Digital Solutions for Employee Mental Health

LANDSCAPE OVERVIEW, EMPLOYER EXPERIENCES, & BEST PRACTICES

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EXECUTIVE SUMMARY

Employers are the largest purchaser of health care services[1], yet there is minimal research on employer use of digital solutions. This report summarizes qualitative research on the use of digital tools for mental health (MH). Interviews were conducted in the Summer of 2019 with 10 large employers who represent over 1M employees, and 22 mental health vendors. This report describes:

- The mental health crisis
- The impact on the workplace
- The rise of digital tools for mental health
- Does digital work?
- Research findings: employer perspectives
- Research findings: vendor perspectives
- Is digital the future for mental health?
- Best practices for employer purchasers.

Key Findings

A rise in mental health conditions and a lack of access to treatment are top concerns for employers. Benefits teams are interested in digital solutions as a means to increase access and provide multi-modal support. Amongst the interviewed group, use of benefits that included a digital component through a smartphone or computer was common. Telemedicine was the most widely used offering; the majority of employers offer employees the opportunity to access video visits with a therapist, psychologist, and/or psychiatrist through their health plan, EAP, a standalone point solution, or an employer-owned on-site clinic. Use of apps that connect users with a coach by text, or provide online, self-guided content were uncommon. Efficacy and return-on-investment of digital offerings was difficult to assess due to low utilization, leading several employers to drop all-digital tools. However, when employees did engage with the tools, reported feedback was positive. Both employers and vendors cited the need for a strategic communications strategy to educate employees and increase adoption of the services. Employers also struggled with evaluating the quality and use case for digital solutions; more work is needed to develop criteria and guidance for benefits managers from trusted sources.

Recommendations for Employer Purchasers

Four key best practices have been identified (see Figure 1 below). A detailed list of recommendations is provided on pages 13 to 14 of this report.

Figure 1. Best Practices for Employers - Digital Mental Health Solution

MENTAL HEALTH CARE IS IN CRISIS

Conditions are Common

Mental health conditions are greatly impacting the general public, with wide-reaching implications for personal well-being and workplace productivity. Conditions are strikingly common; one in five adults experiences a mental illness, and one in 25 struggle with a severe condition.[2] The most common disorders among adults are anxiety disorders (10.1%), major depression (6.9%), and bipolar disorder (2.6%).[2] Suicide is the 10th leading cause of disease in the U.S., double the rate of deaths by homicide.[3]

Most Remain Untreated

Treatment can greatly reduce mental health symptoms,[4,5] but many patients are not receiving proper care.[5] Up to 60% do not receive treatment,[2] and people often suffer for 10 years or more before receiving care.[6] Treatment rates are especially low for African Americans, Hispanic Americans, and Asian Americans populations[2] compared to Caucasians.[2]

Many Barriers Exist to Care

Access, cost, and stigma pose significant barriers to the successful treatment of mental health disorders. Lack of access is arguably the biggest barrier to care.[7,8] A shortage of providers leads patients to face limited options and long wait times, especially in rural areas. Many mental health providers do not accept insurance and it can take months for an appointment to become available.[9] Only 50% of mental health providers accept insurance, which is much lower than for other specialties.[10]

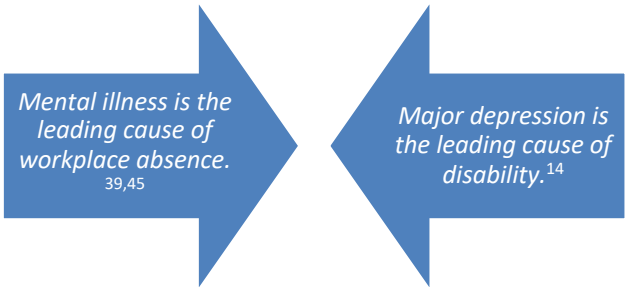
WORKPLACES ARE IMPACTED

The Workforce is Affected

Mental health issues are common among American workers. Ten to thirty percent of workers suffer from clinical-level mental health conditions,[11,12,13] 30% suffer from distress,[13] and 40% report burnout.[14] Depression, anxiety, and substance use disorders are the most common conditions.[15,16,17,18] Major depression is the leading cause of disability in the U.S.[14]

Costs are High

The cost burden to employers is enormous,[5] and is estimated to be $100 – 225B USD.[19,20,21] Over 50% of the total economic burden of mental health (MH) falls to employers[22] in the form of productivity losses and medical claims. Employers are unsurprisingly concerned about these cost implications[5] as employers are the largest purchaser of health care in the United States.[23] Approximately 58% of the non-elderly population is covered by employer-sponsored insurance,[1] with employers providing health insurance for over 150 million workers and dependents.[23] The costs to employers are born from two categories: 1) direct costs (medical claims) and 2) indirect costs (productivity).



