

Be Well at Work: Market Analysis of Depression Intervention Services in the Workplace



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Introductory Background

The Mental Health Need

The 2020 National Survey on Drug Use and Health estimated that 8.4% of U.S. adults have experienced at least one major depressive episode, making depression one of America's most prevalent¹ and costly² health problems. In order to achieve a healthy working culture and meet the growing demand for mental health support in the workplace,³ employers need evidence-based solutions that address the problems in our current practices of mental healthcare delivery. Existing options in the marketplace of employee wellness programs often lack evidence of clinical efficacy, fail to provide scalable solutions, or have low utilization rates.⁴ In a recent study, 28% of U.S. adults experienced symptoms of depression in 2020, compared to 8.5% before the COVID-19 pandemic.⁵

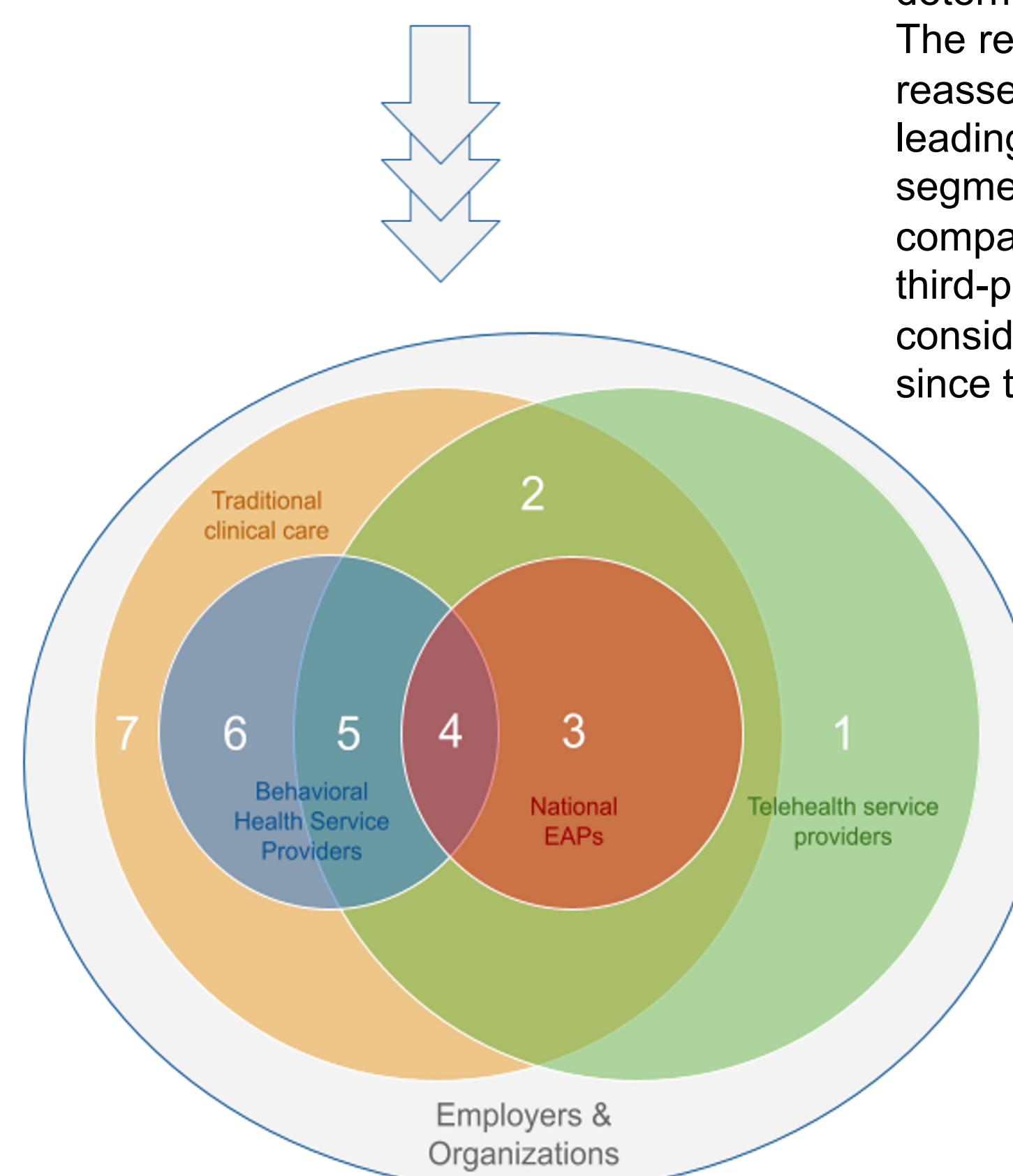
The economic and emotional toll of the COVID-19 pandemic, followed by the rapid expansion of telehealth, created a greater need and opportunity for improved mental health solutions in the workplace. Worsened mental health outcomes are expected to be a long-term effect of the COVID-19 pandemic.⁶ As a result, most employers anticipate that the enhanced mental health benefits introduced during the pandemic will be continued.⁷

