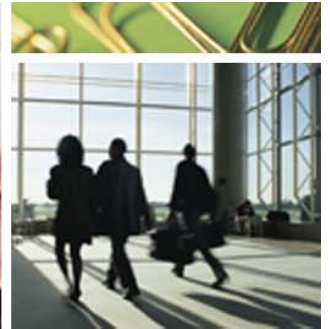


A Revolution in EA Provision:

Demonstrating Outcomes in the Era of Accountability

Dirk Hansen *VP Global Clinical Programs, Workplace Options*

Mary Ellen Gornick *Senior VP Global Products, Workplace Options*



Part One:

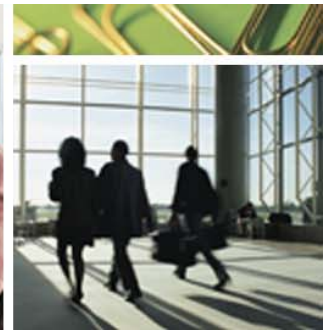
The Challenge for Providers

EAP counselling provision – Current challenges

- In world-wide economic recession organizations and workers continue to face significant challenges. A rapidly changing business environment makes it crucially important for EAP providers to deliver demonstrably valuable services to their client organizations.
- EAP treatment interventions to employees and their families (e.g. behavioral health, addiction, stress, relationships and workplace issues) constitute a significant proportion of EA services, and account for a large element of the cost of service delivery.
- Increasingly purchasers of such services look for demonstrable evidence of return on this investment. This increased focus on services and practices that deliver measurable value emphasizes the necessity for effective and innovative service delivery.
- In the current environment, dramatic changes in the field of EA therapy provision due to financial cutbacks, increased accountability, and an expectation of demonstrable return on investment, are inevitable. In response, we advocate for nothing less than a revolution in the way EA providers think about, organize, conduct, evaluate and fund their clinical services.
- **Conclusion: Increased focus on accountability, measurable outcomes, efficient use of resources and documented “return on investment”...**

Change is the outcome goal

- Ultimately clients (and payers) care little about how change occurs (i.e. methodologies, techniques) - they simply want it.
- The *outcome of the service* i.e. change, rather than the service itself, is the product that EAP providers have to market and sell.
- Those unable to systematically evaluate the outcome of their services will be disadvantaged in their response to purchasers of EAP services.



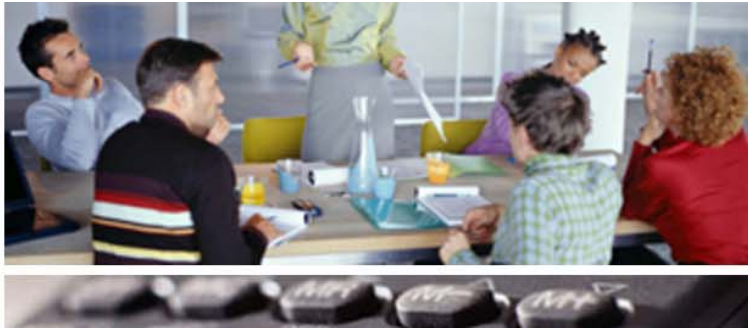
What (we) the industry needs to focus on

- Focus on the common goal of change and the use of service quality and outcome feedback to inform service delivery.
- Significant improvements in client outcome have been shown where clients and providers (therapist, consultants) have feedback on the client's experience of progress in services.
- Need to apply evidence-based practice (do what works) and tailor service delivery through practice-based evidence (check that what is being delivered is working)
- The important question is not only what constitutes effective interventions but whether clients and payers (companies) are experiencing the changes they desire by whatever means.



Evolution in EAP service delivery required

- Instead of assuming that the right process leads to favourable results, the industry needs to use service outcome and quality measures to guide service delivery process and inspire innovation.



