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TODAY'S WORK. TOMORROW'S WORLD.

Case example: Measuring EAP Success Using Workplace Outcomes

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Agenda

1. The need for workplace outcome measures in EAP

2. Brief review of outcome measurement

3. CGP's workplace outcome measure and evaluation at Caterpillar

4. Creating a credible and persuasive outcome report

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Is anyone invested in EAP outcomes?

There is a huge discrepancy between the level of evidence (outcome data) desired by EAP purchasers and stakeholders.

"Our EAP is so integrated into our company, I don't need to provide data."

"We have an EAP? It's free counseling, right?"

"Show me the proof. I need to go beyond counting noses."

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What purchaser/stakeholders want. . .

There is also discrepancy between what EAP stakeholders are concerned about and what EAP providers are measuring.

- EAP's impact on personal and work-related problems
- ROI related to
  - Work performance
  - Attendance
  - Healthcare costs
  - Retention
- Nature of the problems seen in the workforce
- Value for the money (e.g. % of services that are face to face)

Jacobson and Jones (2010). Journal of workplace Behavioral Health. Vol. 25

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What purchaser/stakeholders want. . .

EAP metrics should. . .

- Be customized for the end-user
- Provide useful operational metrics
- Measure the variables that matter to the customer
  - Clinical outcome
  - EAP's influence on productivity
  - The impact on disability and healthcare costs

Pompe and Sharar (2010). SHRM Global.
http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/GlobalEAPs.aspx

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. . . vs. what they get.
Historical indices of EAP success.

1. **Process metrics**
   - Utilization
   - Demographics
   - Presenting problems

2. **"Outcomes"**
   - Satisfaction
   - Supervisory referral rate
   - Multiple cases per 'client'
   - Case examples / anecdotes

3. **Quotes from published articles**
   - Often weak science, outdated and not relevant to the stakeholder's company.

Are any of these really outcomes?
Yes, but. . .

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There are different kinds of outcomes. . .

- **Proximal**: directly linked to the specific goals of the intervention

- **Medial**: not directly related but not far removed

- **Distal**: indirectly related to the intervention and likely caused by other factors

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. . . and the value of each depends on what you are trying to accomplish.

out·come [out-kuhm] –noun **a final product or end result.**

- Program acceptance?
- Clinical improvement? Problem resolution?
- Effective provision of a service (e.g. Worklife info.)?
- Customer satisfaction?
- Impact on healthcare costs?
- Occupational impact?

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Value of the CEAP
"Free counseling"
Work-life
Capitation
Core Technology vs. NBGH vs. accreditation
The world of work
Global networks
The world of health

But wait, don't we need to know what an EAP is before we measure it?

Pricing models
Healthcare reform
Telephone counseling
SAP
Internal programs
Affiliate networks
Embedded Free EAPs
Hybrid models
Parity

. . . not necessarily

- Outcomes can actually help us refine our definition of EAP

- Outcomes will demonstrate what works for OUR program based on UNIQUE customer requirements

- Outcomes will only speak to that specific program. So, an "outcome" can measure ANY EAP-type service

- But. . . Pre-post outcomes are merely the start. There is still a need to validate EAP through rigorous scientific inquiry and controlled study (e.g. randomized, controlled trials).

Purpose of EAP outcome studies

- Pure scientific or intellectual inquiry
- Validate our field / industry / funding
- Drive program improvement initiatives
- Compare EA products and services
- Demonstrate program performance for the customer

Outcomes should include the "effects" that employers care about and/or EAPs claim to impact...*workplace effects*

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Ultimately. . .

and should

EAPs can . . .do a better job of telling their value story.

-Mark Attridge

Attridge (2007). Journal of Employee Assistance. Vol. 37. 3rd Quarter.

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Unfortunately. . .

There is at best an absence of evidence that workplace counseling improves occupational outcomes.

Royal College of Psychiatrists (2008). Mental Health at Work.

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Value Prop: The vendor/manager's position

1. Few programs measure effectiveness / outcomes

2. Need to provide documentation that is **specific to your program-** This drives value and productivity based funding.

3. Use empirical data instead of marketing hype **to differentiate your program**

4. Need to measure results, not count heads- RFP's are asking for it.

5. We are not currently funded in proportion to our effectiveness. This won't change unless we embrace outcome measurement.

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85% agreed: *"Collecting data to be used to measure outcomes would improve the services I currently offer." And, "comparing data [from] other EAPs would be useful. . . "*

Jacobson and Jones (2010). Journal of workplace Behavioral Health. Vol. 25

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So why does virtually no EAP do this?
Jacobson and Jones (2010). JWBH.

