Dear CPR member,

We are proud to release the culmination of our efforts in the mental health space. The attached Summary Scorecards, available exclusively to CPR members, serve as an addendum to our newly released and public *State of the Mental Health Marketplace Report* and capture the results of CPR's mental health vendor evaluations conducted throughout the summer of 2018.

Developing the evaluation criteria and specifications

In March 2018, CPR released a new toolkit for purchasers seeking to evaluate mental health strategies and solutions. This toolkit was the output of a yearlong collaborative, which included 32BJ Health Fund, AT&T, Boeing, Equity Healthcare, FedEx Corporation, King County, SEIU 775 Benefits Group, the State of Minnesota, and a subject matter expert from Mercer.

During the collaborative, the group identified three major barriers preventing purchasers from achieving high-value mental health care, including:

1. Ensuring sufficient **ACCESS** to mental health care services for their population.
2. Measuring and tracking **QUALITY** of the mental health care delivered.
3. Designing an **INTEGRATED** and holistic approach to treating mental health issues.

The toolkit includes standard evaluation questions and employer-defined specifications that you can use to assess how well your mental health vendor is addressing these three areas.

Conducting mental health evaluations on CPR members' behalf

Based on input from collaborative participants and CPR members, our team set out to evaluate leading mental health companies using CPR's evaluation criteria and specifications. We invited 20+ companies to participate across five categories, including behavioral health plans, employee assistance programs, telehealth providers, digital solutions, and navigation vendors.

The resulting Summary Scorecards include evaluation results for each vendor that voluntarily participated in the process. In the attached materials, you will find guidance for how to interpret results and information on the full list of companies invited to participate in the process. We have summarized key findings, themes, and recommendations in the narrative report accompanying these Scorecards.

Note that this work was supported by the Peterson Center on Healthcare as well as financial contributions from six of the vendors evaluated. Contributors received the added benefits of being interviewed and quoted as thought leaders in the public report and gained visibility into their results, but they did not have any control or influence over CPR's scoring of their offerings.

What's next? We need to hear from you!

CPR would like to continue experimenting with how vendor evaluations can support you in your high-value purchasing efforts. To help our small team prioritize this type of activity, we need to hear feedback from you on whether this type of resource is valuable to you.

- **If you have any initial feedback,** please reply to this email and share it while it is fresh.
- **If you are focused on mental health strategies,** we would welcome the chance to have a quick discussion with you to figure out how our efforts can support you.
- **If you have any questions or would like to schedule a follow-up meeting with a specific vendor,** please let us know!

Kind regards,

Ryan Olmstead, *Director of Member Services*
Emily Roesing, *Director of Business Development*

How did we evaluate & score participating companies?

1. **Fielding the RFI:** CPR sent specific evaluation questions based on the participant's category (e.g., health plan, EAP, telehealth). We gave each respondent 1-month to submit its written response in the standardized Excel template.

2. **Evaluating & scoring vendors:** CPR compared each answer provided to CPR's specification and assigned a score based on how well current capabilities met the expectation CPR set with its Collaborative. The toolkit is designed for purchasers to be able to replicate this detailed evaluation process with new or existing vendors.

3. **Synthesizing detailed results into Summary Scorecards:** To make the results digestible, CPR condensed the detailed evaluation questions into "sub-categories" representing core competencies for each vendor. Please note, the "sub-categories" vary slightly by type of vendor to reflect differences in their functions.

4. **Sharing results back with vendors:** Companies who opted to make a financial contribution received the opportunity to review detailed scoring and CPR feedback. CPR also extended this benefit to health plan partners as a courtesy. Others did not receive insights into CPR scoring but have authorized the sharing of results with CPR members.

5. **Sharing results with CPR members:** Per the executed NDA, please do not distribute these scorecards outside of your organization.

Snapshot of detailed evaluation process

SCORING KEY

Exceeded CPR specification	
Met CPR specification	
Component of specification not met	
Specification not met	
Not applicable	

TIP: Open CPR's toolkit as you review Summary Scorecards to easily reference the questions & specifications used to score vendors.

Email Emily Roesing (eroesing@catalyze.org) and Ryan Olmstead (rolmstead@catalyze.org) with questions or feedback on the process or results.

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BEHAVIORAL HEALTH PLANS
SIDE BY SIDE & CPR ANALYSIS

TOPIC		Anthem	BS of CA	Optum
ACCESS	Identification of members in need			
	Communications & outreach			
	Provider network adequacy			
	Speed to care			
	Comprehensive provider directory			
	Access to digital support			
	Effective triaging			
	Commitment to reducing stigma			
QUALITY	Standard clinical screening			
	Use of relevant NQF measures			
	Quality transparency for members			
	Member satisfaction measurement			
	Provider monitoring & corrective action procedures			
INTEGRATION	Integration between behavioral health & PCP			
	Integration in plan operations			
	Enables warm referrals between vendors			
	Education support for in-network providers			
	Data sharing & integration across vendors			
	Advancing delivery reform			

Companies Invited To Participate: Aetna, Anthem, Beacon Health Options, Blue Shield of California, Cigna, Kaiser Permanente (CA), Optum

SAMPLE SPECIFICATIONS:

Provider network adequacy: Displays relative performance of ratio of total clinicians per eligible member.

Speed to care*:* Urgent in-person appointments w/in 48 hours.

Comprehensive provider directory: Includes "length of time to first appointment."