The Future of EAP Practice

- Focusing the service delivery on client satisfaction and outcome – we need to know the following:
- Does the client think that the client/provider relationship is a good fit?
- Do they feel heard, understood, and respected?
- Does the service being offered make sense to them?
- Does the type, level, or amount of service delivery feel right?
- Do any modifications made by the provider in response to feedback make a difference in the client's experience of the service?
- Is the client improving?
- If not, then who, where or what would be a better choice?



The prize

(referrals, customers, opportunities)



- And the winner is...
- The provider who delivers the highest value outcome - in the least amount of time - at the lowest cost

Part Two:

A Case for Outcome Measurement

Selecting Outcome and Quality measures

- Outcome Rating Scale (ORS) was adopted both because it measured the outcomes most likely to result from the service offered and was a more feasible alternative to the longer measures.
- Session Rating Scale (SRS) was chosen because of the strong empirical support for the role of the client's view of the therapeutic alliance in predicting retention in, and outcome of, treatment.
- Both measures score high on validity, reliability and equally important - feasibility (Institute for the Study of Therapeutic Change – www.talkingcure.com).



Outcome Rating Scale (ORS)

Case Ref No. _____
Session No. _____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Individually:
(Personal well-being)

I-----I

Interpersonally:
(Family, close relationships)

I-----I

Socially:
(Work, School, Friendships)

I-----I

Overall:
(General sense of well-being)

I-----I

Session Rating Scale (SRS V.3.0)

Case Ref No. _____
Session No. ____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship:

I did not feel heard, understood, and respected	I-----I	I felt heard, understood, and respected
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Goals and Topics:

We did not work on or talk about what I wanted to work on and talk about	I-----I	We worked on and talked about what I wanted to work on and talk about
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Approach or Method:

The therapist's approach is not a good fit for me.	I-----I	The therapist's approach is a good fit for me.
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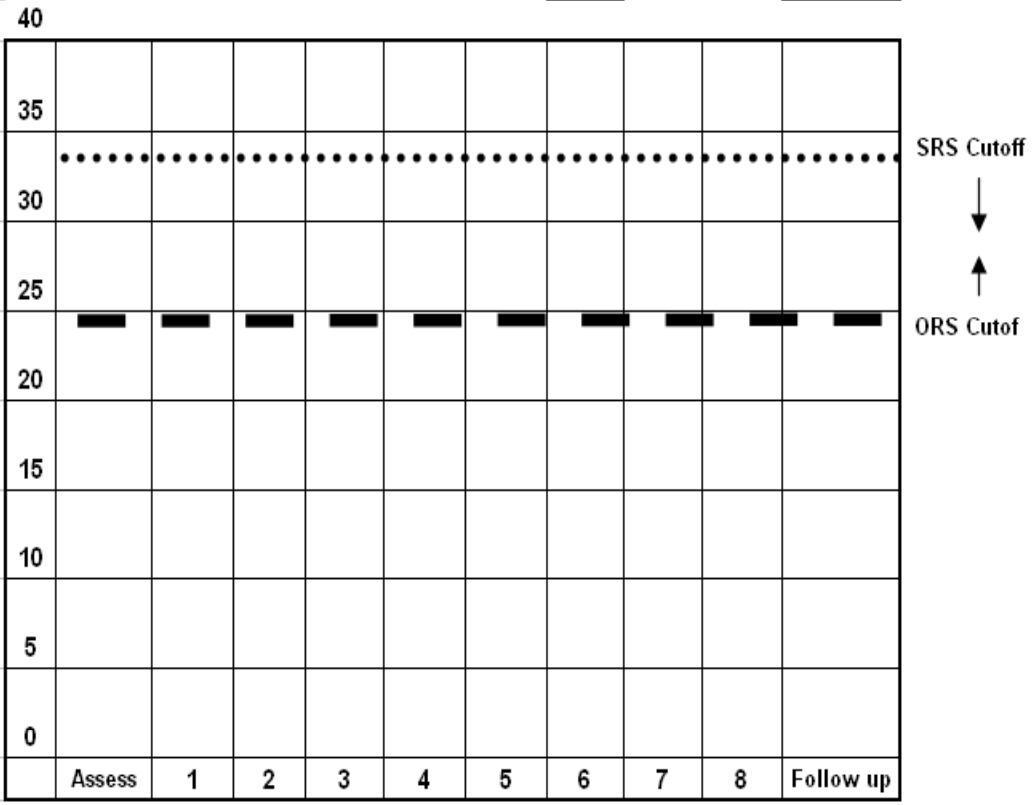
Overall:

There was something missing in the session today	I-----I	Overall, today's session was right for me
--	---------	---

SRS and ORS Graph

Case Reference No _____

Date Opened _____ Date Closed _____



ORS Cutoff line _____

SRS Cutoff line _____

Discuss score with client if above

Discuss score with client if below

Previous studies

Study in Therapy Centre 2003

Research Studies	Sample Size		Pre Mean ORS Score		Post Mean ORS Score		Mean ORS Score Diff		t-test pre-post	
	Non Clinical	Clinical	Non Clinical	Clinical	Non Clinical	Clinical	Non Clinical	Clinical	Non Clinical	Clinical
Miller et al	86	435	27.90	19.60	29.40	25.70	1.50	6.10	p>0.1	p<0.0001

Miller, S.D., Duncan, B.L., Brown, J., Sparks, J.A., Claud, D.A. (2003)

Clinically significant improvement in clinical group as compared to non-clinical group

Study in EAP Service 2004

Time period	Sample size	Mean Intake ORS	Mean Closure ORS	Mean Gain Score	t-test pre-post
Pilot phase	1244	18.3	20.8	2.5	p>0.1
Intervention phase	1568	18.6	22.8	4.2	p>0.0001
Evaluation phase	3612	19	24.4	5.4	p>0.0001

Miller, Brown, Duncan, Sorrell and Chalk 2004

Clinically significant improvement in intervention and evaluation phases



Initial Results

Pilot Study in EAR Irish EAP Service 2008

Research Studies	Sample Size		Pre Mean ORS Score		Post Mean ORS		Mean ORS Score Diff		t-test pre-post	
	Non Clinical	Clinical	Non Clinical	Clinical	Non	Clinical	Non Clinical	Clinical	Non Clinical	Clinical
Current study	35	37	28.05	17.76	30.20	23.40	2.15	5.64	p>0.1	p<0.0001

Clinically significant improvement in clinical group as compared to non-clinical group – initial results from small sample size. Fuller analysis to be conducted in 2010. Pilot study showing promising results similar to previous published studies by Scott et al.



