“Advancing the EAP Field by Applying Innovations in Technology and Predictive Analytics”

Presented at
Employee Assistance Society of North America
2013 Annual Institute
Chicago, IL
May 2, 2013

Presented by
Tom Amaral, Ph.D., President & CEO
EAP Technology Systems Inc.

Dave Sharar, Ph.D., Managing Director
Chestnut Global Partners

Mark Attridge, Ph.D., President
Attridge Consulting, Inc.

About the Presenters

Dr. Tom Amaral is President & CEO of EAP Technology Systems. He is a research psychologist who has been researching and evaluating EAPs for more than 30 years, and a recognized expert on ROI, workplace outcomes, benchmarking, and demonstrating business value. He has implemented these types of projects for many Fortune 500 corporations and other organizations.

Tom is also chief architect of the company’s computer software systems, and he conducts training seminars on a variety of advanced topics, including how to make the business case for EAPs, how to calculate ROI, and how to conduct benchmarking. He has authored and presented many papers and articles on research, evaluation, cost-benefits, performance metrics, and software topics. He is also on the editorial board of the Journal of Workplace Behavioral Health.

Dr. Dave Sharar is Managing Director of Chestnut Global Partners, a provider of international employee assistance, expatriate support, and crisis intervention abroad. Dave is also a Research Scientist with Chestnut’s Division of Commercial Science where he deploys scientific methodologies to help EAP firms and other workplace health programs evaluate their effectiveness.

Dave has published over 70 articles in peer reviewed journals and trade magazines. In partnership with Dr. Richard Lennox, he co-developed the Workplace Outcome Suite, a tool being used by over 400 EAPs to measure effectiveness. He is on the editorial board of the Journal of Workplace Behavioral Health and on the Board of Directors of the Employee Assistance Research Foundation.
Dr. Mark Attridge is a social psychologist and research consultant in independent practice as President of Attridge Consulting. He has experience with a range of employee health management services but has been most active in the field of workplace mental health and with EAPs in particular. He was the co-recipient of the "2009 EASNA Member of the Year" award for writing and editing the EASNA report "Selecting and Strengthening Employee Assistance Programs: A Purchasers Guide."

Mark is a prolific writer, scholar and teacher. He has authored more than 100 articles and conference papers on topics in health care, psychology and communication. Previously, Mark was a National Director at Watson Wyatt Worldwide and a Principal at Optum.

All three speakers are active members of EASNA's Knowledge Transfer and Research Committee – KTR.
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2013 EASNA 25th Annual Institute
Chicago, IL
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Top Six Needs of the EAP Industry

• Higher utilization rates
• Actionable and measurable outcomes
• Better coordination among partners
• Greater perceived value among purchasers
• Innovative services for future generations
• Continuous succession of EAP professionals
High Prevalence of Behavioral Health Problems in the Workplace

- Alcohol: 9%
- Drugs: 8%
- Depression: 9%
- Anxiety: 11%

Low Utilization of Benefits for Mental Health and Addictions

- Those Who Need Help: 30%
- Those Who Receive Help: 10%
- Unmet Need: 20%
EAP Utilization Rates from the EAP Data Warehouse™

- Employee Cases Utilization Rate: 3.0%
- Alcohol Cases Opened: 1.4/1000
- Drug Cases Opened: 0.7/1000
- Cases Opened with Depression: 6.5/1000
- Cases Opened with Anxiety: 8.1/1000

Technology Solutions

- Easy access to the EAP for employees through mobile devices
- Easy access to self-directed help-seeking information through apps
- Easy access to the EAP for managers and HR professionals through direct portals
- Next generation counseling solutions, such as e-counseling, v-counseling, gaming apps
EAP Data Warehouse™

Buckets of EAP Outcomes

Measures of EAP Effectiveness
Gathering Consistent Data

• The role of “portals” and mobile devices in standardized data collection processes
• Integration of standardized data collection tools, such as the WOS
• Automated gathering of workplace outcomes
• Standardized performance metrics
Open Audience Dialogue On:

• Higher utilization rates
• Actionable and measureable outcomes

What is “Coordinated Care?”
(No Agreed Upon Definition)

