# Strategic Partners

# Agenda

| | | | |
|---|---|---|---|
| 9:00 – 9:10 | Welcome & Introductions | Chris Skisak, PhD | HBCH |
| 9:10 – 9:25 | New EEOC Rules | Al Lewis | Quizzify |
| 9:25 – 10:00 | IBI Presentation | Kelly McDevitt | IBI |
| 10:00 – 10:30 | Mental Health Apps | Stephen Schueller, PhD | PsyberGuide |
| 10:30 – 10:55 | Panel Discussion, Q&A | All | |
| 10:55 – 11:00 | Closing Comments | Chris Skisak, PhD | HBCH |

# Update on EEOC on Wellness Rules

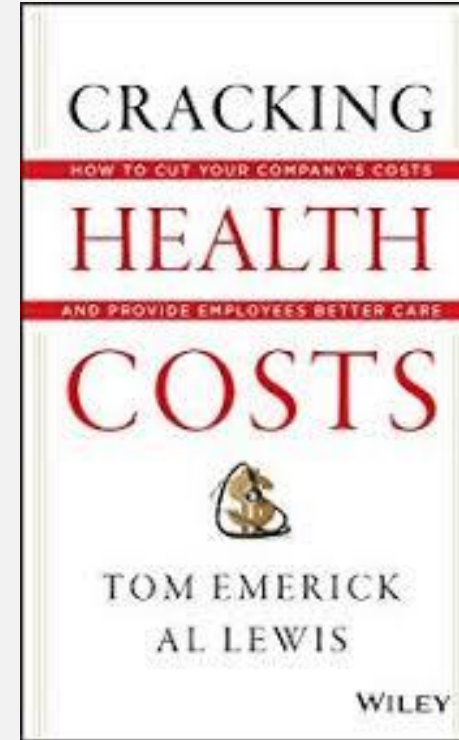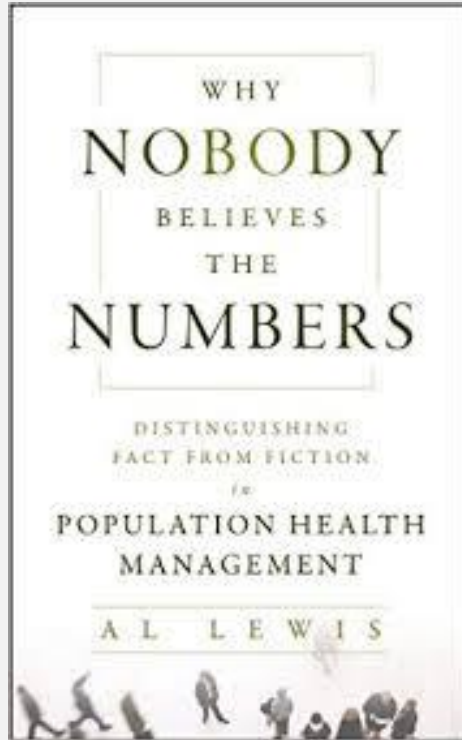**Al Lewis, Acclaimed Wellness Author & CEO, Quizzify**

# The "new" Clinical Wellness Incentives and Penalties Rule

*Is this a wellness lemon, or wellness lemonade?*

October 28, 2021

# Al Lewis, CEO and Quizmeister-in-Chief, Quizzify







- Best healthcare book of 2012 (*Forbes*)
- "Unsung hero changing healthcare forever" (*Forbes*)
- "Invented disease management" (*Managed Healthcare Executive*)
- BA Harvard '78 *phi beta kappa,* JD Harvard Law School '82
- Wellness industry's #1 EEOC watcher

# This Webinar Does Not Constitute Legal Advice Yada Yada Yada

**The best legal advice is to have your in-house counsel review this presentation and then give you legal advice.**

# Keep in mind as we talk that clinical wellness has failed…and employees hate it. So if you are trying to retain employees this isn't helping

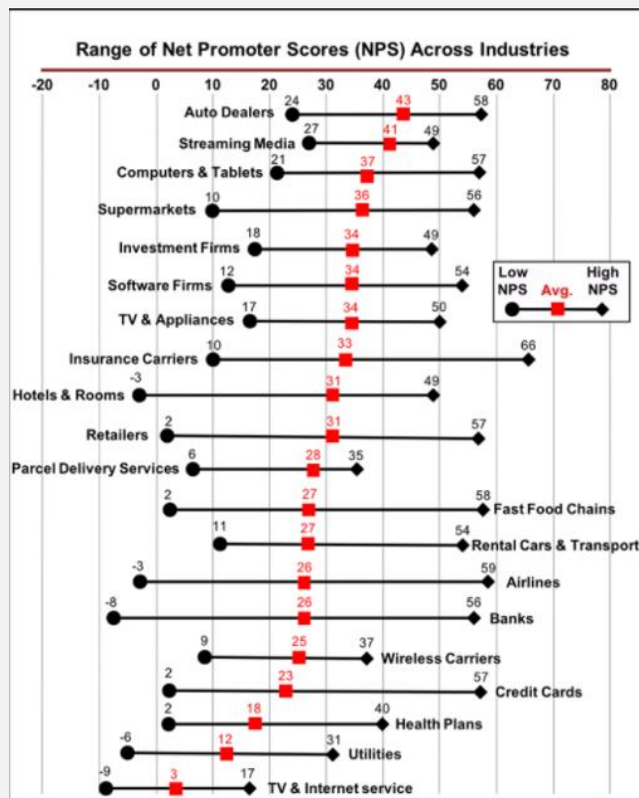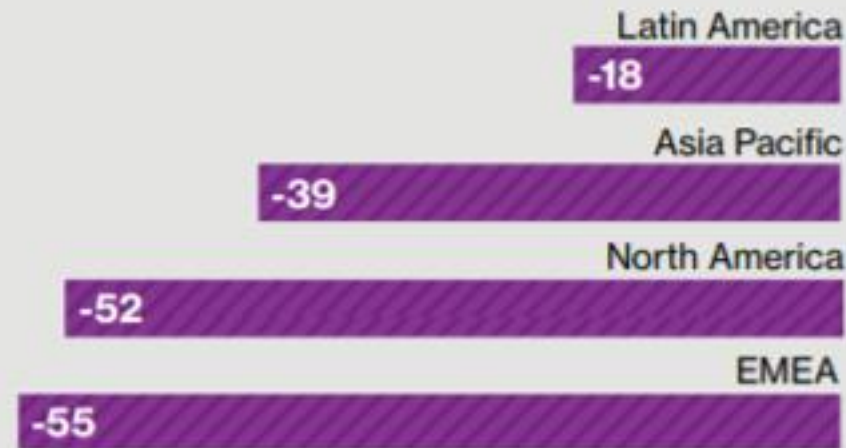## Net Promoter Scores (-100 to 100) for All other Industries and for Wellness

