



Survey Results: EAPs & Behavioral Health Services Use

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Under the auspices of the *Pathways to Substance Abuse Treatment* project, a component of the Brandeis-Harvard Research Center on Managed Care & Drug Abuse Treatment in partnership with MHN, Inc. with funding provided by NIDA (grant #P50 DA010233), our research team undertook a series of studies looking at EAPs, managed behavioral healthcare and substance abuse treatment. These include a survey of employees' knowledge of, access to, and experiences with EAP services and treatment for substance use and other behavioral health conditions. Additionally we present study findings on the effects of EAPs on treatment for substance use disorders and outpatient behavioral healthcare use. Listed below are research questions and summaries of peer-reviewed articles pertinent to today's presentation. Other publications from this five-year research effort are also listed.

Research Questions for today's presentation:

- 1. What are employee EAP users' understanding of and experiences with EAPs?**
- 2. What are non-users' understanding of EAPs and substance abuse treatment?**
- 3. How does the EAP impact use of treatment for substance use disorders in managed care?**
- 4. Do EAP session limits or EAP session use affect utilization of outpatient mental health sessions?**

Presentation Bibliography

Q1: Merrick E, Hodgkin D, Hiatt D, Horgan C, McCann B. EAP Service Use in a Managed Behavioral Health Care Organization: From the Employee Perspective. *Journal of Workplace Behavioral Health*. (Forthcoming 2011).

Contemporary EAP services are typically provided in broad-brush programs delivered by large external vendors in a network model. Yet research has not kept pace with EAP evolution, including in terms of how EAP clients themselves view services. We surveyed a random sample of EAP service users from a national provider (361 respondents). About one-third of respondents reported getting help for workplace issues. Most learned about the EAP through employer communications such as the company website. The large majority reported that the EAP helped "a lot" or "some," suggesting they valued this benefit.

Q3: Merrick E, Hodgkin D, Hiatt D, Horgan C, Greenfield S, McCann B. Integrated Employee Assistance Program/managed behavioral health plan utilization by persons with substance use disorders. *Journal of Substance Abuse Treatment*. 40(3):299-306. April 2011. New federal parity and health reform legislation promising increased behavioral healthcare access and focus on prevention, has heightened interest in EAPs. This study investigated service utilization by persons with a primary substance use disorder (SUD) diagnosis in a managed behavioral health care (MBHC) organization's integrated EAP/MBHC product. Twenty-five percent used the EAP first for new treatment episodes. After initial EAP utilization, 44% received no additional formal services through the plan and 40% received regular outpatient services. Overall, outpatient care, intensive outpatient/day treatment and inpatient/residential detoxification were most common. About half of the clients had co-occurring psychiatric diagnoses. Mental health service utilization was extensive. Findings suggest for service users with primary SUD diagnoses in an integrated EAP/MBHC product, EAPs play a key role at the front end of treatment and is often only one component of treatment episodes.

Q4: Hodgkin D, Merrick E, Hiatt D, Horgan C, McGuire T. The effect of Employee Assistance plan benefits on the use of outpatient behavioral healthcare. *Journal of Mental Health Policy and Economics*. 13(4):167-174. Dec. 2010. Nearly half of all US workers have access to an EAP. At the same time, most large US employers also purchase health benefits for their employees, and these benefits packages typically include behavioral health services. There is some potential overlap in services covered by the EAP and the health plan, and some employers choose to purchase the two jointly as an 'integrated product'. It is not clear whether EAP services substitute for outpatient behavioral health care services covered by the health plan. To evaluate how the number of EAP visits covered affects the use of regular outpatient behavioral health care (number of visits, and total spending); in an integrated product setting, we analyzed claims, eligibility and benefits data for users of behavioral health care. Multivariate regression analyses were performed to investigate the determinants of the number of regular outpatient visits, and spending for regular outpatient care. Nearly half the enrollees in this sample were in employer plans that allowed 4-5 EAP sessions per treatment episode, and 31% were allowed 3 EAP sessions per year. Having an EAP visit allowance of 4-5 sessions per episode predicts fewer regular outpatient sessions, compared with having an allowance of 3 sessions per year. More generous EAP allowances also reduce payments for outpatient care. Greater availability of EAP benefits appears to reduce utilization of regular outpatient care, supporting the idea that the two types of care are to some extent perceived as substitutes. Patients appear to perceive that EAPs offer something distinct from regular outpatient care. The results should discourage employers from either eliminating EAP benefits as duplicative or replacing behavioral health benefits with an expanded EAP.