Direct Costs: Higher Medical Claims

Employees with mental health conditions incur more medical claims than employees with physical health conditions.[24,25,26,27,28] They have more than four times the medical claims, and six times more emergency room visits[24] than those with physical health conditions. Depression is a particularly expensive condition, with expenses for depressed employees estimated to be 70% higher than for non-depressed employees. Even further, individuals experiencing both depression and high stress can be 147% more expensive.[27]

Mental health issues can also exacerbate physical health conditions, significantly increasing cost. One third of people with physical health problems also have mental health issues. Psychological problems commonly co-occur with high-cost medical conditions such as heart disease, diabetes, musculoskeletal issues, obesity, and asthma.[29,30,31,32] Researchers estimate that those with comorbid physical/mental health conditions can increase costs by up to 300%.[33,34] Depression can be especially deadly for patients with co-occurring conditions, leading to lower treatment adherence.[35] This is particularly apparent for heart disease patients, as those with depression are four times more likely to die from a heart attack.[36] An added concern is that people with depression also exhibit poor adherence with medication or other prescribed treatments.

Indirect Costs: Reduced Productivity

Mental illness might have the most impact on indirect costs.[5] This can include absenteeism, reduced work performance, disability, increased safety incidences, cost for replacement workers, overtime premiums, as well as lower workplace morale, job satisfaction, and engagement.[24,37,22,38,39,40,28,25,41,42,5,43,44,45,46] Mental illness is the leading cause of workplace absence.[39,45] Depression is especially harmful – it is the leading cause of disability,[14] and workers with depression report 30% lower productivity.[47] These productivity impacts may especially affect white collar knowledge workers, due to the cognitive tasks required and specific business conditions common to their jobs.[41,40]

Treating Mental Health Issues Can Reduce Costs

Most research shows that treating employee mental health yields a positive benefit. Direct health care costs can be reduced by up to 90%,[48] with a possible net cumulative benefit of $2,895 per employee after 5 years.[49] Indirect costs can also be substantially reduced, with positive results in presenteeism, productivity, and retention.[50,5] Treating depression specifically has been found to improve work performance for 86% of people,[51] and reduces absenteeism by 40-60%.[46,52]

Employers Care About Mental Health, But Coverage Gaps Remain

Employer-sponsored insurance is the most common source of health care coverage for non-elderly Americans.[1] The majority (70%) of employers who cover mental health services do so through their medical carriers, while some (27%) use both medical and a specific mental health vendor, and just 3% use only a mental health vendor.[53] Seventy-seven percent of employers also offer an Employee Assistance Program (EAP), which provide employees with telephonic support for employee personal issues and distress (such as stress, relationship issues, health management issues, financial and legal issues, etc.).[54,55,56] EAPs have been shown to improve workplace productivity and show a positive return of $6.47 for every $1 spent.[55] However, typical utilization is low and ranges from 1 – 7%.[53,55]

The majority (88%) of employers say mental health is a priority,[57] and 65% plan to place more of an emphasis on improving care.[58] However, significant gaps remain in employer coverage of mental health care. The 2008 Mental Health Parity and Addition Equity Act (MHPAEA) requires that large employers provide equal treatment for mental and physical health.[59] However, only 83% of employers cover mental health care (down from 91% in 2015).[60] When employers do cover both mental health and physical care, they spend far less on coverage for mental health than physical

health despite mental health being more burdensome than cancer, heart disease, stroke, and obesity.[22,61]

Employer Pain Points

Employer purchasers have identified challenges with the services the health plans / behavioral health organizations are providing to their employees,[62] such as network adequacy & access; physician management, measurement & payment; pharmaceutical management; member identification, engagement, management & support; and data analysis and performance. Other concerns included the employer feeling ill-equipped to make sound decisions about mental health benefits due to the complex nature of the offerings, lack of data to support the investment in mental health, low utilization of EAP offerings, and concern about liability for being too involved in the personal lives of their employees.[5]

THE RISE OF DIGITAL TOOLS FOR MENTAL HEALTH

Digital tools have emerged as a possible solution to address many concerns in mental health care. This next section will outline what digital mental health tools are trying to solve, the categories of tools, possible benefits, what the evidence shows, and criticisms.