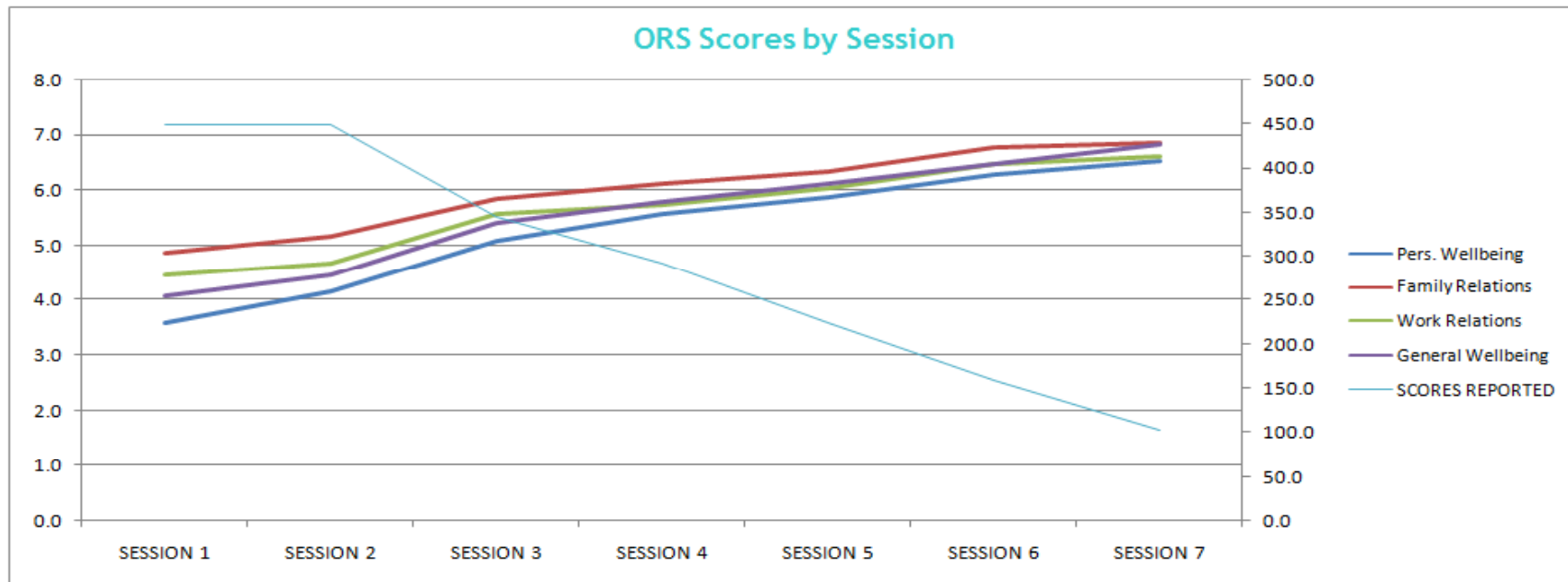
Developing a Feedback System

- Using feedback can be as simple as scoring and discussing results together with clients at each session
- Or as complex as an automated, computer-based data entry, scoring, and interpretation software program.
- One advantage to automated data entry and feedback is the ability to easily compare the customer service (e.g. alliance) and effectiveness levels of different providers and centres.
- Immediate decrease in the process-oriented paperwork and external management schemes that govern modern EAP practice and add an estimated US\$100 to \$300 to the cost of each case.
- Option to add web portal so that client companies can access aggregate data for the employees from their companies. On demand real-time outcome and quality reporting.



Aggregate client reporting (2010 data set)

ORS SCORES							
	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	SESSION 7
Pers. Wellbeing	3.6	4.1	5.1	5.6	5.9	6.3	6.5
Family Relations	4.9	5.2	5.8	6.1	6.3	6.8	6.9
Work Relations	4.4	4.7	5.6	5.7	6.1	6.5	6.6
General Wellbeing	4.1	4.5	5.4	5.8	6.1	6.5	6.8
ORS TOTAL	15.9	18.3	21.3	22.5	24.2	25.6	26.0



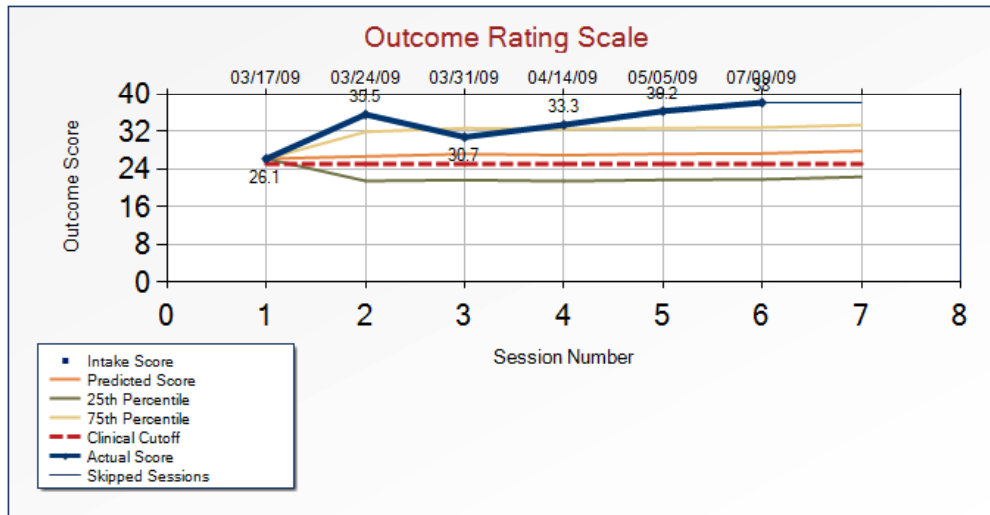
Data represented:

Cases: 435

Average # Sessions: 3.7

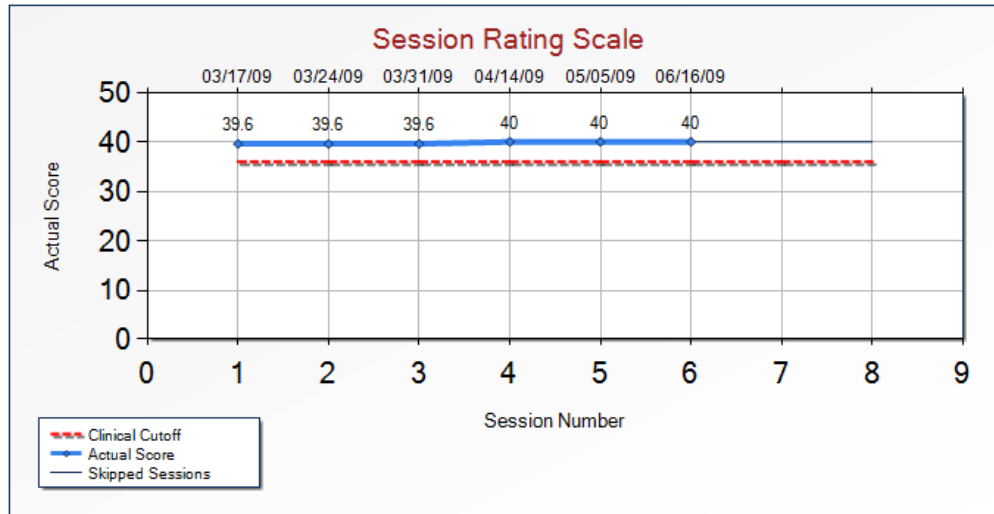
Of the total 435 cases reporting ORS data, 32 cases include SRS data.

Outcome Rating Scale Progress Summary (Session by Session)



- The client indicated on the ORS scale at assessment a relatively good level of well-being with low distress that was right on the borderline between a clinical population and a normal population. This was consistent with the CORE intake score.
- The client then made excellent progress in the remaining sessions achieving overall change that was statistically significant (more than 5 points above the intake score. significant (Note: the client intake score had already just crossed the red clinical cut-off line). The clients final ORS score was also well above the 75th percentile line.
- This indicated that the client achieved progress in terms of overall well-being that was typical of less than 25% of client who started at that intake point. From the graph it would appear that the client's progress was typical of less that 10% of clients starting at a similar point. While the clients intake scores were just above the clinical range to begin with he made excellent progress and was at the upper level of the healthy range at the end.

Session Rating Scale Progress Summary (Session by Session)



- The client's excellent session by session progress was supported by session rating scores that started excellent and stayed at that high level throughout. This was consistent with the client's ORS scores which indicated consistent progress.

