Trends and Perspectives on EAP: Integrating EAP and Wellness Programs The Viewpoints of Consultants, Purchasers, and EAP Professionals

April 26, 2012

Prepared by Consulting
Health and Benefits

Presentation to EASNA Institute
Today’s Discussion

- Why Are We Talking About Health?
- What Are Employers Doing About Health and Well-Being?
- Are EAPs Meaningfully Part of the Health and Well-Being Equation?
- How Are EAPs Performing in Their Current Role?
- Should EAP and Wellness Be Integrated?
- Case Studies
- Some Final Thoughts
Why Are We Talking About Health?
Health is an Important Business Issue

Lifestyle-related behaviors  Chronic conditions

Health care costs
Productivity
Employee engagement
Business profitability
What Are Employers Doing About Health and Well-Being?
Employers Are Taking Action

Top Five Desired Outcomes

- Improve health habits of population: 56%
- Lower health care trend: 49%
- Lower health risk of population: 44%
- Increase participants' awareness of health issues: 37%
- Increase participation in health improvement/disease management programs: 37%

Source: Aon Hewitt's 2011 Health Care Survey
Employers Are Taking Action

Top Five Challenges

- #1: Change Behavior (56%)
- Cultural shift/sustenance to change (26%)
- Unpredictability of cost (23%)
- Government regulations/compliance (22%)
- Managing the health of an aging workforce (21%)

Source: Aon Hewitt’s 2011 Health Care Survey
Employers Are Taking Action

Wellness Programs

Source: Aon Hewitt’s 2011 Health Care Survey
Employers Are Taking Action

Wellness Programs

- Over 97% of employers with more than 5,000 employees offer an EAP (EAPA, 2009)
- According to Aon Hewitt’s Annual Behavioral Health Request for Information (RFI) data, approximately 6% of employees use EAP services each year
  - Can range anywhere from 1% to 15%, depending upon the organization
Employers Are Taking Action

Top Five Primary Tactics

Source: Aon Hewitt’s 2011 Health Care Survey
Employers Are Taking Action

Consumer-Driven Health Plans

Source: Aon Hewitt's 2011 Health Care Survey
Employers Are Taking Action

Creating a Healthy and High-Performing Workforce

Physical Work Environment

Psychosocial Work Environment

Individual Health Resources

Community Involvement

- Leadership -
  Healthy & High-Performing Workforce
- Engagement -

Source: Adapted from 2010 WHO Healthy Workplace Framework and Model
Are EAPs Meaningfully Part of the Health and Well-Being Equation?
Employer Perspective of EAPs

- EAPs are typically viewed by employers as
  - Employee benefit program that provides confidential counseling services to employees and family members at no cost
  - Substance abuse referral service
  - Source for supporting management with critical incidents, safety concerns, and reduction in force situations
- Recognize and support research that indicates the value of EAP services to those who use it and to their organization
Employer Perspective of EAPs

- Typical Employer Program
  - Includes up to three to six sessions with an EAP counselor
  - Provides some level of Work Life services
  - Is used by 3% to 6% of employees
  - Includes critical incident stress debriefing (CISD), education, and training services
  - Offers management consultation
  - Facilitates manager referrals
Employer Perspective of EAPs

How Is EAP Positioned Within the Organization?

- Communicated as part of benefit package
- Wellness resource
- Resource for managers/supervisors
- Gateway to all BH services
- Does not offer EAP

Source: Aon Hewitt’s 2008 Driving Productivity by Investing in Health survey
How Are EAPs Performing in Their Current Role?
Current State of EAPs

Background

- The trends and performance of EAPs reported in this presentation are based on the abundance of data contained in the Aon Hewitt Behavioral Health Request for Information (RFI) database.

- The RFI database maintains responses from 26 different behavioral health care organizations, both national and regional vendors, representing over 58 million covered lives.

- RFI data is related to EAP, Work Life, and Mental Health/Chemical Dependency (MH/CD) programs.