• Linkage ➔ Coordination ➔ Integration
• “Right care, Right place, Right time”
• Ensuring info sharing across people, functions, sites
• Smooth transitions from one service to another
4 Key Functions of “Care Coordination”

1. Communication & info sharing
2. Education & motivation
3. Self-management support
4. Monitoring of adherence

Why Monitoring is Critical?
Hypothetical but Common Example

![Graph showing symptom severity over stages of intervention pre-tx, during, post-tx]
Care Coordination in EAP is More Than:

- Handing a referred client a provider phone #
- A warm phone transfer to a service partner
- Co-location of EAP, WL, & Wellness
- Sending the client a web-link or PDF

EAP Referral Out vs. Resolved

<table>
<thead>
<tr>
<th></th>
<th>Referred</th>
<th>Resolved</th>
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</thead>
<tbody>
<tr>
<td>NBC Study (2013)</td>
<td>18%</td>
<td>82%</td>
</tr>
<tr>
<td>Sharar (2008)</td>
<td>15%</td>
<td>85%</td>
</tr>
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</table>
Coordinating Care in EAP: How Are We Doing (In General)?

- About 25% of EAP vendors incorporate validated screening or SBIRT as a part of intake*
- Most vendors rely on a 3-10 minute intake call*
- Of the 18% referred on, how many do you think received “post-referral” follow-up?
- Less coordination with workplace as management referrals decline


Barriers to Care Coordination in EAP

- Mainly viewed by purchasers/consultants as “free” (pre-benefit) counseling (not care coordination)*
- Care coordination seen more as a Managed Behavioral Health or Disease Management than EAP role
- Affiliates are more “therapists” than care coordinators
- Are we being paid to provide care coordination?
- We are largely separated from primary care

Use of Technology Can Connect Every EAP Constituent

Common EAP Value Propositions

- Total “well-being”
- Integration with allied products
- Easy access, Highly responsive
- Readily available resources
- Engaging communications
- “Preferential” relationships
- Low price
- Savings via “problem resolution”
- Claims of impact & outcomes
Historical Indices of EAP Value

1. High utilization
2. User satisfaction
3. Positive testimonials
4. References to studies/reports
5. Perceived “responsiveness”
6. Some effort to “quantify” impact


On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?

Less than half of EAPs used validated survey tools

Yes, 42%
No, 58%

(n=62)
Validated Survey Measurement Tools

Of the 25 companies that used Validated Tools:

- **36%** Internally developed tools
- **28%** Workplace Outcome Suite (WOS)
- **20%** Stanford Presenteeism Scale
- **20%** Health and Productivity Questionnaire (HPQ)
- **16%** Work Limitations Questionnaire
- **4%** Employer Measures of Productivity, Absence and Quality or EMPAQ

Product Expansion of “EAP”

- Assess/Refer
- Financial
- Short-term Counseling
- Critical Incident Response
- Work-Life
- Online Resources
- Lifestyle Coaching

1988  Last 25 Years  2013
PEPY Past 20 Years
N=29 Convenience Sample of EAPs

PEPY RATE

1993 2013

Fee-based (not embedded) full-service, 5 visit EAP and WorkLife AVERAGE book-of-business PEPY.
Free (embedded) “sleeping” EAPs

Cross-cutting Themes

• Product load ↑ / Price ↓
• Turnover ↑ / Vendor loyalty ↓
• Commodity-based purchasing ↑ / Value-based ↓
• Wide variation in quality
• Little correlation between price and quality
Potential Technology Solutions

• Produce and use improved analytics
• Align price and performance/outcomes
• See the future as obtaining rigorous evidence re: effectiveness
• Use technology to capture relevant, transparent, reliable metrics

The “Holy Grail”

IF we use technology to enhance access, build stronger connections, and make data more transparent, WILL this result in fair rates based on quality and effectiveness?
Open Audience Dialogue On:

- Better coordination among service partners
- Greater perceived value among purchasers

Innovative Services for Future Generations

- Who are the Future Generations?
- Generation Y
  - Also known as the “Millennials”
  - Born in late 1970s to 2000 range
  - Teenagers to young adults now in 2013
- Generation Z
  - Youngest cohort
  - Born since 2000
  - Children today
Innovative Services for Future Generations: Tools