- Lack of time to mail or email letters or surveys

- Not being asked to provide data

- Lack of time to enter data from completed surveys

- Lack of time to analyze data

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Slightly more legitimate reasons for NOT measuring outcomes

- Absence of an efficient valid, affordable measure

- It is complicated: logistics, procedures, data collection, analytical experts, follow up assessment

- No extra funding to implement outcome measures

- We don't want to know the results

- Staff and EAP consumers resist implementation (actively or passively)

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About Caterpillar

- Caterpillar Inc. established in 1925

- World headquarters in Peoria, Illinois, U.S.A.

- Our three principal lines of business:
  - Machinery
  - Engines
  - Financial Products

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About Caterpillar

- **Fortune 50 Company**
  - ~94,000 employees in 40 countries on 6 continents (50% in U.S.). ~1100 expatriates.
  - Company has nearly doubled in size in 3 years
  - Sales and revenue:
    - **$51B in 2008.**
    - **$32B in 2009.**
- **Global Enterprise**
  - Over 500 products sold in 200 countries
  - Nearly 500 locations in 50 countries

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About Caterpillar's EAP

- Rich history (1930s). Well-established program.

- Integrated part of a comprehensive workplace behavioral health strategy

- Global, hybrid model. ERISA benefit in the U.S.

- Organization: EAP > Medical > C+B > HR

- Minimal demand for performance or outcome data- **but this is changing.**

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Why have we focused on outcomes?

- EA program validation and improvement

- Advancement of the EA field

- 6 Sigma company

- Medical (and EAP) re-org. into C+B

- Focused on evidence based benefits, occ. health, wellness, etc.

- Intense scrutiny about value and costs places everything at risk

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Caterpillar's outcome evaluation

- This is a **"Pre-EAP/Post-EAP"** approach as change cannot be observed unless the measure is taken twice

- Purpose is to test *association,* or how EAP appears to impact occupational variables.

- Having a "no EAP use" control group strengthens the design (comparative norms with a non-EAP population)

- Goal is to measure results of EAP in **our** (or your) unique work setting

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Characteristics of the Outcome Suite

1. Workplace focused (not a measure of clinical outcome)
2. Demonstrated psychometric properties
3. Solid scientific foundation (valid and reliable)
4. Short but precise (sensitive to change) and easy to administer
5. FREE of charge (but we would like the data)
6. Signed license agreement required

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Absenteeism

Caused you to miss work altogether.
Made you late for work.
Caused you to take off early.
Pulled you away from your normal work location while still at work.
Required you to be on the phone, e-mail, or internet while at work.

Response Key: Indicate number of hours in he past 30 days

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Presenteeism

I had a hard time doing my work because of my personal problems.
My personal problems kept me from concentrating on my work.
Because of my personal problems I was not able to enjoy my work.
My personal problems made me worry about completing my tasks.
I could not do my job well because of my personal problems.

Response Key: 1= strongly disagree; 2= somewhat disagree; 3 = neutral; 4 = somewhat agree; 5 = strongly agree

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Work Engagement

I feel stimulated by my work.
I often think about work on my way to the work site.
I feel passionate about my job.
I am often eager to get to the work site to start the day.
I often find myself thinking about my work at home.

Response Key: 1= strongly disagree; 2= somewhat disagree; 3 = neutral; 4 = somewhat agree; 5 = strongly agree

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Life Satisfaction

My life is nearly perfect.
I am not very satisfied with my life as a whole.
So far, my life seems to be going very well.
There isn't anything about my life that I would change if I could.
I am very disappointed about the way my life has turned out.

Response Key: 1= strongly disagree; 2= somewhat disagree; 3 = neutral; 4 = somewhat agree; 5 = strongly agree

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Workplace Distress

I often feel anxious at work.
Thinking about being at work makes me upset.
I am unhappy most of time at work.
I dread going into work.
I can't wait to get away from work.

Response Key: 1= strongly disagree; 2= somewhat disagree; 3 = neutral; 4 = somewhat agree; 5 = strongly agree

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Recruitment

- Use with **employees** who present to the EAP - either all employees or a representative sample
- Guarantee confidentiality - results are "averaged" with whole population of users and never shared
- Give your reason - that you are trying to understand the impact of EAP on the workplace
- Normalize the procedure by sharing you ask these questions for all EAP users