Member satisfaction*:* Should be 85% or better.

Provider monitoring & corrective action procedures: Conducts site visit or audit for at least 25% of providers each year.

Education support for in-network providers: Must be standard offering (not a one-off capability).

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Anthem ⊕ SCORECARD

RESPONDENTS:

Larry Grab, *Staff Vice President BH Utilization Management,* email

	TOPIC	SCORE	HIGHLIGHTS
ACCESS	Identification of members in need	🟩	• Strong ratios of in-network counselors (1 counselor per 111 eligible) and psychologists (1 per 354); 94.5% accepting new patients
	Communications & outreach	🟨	• Offers 24/7 phone and website support but unclear if virtual chat or digital outreach is on the roadmap
	Provider network adequacy	🟩	
	Speed to care	🟨	• Requires in-network providers to offer a routine in-person appointment w/in 10 days or they are placed on corrective action
	Comprehensive provider directory	🟨	
	Access to digital support	🟩	• One of the only health plans that reported leveraging peer counselors for commercial population for specific contracted programs (e.g., substance use disorders)
	Effective triaging	🟨	
	Commitment to reducing stigma	🟩	• Opportunity to include length of time to first appt. in provider directory
			• Offers access to myStrength CBT programs
QUALITY	Standard clinical screening	🟨	• Does not require use of standard screening tools
	Use of relevant NQF measures	🟧	• Does not track or report on CPR-specified NQF quality measures
	Quality transparency for members	🟨	• 87% average member satisfaction
	Member satisfaction measurement	🟩	• Detailed credentialing process; launched 3 P4P BH provider programs in 2017, which may serve as a foundation for expansion
	Provider monitoring & corrective action procedures	🟩	
INTEGRATION	Integration between behavioral health & PCP	🟩	• Provides additional reimbursement for PCPs that conduct depression, alcohol, or other SUD screenings
	Integration in plan operations	🟩	
	Enables warm referrals between vendors	🟩	• Anticipate releasing a BH provider toolkit that includes screenings, assessments, tools, resources, etc. in Q1 2019; could be more proactive and targeted in their approach to provider education
	Education support for in-network providers	🟨	
	Data sharing & integration across vendors	🟩	• Working to integrate BH with primary care outside of delivery reform models such as ACOs/PCMHs
	Advancing delivery reform	🟨	

SCORECARD

RESPONDENTS:

Shari Glago, *Director, Specialty Networks & Vendor Management,* email

Rosalie Ball, *Program Manager, Specialty Networks & Vendor Management,* email

AT-A-GLANCE

Category: Behavioral health administrator/insurer

Description: Processes claims; manages provider network and offers clinical support services

Eligible lives covered: 2,600,000+

Billing model: Rate (insured) or PEPM fee (self-insured)

	TOPIC	SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• CPR evaluation incorporates BH services provided by BSCA and Magellan
	Communications & outreach		• BH clinician network is smaller than others, with 1 clinician per 225 eligible members; 99% of providers are accepting new patients
	Provider network adequacy		
	Speed to care		• Offers navigation platform w/ digital tools (e.g., cCBT) to subset of population that personalizes resources and identifies those with severe needs
	Comprehensive provider directory		
	Access to digital support		• Sends a text reminder for 7-day follow-up appointment after hospitalization
	Effective triaging		• Should improve certain speed to care metrics (e.g. routine appt. w/ MD is 15 days); no virtual option for urgent or emergent care offered as of now
	Commitment to reducing stigma		• Opportunity to include length of time to first appt. in provider directory
QUALITY	Standard clinical screening		• Uses standard screening tools, PHQ-9 and GAD-7
	Use of relevant NQF measures		• Does not track or report on NQF quality measures
	Quality transparency for members		• Provider quality information reporting in development; no high-performance provider designation at this time
	Member satisfaction measurement		
	Provider monitoring & corrective action procedures		• 90.6% member satisfaction; offers performance guarantees
			• Opportunity to improve by offering proactive, regular auditing outside of response to member complaints
INTEGRATION	Integration between behavioral health & PCP		• Conducts provider outreach and compliance monitoring to facilitate medical/BH provider integration
	Integration in plan operations		
	Enables warm referrals between vendors		• Conducts on-site meetings to educate providers about BS of CA/Magellan's services
	Education support for in network providers		
	Data sharing & integration across vendors		• Integrates claims data with other partners upon client request
	Advancing delivery reform		

OPTUM™ SCORECARD

RESPONDENTS:

Tim Blevins, *Sr. VP, Behavioral Health,* email

AT-A-GLANCE

Category: Behavioral health administrator/insurer

Description: Processes claims; manages provider network and offers clinical support services

Eligible lives covered: 20,400,000+

Billing model: Rate (insured) or PEPM fee (self-insured)