### Range of Net Promoter Scores (NPS) Across Industries

| Industry | Low NPS | Avg | High NPS |
|---|---|---|---|
| Auto Dealers | 24 | 43 | 58 |
| Streaming Media | 27 | 41 | 49 |
| Computers & Tablets | 21 | 37 | 57 |
| Supermarkets | 10 | 36 | 56 |
| Investment Firms | 18 | 34 | 49 |
| Software Firms | 12 | 34 | 54 |
| TV & Appliances | 17 | 34 | 50 |
| Insurance Carriers | 10 | 33 | 66 |
| Hotels & Rooms | -3 | 31 | 49 |
| Retailers | 2 | 31 | 57 |
| Parcel Delivery Services | 6 | 28 | 35 |
| Fast Food Chains | 2 | 27 | 58 |
| Rental Cars & Transport | 11 | 27 | 54 |
| Airlines | -3 | 26 | 59 |
| Banks | -8 | 26 | 56 |
| Wireless Carriers | 9 | 25 | 37 |
| Credit Cards | 2 | 23 | 57 |
| Health Plans | 2 | 18 | 40 |
| Utilities | -6 | 12 | 31 |
| TV & Internet service | -9 | 3 | 17 |

Figure 15. **Net promoter scores are below zero in all regions**

| Region | Score |
|---|---|
| Latin America | -18 |
| Asia Pacific | -39 |
| North America | -52 |
| EMEA | -55 |

Sample: All employees. Except U.S. and Canada, full-time employees only.

## Agenda: The Latest News

1. <span style="color:red">Why all former and proposed EEOC rules are already dead</span>

2. <span style="color:red">What the governing law is now...</span>

3. <span style="color:red">...and why your screening program likely violates it</span>

4. *AARP v. Yale*: what's the status?

5. How to turn this wellness lemon into wellness lemonade.

6. Interpreting the rules and exceptions

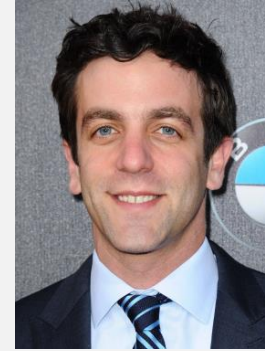*Please put questions in the Q&A box or text to 781-856-3962*

## In the absence of rules/regulations, the statute and judges' interpretations apply

- 01/16/18: Decision in *AARP v. EEOC* torpedoes large forfeitures (incentives and penalties) for "voluntary" clinical wellness programs. They must be "*de minimis*."

- 01/07/21:  EEOC announces rules complying with this decision--including a large loophole for outcomes-based "health-contingent" programs favored by US Chamber and Business Roundtable. Never published in Federal Register for comments. DOA

- 01/21/21: Biden Administration:
  - Awards EEOC Chair and Vice-Chair positions to Obama appointees, demoting Trump appointees
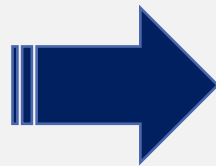
The same EEOC commissioners but the reporting has changed --and that makes a big difference…

# "De Minimis" incentives are in for all screening programs
# 30% Safe Harbor for <u>clinical</u> programs is out

# Summary: Where we are now for clinical wellness programs

- There are no rules expansively interpreting the word "voluntary" in the ADA.

- So "voluntary" means voluntary, with "de minimis" incentives

- This applies to participation-based programs as well as outcomes-based programs

- Most clinical programs have been in technical violation of the ADA for 2+ years

- *Non-clinical* ("activity-based") programs are not subject to ADA!  So ACA 30%-at-risk still applies.

# Why haven't you been pulled over if you've been in violation for 2+ years?

- There are no rules expansively interpreting the word "voluntary" in the ADA
- So "voluntary" means voluntary, not "wellness or else"
- **Most clinical programs have been in technical violation of the ADA for 2+ years…**

# One large organization was "pulled over"

- There are no rules interpreting the word "voluntary" in the ADA

- So "voluntary" means voluntary, not "wellness or else"

- Most clinical programs have been in technical violation of the ADA for 2+ years...

- ...**except 1 has become a "test case"**

## Agenda: The Latest News

1. Why the former and proposed EEOC rules are already dead

2. What the governing law is now...

3. ...and why your screening program likely violates it

4. *AARP v. Yale*: what's the status?