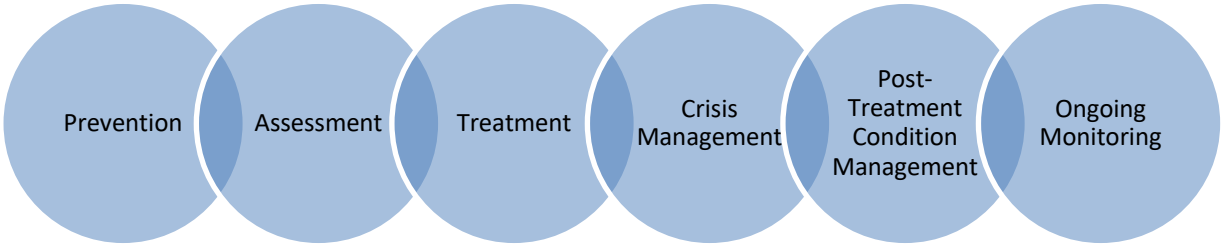
Definition

General digital health care encompasses mobile health (mHealth), health information technology, wearable devices, telehealth or telemedicine, and personalized medicine.[63,64] For mental health specifically, digital health is defined as a therapeutic mental health intervention delivered through a website, smartphone or tablet App.[65] Digital tools for mental health differ wildly in target audience, delivery method, psychological theory used, and intensity.

Uses

Tools can span the care continuum, from prevention to crisis management (see Table 2). Some tools are targeted towards patient with clinical illness, and others offer educational content only. Categories defined by the National Institutes of Mental Health (NIMH) are: 1) Self-management, 2) cognition improvement, 3) skills-training, 4) social support, 5) symptom tracking, and 6) passive data collection.[66]

Figure 1. Categories of Digital Mental Health Care.[64]



Delivery Methods

Modalities span a wide variety, and can include telephone, videoconferencing, computer-based interventions, mobile phone-based interventions, sensors for patient monitoring, social media, virtual reality, and gaming.[67,68,65] Offerings generally fall into three main intensity categories: 1) fully self-guided online content, 2) a hybrid of online content + a coach, and 3) extending therapist reach by using videoconferencing, telephone, instant messaging, and/or email to for psychotherapy

sessions.[68] Psychological therapies used can include Cognitive Behavioral Therapy (CBT), stress management, mindfulness, and cognitive training.[65]

Prevalence

With 88% of Americans owning a smartphone, general interest in digital health care solutions has surged.[69,64] There are an estimated 10,000 – 22,000 digital mental health apps available to consumers.[70,64] Digital mental health is one of the "hottest areas in health care" with over a billion dollars invested in just the last few years.[71] This mirrors trends in general digital health. Over 250,000 digital health apps are available and consumers globally are expected to spend $49 billion on digital health apps by 2020.[72]

The Potential

The past few years have seen an investment of over a billion dollars into digital mental health.[71] Digital tools have promised to alleviate many of the pain points with traditional mental health care.[63,73,71] Both vendors and researchers note the tools can provide both prevention and treatment. Prevention may be achieved through screening and early intervention "to reduce risk factors and build psychological resources, and "passive monitoring of psychological states that can alert users and providers to acute and chronic stress states that might predispose someone to later clinical disorders".[74,68] Treatment may be improved through increased access (lowering costs, reducing stigma, providing convenience, eliminating wait times) and improving the quality of treatment (making treatment more efficient, engaging patients, personalizing treatments, improving patient-provider communication). Potential advantages include: convenience (anytime, anywhere), anonymity, an introduction to care, lower cost, service to more people, 24-hour service, consistency, and support for existing therapy.[66] The evidence will be explored later in the report.

DOES DIGITAL WORK? IT DEPENDS ON WHO YOU ASK

Academic researchers have found multiple benefits to using digital solutions, but have also advised caution. To start, several factors make the evaluation of digital tools difficult. As the National Institutes for Mental Health states, "There are no review boards, checklists, or widely accepted rules for choosing a mental health app."[66] The technology is new, there are thousands of options, and more are being developed every day.[71,75,76]

PROVEN BENEFITS

Researchers have found digital mental health tools to be effective in treating certain conditions, boosting the impact of other treatment, reducing costs, and improving access.[77] Studies have found certain tools to be effective in preventing and reducing depression and anxiety,[78,65,79,80] as well as treating self-harm,[81] acrophobia,[82] and panic disorder.[83] Digital tools can also be used to boost treatment that is already being received.[84] Cost savings have been demonstrated as well; studies have found certain tools to be more cost-effective than treatment-as-usual for depression, anxiety, smoking cessation and alcohol consumption.[48] Reductions in hospitalizations and total bed days have also been found.[85] It has also been demonstrated that digital mental health tools can increase access. One researcher states, "Access to these treatments should be provided at the parity with physical health interventions: with as few barriers as possible. For example, computerized, telephonic, and a combination of face-to-face with individual emails are some innovative methods for providing CBT [cognitive behavioral therapy] that have shown promise in increasing treatment accessibility."[86]