Part Three:

An Integrated Approach

- ECOMS: Evolution Case Outcomes Management System

GLOBAL EAP PROVIDER

Established 1981

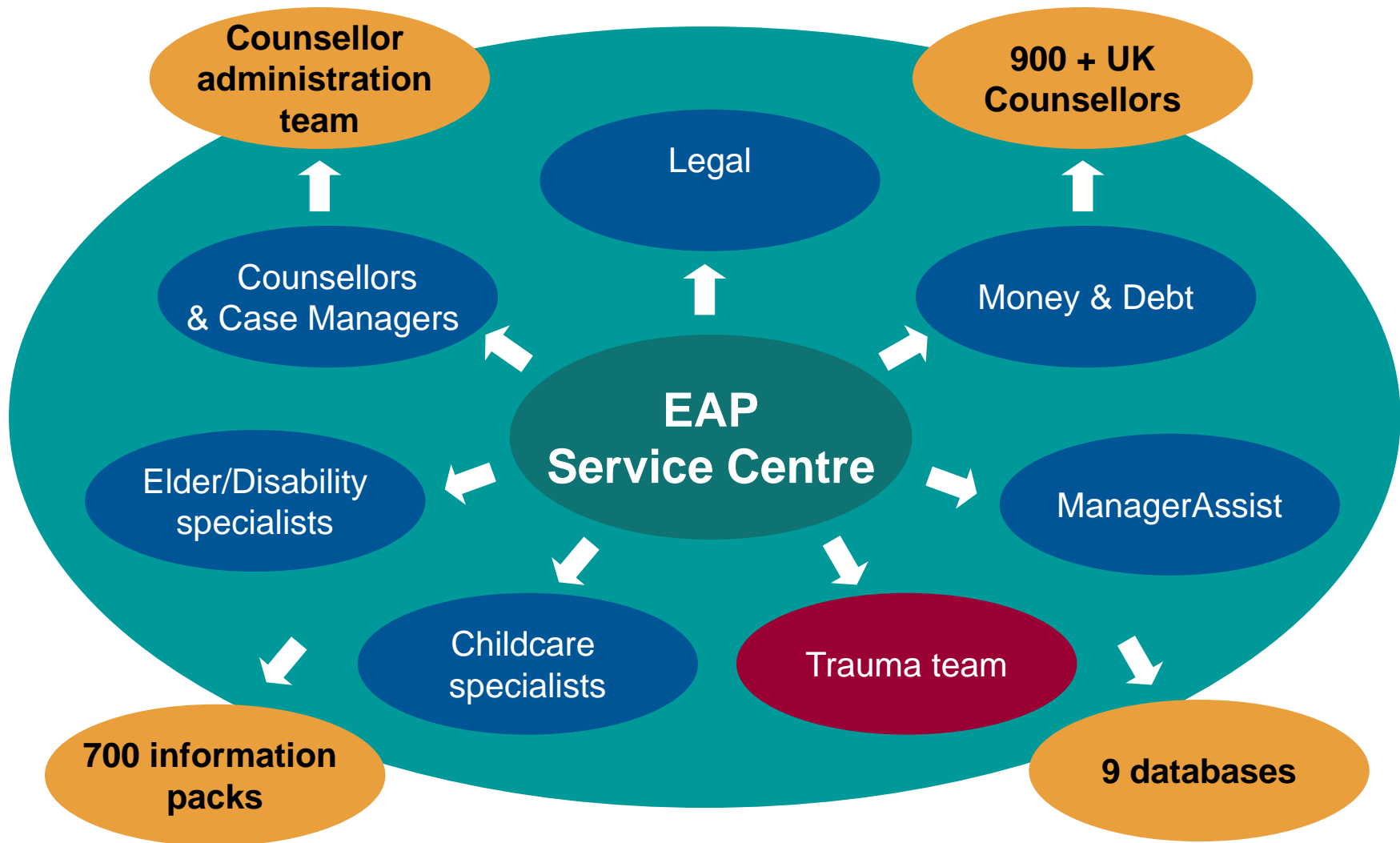


- **22,000,000 employee lives covered**
- **highly innovative**
- **quality – no compromise**