5. How to turn this existential wellness lemon into existential wellness lemonade.

6. Rules, exceptions

# *AARP v. Yale* : a summary



- Participation-based program

- $1300/year at stake

- Unionized, non-exempt (hourly) employees

- "Coaches" did some cringeworthy things (examples)

- AARP joined with unions to sue

- Judge recently issued an order to settle by November 22 or he would announce a verdict

# Will the verdict/settlement arouse the sharks in the plaintiff bar?

# Unlikely… I was expecting a more open-and-shut case but *AARP v. Yale* had a lot of nuances

- Neither side disagrees with the *current* definition of "voluntary"
- Yale argued that the union had negotiated away the members' "voluntariness" in the CBA in exchange for other concessions
- AARP argued that a union can't negotiate away employees' civil rights
- It's well-established that civil rights are not negotiable by a union, but there was also a timing issue: $1300 for wellness was considered "voluntary" under the ADA when the CBA was finalized, so there was no violation of civil rights

Q

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Q

However, this *Yale* impasse doesn't mean you still have a Safe Harbor for large incentives/penalties. You don't

- *Yale* turned out not to be a good test case.
- But the "rules" (or absence of rules) now are very clear: **incentives and penalties must be *de minimis***
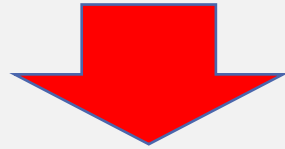


- You will be non-compliant if you don't offer alternatives to clinical wellness programs with large incentives or penalties (meaning most of them
- ...but your risk in practice of anything other than embarrassment for non-compliance is minimal (helps to be in the 5th Circuit)

## Agenda: The Latest News

1. Why the former and proposed EEOC rules are dead

2. What the governing law is now...

3. ...and why your screening program likely violates it

4. *AARP v. Yale*: the latest

5. How to turn this wellness lemon into wellness lemonade.

6. Rules, exceptions, quiz questions

*Please put questions in the Q&A box*

# Lemonade: Creating your own ersatz "safe harbor"

- Offer a *choice* of screening or activity-based programs to achieve "points" goal
- This allows you to maintain your current incentives for either clinical participation or outcomes programs because it makes them technically **voluntary**. That satisfies the law.
  - It also gives you an opportunity to diversify from clinical programs into less expensive, less burdensome and more popular activity-based programs.

# Examples of how to address this EEOC rule

Consider this list of ways to earn up to $500* – let's put it into a table

**IMPROVEMENT INCENTIVES**

**Get rewarded up to $500 for meeting any of the following goals:**

- Complete an online coaching program, up to 2 per quarter **($25 each)**
- Complete a team challenge, up to 2 per year **($50 each)**
- Body Mass Index ≤ 28 or Waist <34 (f), <37 (m) **($250)**
- Complete a Health Risk Assessment **($100)**
- Complete a Biometric Screening **($200)**
- Attend a health improvement seminar, up to 4 per year **($25 each)**
- Attest to being tobacco free or complete cessation course **($250)**
- Improve blood pressure, cholesterol, weight or glucose by 10% **($250)**

*This $500 is not employer largesse. They increased the deductible and let employees "earn it back"

# To bring this into compliance , simply increase the number of "lunch 'n' learns" from 4 to 10. As long as you can get to $500 without clinical programs, you're good…

| Undertaking | Clinical or activity? | Bonus per time | Number of times an employee may do it/year | Total earnable |
|---|---|---|---|---|
| **Online coaching** | Clinical | $25 | 8 | $200 |
| **BMI < 28** | Clinical | $250 | 1 | $250 |
| **Complete risk assessment** | Clinical | $100 | 1 | $100 |
| **Submit to biometric screen** | Clinical | $200 | 1 | $200 |
| **Lose weight or reduce blood pressure or cholesterol by 10%** | Clinical | $250 | 4 | $250 |
| **Lunch 'n' learn** | **Activity** | **$25** | **10** | **$250** |
| **Claim to not smoke or attend smoking cessation*** | Activity | $250 | 1 | $250 |

[1] *Nicotine-related inquiries have not been tagged as "clinical," though testing is.

Please put questions in Q&A or text to 781-856-3962

- *30-second Quizzify shameless plug:*

  This single page puts you in compliance

  Quizzes teach employees with "Jeopardy-meets-health education-meets-Comedy Central" quizzes carrying the Harvard Medical School logo

## HOW TO EARN YOUR WELLNESS INCENTIVE

Choose between the traditional screening/weigh-in or play an online health education game. The choice is yours.

### Select the SCREENING/WEIGH-IN if:

- You haven't seen your doctor in the last 24 months, nor intend to in the next 6 months.
- You are over 35 (male) or 45 (female) and have been told you have significant risk factors.
- You believe you may have undiagnosed chronic disease (for example, one parent died of chronic disease before age 60).
- You are very concerned about your weight.
- You want to "know your numbers."
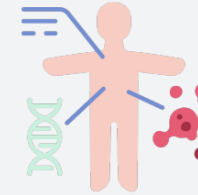
### Play the GAME if:

You feel you might learn something from short, mulitple choice quizzes about health and healthcare. You will need to complete 4 quizzes to receive credit. **Topics include:**

**Diabetes**
How much do you know about the #1 chronic disease of all time?

**COVID**
Myths and facts about the disease and vaccine.

**Surprising Hazards of the Medical System**
What common surgery do 99% of surgeons admit they themselves would never undergo?

**Fats, Salt, Sugar, Eggs**
What the biggest nutritional no-no's...and what can you indulge in guilt-free?

**Opoids**
How many painkiller pills can you take before they start becoming addictive?

**Your Health Benefit**
What's the difference between a co-pay and co-insurance?

**Women's Health**
Are pelvic exams useful?

**Health Insights for Ages 50+**
Can shingles be avoided?

**Unsure of which one to choose?** You can start by playing the game, but switch to the screening if you feel that you're not learning anything.

Quizzify | Harvard Health Publishing HARVARD MEDICAL SCHOOL

## Agenda: The Latest News

1. Why the recently proposed EEOC rules are already dead

2. What the governing law is now…

3. …and why your screening program likely violates it

4. *AARP v. Yale*: the time bomb

5. How to turn this wellness lemon into wellness lemonade.

6. Interpreting the rules and exceptions

*Please put questions in the Q&A box*

## *What happens if you try to make HRAs non-clinical?*

- Either make them voluntary or rewrite them to avoid all medical inquiries

- Doing both is darn near impossible

Which statement would most likely make a risk assessment clinical and hence subject to the ADA?