Vendors have also claimed significant clinical improvements, cost savings, and improved access. They have shown significant reductions in depression, anxiety, and stress.[85,87] Some vendors have claimed cost savings of up to 91%, a 31% reduction in Hospital Admissions, and 48% less bed days upon admittance.[85,48] Vendors cite reduced stigma, removal of mobility barriers, and 24/7 access as means to improve access to mental health services through technology.[48]

CRITICISMS

Despite noted benefits, several researchers have called the tools "buyer beware" and the "wild west".[88,89] Concerns have been raised around lack of evidence, questionable evidence quality, low adoption, potential for medical harm, potential for care fragmentation, financial mis-doings, lack of regulation, and concerns around privacy and security.

Lack of Clinical Evidence

Some researchers are concerned with the dearth of evidence available to support the sheer number of tools available to consumers.[90] One researcher states, **"**To date, evidence for the clinical efficacy of apps remains limited. Although there are currently over 10,000 mental health apps available for download, recent research reviews reveal fewer than 20 randomized clinical trials on apps for depression, and less than ten for anxiety."[75,91] Another states, "App developers often make many claims even though there is currently little clinical evidence to support such. This does not mean that apps don't work, but rather that there is much we still do not know."[90] Researchers have also noted concerns about the lack of evidence for increased access and cost reductions.[68]

Questionable Validity of Research

Concerns have been raised about the quality of the studies that have been conducted by vendors. Sixty-four percent of vendors claim to have evidence, but only a handful cited clinical evidence-based research or scientific literature to support these claims.[71,92] The study methods have also been criticized – some vendors, "provide participants with new smartphones, pay participants for app use, offer participants with extra therapy services while using the apps, and often do not verify the diagnoses of participants".[75]

Potential Medical Harm

As the digital tools are mostly new and untested, a serious concern is the potential for medical harm. One researcher states, "Compounding the lack of evidence for the efficacy of apps, some apps may be harmful. Researchers have identified apps for bipolar disorder that encourage those in a manic episode of bipolar disorder to drink hard alcohol, others that encourage suicide, and others that may lead to increased rates of alcohol intake."[75] Some apps may provide poor quality content, incorrect information, and encourage self-diagnosis and treatment.[93]

Lack of Regulation

Mental health apps are largely unregulated and operate in a legal grey zone.[71] The government agency that regulates medical devices, the US Food and Drug Administration, has only approved one app to treat mental health conditions.[75] With over 10,000 apps available for mental health, almost all of them are ungoverned. Many of the apps include in their terms and conditions that the app is "not actually offering any medical or mental health services" and there may be an additional disclaimer that the app is a self-help tool and therefore "not subject to medical rules around clinical claims, privacy and confidentiality".[92] One recent study found that almost 50% of apps absolve themselves of legal responsibility.[89] Whether or not patients understand the lack of regulation has not been widely evaluated.

Lack of Adoption

Researchers have noted concerns that the apps suffer from low adoption. One researcher states that, "numerous health care systems have attempted to implement digital mental health (DMH) interventions to address the large burden of mental health. However, these real-world implementation efforts have failed, often because they are not used by patients or therapists."[94] Low adoption has not been widely studied, but could be due to the difficulty in finding apps, evaluating the quality of apps, and engaging with the apps. It is difficult for consumers to wade through the thousands of apps available, and there is little guidance for a user to evaluate its quality. One researcher states, "Even the most engaging app will never be used if it cannot be found."[95] Others state issues in user design that make the apps hard to engage with: "Many health apps are not well equipped to keep users active and engaged. Evidence from apps for PTSD, schizophrenia, and depression suggest rapidly decaying use of apps with the majority of users never opening a mental health app more than a few times. This is likely due to poor usability of many mental health apps, as a consequence of lack of patient involvement in the design or testing of apps."[75]

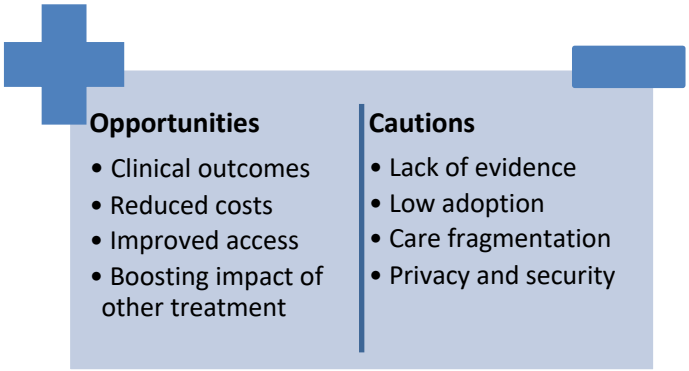
Privacy / Security Concerns

The majority of apps do not have adequate privacy and safety features.[93] Data may be sold on the secondary data market, a risk which may not be widely understood by patients.[75] Data could potentially be used to classify people as "mentally ill", which could lead to discrimination and potential loss of benefits/insurance.[90] Studies have shown that for certain mental health conditions, less than a quarter of apps offered a privacy policy.**Error! Bookmark not defined.**

