



INTERVIEW WITH HAYLEY VRCHOTA, PHARM.D, CTTS

CONDUCTED BY SUSANNA GOMON



Hayley Vrchota, Pharm.D, CTTS

Hayley Vrchota, a Pharmacy Consultant with Milliman IntelliScript, recently presented a webinar: Psychiatric and Substance Use Disorders Amid the COVID-19 Pandemic. She covered research on critical mental health and substance abuse risks that underwriters need to know about.

I asked Susanna Gomon, IntelliScript's Marketing Manager, to interview Hayley on the essential points of her presentation so that Hot Notes readers can keep a keen eye out for telltale indicators of heightened risk in the post-COVID era.

Susanna: In your webinar, you shared research that shows some of COVID-19's profound socioeconomic impacts – pressures like unemployment, loss of childcare, and isolation. Any one of those things is tough to handle, but during the pandemic many people had to endure all of them at once. This had to take a toll on mental health, right?

The evidence certainly suggests it does.

Measures taken to prevent the spread upended daily routines in major ways. A significant stressor was the spike in unemployment as businesses closed or reduced hours. The pre-pandemic unemployment rate was 3.5 percent (February 2020), but it leapt to 14.7 percent in April 2020 – it more than quadrupled.

The loss of income for those out of work was immensely distressing, but those who remained employed also endured disruption, such as navigating how to protect themselves and their families as

they interacted with the public, or learning how to transition to remote work. And as schools and childcare facilities closed, there was something of an exodus from the workforce; an estimated one in five working-age adults were not working expressly because of childcare needs.

We were all fumbling our way through unprecedented safety protocols, unfamiliar technology, a radical change in lifestyle, and a sense of social and professional isolation. Two nationwide studies found that stay-at-home orders and social distancing were associated with increased anxiety (including anxiety regarding one's health), financial worry, loneliness, acute stress, symptoms of depression, and insomnia.

Thus the question becomes, how much will this play into sustained mental health consequences, whether that be new diagnoses or recurrent mental health conditions?

You noted that one of the critical contributors to rising depression and anxiety symptoms during COVID-19 has been social media. How did all the tweeting, posting and sharing make things worse?

“Infodemic” isn’t a new term, but when anyone can share any information (whether true, misleading, or false) at any time with just a click, it carries even greater significance. The barrage of mixed information, both accurate and of dubious quality, can create confusion and lengthen pandemics when people aren’t sure what and who to believe.

Historically, misinformation amid outbreaks has been linked to fear, anxiety, stigma, and mistrust. While social media is one avenue for misinformation, its ubiquity has compounded the vulnerability to mental health issues.

It was striking to hear that four in 10 adults delayed or avoided medical care during the pandemic. That’s a lot of missed screenings and treatments. What might this portend for many of these individuals’ health status down the road?

I’d add that of those who delayed or avoided medical care, 12 percent of them were delaying urgent or emergency care.

When these people finally return to their doctors, we’ll likely see the effects of unmanaged or poorly managed health conditions, many of which will likely have increased in severity because of delayed detection and treatment. Underwriters might struggle to find the health information they need in retrospective APSs. I suspect this will turn up in the real-time claims codes starting about now, as people begin to return to their providers for urgent and routine care.

So, all these daily disruptors and stressors have converged to drive up depression and anxiety symptoms. Tell us what the data show in that regard.

Before the pandemic (2019), 11% of U.S. adults

reported symptoms of anxiety or depression. By December 2020, that figure bounded to 42%. As of May 2021, it had dropped back a bit to 31%, but that’s still nearly triple the pre-COVID-19 rate.

Underwriters will be interested to learn that COVID-19 patients were found to be at increased incidence of a new psychiatric diagnosis. It’s been estimated that 90 days after a COVID-19 diagnosis, there was a 5.8 percent incidence of a new psychiatric diagnosis.

Therefore, U.S. adults are estimated to have roughly doubled the risk of being newly diagnosed with a psychiatric disorder post-COVID-19, as compared to other common conditions such as influenza, other respiratory tract infections and so on.

Overall, many experts believe that the mental health impact of COVID-19 has yet to be seen, and the full insight may take years to come.

But these initial surveys and studies can help us anticipate and better understand the data that may turn up on insurance applicants in the future.

I was surprised to hear you say that suicide rates haven’t actually gone up during COVID-19 – that in fact there were fewer suicides in 2020 than in 2019. But then you noted that during some previous pandemics, the pattern is a short-term decrease followed by an increase – and that suicide ideation has more than doubled when compared to 2018. It looks like the pattern is holding so far, and that is alarming. How has COVID-19 exacerbated suicide risk?