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Strong ratios of in-network clinicians (1 provider per 129 eligible); 98% of in-person providers accepting new patients
	Communications & outreach		
	Provider network adequacy		• Meets speed to care targets for in-person but not virtual (CPR set high bar for virtual)
	Speed to care		
	Comprehensive provider directory		• Offers express network where providers guarantee appointment w/in 5-days; indicated by stopwatch icon in provider network directory
	Access to digital support		• Additional digital solutions (e.g., cCBT) on roadmap but not live yet
	Effective triaging		• Several partnership efforts to address stigma with Stamp Out Stigma, NAMI, Shatterproof, and substance use hotlines
	Commitment to reducing stigma		
QUALITY	Standard clinical screening		• Uses internally developed screening assessment as proxy (currently evaluating other standardized tools)
	Use of relevant NQF measures		
	Quality transparency for members		• Gaps in NQF-endorsed clinical quality measurement (several proxies)
	Member satisfaction measurement		• Designates providers and facilities for members using internal Achievements in Excellence (ACE) program; no external sources
	Provider monitoring & corrective action procedures		• Overall member satisfaction is 87%
INTEGRATION	Integration between behavioral health & PCP		• Optum provides PCPs with training and a behavioral health toolkit but doesn't track usage or track the % who have behavioral health co-located
	Integration in plan operations		
	Enables warm referrals between vendors		• Partners with AbleTo but does not share behavioral health data with them (can share medical/RX data)
	Education support for in network providers		
	Data sharing & integration across vendors		• In 2016, launched collaborative care model in New York and embedded behavioral health specialist in 4 patient centered medical homes in Oregon; reports no other recent delivery reform examples
	Advancing delivery reform		

EMPLOYEE ASSSISTANCE PROGRAMS
SIDE BY SIDE & CPR ANALYSIS

TOPIC		Anthem	Lyra	Optum	Profile
ACCESS	Identification of members in need				
	Communications & outreach				
	Provider network adequacy				
	Speed to care				
	Comprehensive provider directory				
	Access to digital support				
	Effective triaging				
	Commitment to reducing stigma				
QUALITY	Use of evidence-based approach				
	Standard clinical screening				
	Use of relevant NQF measures				
	Quality transparency for members				
	Member satisfaction measurement				
	Provider monitoring & corrective action procedures				
INTEGRATION	Use of health plan/claims data				
	Integration in plan operations				
	Enables warm referrals between vendors				
	Education for key providers in network				
	Data sharing & integration across vendors				

Companies Invited To Participate: Aetna, Anthem, Beacon Health Options, Cigna, ComPsych, Lyra, Magellan Health, Optum, Profile EAP

SAMPLE SPECIFICATIONS:

Provider network adequacy: Displays relative performance of ratio of total clinicians per eligible member.

Speed to care: Urgent in-person appt. w/in 48 hours. Routine in-person appt. w/in 5 business days.

Effective triaging: Measures % in need who ultimately receive care and % of cases resolved by EAP.

Member satisfaction: Should be 85% or better.

Provider monitoring & corrective action procedures: Conducts site visit or audit for at least 25% of providers each year.

Warm referrals between vendors: Supports two-way referrals on behalf of a customer.

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Anthem SCORECARD

RESPONDENTS:

Larry Grab, *Staff Vice President BH Utilization Management*, email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need	🟩	• Conducts targeted, proactive outreach on a case-by-case basis, depending on the client's request
	Communications & outreach	🟨	
	Provider network adequacy	🟨	• 1 in-person provider per every 350 eligible members; 98.8% accepting new patients
	Speed to care	🟩	
	Comprehensive provider directory	🟨	• 1 virtual provider per every 8.8K eligible; 100% accepting new patients
	Access to digital support	🟩	• Provider directory updates weekly (CPR spec recommends daily)
	Effective triaging	🟩	• Offers access to myStrength cCBT programs
	Commitment to reducing stigma	🟩	• Reports 87% of cases resolved without referral to higher intensity service
QUALITY	Standard clinical screening	🟨	• Does not require use of standard screening tools
	Use of relevant NQF measures	🟨	• Does not track or report on NQF quality measures; uses EAP outcomes survey to measure clinical effectiveness
	Quality transparency for members	🟧	
	Member satisfaction measurement	🟩	• Does not display provider quality information in provider directory
	Provider monitoring & corrective action procedures	🟨	• 92% average member satisfaction score
			• Electronic provider record audit upon member complaint
INTEGRATION	Use of health plan/claims data	🟨	• Given confidential nature of EAP, does not conduct direct member outreach based on claims/data
	Integration in plan operations	🟩	
	Enables warm referrals between vendors	🟩	• Routinely transfers members to behavioral health, community resources, and other vendors
	Education for key providers in network	🟩	
	Data sharing & integration across vendors	🟩	• Reports educating key providers about the EAP, however, did not provide detail

Lyra SCORECARD

RESPONDENTS:

Sean McBride, *Partnerships Director,* email
Kelly Morgan, *Head of Marketing,* email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Offers digital platform, care team, custom provider network, coaching, and digital interventions (partner with myStrength)
	Communications & outreach		
	Provider network adequacy		• Could improve identification of members in need by doing proactive targeting and outreach to those who have not taken the first step
	Speed to care		
	Comprehensive provider directory		• Offers network of 2,500 providers (50% counselors, 50% psychologists); favorable ratio of providers to eligible members; 41% offer virtual therapy
	Access to digital support		• 60% of providers accepting new patients (below CPR target of 80%)
	Effective triaging		• Offers urgent and emergent appointments w/in 24-hours, which stands out; but routine appointments w/in 9 days (below CPR target of 5 days)
	Commitment to reducing stigma		• 13% adoption rate; 55% of those who register for platform go on to seek care; 11 sessions delivered to users on average
QUALITY	Use of evidence-based approach		• Uses PHQ-9 and GAD-7 for screening and measurement; reports on two NQF-validated measures (but not ECHO Survey)
	Standard clinical screening		
	Use of relevant NQF measures		• Member satisfaction addresses quality of referral, provider, treatment, and outcomes; 94% are satisfied with Lyra experience
	Quality transparency for members		
	Member satisfaction measurement		• Lyra puts 90% plus of its overall fees at risk based on utilization, access, patient satisfaction, and other service level agreements
	Provider monitoring & corrective action procedures		• Only invites providers in-network that use evidence-based practices; conducts weekly quality reviews; 8 removed for poor quality in 2017
INTEGRATION	Use of health plan/claims data		• Has partnered with employers to integrate claims, but not standard practice
	Integration in plan operations		
	Enables warm referrals between vendors		• Educates health plan account and care management team and onsite providers; could expand provider training beyond onsite clinics
	Education for key providers in network		• Dedicated care team provides warm hand-offs and referrals
	Data sharing & integration across vendors		