Risk of Care Fragmentation

While digital mental health has the potential to remove many barriers to accessing care, there is potential that it could in fact increase fragmentation between medical care and mental health care. As one researcher quoted, "Health apps can potentially silo data, where treatment information for patients lies on multiple data platforms and care teams cannot access information needed for the patients' care."[96]

Figure 2. Summary of Opportunities and Cautions



LITTLE RESEARCH HAS BEEN CONDUCTED WITH EMPLOYERS AND EMPLOYEES

Very little information is publicly available about employer use of these tools in terms of quantity and effectiveness. The National Business Group on Health (NBGH) has found that over half of employers provide employees with digital health apps.[97] For mental health apps specifically, interest is increasing but current utilization of these tools is low:[57]

- Stress reduction or resiliency: 11% of employers offer today, and likely will increase to 38% over the next three years,
- Anxiety: 7% today, and will likely increase to 31% over the next three years,
- Sleep disorders: 5% today, and will likely increase to 27% over the next three years.

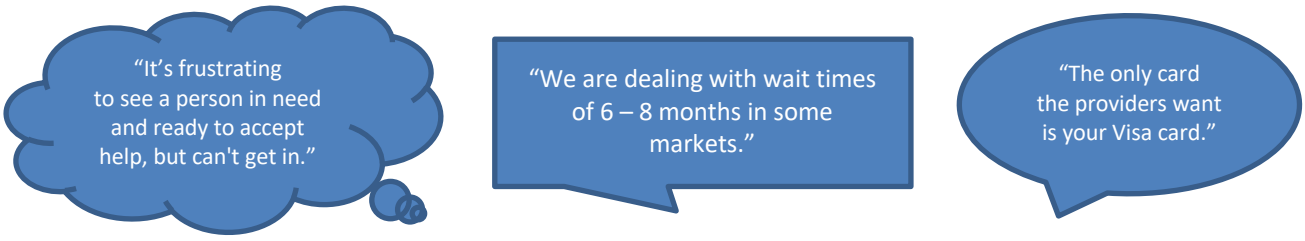
As employer use of these tools is nascent, little research has been conducted on the efficacy, benefits, utilization rates, and potential for harm amongst employee populations.[98,65,97] Early research by NBGH on digital interventions for general health have shown promise to encourage smarter prescription drug use, increase savings, and improve employee satisfaction for employees. Early research into mental-health specific interventions have found benefits in reducing employee mental health and stress symptoms, although effects are reduced over time.[65]

RESEARCH FINDINGS: EMPLOYER PERSPECTIVES

To gather information about employer use of digital mental health tools, interviews were conducted with ten companies that represent ~1M employees and 22 digital health vendors. For confidentiality, all employers and vendors will remain anonymous. A note regarding the limitations of this report: This research was conducted prior to COVID-19, and this is not a statistically reliable sample. All PBGH purchaser members were invited to participate in this research; only those who responded are included in the results. The research findings may not be representative of all employers. This report does not represent the official views of PBGH or its purchaser members.

Benefits Pain Points
The employers were asked about general concerns related to providing mental health care to their employees. Noted issues included access, cost, lack of integration, difficulty with selecting and evaluating residential treatment centers, increase in substance use disorder, lack of information on provider quality, difficulty finding the right provider match, and an increase in general mental health claims.

Access was the biggest pain point, with eight employers mentioning this as a top issue. Access challenges included: 1) a lack of in-network providers, 2) difficulty scheduling appointments, and 3) long wait times.



Top Employee Conditions
Depression was the most common condition amongst employees seeking mental health care services. As one employer mentioned, "We are at a tipping point with depression." The second most mentioned issues were anxiety, substance use disorder, and stress. The third most mentioned issue was partner relationships.

Use of Digital Solutions
Digital mental health was defined as support for emotional needs delivered through computer technology (apps, video visits via smartphone or computer, on-demand videos, and smartphone texting). These tools could be clinical (providing a diagnosis and/or treatment plan) or wellness-based (sub-clinical).

