID-19 related health disparities.

State Needs

Funding

- General operational funding
- Grants to improve public and provider education
- Grants for surveillance and targeted research
- Grants to improve care & coordination

Guidance

- Where to focus efforts and solutions
- Definitions and methods for surveillance
- For public health agencies, who is responsible for Long COVID work

Considerations for CMS

Coverage

- **Medicare:** Cover acupuncture therapy, massage therapy, and other non-traditional care & providers through traditional Medicare, and telehealth
- **Medicaid:** Highlight innovative state programs and waivers that cover Long COVID care. For example, Colorado's Disability buy-in program.

Coordination

- **Medicaid & Medicare:** Include Long COVID and other post-viral conditions as chronic conditions for Health Home program and Chronic Care Management services
- **CMMI:** Consider care coordination models for complex chronic illnesses

Surveillance & Diagnosis

- Improve guidance on using the post COVID-19 condition ICD-10 code, including best diagnosis practices. NY Department of Health ICD-10 Long COVID guidance could be starting point.