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Data collection

- Can be self-administered "paper and pen" or over a web platform (such as Zoomerang)
- Can be administered over the phone using EAP staff
- Pre-test should be done before EAP counseling
- Can combine approaches (e.g. phone at intake and web for follow-up)
- We suggest the Pre-Test at Intake and the Post-Test about 90 days later
- Remember to link (with name or ID) the Pre-Test to the Post-Test
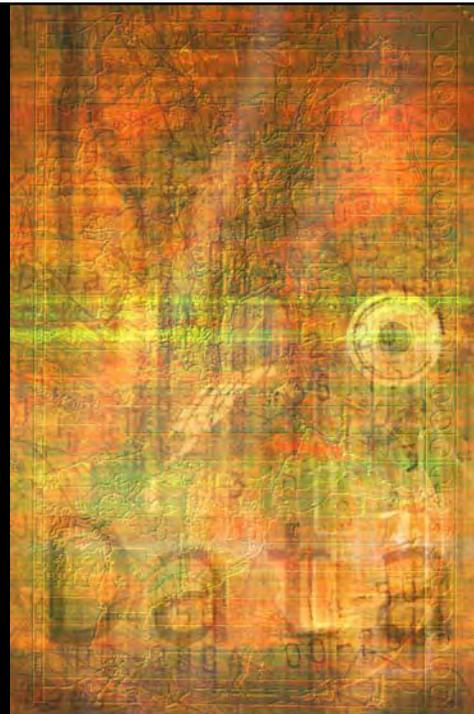
Follow-up or post-test

- The biggest challenge is getting the post-test done, or having the employee complete the Suite a second time
- An 80% or above follow-up response rate is desirable: 50% is the minimum acceptable level
- "Sell" the Post-Test to the employee during the Pre-Test: make it about the employee (not employer) and stress confidentiality and importance of the Post-Test
- Get good "locater" data on the employee and permission to make contact (e-mail, cell, work, home phone)

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Example script for administration during intake

"I appreciate that you called EAP today, and wondered if we could conclude by having you give us some feedback on how your issues have impacted your work. One of our goals in EAP is to minimize the impact the any personal issues on your job effectiveness. These are questions we routinely ask employees, and your answers remain 100% confidential. It will take about three (3) minutes. May I go ahead?

I would like to see how things are going for you in the next 10-12 weeks. Would you mind if we follow up with you and do a brief check-in? We would also like to do a follow-up on how you are doing at work and re-administer the questions we just completed. Is it OK to call your (cell, work, home) or drop you an e-mail?"

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Data analysis

- Employee data should be placed on a single line (e.g. Excel spread sheet)
- You can place the spread sheet into a statistical package (SPSSx)
- Can use simple descriptive stats (or if you have a "comparison" group, use a t-test)

Scoring

1. Add the responses to the 5 items in each scale (except Life Satisfaction)
2. For example, "presenteeism" is adding Questions 6-10.
3. Absenteeism is adding Questions 1-5 to obtain the total hours missed
4. Life Satisfaction: Questions 17 and 20 need to be reverse scored (score of 5 becomes 1, score of 4 becomes 2, etc).

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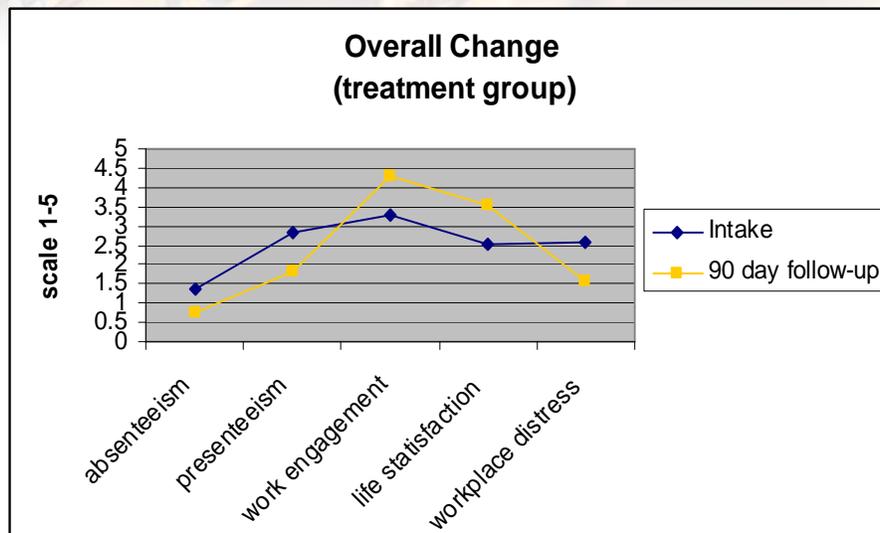**CATERPILLAR®**

Lessons being learned

- Staff who collect the data need to understand the value of outcomes...incentives can help
- Appoint an "Outcomes Project Manager" who has the skills to carry out the evaluation
- Make this a part of your operational flow (not just time limited).
- The "Suite" is free but your internal costs do to this will not be "zero"
- "Dust off" the "scientific" principles you studied in college to enhance the credibility of the evaluation

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**Overall Change
(treatment group)**

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