A — How often do you feel down in the dumps?

B — Do you want information about diabetes?

C — How much do you drink?

D — Are you comfortable with your weight?.

Which two statements would most likely make a risk assessment clinical and hence subject to the ADA?

| | |
|---|---|
| A | How often do you feel down in the dumps? |
| B | Do you want information about diabetes? |
| C | How much do you drink? |
| D | Are you comfortable with your weight?. |

# Avoid synonyms and "trigger words"

- "**Down in the dumps**" sounds like depression

- Okay to say: "Do you want information about diabetes?"

# OK vs Not OK  for HRAs

OK "How many vegetables do you eat"?

Not OK "Are you depressed?"

# OK vs Not OK and risky area for HRAs

- OK "How many vegetables do you eat"?

- Not OK "Are you depressed?"


- OK "Would you like information about weight control?"

- Not OK "Are you obese?" or "What do you weigh?"

# More rules: Which is NOT a "clinical exam or inquiry"?

| | |
|---|---|
| A | Coaching |
| B | Checkups (where you have to give results) |
| C | Checkups (where you just have to prove you got one) |
| D | All of the above may be clinical inquiries. |

# More rules: Which is NOT a "clinical exam or inquiry"?

| A | Coaching |
|---|---|
| B | Checkups (where you have to give results) |
| C | Checkups (where you just have to prove you got one) |
| **D** | **All of the above are clinical inquiries.** |

# Coaching…

.

- Effective coaching requires asking people personal health questions.

# Covered vs. Not Covered for Checkups

**Maybe OK:** "Prove that you got a checkup."

**Not OK** "Have your doctor send in your 'numbers.'"

# Covered vs. Not Covered
## for other wellness activities (fitness)

**OK** "Run around the block and we'll give you 30%." (ACA)

## Covered vs. Not Covered
## for other wellness activities (or activity-based programs)

OK "Walk around the block and we'll give you 30%."

Not OK "Run around the block *and we'll take your pulse* and give you 30%." (ADA)

# Value-based designs are green-lighted

**Example: cover co-pays for diabetics**

- "Benign discrimination"
  - Applies to group health plans, not employers

- The co-pay coverage is tied to having diabetes, not getting screened or checkups.

- Most diabetes drugs would not be taken by non-diabetics so you don't have to see if an employee has diabetes before waiving the copays.
  - Therefore, not a "medical exam or inquiry."

# Miscellaneous OK and Not OK

**OK** to give free flu and COVID shots or pay/require people to get them.

**OK** to ask who smokes or how much…but **no** nicotine-testing.

**OK** to ask about use of alcohol but **not** "are you an alcoholic?"

**OK** to ask about illegal drug use…but **not** if someone is addicted to drugs.

# HRAs, Medical Exams and Medical Inquiries: Summary

- **Most HRAs** are either unhelpful or a "medical inquiry."

- Crash-dieting contests are a **dumb idea** regardless.

- **Incentivized checkups** considered clinical inquiries.

- **Required coaching** impossible without asking personal questions.

- **Fitness activities are OK** with no clinical follow-ups

- **Value-based designs** are OK.

# A&Q
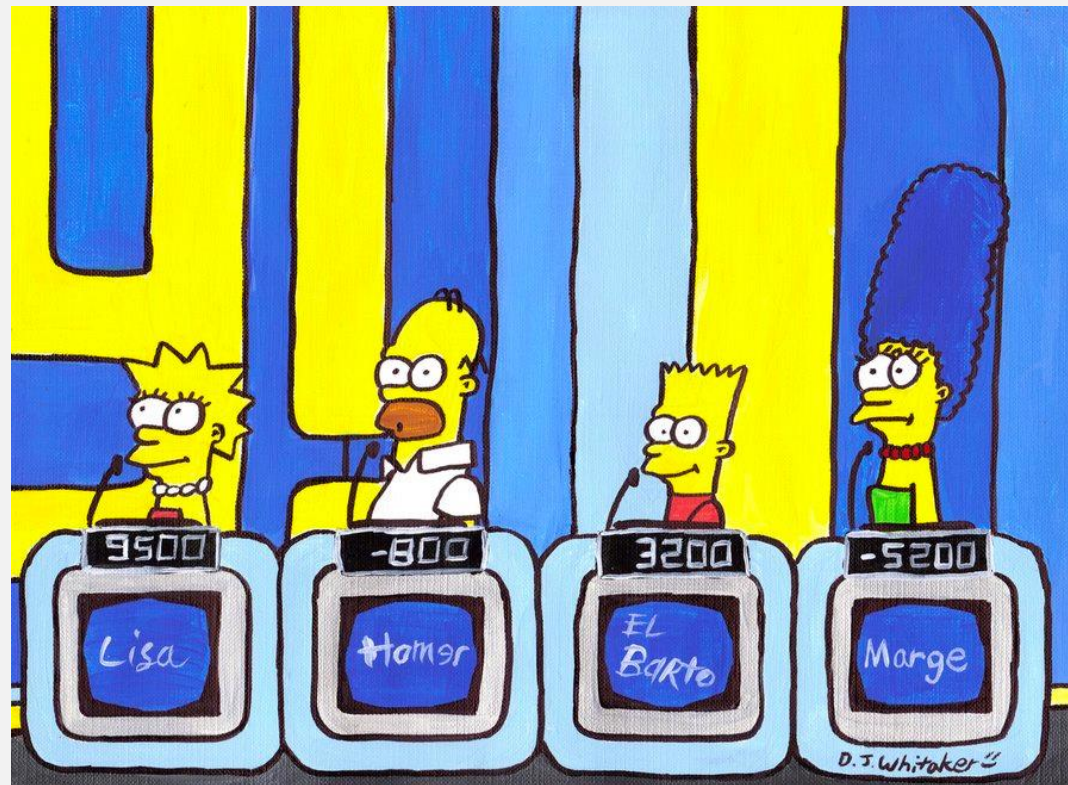
# Thank you for Attending

Contact:

**Mark Dellecave**

Vice President, Quizzify

mark@quizzify.com

www.quizzify.com

347-723-4533

# Integrated Benefits Institute

**Kelly McDevitt, President, Integrated Benefit Institute**

# Benefits and Limitations of Mental Health Apps Among the Workforce

**Stephen Schueller, PhD, Clinical Psychologist, Digital Mental Health Researcher, & Executive Director, PsyberGuide**

# Benefits and Limitations of Mental Health Apps Among the Workforce

Stephen Schueller
Associate Professor of Psychological Science & Informatics
University of California, Irvine
Executive Director, One Mind PsyberGuide

Objectives

- Review the clinical and economic burden of mental health issues
- Review the effectiveness of digital mental health interventions ("apps")
- Discuss the parameters that could/should be utilized when evaluating and selecting mental health apps

One in five adults in the U.S. experiences some type of mental illness each year

The average delay between symptom onset and treatment is 11 years

**11 years**

The annual cost to the global economy from mental illness

**$1T**

In 2018, the average cost of an employee with depression was

**$16,613**

Distribution of Licensed Psychologists, Hot Spot Analysis

Statistically Lower, $p < 0.01$
Statistically Lower, $p < 0.05$
Not Significant
Statistically Higher, $p < 0.01$
Statistically Higher, $p < 0.05$
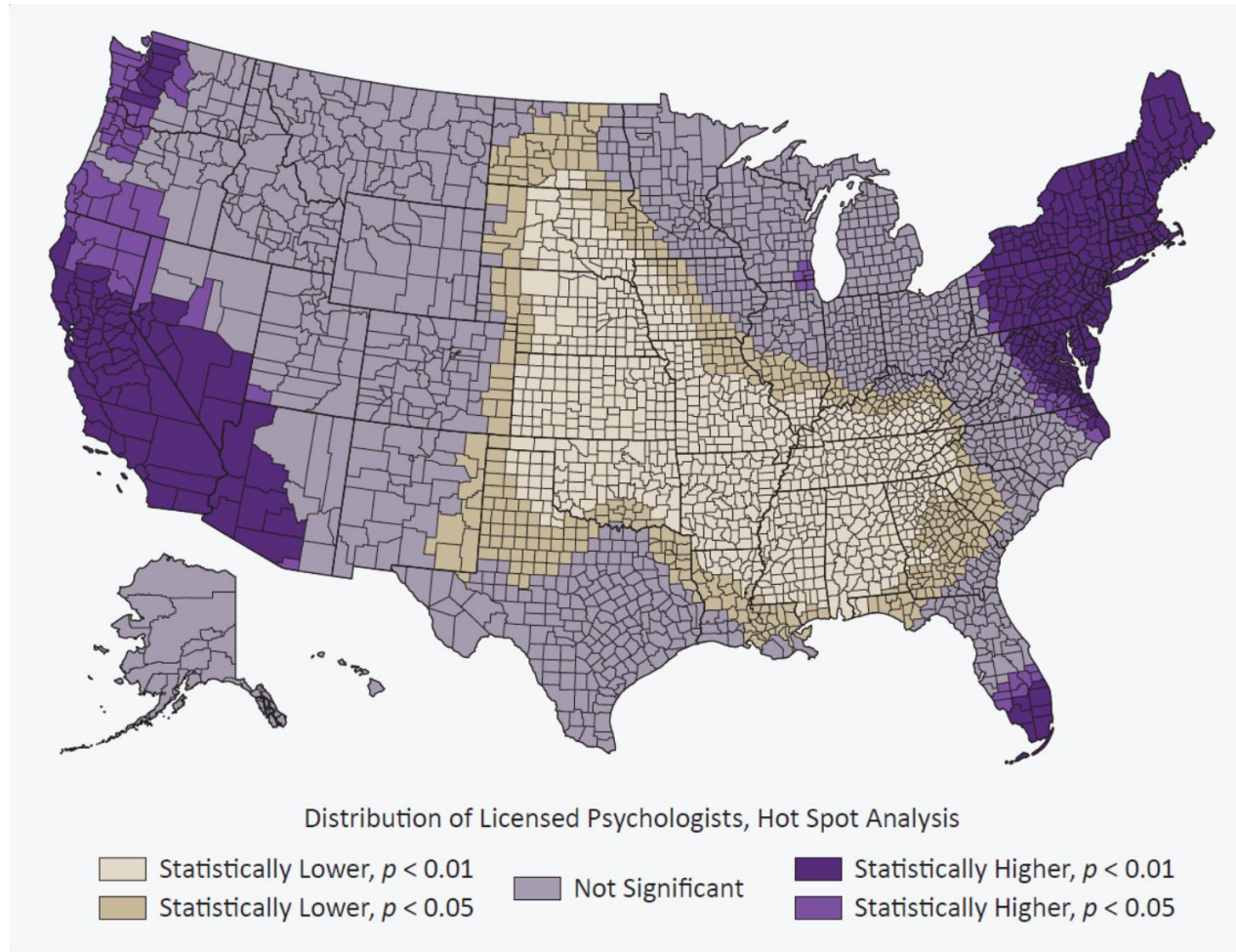
**Lack of engagement**
- 60% not receiving care

**Lack of quality**
- Most people who receive treatment don't receive evidence-based practices
- Care is fragmented, episodic, and reactive

**Lack of measurement**
- Rely on self-knowledge and self-presentation
- The "gold standard" measurement for depression is a 9-item self-report questionnaire

# Business Case for Employers Investing in Mental Health

Business case drivers for investing in mental health include:

- Adults spend most of their waking hours at work
- Mental health conditions and stress are very common
- Conditions such as depression and anxiety often coexist with expensive chronic conditions including
- obesity, diabetes, gastro-intestinal issues and heart disease
- Mental health conditions are a leading cause of lost workdays
  - Major depressive disorders (~7% of adults each year): 27 lost workdays each year and increased costs of $4,426 per employee per year
  - Bipolar disorder (~3% of adults each year): 66 lost workdays and increased costs of $9,619 per employee per year.