Use of benefits that included a digital component through a smartphone or computer was common. Telemedicine was the most widely used offering; the majority of employers offer employees the

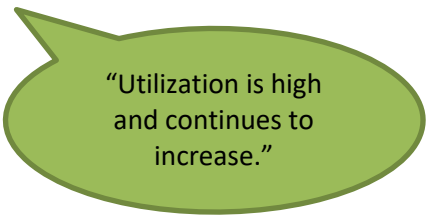
opportunity to access video visits with a therapist, psychologist, and/or psychiatrist through their health plan, EAP, a standalone point solution, or an employer-owned on-site clinic. Use of apps that connect users with a coach by text, or provide online, self-guided content were not commonly offered by each employer. The services used amongst the interviewed employer group are summarized in Table 4.

Table 3. Employer Use of Digital Vendors (Names Redacted)

Vendor Name	Mental Health Focus	Physical Health Focus	Online Self-Guided Programs	Coach / Clinician Text	Coach / Clinician by Video	Coach / Clinician by Phone	Coach / Clinician In-Person
Vendor 1	X		X				
Vendor 2	X		X				
Vendor 3	X		X				
Vendor 4	X		X				
Vendor 5	X		X	X	X	X	X
Vendor 6	X		X	X	X	X	
Vendor 7	X				X	X	
Vendor 8	X	X		X	X	X	
Vendor 9	X	X			X	X	X
Vendor 10	X	X			X	X	X
Vendor 11	X	X			X	X	

Utilization and Satisfaction

Utilization was a key success metric used by employers to evaluate satisfaction. Reported utilization rates varied wildly. On the low end, utilization ranged from “almost zero”, “doesn’t get much traction”, to “very low, 3-5%”; On the high end, utilization topped 20%. Low adoption rates had led several employers to drop digital solutions in the past. However, multiple current users noted that while adoption was low, they had received positive feedback on the tools from their employees, and planned to retain the benefit option.



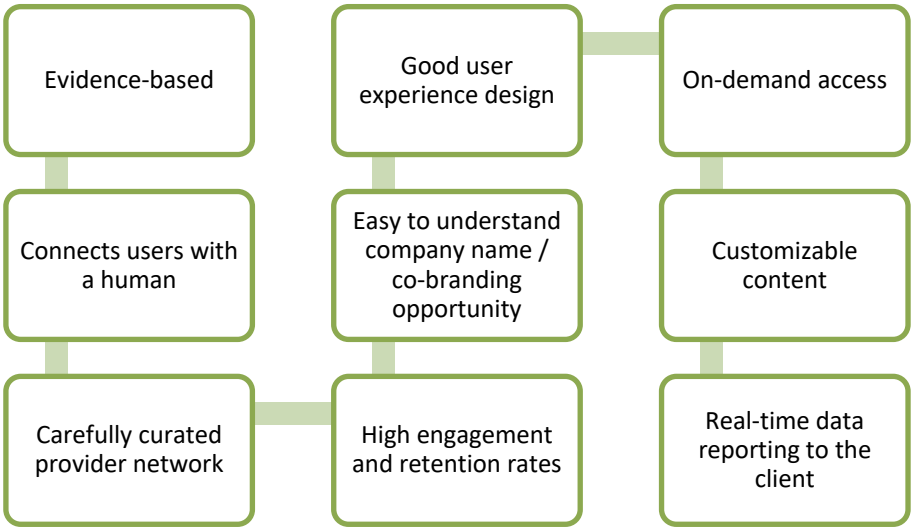
Clinical Effectiveness and ROI

Due to low adoption, clinical effectiveness and ROI was not possible to evaluate for most employers. Employers with higher utilization were able to see clinical improvement rates upwards of +40% and were very satisfied with the tools.

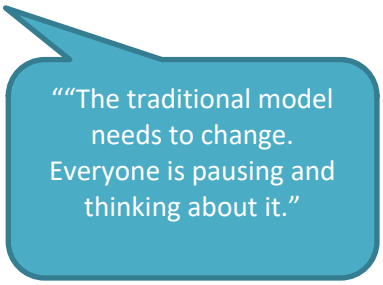
Most Liked Features

The features most desired by employers is listed in Figure 5 (next page).

Figure 5: Employer Wish List for Digital Tools



Future Plans
Most agreed that mental health deserves more attention, and most plan to increase their efforts. Several companies plan to focus more on wellness topics for mental health, such as communication, resiliency, and emotional intelligence. Most of the employers (whether they use digital tools or not) were optimistic about the future of digital mental health, especially in terms of expanding access.



RESEARCH FINDINGS: VENDOR PERSPECTIVES

Twenty-two digital mental health vendors were interviewed for this report. Companies were identified through existing relationships with PBGH employer members, and/or mentions in research and media. Please note that the vendors interviewed for this project may or may not have existing relationships with PBGH purchaser members. For confidentiality, all information in this report is aggregated across all the interviewed vendors and no gendered pronouns are used in this report.