- Results are based on data reported by participating vendors for the plan years 2008, 2009, and 2010.
  - Data for 2008 and 2009 is not available for every RFI question.
    - The RFI questionnaire was modified significantly in 2010 so historical information is not available for all questions.
Current State of EAPs

EAP Growth

- Despite the economic downturn experienced in the United States, EAP organizations are reporting an overall increase in both covered employees (+21.8%) and number of plan sponsors (+1.1%)

![Number of Covered Employees](chart)

![Number of Plan Sponsors](chart)

Source: Aon Hewitt's Behavioral Health RFI

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Current State of EAPs

EAP Model

- Since 2008, the data indicates a movement toward short-term counseling models that include four or more face-to-face counseling visits
  - This trend coincides with the implementation of federal mental health parity, suggesting that employers may have increased counseling sessions within the EAP to offset utilization under their MH/CD program

*Note: 2008 data reflects the percent of vendors reporting the most prevalent model among their employer clients; 2010 data reflects the percentage of employers offering each model.

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

On-Site Counseling

- As the prevalence of on-site clinics has increased over the past several years, so has the use of on-site EAP counselors

![Number of Employers Offering On-Site EAP Counseling](image)

Note: Data from 2009 to 2010 is based on 13 vendors who provided data for both plan years.

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Intake Staffing

- The majority of EAP vendors responding to the Aon Hewitt RFI staff their EAP programs with master’s level behavioral health professionals, yet less than one-third of intake staff hold the Certified Employee Assistance Professional designation.

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Systematic Brief Intervention and Referral to Treatment (SBIRT)

- The use of SBIRT to assess for substance use has taken hold among EAP organizations
  - Almost 90% of all EAP organizations have incorporated SBIRT into their EAP intake practices
  - Only 25% utilize SBIRT for all employer contracts, while the majority only utilize it if requested

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Intake Call Time with Members
- Average intake call time has dropped from 2009 to 2010
- More than half of vendors report call time average of <10 minutes in 2010

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Program Utilization

- Definitions of EAP utilization vary significantly by vendor, many including all possible contacts with EAP (including web hits and CISD or training participants)
  - Inconsistent definitions make it difficult to compare program utilization and can be misleading
- Vendors were asked to respond to the RFI using a consistent definition as follows:
  - Percent of members who received at least one face-to-face counseling service through the EAP
- Reported 2010 utilization varies from a low of 1.11% to a high of 15.36%

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Provider Network Composition

- Most EAP networks have a higher percentage of Master’s level providers than PhD or other types of providers, relying upon the expertise of social workers, family therapists, etc., to provide counseling and guidance to members in need.

![Network Composition (2010)](image)

Source: Aon Hewitt's Behavioral Health RFI

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Current State of EAPs

Inclusion of MD Psychiatrists in EAP Network

- Only a small percentage of EAP programs are including psychiatric assessment in their program and have contracted with MD Psychiatrists to provide such services
  - Including psychiatric assessments in the EAP program is generally available if requested by the employer

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

CEAP Certification Among Network Providers

- While CEAP-certified providers offer valuable insight and guidance with workplace-related issues, only a very small percentage of EAP network providers hold CEAP certification.

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Provider Network Utilization

- While vendor networks are often very large, for most vendors, less than half of the network actually sees a referred patient

![Percent of Network That Saw a Patient](image)

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Measuring Treatment Effectiveness

- More than half (58%) of the vendors responding to the RFI indicate they utilize a tool to measure treatment effectiveness, an increase over 2008 reporting which shows 42% measuring outcomes.
- Of those using a standardized tool for measuring treatment effectiveness, the most popular tool is the PHQ-9, followed closely by the SF-12 and LSQ/YLSQ.
  - Most organizations use more than one tool or instruments that are proprietary to their organization.