The Economic Burden of Clinical Depression

According to a 2015 study, the direct cost of care for commercially insured individuals with depression was estimated to be \$98.9 billion annually.⁸ This estimate is a fraction of the actual economic burden of depression when considering that only 50% of adults with depression are diagnosed, and loss of productivity from depression accrues an additional \$111.7 billion in costs annually.^{1,9} All employers would benefit from the higher retention rates and productivity levels that come with providing the necessary mental health support for their employees' well-being. Self-insured employers, in particular, would receive direct financial gain from lowering the costs created by inadequate treatment for depression in employees.

The economic burden of depression results from the accumulation of direct costs, such as medical services and medications, and indirect costs, incurred by presenteeism, absenteeism, organizational risk, and other forms of impaired work performance. Presenteeism refers to at-work productivity loss due to health problems. Indirect costs from presenteeism also include the costs of organizational risk, disability from work accidents, and unrealized output.

Methodology



Telehealth service programs offered by insurers were not included in the scope of this report; however, this report does analyze partnerships between insurers and telehealth services. Companies had to be based in the United States, use telehealth services, and market their services to employers and organizations to be included in this report. Only external EAPs with an annual revenue of over \$400 million were analyzed, but large internal EAPs are also a significant entry point for BWA. The EAPs of national insurers with at least 0.5% of the health insurance market share were also included in this report. Twenty telehealth companies and eight national EAPs were identified as key players in behavioral healthcare delivery for employees with depression.

The telehealth companies and EAPs that were identified as major players in care delivery for employees with depression were then placed within a market segment, shown by Figure 1. All combinations of these different modes of care delivery were investigated to determine whether or not they existed in the current market landscape. The resulting overlaps are visualized in Figure 1, which was continually reassessed throughout the analysis of market data and vetted by leading industry experts at Tufts Medical Center. Data for the market segmentation and company profiles were obtained from the companies' websites, the U.S. Securities and EDGAR database, and third-party databases. Only market data collected after 2019 was considered in this report to accurately reflect the market landscape since the start of the pandemic.

Segment 4 Example In this hypothetical example, modeled after a real company, the employee end-user receives behavioral healthcare in the forms of telehealth services and traditional clinical care, which is supplied via the national EAP of a behavioral health service provider. The behavioral health services might be provided through the EAP of the employer's associated health insurer (hence the arrow within an arrow).