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OPTUM™ SCORECARD

RESPONDENTS:

Patrick Leary, *VP, Work-Life & Employee Assistance Program Solutions, Prevention and Wellbeing*, email

AT-A-GLANCE

Category: Employee assistance program

Description: Offers employees certain number of visits to clinician per incident

Eligible lives covered: 13,600,000+

Billing model: PEPM fee

TOPIC	SCORE	HIGHLIGHTS
ACCESS		
Identification of members in need		• Operates presumptive eligibility model to preserve confidentiality; limits proactive detection and outreach
Communications & outreach		
Provider network adequacy		• 1 in-person provider per every 105 eligible; 98% accepting new patients
Speed to care		• 1 virtual provider per every 5.7K eligible; 100% accepting new patients
Comprehensive provider directory		• Meets or exceeds speed to care measures (note, urgent appointment w/in 24 hours and routine appointment w/in 3 business days)
Access to digital support		• Reports resolving 80% of cases w/out escalation to other behavioral health services
Effective triaging		
Commitment to reducing stigma		• Partners with eMindful and meQuilibrium as buy-ups for digital
QUALITY		
Standard clinical screening		• Uses internally developed screening assessment as proxy (currently evaluating other standardized tools)
Use of relevant NQF measures		• Gaps in NQF-endorsed clinical quality measurement
Quality transparency for members		• Uses internal Achievements in Excellence (ACE) Platinum Ribbon designation as proxy for external quality
Member satisfaction measurement		• Member satisfaction is 96%; standard to offer performance guarantees
Provider monitoring & corrective action procedures		• Conducts site visits every 3 years or upon complaint; implements scoring and corrective action procedures
INTEGRATION		
Use of health plan/claims data		• Offers data integration with Optum behavioral health but does not access external health plan data for integration purposes
Integration in plan operations		• Offers training for medical providers both for Optum behavioral health and other health plans
Enables warm referrals between vendors		
Education for key providers in network		• Exploring opportunities for data sharing with other partners
Data sharing & integration across vendors		• Will conduct scheduled rounds with external health plan's key providers

Profile EAP SCORECARD

RESPONDENTS:

Calvin Paries, *EAP/Health & Wellness Manager,* email

	TOPIC	SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• EAP under Centura Health System umbrella with several direct employer relationships; not an insurance-based telephonic model
	Communications & outreach		
	Provider network adequacy		• Primarily relies on referrals for identification of those in need
	Speed to care		• 340 in-person counselors, 12 virtual providers; emphasizes face-to-face
	Comprehensive provider directory		
	Access to digital support		• 95% of providers accepting new patients
	Effective triaging		• Meets or exceeds speed to care targets (note, in-person urgent or emergent appointments w/in 24 hours, routine appointments w/in 3 days)
	Commitment to reducing stigma		• 80% who called received care; 64% of cases resolved w/in 8-sessions
QUALITY	Standard clinical screening		• Uses PHQ-9, GAD-7, and Workplace Outcomes Assessment and reports on NQF measures
	Use of relevant NQF measures		
	Quality transparency for members		• Uses MyOutcomes tracking tool to measure treatment effectiveness and quality; lets EAP set specific effectiveness targets for its clinicians compared to others at the provider level
	Member satisfaction measurement		
	Provider monitoring & corrective action procedures		• Limited reporting for member satisfaction w/ experience, provider, etc.
INTEGRATION	Use of health plan/claims data		• Aligns EAP providers with those in health plan network; provides training and tools
	Integration in plan operations		
	Enables warm referrals between vendors		• Extensive account and clinical management for customer but unclear if integrated into behavioral health or medical network
	Education for key providers in network		
	Data sharing & integration across vendors		• Unclear if Profile EAP has shared data with other mental health stakeholders (or if this is commonly requested for its model)

TELEHEALTH PROVIDERS
SIDE BY SIDE & CPR ANALYSIS

TOPIC	AbleTo	Ginger.io	Teladoc
ACCESS			
Identification of members in need			
Communications & outreach			
Provider network adequacy			
Speed to care			
Comprehensive provider directory			
Meaningful reporting on initial adoption			
Meaningful reporting on utilization/engagement			
Effective triaging			
Commitment to reducing stigma			
QUALITY			
Standard clinical screening			
Use of relevant NQF measures			
Quality transparency for members			
Member satisfaction measurement			
Provider monitoring & corrective action procedures			
INTEGRATION			
Use of health plan/claims data			
Integration between behavioral health & PCP			
Enables warm referrals between vendors			
Education for key providers in network			
Data sharing & integration across vendors			

SAMPLE SPECIFICATIONS:

Communications & outreach: Offers telephonic & digital communications options with 24/7 coverage.