Key Benefits to Employers
More than half stated increased access as a key benefit, reduced stigma for those seeking care, and higher quality providers than traditional in-person care. Other benefits mentioned included a sense of connection with an anonymous peer group, the ability to measure clinical outcomes, time-bound interventions, the ability to identify people with symptoms and triage them into an EAP, higher engagement than traditional EAPs, improved matching to providers, improved matching to appropriate treatments, 24/7 access to care, providing care between appointments, eliminating the trial-and-error process with normal treatment, quicker recovery times, and prevention of more advanced mental health conditions.

Communication Tactics
Almost all interviewees said the level of communication support was dependent on wishes of the employer client. All companies offer communication support to clients; these services included:

- Custom communication campaigns, which can include co-branded communications, internet ads, targeted enrollment outreach, customized URLs, and training to managers;
- Training for EAP sites;
- Collaboration with executives to champion the product.

Many expressed a desire to play a larger role in communicating to users, which would help to increase engagement. Some commented that employers limit communications to once a year during annual open enrollment for benefits, and/or during mental health wellbeing months. Almost all vendors stated that a best practice is for employers to allow them to deliver the communications. Several mentioned that when the employer communicates directly to employees, it "doesn't sit well" with many employees.

Engagement
Many vendors do not publicly report their engagement rates, as these vary depending on the level of employer engagement in communications. Vendors mentioned that employee utilization, "varies dramatically based on how much access and integration an employer or payer provides". The data provided for initial user sign-ups ranged from 8 - 33%, and continued engagement ranged from 5 – 75%.

Effectiveness
All of the vendor interviewed used utilization and engagement as key performance indicators (KPIs). Most companies also use clinically validated tools such as the Patient Health Questionnaire (PHQ-2 or PHQ-9) or the Generalized Anxiety Disorder (GAD2 or GAD7) to assess outcomes; several used their own internally developed scales. Organizational outcomes included burnout, productivity, and absenteeism / presenteeism. Self-reported behavioral outcomes included such as stress, sleeping pill utilization, quality of sleep, eating well, getting services, and sense of presence.

Return on Investment
Multiple vendors mentioned that since the field is new, ROI can be hard to quantify, and statistical validation can be challenging with small sample sizes. There was variation in how important the vendors thought ROI was to employers; one vendor mentioned that ROI is not typically a metric used for physical health issues in the same way that employers are expecting it for their mental health services. To calculate ROI, the vendors use clinical evidence and claims data to show actual and potential savings. Savings were calculated based on direct savings (lower use of services) or indirect (increased productivity, less turnover).

"Our company asks the employer when the last time was that they did an ROI evaluation on open heart surgeries - it just doesn't happen."

Future Plans
Future directions were focused on expanding clinical capabilities and adding new technology. New clinical capabilities included better integration with existing traditional care models, offering suboxone treatment for Substance Use Disorder (SUD), expanding psychiatrist capability, and expanding globally. New technology capability plans included detecting people at risk through voice and word analysis, offering biofeedback, looking into how supplementation can affect behavioral health, adding more automated videos, and adding virtual reality (VR).

IS DIGITAL THE FUTURE FOR MENTAL HEALTH?

Leaders across employers, providers, and payers of health care agree that behavioral health needs are not being met.[99] Employers are increasingly aware of the costs mental health conditions have on employee well-being, as well as their direct spend and indirect productivity losses. Benefits teams are looking for solutions, and plan to increase their focus on behavioral health in the coming years. Investors are betting heavily on digital solutions to solve these problems. $1B has been poured into digital health over the last few years, and the market is anticipated to be valued at $4.31 billion by 2025.[100] As employers are the biggest purchasers of health care in the U.S.,[23] their adoption of digital health solutions is essential for the industry to be successful.

Despite the promise that digital holds, actual adoption of these tools has been slow. As one researcher states, "In 2016, the potential for adoption of behavioral health tech seemed full of promise. The ACA was fully implemented, there were signs of early enterprise adoption, and the public awareness of the gaps in US mental health care was increasing. But time has shown that inertia in health care is strong."[101] Increasing user adoption of the tools is key; While vendors all claimed high adoption rates, few employers interviewed were satisfied with the utilization of the tools they had purchased. Multiple employers mentioned dropping digital solutions due to low engagement.