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Program Accreditation

- Only 50% of the vendors responding to the RFI report that their EAP programs are accredited
  - Most programs have accreditation through URAC

![EAP Programs with Accreditation](chart.png)
Current State of EAPs

Evaluation of Provider Effectiveness

- Almost all vendors measure provider effectiveness by evaluating performance related to referral protocol adherence and patient satisfaction
  - The data shows an increase in the percentage of vendors who are using patient outcomes as a measure of provider performance
- 96% of vendors share feedback with providers

<table>
<thead>
<tr>
<th>Percent of Vendors Reporting the Use of Methods for Evaluating Provider Effectiveness</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with Treatment Protocols</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>Adherence to Referral Protocols</td>
<td>N/A*</td>
<td>92%</td>
</tr>
<tr>
<td>Patient Outcomes</td>
<td>75%</td>
<td>81%</td>
</tr>
<tr>
<td>Frequency of Referral to MH/SA</td>
<td>N/A*</td>
<td>73%</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Number of Visits</td>
<td>81%</td>
<td>81%</td>
</tr>
</tbody>
</table>

*Not measured in 2008

Source: Aon Hewitt's Behavioral Health RFI
Current State of EAPs

Innovation

- More organizations are implementing web-based and video tools to assist individuals with issues that surface through the EAP

Source: Aon Hewitt's Behavioral Health RFI
Should EAP and Wellness Be Integrated?
EAP and Wellness Integration

Patricia A. Herlihy, PhD, RN
Rocky Mountain Research, 1990s

National Survey of EAP and Work/Family 1990
Boston University’s Center on Work and Family

- Examined 79 of the 100 US corporations designated as “Family Friendly”
- 75% of the programs did not collaborate nor did they see any need
- Respondents considered EAPs and Work/Family programs to be distinct entities

EAP and Wellness Integration

“Many EAPs now claim that Wellness programming is a core component. However, the definition of Wellness is often limited to only one or two dimensions of the concept”

Employee Assistance Quarterly
Volume 11, Issue 2, 1996
Wellness, Work and Employee Assistance Programming
Rick Csiernik
EAP and Wellness Integration

- Most of the 950 respondents in the second study saw a need for more collaboration of effort between EAP, Work Life, and Wellness programs
- Participants also expressed concern about a potential decrease in service quality if integrated

EAP and Wellness Integration

International Survey of EAP and W/L Vendors

Conducted in 2002

- Clear evidence for integration
- Respondents predicted in next 10 years all three areas of services would be provided under one umbrella department

EAP and Wellness Integration

A Longitudinal Lens on the Evolution of EAP, Worklife and Wellness Benefit Programs

- Suggested integration offered a resiliency in the benefit service offerings across all three specialties of EAP, Work Life, and Wellness

EAP and Wellness Integration

Research Conclusions

- Integrated and more collaborative kinds of service delivery models tend to have more advantages than disadvantages.
- Employees with more stigmatized issues involving mental health and substance abuse are more comfortable accessing a service with a holistic approach (i.e. not just mental health).
- The degree to which services were integrated was related to the extent of a “collaborative” corporate culture.
EAP and Wellness Integration

Integration is more than warm phone transfers
EAP and Wellness Integration

Advantages of Deeper EAP and Wellness Integration

- EAP counselors are trained to influence human behavior
- Many are experts in motivational interviewing
- Behavior change is the lynchpin of effective wellness interventions
- Addressing addictive behaviors have been a centerpiece of EAP programs
- Cognitive changes may need to precede health related behavioral change
- How can the skills of EAPs be used in motivating healthy behaviors?
EAP and Wellness Integration

Challenges of Integration

- Do EAP professionals have the skills?
- Do EAP professionals walk the wellness walk themselves?
- Training in Wellness Coaching may be necessary
- Are EAPs doing a good job in their primary mental health roles now?
Best Practices for Integrating EAP and Wellness

- Broaden perspective of EAP beyond just mental health and substance abuse
- Build stronger connections to employer business leaders, management, and health and safety teams
- Use data to drive areas of focus and support for employees
  - Business challenges
  - Stress drivers
  - Health issues
- Develop proactive promotional approaches and targeted solutions based on employer population and needs
- Engage employees through multiple channels
  - In-person experiences
  - Online media
Best Practices for Integrating EAP and Wellness