Technology-enabled tools create more opportunities for access to traditional EAP services and to develop new services:

- Internet webpages
- Internet therapy (e-mail & video)
- Internet social media
- Smartphone text messaging
- Mobile applications (iPad…) mHealth

Review article
Attridge 2011
Journal of Employee Assistance

Innovative Services for Future Generations: Examples

New EAP Tech-Tools:

- **FirstChat** – Shepell-fgi (Canada)
- **e-AP** – Homewood Human Solutions (Canada)
- **Beating the Blues** – from the UK and adapted by Employee & Family Assistance Program (BC, Canada)
- **MoodHacker** – ORCAS (USA)
- **ExecuPrev** – OWLS (USA)
FirstChat Users Study: Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>FirstChat</th>
<th>Company EAP Norm</th>
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</thead>
<tbody>
<tr>
<td>18-29</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>30-39</td>
<td>31%</td>
<td>41%</td>
</tr>
<tr>
<td>40-49</td>
<td>33%</td>
<td>33%</td>
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<tr>
<td>50+</td>
<td>10%</td>
<td>22%</td>
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See EASNA Notes by Veder et al. (2012)

Innovative Services for Future Generations

Need Skills Training for Existing and Future EAP Counselors in Tech-Therapy

e-Tools to Deliver:
- Clinical and Risk Assessments
- Primary Clinical Services
- Recovery and Monitoring Support
- Self-Care Educational Resources
- Prevention and Culture Change
Aging of the EAP Field

This Annual Institute celebrates 25 Years of EASNA.

This is very good; but it also means…

“As EAPA enters its fifth decade, many of its original proponents, innovators and practitioners have retired, moved on or passed away. Could their legacy be lost and forgotten?”

Dr. Daniel Hughes, Journal of Employee Assistance, Spring, 2013 (p. 26).

AGE of EAP Professionals

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<tr>
<td>18-29</td>
<td>2%</td>
</tr>
<tr>
<td>30-39</td>
<td>3%</td>
</tr>
<tr>
<td>40-49</td>
<td>16%</td>
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<tr>
<td>50-59</td>
<td>45%</td>
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<tr>
<td>60+</td>
<td>32%</td>
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KEY FACT: 77% are 50 or older

Future Trends Research Study - Attridge & Burke (2011)
AGE of EAP Professionals

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<td>40-49</td>
<td>20%</td>
</tr>
<tr>
<td>50-59</td>
<td>37%</td>
</tr>
<tr>
<td>60+ years</td>
<td>27%</td>
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</tbody>
</table>

KEY FACT: 64% are 50 or older

EASNA’s COHP Marketing Survey Study March 2013

Continuous Succession of EAP Professionals

THE CHALLENGES

- EAP professionals are aging
- Few university-based programs focus on EAP
- No government funding dedicated to EAP
- Global growth of the field = more demand
- Is level of pay enough to attract new people?
Continuous Succession of EAP Professionals

THE ANSWERS
- Mentoring opportunities/business succession
- Encourage industry and corporate sources of sponsorship for training (CEU/PHD/certifications)
- Cross-training of EAP partners and network affiliates
- Advanced online training (websites & webinars)
- Technology tools can connect EAP staff globally
- e-therapy channels attract new people to EAP work
- e-business entrepreneurs as new partners for EAP

Open Audience Dialogue On:
- Innovative services for future generations
- Continuous succession of EAP professionals

Open Q&A Period
Buckets of Outcomes

Client Reported
- Satisfaction Data (Post)
- Self-Reported Clinical Data (Pre/Post)
- Self-Reported Workplace Data (Pre/Post)

Independent Evaluations
- Data from Clinical Tools (Pre/Post)
- Referring Person's Workplace Data (Pre/Post)
- Counselor's Evaluation Data (Pre/Post)
- Resource Provider's Clinical Data (Ongoing)

Workplace Sources
- Job Status Data (Historical)
- Other Workplace Data (Historical)
- Absence Data (Historical)
- Claims Data (Historical)

Measures of EAP Effectiveness
References