ISO 9001
BUREAU VERITAS
Certification



Specialist EAP service centre



Global Case Management System

Single Case Management system

Uniform case reporting

London Global EAP Service Centre



Uniform assessment process

Global outcome measurement

On line reporting

Uniform quality process

Truly portable – anywhere in the world

Therapy Focus

Personal well-being
Family and close relationships
Work/school/friendships
Risk Assessment

Physical Health

Mental Health

- Mental Health
 - Symptoms
 - Anxiety/panic
 - Lack of interest
 - Difficulty concentrating
 - Hopelessness
 - Low mood
 - Irritability
 - Intrusive thoughts
 - Low self-esteem
 - Restlessness
 - Isolation\loneliness
 - Support services (last yr)
 - GP care
 - Counselling/therapy
 - Hospitalisation

Outcome Rating Scale (ORS) 0

Personal well-being Work/school/friendships

Family and close relationships Overall

Session Rating Scale (SRS) 0

Relationship Approach or Method

Goals & Topics Overall

Case Planning and Progress:

Agreed goals
Strengths, coping resources and exceptions

Notes

Medication

Addiction / substance abuse

Notes

Evolution Case Outcome Management System

- ECOMS is an interactive web-based case management system that provides easy-to-use case assessment and measurement of progress
- Principle function is to assist in case assessment and case outcome management
- Designed to monitor and improve therapy outcomes by providing information on treatment outcomes and the therapeutic alliance.

Outcome Tracking – Outcome Rating Scale

Session Quality Rating – Sessions Rating Scale



ECOMS- functions

- Real-time online feedback enables adjustments when treatment is at risk for a negative or poor outcome
- Option to add web portal so that customer companies can access aggregate data on case outcomes for covered employees.
- On demand real-time outcome and quality reporting
- Employee confidentiality protected through case reference number and secure site



Provider Excellence - Outcome measurement tools

- Provide an interactive web-based case management system that provides easy-to-use case assessment and measurement of progress (ECOMS and EAP Expert online)
- Principle function is to assist in case intake, assessment and outcome management
- Designed to monitor and improve therapy outcomes by providing information on progress in treatment and therapeutic engagement

Promoting change from the outset...

Telephone Counsellor – Key Role

- When taking a call, you are capturing the impetus or inertia of the client as they make an important step towards change. Your role is critical, as your approach to the client sets the tone for the remainder of services via WPO. Always begin with a professional and compassionate response, immediately affirming the client's desire to change, and accepting the responsibility as a coordinator of that change process.
- When you approach the caller with confidence in your role, and a positive outlook on the change process, you will have set in motion positive growth in the client. Don't underestimate your influence in that initial call; you begin the 'ripple effect' by your words.
- Change begins *before* the call is made as the individual chooses to get help. Initial call is a ***re-framing*** exercise; critical in the path of change...

Set up: Statements to be made early

- *“First of all, you have taken an important step by contacting us. Seeking help in this way shows that you have already begun to make some changes...and we want to continue that process of change however we can.”*
- *“Our primary aim in this assessment conversation is to identify clearly what areas in your life you would like assistance with and focus on some specific goals that would be achievable through our counselling model. We will also look at the most appropriate way forward using the options available to you through our service.”*

Finally - Key service outcome and quality considerations

- does the service offered fit with the client's view of the problem and the change process?
- does the service offered fit with the client's goals, expectations, and desired pace for treatment?
- does the client experience the process as respectful, empathic, affirmative, and collaborative?
- does the client believe that treatment is utilizing all of the resources available to bring about change?
- does the service offered result in an increase in the client's sense of hope and personal control?
- does the service contribute to a growing sense of self-esteem, self-efficacy, and self-mastery?
- does the client believe the treatment is working?



Thank you

- Questions?
- *Reference links:*
- Institute for the Study of Therapeutic Change – www.talkingcure.com
- Workplace Options – www.workplaceoptions.co.uk