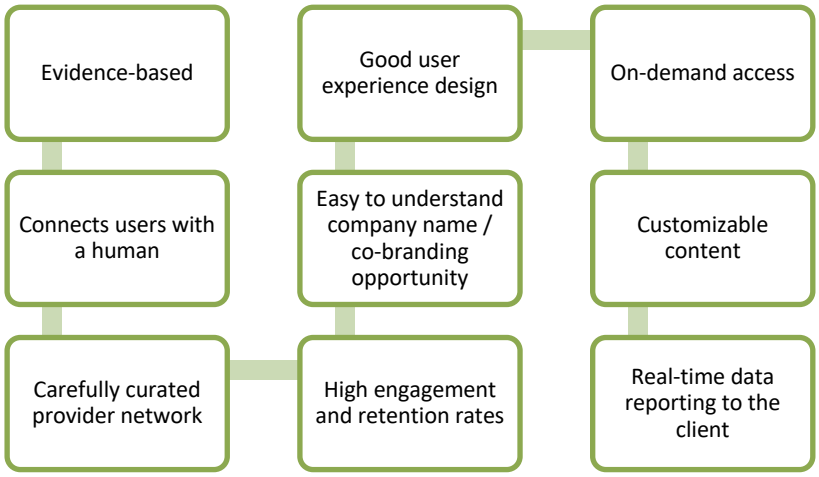
As many digital tools are relatively new, it remains to be seen if large purchasers will be part of the revolution that investors are expecting. Employer coalitions could play a pivotal role in helping employers to evaluate options and increase adoption. Vendors are sure that once employers adopt the tools, they will see a significant ROI by reducing spend and improving productivity. Some innovative purchasers have been willing to be early adopters, and others are waiting to see how the industry evolves.

BEST PRACTICES FOR EMPLOYER PURCHASERS

The digitalization of health care is expected to increase exponentially in the next few years, catapulted by COVID-19. The pandemic has landed a one-two punch; in-person care has been limited and an increase of mental health issues is expected. Our current delivery system is not set up to care for people with mental health needs, especially those with lower incomes who cannot afford to pay cash for out-of-network care. Digital tools may play an important role in bridging that divide. Be sure to follow the 4 success factors below to increase your chances of success.

1. **Select Carefully**
   - Analyze your claims data to understand your top conditions and how much your company is spending on behavioral and mental health services
   - Select tools that are specific to the top needs identified in your claims data analysis (i.e., if your top spend is on depression, select a tool that is designed to address depression)
   - Use a mental health clinician to evaluate the quality of the evidence behind the tools
   - Gather referrals from other employers (an employer coalition is a great way to connect with peers)
   - Ask your benefits team to test the product themselves for ease of use, customer service and content quality; select tools that are highly rated by the team. Figure 5 (next page) lists the most-liked features of digital health solutions based on employer feedback (in no particular order).

Figure 5. Employer Wish List for Digital Mental Health Solutions



2. Make Offerings Easy to Find and Access

- Consider a single sign-on (SSO) for all benefits so employees can easily find the tool
- Reduce the number of sign-ons required for users to access the tool
- Encourage employees to create accounts *before* they need to access services – consider a benefits sign-up pledge to increase adoption

3. Develop an Employee Communications Strategy

- Create a communication campaign around employee mental health that includes information on available employee resources, information on mental health conditions and tips to improve emotional wellness
- Consider using an employee resource group to review campaign messaging before it is distributed to avoid stigmatizing terms
- Ask if employees are interested in forming volunteer employee resource groups around mental health
- Identify leadership champions and have open communication around mental health
- Increase communications during mental health awareness months
- Use the vendor to help design an engagement plan to promote use of the tool – it's their job!

4. Ongoing Evaluation of the plan is Essential

- Monitor employee engagement with your communications – track website clicks, tool downloads and webinar attendance to identify popular topics and increase offerings based on positive employee feedback
- Gather employee feedback through focus groups
- Set success metrics upfront, and have patience (within reason)
- Request frequent vendor data on outcomes, utilization, retention, user satisfaction
- Plug the gaps – regularly re-assess your employee needs, if your solutions are meeting those needs, and modify solutions accordingly.

BACKGROUND INFORMATION

ABOUT THE AUTHOR

Emily London manages patient experience measurement and behavioral health strategy at the Pacific Business Group on Health.

She has held several previous roles at PBGH, including new product development, quality measurement, care coordination, and diabetes education. Prior to joining PBGH in 2012, Emily worked to improve population health within managed care, consulting, and academic organizations. She has worked with OptumHealth, Stanford University, UCSF, and Mercer Health & Benefits.

She has an MBA from Northwestern's Kellogg School of Management and an undergraduate degree Pitzer College, a member of the Claremont Colleges. She is a certified Project Management Professional (PMP©) and also has certifications in Lean Process Improvement and Change Management.

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