# Business Case for Employers Investing in Mental Health(cont)

- The ROI is between $2 and $4 for every dollar spent on mental health. So the cost of doing nothing is higher than investing in evidence-based prevention and treatment.

**COST EFFECTIVENESS OF MENTAL HEALTH TREATMENT**

| Mental Health Outcome | Estimated Economic Burden | Estimated Cost-Effectiveness of Treatment |
|---|---|---|
| Depression (MDD) | $210.5 bn (2015) | $2.3-$2.6 saved per $1 spent |
| Anxiety | $33.71 bn (2013) | $2.7-$3.0 saved per $1 spent |
| Opioids | 78.5 bn (2016) | |
| Drugs | $193 bn (2011) | $3.77 saved per $1 spent |
| Alcohol | $249 bn (2015) | |
| Suicide | $93.5 bn (2015) | $2.43 saved per $1 spent |

Sources: https://ceoroundtable.heart.org/wp-content/uploads/2018/12/MENTAL-HEALTH-FULL-REPORT-FINAL-20181212.pdf

- Preventing mental health conditions and treating people effectively can lower total medical costs, increase productivity, reduce absenteeism and decrease disability costs.

# Enter Digital Mental Health & Digital Therapeutics
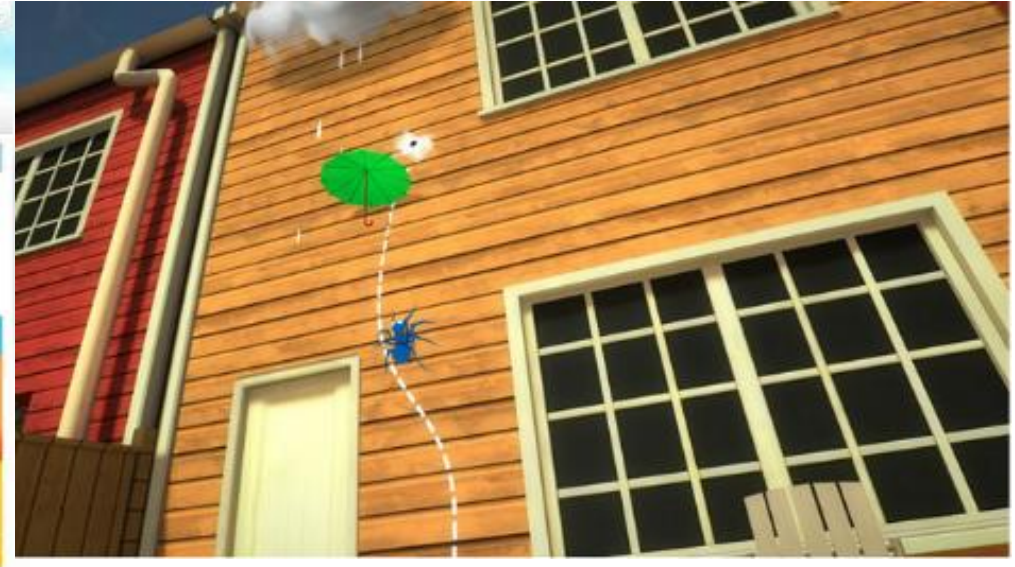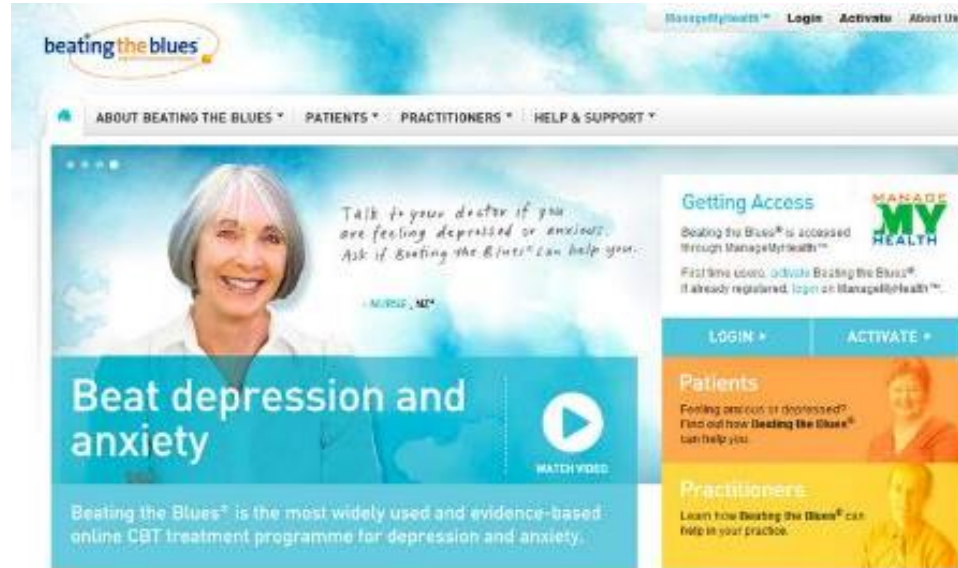
**More than 100 randomized controlled trials** show that
- Self-directed apps are modestly effective.
- Guided apps appear as effective as standard treatments.
- Guidance does not have to come from mental health professionals

(Karyotaki et al., 2017; Richards & Richardson, 2014)

Considerable evidence is building that mental health apps are effective for a range of mental health conditions, including:

- depression (Firth, Torous, Nicholas, Carney, Pratap, et al., 2017)
- anxiety (Firth, Torous, Nicholas, Carney, Rosenbaum, et al., 2017)
- Stress, psychiatric distress & quality of life (Linardon, Cuijpers, Carlbring, Messer, Fuller-Tyszkiewicz, 2019)

# Digital Mental Health Solutions

| Can contain multiple active components, often: | | |
|---|---|---|
| Modular | Didactic | Interactive |

| Standalone Apps | **Self-guided Apps** |
|---|---|

| Apps used with guidance from a professional coach (may be in-app) | **Guided Apps** |
|---|---|

| Apps used in the context of traditional face-to-face treatment | **Adjunctive Apps** |
|---|---|

# Digital Mental Health Solutions



Adjunct
se appliedVR™ are

biobeats

Telehealth

dr+ on demand

ginger

talkspace

Digital therapies

Able To    my Strength    deprexis®
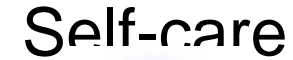
SilverCloud

happify HEALTH    VORV!DA

Big Health    Self-care

v

Chatbots and
conversational AI

Woebot® Health

Replika

wysa

AURA

Calm    headspace

Human-delivered
automated    Guided    Fully

# Digital Mental Health Solutions

**Vitamins**

- Use them to boost overall wellbeing
- A doctor may suggest using them, but many people use them without professional consultation

**Aspirin**

- Use when you have a short-term ailment for relief in the moment

**Antibiotics**

- Use when you become unwell, for an extended amount of time, but not permanently
- Stop taking once you have recovered

| Pros | Cons |
|---|---|
| • Extension of care<br>• Cost-effective<br>• Scalable<br>• Discreet and mobile<br>• Uses what people already have and use every day<br>• Real-time, real-world intervention<br>• Real-time data collection & tracking<br>• Promising outcomes | • Technology changes rapidly<br>• Sustainability or "shelf life"<br>• Disengagement<br>• Privacy concerns<br>• Access issues<br>• Lack of regulation<br>• "High availability but low evidence base" |

## One of the biggest challenges:

Many platforms to choose from, few guidelines to help employers make their choice.

# Understanding digital tools for employers

One Mind PsyberGuide:
www.psyberguide.org

Employer's Guide: www.nebgh.org
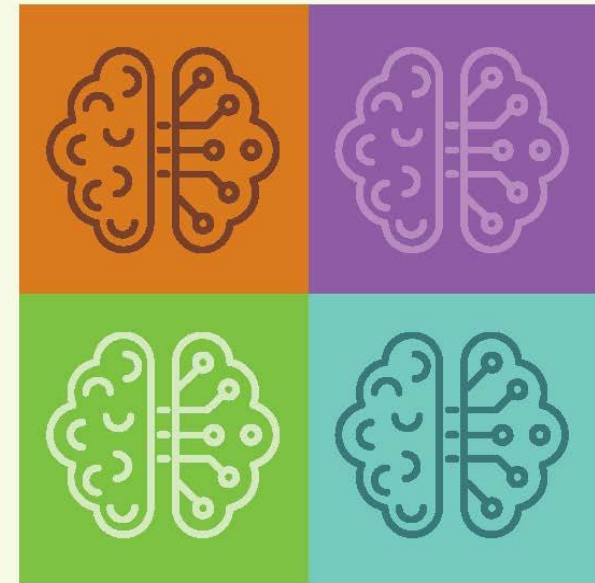
# Mental Health Tool Chart

See page 23 of the accompanying brochure for a full description of all tools listed in this chart including company URLs.

## Column Groups

- **TARGET CONDITION:** Depression · Anxiety · Stress · Sleep · Substance Use/Addiction · Mental Wellness/Well-Being · Physical Health/Well-Being
- **INTERVENTION:** Symptom Tracking · Mindfulness Meditation · Cognitive Behavioral Therapy (CBT) · Education · Interactive Tools · Coaching · Artificial Intelligence AI/Chatbot · Clinical Therapy
- **TYPE OF PLATFORM:** Mobile · Web
- **REPORTING — REPORT FORMAT:** Online Dashboard · Emailed Report
- **REPORTING — DATA IN REPORT:** Engagement · Demographics · Outcomes
- **CONNECTIVITY — INTEGRATION:** EAP · Other Tools · Wellness Program · Healthcare Provider · Referral Capability
- **CONNECTIVITY — SOCIAL:** Family · Social
- **TECH SUPPORT — METHOD AND AVAILABILITY:** Email · Phone · Chat · Available 24/7
- **COMPLIANCE:** Identifiable Data Collected · Data Removal* · Third Party Sharing** · HIPAA · 42 CFR
- **RESEARCH:** Published Papers Demonstrating Effectiveness · Research Conducted In Employment Setting
- **RATING**

### Rating legend
- **+++** At least two experimental studies
- **++** At least one experimental research study
- **+** Other research
- If blank, no published data available