That’s correct.

In the United States, provisional data estimates that about 45,000 died by suicide in 2020, compared to 47,500 in 2019. But a CDC survey in June 2020 revealed that 10.7% reported seriously considering suicide in the preceding month, versus 4.3% in

2018.

So, yes, the risk is very concerning, and suicidality during the COVID-19 pandemic is thus far true to form when you look at the history of pandemics.

COVID-19 has exacerbated suicide risk in several ways:

- Economic stress is associated with increased suicide rates.
- Social distancing (creating isolation) has been found to increase suicidal thoughts.
- Participation in religious communities is a protective factor (meaning it can help to decrease the risk for suicide), but many churches and centers were mandated to close for a time, increasing isolation. Even though most have reopened, the connections and attendance habits may have been lost or compromised.
- Increased media coverage can contribute to anxiety.
- Many people may have had trouble initially accessing mental health care and may still have barriers or hesitations to access care.
- Lastly, self-inflicted gunshot is one of the most common methods of suicide and firearm sales continue to increase.

For these reasons, we are at risk for a significant rise in suicide rates in the months and years to come.

I think we've all had a gut feeling that the pandemic has driven up substance and alcohol use. You showed us the evidence that validates it. Can you walk us through that data?

Thirteen percent (13%) of U.S. adults started or increased substance use to cope with COVID-19-related pressures. We also saw off-premise alcohol sales rise considerably at the start of the pandemic.

Historically, alcohol use disorder rates have gone up after mass tragedies. For example, a study in China found that alcohol use significantly increased in hospital employees three years after SARS, and a state of quarantine and working in locations with common SARS exposure was significantly associated with later dependence symptoms.

Post-9/11 research found that psychological trauma may be associated with long-term increases in unhealthy drinking patterns. Many in the health care field are expecting that use disorders, especially alcohol use disorder diagnoses, will increase in the future. During the pandemic, the opioid crisis worsened. Drug overdoses rose in nearly all U.S. states. Policies governing treatment with methadone and buprenorphine were, to an extent, temporarily relaxed to further accommodate the lack of available in-person treatment and allow for some take-home doses of methadone.

For the time being, the ease of prescribing these medications may indicate increased access to care for substance use disorders. When underwriters find that someone has been diagnosed with a substance use disorder, a thorough investigation of the treatment will be highly productive.

Tobacco use has increased as well. What are the indicators that smoking and other tobacco use rose during COVID-19?

In 2020, state quit-lines had a 27% decrease in calls compared to 2019. Cigarette sales, which had been steadily declining for years, increased during the first 10 months of 2020 compared to 2019.

These are the first indications that we are likely going to have more insurance applicants with tobacco or nicotine use disorders, which down the line could mean individuals with complications from tobacco use.

You can access a recording of the complete webinar including research citations at:

www.rxhistories.com/psychiatric-and-substance-use-disorders-amid-the-covid-19pandemic/

Hayley Vrchota, PharmD, CTTS, is a Pharmacy Consultant with Milliman IntelliScript. Her clinical pharmacy experience includes psychiatric, tobacco treatment, and addiction therapies, which gives her specialized insight into the behaviors and treatments that can help underwriters consider mental health risk when assessing insurance applicants.

Hayley advises on the clinical interpretation of prescription and medical data to help make underwriting decisions.

SURVEY CONTENT ADVISORS

When I saw that our surveys ranked #1 among major resources available to chief underwriters, I decided to “double down” on this feedback.

The best way for us to improve the surveys is to get advice from those who are fluent in domains off my radar.

And there are a bunch of those, including financial underwriting, automated NB systems, managing a new business department, reinsurance, Insurtech, etc.

I invited some folks steeped in the knowledge I lack.

These are the Survey Content Advisors for our next big New Business/Underwriting survey.

Jessica Caracofe



Jessica has been working in the brokerage market for over 15 years and specializes in impaired risk medical underwriting. In her role as VP at AgencyONE, she has cultivated strong

business relationships with producers and carrier partners. Prior to working in our industry, Jessica was a clinical RN in the hospital setting.

She has successfully completed ALU 101, ALU 201, ALU 202 and ALU 301 exams toward the FALU designation. Jessica previously served as a member of the AHOU Program and Education Committees and as AVP Program Development, and is currently VP of Marketing and Membership. She is also on LIBRA's UW Committee and the Nationwide Brokerage Advisory Board.

Mary Hanson



Mary Hanson, FALU, FLMI, is a Vice President on Swiss Re's Actuarial Innovation team. She brings our Advisory Team more than 25 years of experience in the life insurance industry, many of them in thought leadership positions.

Mary has been working for reinsurers most of her