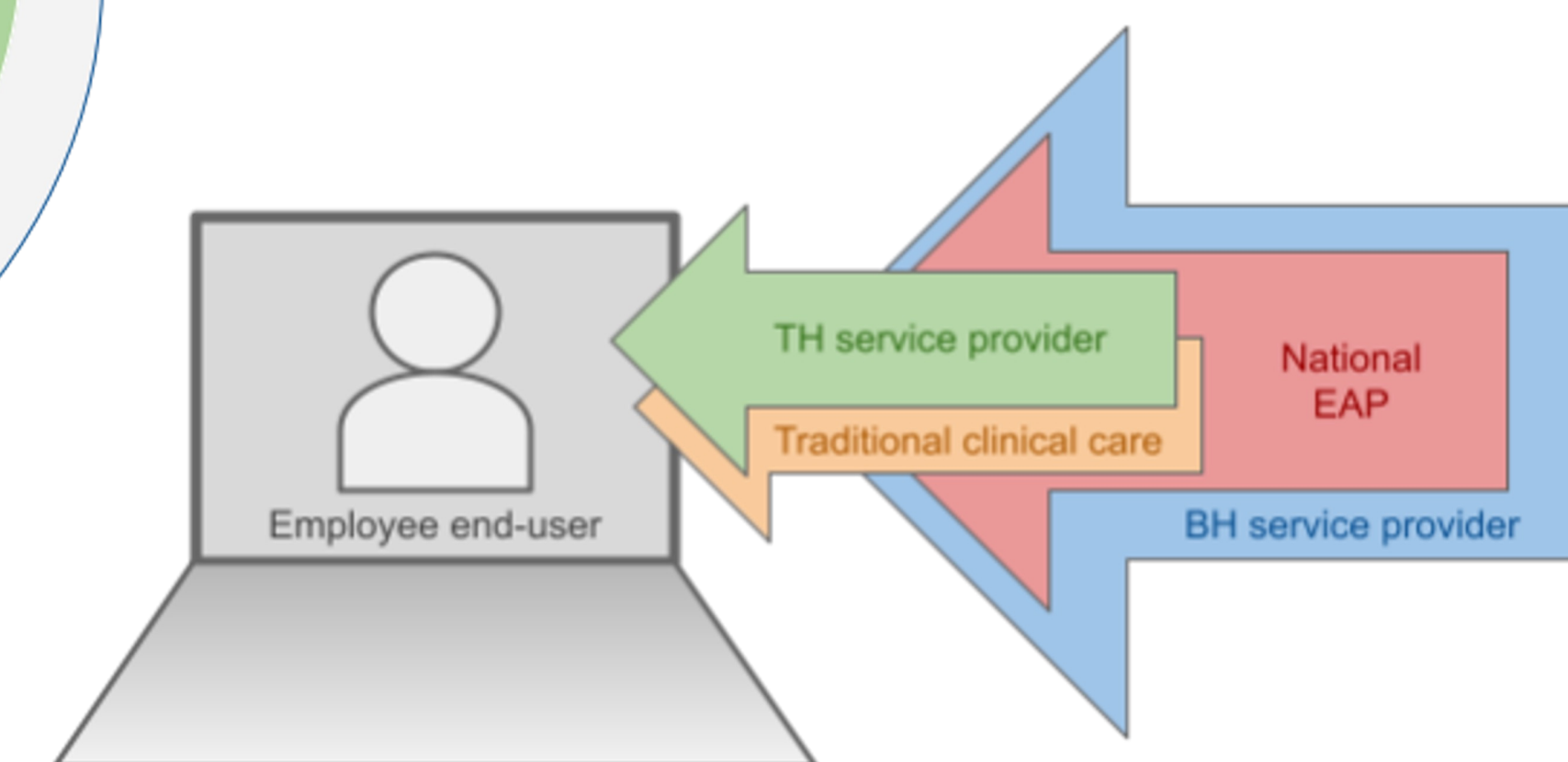


Figure 1. Market Segmentation by Modes of Behavioral Health Care Delivery in the Workplace

Ongoing Work

	TH Company		EAP
Market segment		Market segment	
Type of company		Target market	
Evidence-backed RCT method*		ROI	
Functional work measures		Arrangements with employers	
Arrangements with providers		Arrangements with providers	
Care-coordination		Lives covered	
Parent company and acquisitions		Parent organization	
Supplement or replace EAP		Financial metrics	
Duration of treatment**			
Size of provider network			
Available financial metrics			
Revenue model			

*Refers to RCT-backed evidence of clinical outcomes, including depression, using their platform and telehealth treatment method