Additional Publications:

McCann B, Azzone V, Merrick E, Hiatt D, Hodgkin D, Horgan C. Employer Choices in EAP Design and Worksite Services. *Journal of Workplace Behavioral Health*. 25(2):89-106. April 2010.

In today's complex private healthcare market, employers have varied preferences for particular features of behavioral health products such as EAPs. Factors which may influence these preferences include: establishment size, type of organization, industry, workplace substance abuse regulations, and structure of health insurance benefits. This study of 103 large employer purchasers from a single managed behavioral healthcare organization investigated the impact of such variables on the EAP features that employers select to provide to workers and their families. Findings indicate preferences for types and delivery mode of EAP counseling services are fairly universal, while number of sessions and choices for EAP-provided worksite activities are more varied, and may be reflective of the diverse characteristics, organizational missions and workplace culture among US employers.

Azzone V, McCann B, Merrick E, Hiatt D, Hodgkin D, Horgan C. Workplace Stress, Organizational Factors and EAP Utilization. *Journal of Workplace Behavioral Health*. 24(3):345-356. July/Sept. 2009. This study examined relationships between workplace stress, organizational factors, and use of EAP counseling services delivered by network providers in a large, privately insured population. Claims data were linked to measures of workplace stress, focus on wellness/prevention, EAP promotion, and EAP activities for health care plan enrollees from 26 employers. The association of external environment and work organization variables with use of EAP counseling services was examined. Higher levels of EAP promotion and worksite activities were associated with greater likelihood of service use. Greater focus on wellness/prevention and unusual and significant stress were associated with lower likelihood of service use. Results provide stakeholders with insights on approaches to increasing utilization of EAP services.

Merrick E, Hodgkin D, Hiatt D, Horgan C, Azzone V, Ritter G, Zolotusky G, McGuire T, Reif S. Patterns of Service Use in Two Types of Managed Behavioral Health Care Plans. *Psychiatric Services*. 61:86-89. Jan. 2010. Objective: The study examined service use patterns by level of care in two managed care plans offered by a national managed behavioral health care organization (MBHO): an EAP combined with a standard behavioral health plan (integrated plan) and a standard behavioral health plan. The analysis used administrative data from the MBHO. Utilization of 11 specific service categories was compared. The weighted sample reflected exact matching on socio-demographic characteristics. A larger proportion of enrollees in the integrated plan than in the standard plan used outpatient mental health and substance abuse office visits (including EAP visits) and substance abuse intensive outpatient or day treatment and the proportion using residential substance abuse rehabilitation was lower. The integrated and standard products had distinct utilization patterns in this large MBHO. In particular, greater use of certain outpatient services was observed in the integrated plan.

Merrick E, Hodgkin D, Horgan C, Hiatt D, Azzone V, Ritter G, Reif S, McGuire T. Integrated Employee Assistance Program/Managed Behavioral Healthcare Benefits: Relationship with Access and Utilization. *Administration and Policy in Mental Health and Mental Health Services Research*. 36(6):416-423. Nov. 2009. To determine how behavioral health access and utilization patterns vary when EAP services are available together with employer-based managed behavioral health benefits compared to standard behavioral health benefits, this study analyzed secondary data from a national managed behavioral health care organization. Using claims and other administrative data, access and utilization measures were compared for enrollees in integrated EAP/behavioral health and those in standard managed behavioral health products. Bivariate tests and logistic regression analyses were conducted to estimate the relationship between product type and utilization measures. The proportion of enrollees accessing behavioral health services was higher in the integrated product (5.67% versus 4.75%), as was the proportion accessing substance abuse services specifically (0.21% versus 0.17%). Enrollment in the integrated EAP/MBHC product was associated with greater access, and different client characteristics and specific service utilization patterns, compared to the standard behavioral health product.

Merrick E, Volpe-Vartanian J, Horgan C, McCann B. Revisiting EAPs and Workplace Substance Abuse: Key Issues and a Research Agenda. *Psychiatric Services*. 58(10):1262-1265. October 2007. This column describes contemporary EAPs and key issues. These programs began as occupational alcohol programs and have evolved into more comprehensive resources. To better understand contemporary EAPs, the authors suggest a research agenda that includes descriptive studies to provide an up-to-date picture of services; investigations of how contemporary EAPs address substance use problems, including early identification; further study of EAP effects on productivity and work group outcomes; examining relationships between EAPs and other workplace resources; influences on EAP utilization; and development and testing of EAP performance measures.

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