- Coordinate with other vendor partners to achieve a more holistic employee experience
  - Meet on a regular basis to identify opportunities to support employees
  - Educate and train partners to identify needs and refer appropriately
- Maximize EAP counselor skills and expertise to support employer behavior change initiatives
- Go beyond reporting of basic utilization statistics
  - Demonstrate impact to employee health and well-being
  - Tie to other health initiatives and employer health and business metrics
- Assist employers in supporting a global health and wellness approach
Case Studies
Case Study: Using On-Site EAP to Promote Well-Being

Background
- Manufacturing industry
- Nearly 100,000 employees

Issues
- Significant focus on safety
- Shift work
- Job insecurity
- High levels of absence

EAP
- Five visits
- Low EAP utilization (1.6%)
- On-site EAP counselors at 6 locations
- Work Life services optional by business unit (no legal or financial services)

Shift from traditional EAP framework to greater alignment with business needs and employee life management needs
Case Study: Using On-Site EAP to Promote Well-Being

Results

- Eight visits
- Increased EAP utilization (4.5%)
- Expansion of on-site EAP counselors – 9 locations (2 additional in 2012)
  - Greater connectivity with managers and supervisors
  - Support employees with life management needs
  - Guidance to health resources that support healthy behaviors
- Work Life services, including legal and financial consultation, available to all business units
  - Investigating other services, such as lactation consultation, geriatric care management, and back-up care services
- Holding vendor more accountable
  - EAP utilization, intake responsiveness, case quality, access to care, and member outcomes
Case Study: Building a Culture of Health

Background
- Large technology firm

Issues
- 4% average annual per employee cost increase for past 5 years (2% excluding acquisition)
- Use of Health Risk Assessment to identify risk factors
- High stress levels

EAP
- Low EAP utilization
- Little/no visibility/promotion
- Minimal Work Life resources

Approach
- Introduced concierge and back-up care program
- Re-branded and re-communicated services to employees and family members

Target emotional health and work life balance
Case Study: Building a Culture of Health

Results

- 13% EAP and concierge program utilization
- 400/month uses of back-up care services
- 64% utilization of financial planning and educational tools
Some final thoughts on “integration”

Work Place Wellbeing

EAP

Wellness

Engagement

Worklife
Resources
The Story of Integration: Reflections on Four Research Studies Over 20 Years

Friedman R. H. 2011

ABSTRACT. The aim of this review article is to provide an overview of four studies examining the integration of health and benefits. The studies were selected because they have been published over the past 20 years and represent a range of methodologies and research designs. The four studies are: 1) a study of the integration of health and benefits in a large US corporation; 2) a study of the integration of health and benefits in a Canadian healthcare system; 3) a study of the integration of health and benefits in a British healthcare system; and 4) a study of the integration of health and benefits in a European healthcare system.

Introduction
Detailed research examining the relationship between health and benefits has been conducted over the past 20 years. This article provides a review of four studies that have examined this relationship. The studies were selected because they have been published over the past 20 years and represent a range of methodologies and research designs.

The four studies of the relationship between health and benefits examined in this review are:

2. A study of the integration of health and benefits in a Canadian healthcare system.
3. A study of the integration of health and benefits in a British healthcare system.
4. A study of the integration of health and benefits in a European healthcare system.

Shaking The Tree: From Employee Assistance to Employee Potentiation - A Commentary and Research Review

Joshi R. R. 2012

ABSTRACT. The aim of this review article is to provide an overview of the evolution of employee assistance programs over the past 20 years. The article examines the changes in employee assistance programs and their impact on employee well-being. The article also provides a commentary on the current state of employee assistance programs and their future direction.

Introduction
Employee assistance programs (EAPs) have evolved significantly over the past 20 years. The first EAPs were established in the 1970s as a way to provide support to employees in the workplace. Since then, EAPs have expanded to include a variety of services, such as mental health counseling, substance abuse treatment, and legal and financial services. The article provides a review of the evolution of employee assistance programs over the past 20 years and their impact on employee well-being.

The four studies of the relationship between health and benefits examined in this review are:

2. A study of the integration of health and benefits in a Canadian healthcare system.
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4. A study of the integration of health and benefits in a European healthcare system.
Questions/Discussion
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