Speed to care*:* Urgent appt. w/in 1 hour; routine appt. w/in 4 hours.

Meaningful reporting on adoption & utilization: Metrics should reflect meaningful interaction, not vanity metrics (e.g., downloaded app).

Member satisfaction*:* Should be 85% or better.

Provider monitoring & corrective action procedures: Conducts regular auditing & quality control to ensure professionalism.

Integration between vendors: Supports training, data sharing, and warm referrals to and from other vendors/partners.

Companies Invited To Participate: AbleTo, American Well, Doctors on Demand, MDLive, Teladoc, Talkspace

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AbleTo SCORECARD

RESPONDENTS:

Aimee Peters, *Chief Clinical Officer*, email
Dorothy Gemmell, *Chief Commercial Officer,* email

AT-A-GLANCE

Category: Tele-mental health provider

Description: 6-8 week virtual program for silent sufferers

Eligible lives covered: 15,000,000+

Billing model: Reimbursed as provider via health plan

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Targets "silent sufferers" who represent 20% of the U.S. w/ 50% of the medical cost. Typically make up 4-6% of commercial population.
	Communications & outreach		
	Provider network adequacy		• Uses proprietary algorithm to proactively identify patients in need using medical, pharmacy, and behavioral health data
	Speed to care		
	Comprehensive provider directory		• Small network of 450 LCSWs and master's-level behavioral health coaches
	Meaningful reporting on initial adoption		• Matches patients to provider based on gender, state, and language preferences (some provider information made available after match)
	Meaningful reporting on utilization/engagement		
	Effective triaging		• Offers next-day scheduling for routine visit (outside of 4-hour target to access a virtual provider); does not offer urgent/emergent care
	Commitment to reducing stigma		• Engages 30% of target population; 65% who engage graduate from the 6-8 week program
QUALITY	Standard clinical screening		• Uses Depression Anxiety Stress Scale 21 (DASS21) to measure clinical quality and outcomes (not recommended NQF-measures)
	Use of relevant NQF measures		
	Quality transparency for members		• 95% member approval rating for providers
	Member satisfaction measurement		• Reports reduction of depression, anxiety, and stress by more than 50% in peer-reviewed articles
	Provider monitoring & corrective action procedures		• Does not offer performance guarantees for member satisfaction
INTEGRATION	Use of health plan/claims data		• Supports care coordination between care team and primary care providers, including sharing of clinical summaries
	Integration between behavioral health & PCP		
	Enables warm referrals between vendors		• Provides warm referral to health plan behavioral health team
	Education for key providers in network		• Offers data sharing with benefits/concierge platforms, but no other partners yet (e.g., EAP, digital solutions)
	Data sharing & integration across vendors		• Educates health plan about services, but not key providers yet

Ginger.io SCORECARD

RESPONDENTS:

Christine Evans, *Chief Marketing Officer,* email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need	🟩	• Reports 89% of adults can benefit from broad services
	Communications & outreach	🟨	• Very small network of clinicians, but ratio between # of providers to eligible members better than other virtual networks at this time
	Provider network adequacy	🟩	
	Speed to care	🟧	• Users connected w/coach within 60 seconds; urgent appointments w/in 48 hours; routine appointments w/in 6-7 days (below CPR target for virtual network but credit for offering guaranteed urgent care)
	Meaningful reporting on initial adoption	🟩	
	Meaningful reporting on utilization/engagement	🟨	• 6% of population adopts (i.e., exchanges first text with a coach)
	Effective triaging	🟩	• 28% engaged after 30-days (i.e., still chatting); opportunity to improve segmentation and reporting on sustained engagement
	Commitment to reducing stigma	🟩	• Reports use of AI and natural language processing from texting to support triaging and ongoing assessment (would like more evidence)
QUALITY	Use of evidence-based approach	🟨	• Limited direct evidence-based studies provided on use of platform, shared related studies
	Standard clinical screening	🟩	
	Use of relevant NQF measures	🟩	• Uses PHQ-9 and GAD-7 and reports on all requested NQF-measures except Patient Activation (PAM) Scores
	User goal setting and program management	🟩	
	Member satisfaction measurement	🟩	• 92% member satisfaction rate; infrequently offers performance guarantees
	Provider monitoring & corrective action procedures	🟩	• Conducts monthly coach transcript reviews for QA and implements performance improvement plan; 1 coach removed for quality
INTEGRATION	Use of health plan/claims data	🟧	• Does not use medical claims data to support program
	Integration between behavioral health & PCP	⬜	• Does allow for 2-way communication and data sharing with primary care providers but does not proactively educate them on platform
	Enables warm referrals between vendors	🟩	
	Education for key providers in network	🟧	• Customers can build custom care protocols and referral triggers into platform

TELADOC™ SCORECARD

RESPONDENTS:

Nita Stella, *VP Product Strategy,* email
Carole Romasco, *Head Product Management,* email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Targets the member population broadly, offering virtual access to psychiatrists, psychologists, and master's level therapists
	Communications & outreach		
	Provider network adequacy		• Offers provider network of ~900 clinicians w/ coverage in all 50 U.S. states
	Speed to care		• Directory does not include time to first appointment; upon member request for appointment, provider typically follows up within 8 hours for scheduling; does not offer urgent/emergent care
	Comprehensive provider directory		
	Meaningful reporting on initial adoption		• Reports virtual appointment completed on average within 5 days
	Meaningful reporting on utilization/engagement		• Some limitations to reporting; does not report % of population who adopt or demonstrates sustained engagement, for example
	Effective triaging		
	Commitment to reducing stigma		• Annualized book of business utilization is entirely program dependent and highly variable
QUALITY	Standard clinical screening		• Uses the Diagnostic and Statistical Manual-5 (DSM-5) Level 1 cross cutting symptoms measure for screening & in every follow-up visit
	Use of relevant NQF measures		
	Quality transparency for members		• Reports on DSM-5 as a proxy for CPR-designated NQF measures
	Member satisfaction measurement		• Reports over 90% member satisfaction rate and 97% provider satisfaction and offers performance guarantees
	Provider monitoring & corrective action procedures		• Requires extensive training and practice sessions for new providers, audits 100% of new providers' charts for initial period
INTEGRATION	Use of health plan/claims data		• Supports care coordination between care team and PCPs, including sharing of clinical summaries
	Integration between behavioral health & PCP		
	Enables warm referrals between vendors		• Offers referrals to several external vendor types, e.g., wellness and screening, pharmacy, disability, disease management
	Education for key providers in network		• Standard data sharing limited to payment and prescription routing
	Data sharing & integration across vendors		• Works w/ clients to help network providers refer to program

DIGITAL SOLUTIONS
SIDE BY SIDE & CPR ANALYSIS

TOPIC		Big Health	Happify	Joyable	meQ	my Strength
ACCESS	Identification of members in need					
	Communications & outreach					
	Meaningful reporting on initial adoption					
	Meaningful reporting on utilization/engagement					
	Effective triaging					
	Commitment to reducing stigma					
QUALITY	Use of evidence-based approach					
	Standard clinical screening					
	Use of relevant NQF measures					
	User goal setting and program management					
	Member satisfaction measurement					
	Coach monitoring & corrective action processes					
INTEGRATION	Use of health plan/claims data					
	Enables warm referrals between vendors					
	Education for key providers in network					
	Data sharing & integration across vendors					

Companies Invited To Participate: Big Health, Happify, Joyable, meQuilibrium, myStrength, My Brain Solutions, SilverCloud

SAMPLE SPECIFICATIONS:

Communications & outreach: Serves patients in need 24/7 via digital channel and ability to escalate.

Meaningful reporting on adoption & utilization: Articulates clear addressable population; metrics reflect meaningful interaction, not vanity metrics.

Use of evidence-based approach: Demonstrates thorough and rigorous evidence-backed program design.

Member satisfaction: Should be 85% or better.

Use of claims data: Able to incorporate claims data meaningfully into service.

Warm referrals between vendors: Customer can set custom business rules for referrals.

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Big Health SCORECARD

RESPONDENTS:

Justin Riele, *Manager or Marketing & Partnerships,* email

TOPIC	SCORE	HIGHLIGHTS
ACCESS Identification of members in need	🟩	• Targets the 40% of individuals who are sleep deprived and the 20% with insomnia (half of whom have anxiety, depression, or both)
Communications & outreach	🟨	
Meaningful reporting on initial adoption	🟩	• Encourages broad population to take "sleep score assessment" to inform outreach; also targets those w/ prior mental health diagnosis or sleeping pill prescriptions
Meaningful reporting on utilization/engagement	🟨	
Effective triaging	🟨	• 30% initial adoption rate and 70% use for over 12 weeks; note that sustained engagement metric only reflects completion of sleep test
Commitment to reducing stigma	🟩	• Needs to improve triaging for severe needs (currently redirects to online community or advises users to contact health care professional)
QUALITY Use of evidence-based approach	🟩	• Extensive clinical evidence base provided; reports clinical effect size comparable to in-person CBT and higher than a range of anti-depressants
Standard clinical screening	🟩	
Use of relevant NQF measures	🟧	• Relies on PHQ-2 and GAD-2 for screening but does not report on NQF measures for depression remission and response
User goal setting and program management	🟩	• NPS score is 73% (below CPR target of 85%)
Member satisfaction measurement	🟨	• Uses virtual animated professor as proxy for live coaching service
Coach monitoring & corrective action procedures	⬜	
INTEGRATION Use of health plan/claims data	🟩	• Uses claims data effectively for targeting and outreach
Enables warm referrals between vendors	🟨	• Big Health supports referrals and direct education for EAP providers but has yet to work with primary care or behavioral health providers within a health plan network (on the roadmap)
Education for key providers in network	🟨	
Data sharing & integration across vendors	🟧	• Does not share data with other mental health partners

happify™ SCORECARD

RESPONDENTS:

Nancy Oliker, *Head of Enterprise Marketing,* email
Michelle Miller, *Sr. VP, Employer Strategies,* email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Targets 100% of the population to de-stigmatize (notes exception for those with severe or chronic mental health conditions)
	Communications & outreach		• 20-30% adoption rate; 57% of those who sign up are active after 2 months
	Meaningful reporting on initial adoption		
	Meaningful reporting on utilization/engagement		• Customers can determine custom triage and escalation pathways; platform does not survey users on whether they ultimately seek care
	Effective triaging		• Prioritize de-stigmatized language and labels to help appeal to broad population (clinical assessment branded The Happify Scale)
	Commitment to reducing stigma		
QUALITY	Use of evidence-based approach		• Extensive peer-reviewed studies validating program design and outcomes (use of platform associated w/increased positive effect over time, increased usage associated with larger increases)
	Standard clinical screening		
	Use of relevant NQF measures		• Uses 9-question Happify Scale which correlates with PHQ-9 to assess depressive symptoms; uses GAD-2 to measure clinical anxiety
	User goal setting and program management		
	Member satisfaction measurement		• Only measures member satisfaction by app store rating, opportunity for improvement
	Coach monitoring & corrective action procedures		• AI coach to replace live coaching is in development, but is not live yet
INTEGRATION	Use of health plan/claims data		• Reports ability to use claims data for targeting and reporting, but is not a standard practice
	Enables warm referrals between vendors		• Data API (application program interface) supports integration/ connectivity across health plans, telehealth, EAP, etc.
	Education for key providers in network		• Customers can build custom care protocols and referral triggers into platform
	Data sharing & integration across vendors		• Reports ability to train key providers, but it is not a standard practice

joyable SCORECARD

AT-A-GLANCE

Category: Digital behavioral health solution

Description: Digital cCBT therapy & coaching programs

Eligible lives covered: Does not disclose

Billing model: Option for PEPM or utilization-based billing

	TOPIC	SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Began as a direct-to-consumer program for social anxiety disorder; evolved for employers and other partners in 2016
	Communications & outreach		
	Meaningful reporting on initial adoption		• Offers 8-week coached digital therapy programs for multiple conditions
	Meaningful reporting on utilization/engagement		• Targets the 20% of population w/ behavioral health needs; reports 18% initial adoption and 30% adherence to program-specific engagement measures
	Effective triaging		
	Commitment to reducing stigma		• Provides broad-based awareness of platform as opposed to identifying those who will benefit from Joyable
QUALITY	Use of evidence-based approach		• Peer-reviewed article supporting Joyable as effective clinical intervention for social anxiety disorder
	Standard clinical screening		
	Use of relevant NQF measures		• Uses PHQ-9, GAD-7, and Social Phobia Inventory (SPIN) for screening and weekly clinical outcomes reporting; as a standard, does not report on NQF measures for depression response & remission
	User goal setting and program management		
	Member satisfaction measurement		• More than 85% report "very satisfied"
	Coach monitoring & corrective action procedures		• All coaches are full time employees and trained in-house on motivational interviewing, Joyable programs, escalation protocols, and user experience protocols
INTEGRATION	Use of health plan/claims data		• Offers concierge service to match users in need of in-person provider with someone in their health plan network directly w/in 7-days
	Enables warm referrals between vendors		• Has trained primary care providers on a case-by-case basis to offer Joyable as a behavioral health resource
	Education for key providers in network		
	Data sharing & integration across vendors		• Partners with EAPs, navigation vendors, disability vendors, health plans, etc., but unclear what data is being shared

meQuilibrium SCORECARD

RESPONDENTS:

Linda Natansohn, *Head of Corporate Development,* email
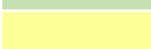Scott Fillenworth, *Executive VP, Sales & BD,* email
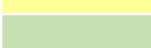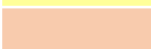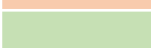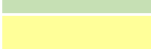
AT-A-GLANCE

Category: Digital behavioral health solution
Description: Digital resiliency training and skills-building
Eligible lives covered: 1 million+
Billing model: PEPM fee

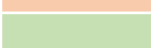| TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need	🟩	• Targets 65% of population that identify work as source of stress
	Communications & outreach	🟨	• meQ Engage provides targeted cCBT interventions based on 18 factors; meQ Gateway layers in predictive analytics and triaging capabilities
	Meaningful reporting on initial adoption	🟩	
	Meaningful reporting on utilization/engagement	🟨	• Large range in enrollment (20-60%); 90% of enrollees complete initial assessment
	Effective triaging	🟩	• Large range in engagement (5-50%); average 35% return every month
	Commitment to reducing stigma	🟩	• Reduces stigma w/ emphasis on resilience as learnable skill
QUALITY	Use of evidence-based approach	🟩	• Extensive evidence base supporting program design & outcomes
	Standard clinical screening	🟨	• meQ Assessment is proxy for standard anxiety screening; no screening for depression in meQ Engage as it does not claim to treat depression
	Use of relevant NQF measures	🟧	
	User goal setting and program management	🟩	• Gaps in use of standard NQF-endorsed clinical quality measures
	Member satisfaction measurement	🟨	• 80% member satisfaction (below CPR's target of 85%)
	Coach monitoring & corrective action procedures	⬜	• Does not typically offer performance guarantees for member satisfaction
INTEGRATION	Use of health plan/claims data	🟧	• Does not currently incorporate or use medical claims
	Enables warm referrals between vendors	🟩	• Makes meQ profile available to EAP providers w/ member permission
	Education for key providers in network	🟩	• Trains providers and offers a meQ RX form in onsite clinics for direct referrals
	Data sharing & integration across vendors	🟨	• Does not share data back with health plans or partners outside of incentive data

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myStrength SCORECARD

RESPONDENTS:

Rebecca Newman, *VP, Strategic Alliances,* email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need	🟩	• Offers digital platform and coaching designed for users of all acuity levels (100% of the population)
	Communications & outreach	🟩	
	Meaningful reporting on initial adoption	🟨	• Very wide adoption range (1-50%+); reflects those who register for platform using access codes specific to customer
	Meaningful reporting on utilization/engagement	🟩	• Engagement reporting more robust; 20% still active after 12-months; users complete an average of 8-sessions w/in first 45 days
	Effective triaging	🟩	
	Commitment to reducing stigma	🟩	• Stand-out ability to triage at-risk users; pop-up messaging provides specific instructions and encouragement for reaching a clinician
QUALITY	Use of evidence-based approach	🟩	• Provided multiple peer-reviewed studies about program outcomes
	Standard clinical screening	🟩	• Allows customer to select standard screening assessment (PHQ-9, DASS, GAD-7); screening conducted at regular, ongoing intervals
	Use of relevant NQF measures	🟨	
	User goal setting and program management	🟩	• Uses assessment results as proxies for standard NQF measures
	Member satisfaction measurement	🟩	• 97% member satisfaction (above CPR target of 85%); offers performance guarantees
	Coach monitoring & corrective action procedures	🟩	• Reports users experience a 55% reduction in depression scores
INTEGRATION	Use of health plan/claims data	🟨	• Has demonstrated effective use of claims data for studies and specific use cases, but not as standard practice
	Enables warm referrals between vendors	🟨	• Can facilitate bi-directional referrals and handoffs to behavioral health or telehealth providers, but not currently a standard practice
	Education for key providers in network	🟩	• Product currently being used in inpatient settings; myStrength has relationships with 150+ provider organizations and has experience integrating into accountable care or patient centered medical home models
	Data sharing & integration across vendors	🟩	

NAVIGATION VENDORS
CPR ANALYSIS

TOPIC		CASTLIGHT
ACCESS	Identification of members in need	
	Communications & outreach	
	Speed to care	
	Comprehensive provider directory	
	Meaningful reporting on initial adoption	
	Meaningful reporting on utilization/engagement	
	Access to digital support	
	Effective triaging	
	Commitment to reducing stigma	
QUALITY	Standard clinical screening	
	Quality transparency for members	
	Member satisfaction measurement	
	Navigator monitoring & corrective action procedures	
INTEGRATION	Use of health plan / claims data	
	Enables warm referrals between vendors	
	Education for key providers in network	
	Data sharing & integration across vendors	

Companies Invited To Participate: Due to the fact that collaborative members identified vendors from other categories as higher priority, CPR only invited Castlight, which offers a dedicated behavioral health buy-up option, Elevate, to participate.

SAMPLE SPECIFICATIONS:

Identification of members in need: Identifies members through claims data, self-referrals, online screening, or presence of a co-morbidity.

Comprehensive provider directory: Includes "length of time to first appointment."

Effective triaging: Comprehensive approach to assessing and routing patients to appropriate resource. Tracks and reports how quickly a member seeking care receives it.

Quality transparency for members: Displays provider-level quality data.

Member satisfaction: Should be 85% or better.

Use of health plan/claims data: Incorporates claims data meaningfully into offering.

Warm referrals between vendors: Customer can set custom business rules for referrals.

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Castlight SCORECARD

RESPONDENTS:

Howard Willson, MD, *Head of Clinical Strategy*, email

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		• Identifies members for services through claims data and in-platform behaviors to target for behavioral health services
	Communications & outreach		
	Speed to care		• Offers various methods for communications and outreach, including mobile, web, application, call/chat capabilities w/in app, single-sign on from other vendor, etc.
	Comprehensive provider directory		
	Meaningful reporting on initial adoption		• Castlight Elevate doesn't track how quickly a member receives care
	Meaningful reporting on utilization/engagement		• Provider directory updated weekly (per health plan agreement) and does not include length of time to first appointment
	Access to digital support		• Offers members access to myStrength
	Effective triaging		
	Commitment to reducing stigma		• Triaging based on assessment to self-care, provider search, or care for others. Also, directs to 911 and external behavioral health resources
QUALITY	Standard clinical screening		• Leverages PHQ-2 and GAD-2 in portal but unclear how results are used
	Quality transparency for members		• Includes external sources of quality information in provider directory, e.g., CMS hospital quality, providers with Bridges to Excellence Depression Care Recognition, and 3rd party patient review sources like Insider Pages, Yahoo Local, and Angie's List
	Member satisfaction measurement		
	Navigator monitoring & corrective action procedures		
			• Tracks member satisfaction with product but not outcomes
			• Navigators not trained to recognize behavioral health needs
INTEGRATION	Use of health plan / claims data		• Does not educate providers in health plan's network about offering
	Enables warm referrals between vendors		• Opportunity to share behavioral health data (e.g., PHQ-2 and GAD-2 scores) with health plan clinical team and other vendor partners
	Education for key providers in network		
	Data sharing & integration across vendors		• myStrength cCBT tools are standard; no opportunity to plug-and-play other cCBT tools in its place

WHAT'S NEXT?
WE WANT TO HEAR FROM YOU!

We hope you have found this CPR members-only resource valuable.

Please reach out to Ryan Olmstead (rolmstead@catalyze.org) and Emily Roesing (eroesing@catalyze.org) with general feedback or if:

1 You have specific questions or feedback about CPR's specifications, evaluation process, or results.

2 You are interested in inviting any of the mental health companies featured to present to CPR members.

3 You plan to use CPR's toolkit to evaluate a new or existing mental health vendor. We can provide support as needed!

4 You can think of another vendor category where you feel you may be getting low value that would be ripe for evaluation.

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