## Tools

| Tool Name | Company | Description | Rating |
|---|---|---|---|
| Ableto | AbleTo, Inc. | Ableto aims to help users improve symptoms of behavioral health conditions through personalized programs. The online platform connects trained therapists with users experiencing a variety of medical conditions. | + |
| Daylight | Big Health | Daylight is a digital program that aims to help users develop strategies for overcoming worry and anxiety. Personalized programs are developed based on each user's challenges and goals. | |
| Dayzz | Dayzz | Dayzz aims to help users improve their quality of sleep and cope with sleeping difficulties through personalized programs. | |
| Dynamicare | Dynamicare Health | DynamiCare supports users to monitor and reduce their use of alcohol, tobacco, and other substances. | + |
| emVitals | emVitals, Inc. | emVitals aims to help users and their care providers assess and track risk for common behavioral health conditions. | |
| Ginger | Ginger | Ginger aims to help users improve symptoms of various mental health conditions by connecting them to licensed therapists and clinicians. | + |
| Happify | Happify, Inc. | Happify is a digital program that aims to help users improve overall well-being and happiness through short, daily interactive activities. | +++ |
| Headspace for Work | Headspace, Inc. | Headspace for Work supports users to improve various aspects of physical and mental health by practicing mindfulness meditation. | +++ |
| Journey Meditation | Journey Meditation, Inc. | Journey Meditation aims to help users improve various aspects of physical and mental health by connecting them to a live meditation community. | ++ |
| Joyable | Joyable, Inc. | Joyable is a platform that aims to help users improve symptoms of depression and anxiety. Users are connected with a live coach who guides them through their unique program. | + |
| Joyages | ACAP HealthWorks | Joyages is a digital health coach that aims to help users preventatively care for their mental health, deal with daily stressors and build habits. | |
| LivingEasy | SelfHelpWorks | LivingEasy is a platform that aims to helps employees change the way they react to stress and improve resilience, through activities such as video sessions, interactive tools and personal coaching. | |
| Lyra | Lyra Health, Inc. | Lyra aims to help users improve various aspects of their mental health through personalized programs that connect them with licensed therapists and clinicians. | |
| meQuilibrium | New Life Solution, Inc. | meQuilibrium is a platform that supports users to improve outcomes in stress management, productivity, health and wellbeing through validated assessments and personalized training. | + |

*Privacy policy states if users can have their data removed on request

**Privacy policy states that personal information will not be sold, rented or shared to third parties

# Navigating the review table

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| TARGET CONDITION | | | | | | | | INTERVENTION | | | | | | | | TYPE OF PLATFORM | | REPORTING | | | | | CONNECTIVITY | | | | | | | TECH SUPPORT | | | | COMPLIANCE | | | | | RESEARCH | | RATING |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | REPORT FORMAT | | DATA IN REPORT | | | INTEGRATION | | | | SOCIAL | | METHOD AND AVAILABILITY | | | | | | | | | | | |
| Depression | Anxiety | Stress | Sleep | Substance Use/ Addiction | Mental Wellness / Well-Being | Physical Health / Well-Being | | Symptom Tracking | Mindfulness Meditation | Cognitive Behavioral Therapy (CBT) | Education | Interactive Tools | Coaching | Artificial Intelligence AI / Chatbot | Clinical Therapy | Mobile | Web | Online Dashboard | Emailed Report | Engagement | Demographics | Outcomes | EAP | Other Tools | Wellness Program | Healthcare Provider | Referral Capability | Family | Social | Email | Phone | Chat | Available 24/7 | Identifiable Data Collected | Data Removal* | Third Party Sharing** | HIPAA | 42 CFR | Published Papers Demonstrating Effectiveness of Intervention | Research Conducted In Employment Setting | +++ At least two experimental studies  ++ At least one experimental research study  + Other research  If blank, no published data available |

# Navigating the review table



| RESEARCH | | RATING |
|---|---|---|
| Published Papers Demonstrating Effectiveness | Research Conducted In Employment Setting | +++ At least two experimental studies<br>++ At least one experimental research study<br>+ Other research<br>If blank, no published data available |

# Selecting the right solution… for you



**Narrow**

Define Presenting Concern (*e.g., for sleep, pain coping, treatment nonadherence*)
Specify the End User (*child, caregiver, both*)
Identify Contender Apps (*peer-reviewed publications; websites such as Psyberguide*)

**Explore**

Credibility (*How robust of an evidence and theoretical base?*)
Data Privacy (*Are data private and secure?*)
User Experience (*Appealing, customizable, and easy to navigate?*)

**Recommend/ Re-evaluate**

**Contextualize**

Logistic Factors (e.g., *phone type, data plan, cost*)
Inclusive Design (*e.g., representative depictions, accommodations for physical, vision, and hearing impairments*)
Patient/Family Factors (*e.g., literacy, caregiver involvement, clinical counterindications*)
Provider/Healthcare System Factors (*e.g., personal piloting, health record integration*)

# How we evaluate

We review apps against rating criteria developed by experts in the field. Some of those criteria are:

**How likely is it that this app will work for me?**

### Credibility

We look at the research supporting the technology and the credibility of the development process.

**What happens the data I enter into this app?**

### Transparency

We review privacy policies to see if key pieces of information about what happens with entered data are addressed.

### User Experience

We explore how fun, functional, easy-to-use, engaging, and interesting the technology is.

### Professional Reviews

A professional in a relevant field downloads and uses the technology and writes a narrative review, highlighting pros & cons and some recommendations for use.

**How likely is it that I will actually use this app?**

**What do the professionals say?**
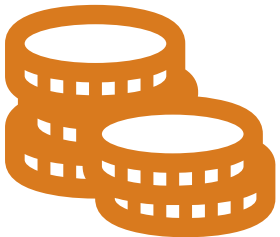
Learn More About Our Criteria

Contextualizing the solution to your use case

Who is the target population?

What do you want to achieve?

How much are willing to pay?

# Integration with existing benefits and programs

- Integration with existing benefit and wellness resources
  - Additive or replacing existing resources
  - Handoff between resources and benefits

Health Care Benefits

EAP

Wellness Programs

# Measuring Success

- **Engagement**
  - # users
  - Time
  - # repeat use
- **Satisfaction**
  - User satisfaction surveys
- **Outcomes**
  - Health costs
  - Mental health outcomes

# Conclusions and Take Home Points

- There is a strong business case for providing comprehensive mental health benefits and programs
  - The ROI is between $2 and $4 for every dollar spent on mental health. So the cost of doing nothing is higher than investing in evidence-based prevention and treatment
- Many digital therapeutics exist
  - There is no one size fits all solution
- Multiple considerations for evaluation
  - Credibility, User Experience, Data Security & Privacy, Integration
- Using digital therapeutics requires both selecting a product to meet your need and continuing to monitor value for you

Panel Discussion

# Closing & QA

**Chris Skisak, PhD, Executive Director, HBCH**