**Duration of treatment that produced clinical outcomes in research studies

Be Well at Work

Be Well at Work (BWA) is a telehealth counseling/coaching program designed to improve mental health and increase productivity at work for employees with depression. After 20 years of rigorous development and testing, BWA has proven to increase productivity, decrease absenteeism, and improve mental health for employees with depression, resulting in considerable economic gains for businesses.⁸ The cost savings range of the program was \$671-\$979 per treated employee annually—a staggering increase in output considering that at least 7% of the current workforce experiences depression.¹⁰⁻¹³ The improvement in symptom severity for 675 treated employees across six studies was comparable to the reductions seen in antidepressant randomized control trials.¹⁴⁻¹⁵

Private electronic screening

Self-administered nine-item Patient Health Questionnaire (PHQ-9) to screen for symptoms of depression and the Work Limitations Questionnaire (WLQ). WLQ and PHQ-9 assessments are continued every two sessions for the counselor and employee to monitor and evaluate.

Strategies targeting work-related barriers to functioning

During teletherapy sessions, the counselor and employee discuss the details of the employee's job demands, job control, stressors, and support. The counselor and employee then create a self-administered work modification plan that promotes changes in work behavior, routines, and environment.

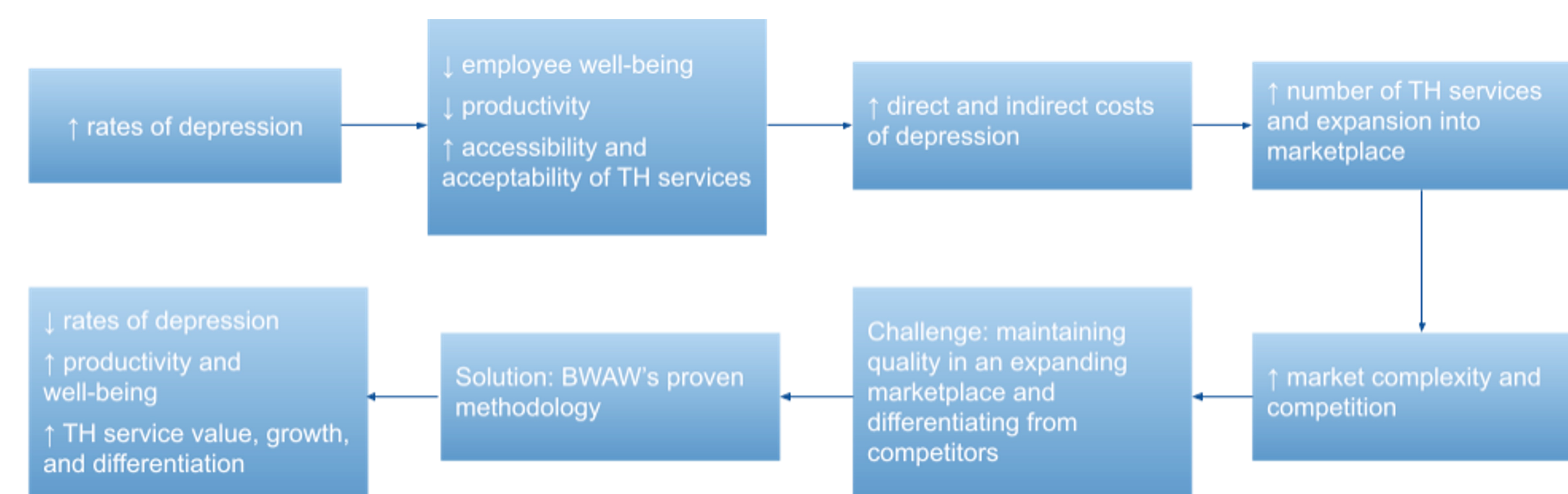
Telehealth work-focused Cognitive Behavioral Therapy

Work-focused Cognitive Behavioral Therapy (CBT) addresses psychological barriers to improved functioning, promoting strategies to change maladaptive behaviors and cognitions that impact their health and interfere with effective functioning.¹²

Care coordination interventions

BWA applies the central principles of the collaborative care model, including motivational interviewing, monthly reassessment, and self-management of depression. With the employee's permission, monthly assessments of symptoms and occupational functioning are sent to the employee's regular care provider.

Value of BWA for Telehealth Companies



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