REDEFINING THE EAP FIELD

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ABSTRACT

The very question of whether EAPs are a business or a profession implies that there is a problem in our field of practice. We would like to believe that EAPs 10 are a profession and can operate and thrive under a business model and be able to turn a profit. Unfortunately, this belief is not supported by the actual practices of the EAP field in the United States. By embracing the business model to the exclusion of professional practice, U.S. EAPs now face the consequences of barebones pricing (and services) and even the popularization of free EAPs through bundling practices by health care providers. This Q4 article has been written with the intent of alerting the international EAP community, and of reexamining the practices of EAPs in the United States, so the EAP field can move from a field of study to a professional practice group that successfully uses a for-profit business and professional practice model.

KEYWORDS Profession, Values, Principals, Knowledge, Sanction, Methods, Roles, Business Model, Solutions

THE PROBLEM

The very question of whether EAPs are a business or a profession implies that there is a problem in our field of practice. We would like to believe that EAPs are a profession and can operate and thrive under a business model and be able to turn a profit, or at the very least produce enough revenue to be able to invest back into the EAP to build and ensure its services remain strong and competitive. Unfortunately, this belief is not supported by the actual practices of the EAP field in the United States. The original EAP model originally resided in personnel departments, with a labor-management framework. More recently, however, with more and more EAPs packaging their services based on a business model, the EAP field has suffered. By embracing the business model to the exclusion of professional practice, U.S. EAPs now face the consequences of bare-bones pricing (and services) and even the popularization of free EAPs through bundling practices by health care providers. This chapter has been written with the intent of alerting the international EAP community, and of re-examining the practices of EAPs in the United States, so the EAP field can move from a field of study to a professional practice group that successfully uses a for-profit business and professional practice model.

THE PROFESSIONAL MODEL

When discussing how the EAP field became an emerging profession, one must first define "profession." In his 1957 seminal work "Attributes of a Profession," Ernest Greenwood stated that "all professions seem to possess: 1. Systematic Theory, 2. Authority, 3. Community Sanction, 4. Ethical Codes, and 5. A Culture" (Greenwood, 1957). In his 1978 doctoral dissertation, Myron Lubell elaborated on Greenwood's components in greater detail:

1. Systematic Theory - Professionals have a knowledge set that is based on abstract principles, more so than operational procedures, and thus must pursue an extensive formal education.

2. Authority - Professionals have significant control over the nature and extent of the services that they render, because they serve clients who are generally unable to judge the quality of those services.
3. Community Sanction - Professionals are subject to licensure or certification that delineates varying degrees of occupational jurisdiction in accordance with criteria over which they have considerable influence.
4. Ethical Codes - Professionals adhere to standards of behavior that are explicit, systematic, binding, and public service oriented; prescribe colleague relations that are cooperative, equalitarian, and supportive; and are enforced by their associations.
5. Culture - Professionals have a career orientation that leads them to high personal involvement in their work and satisfaction with not only monetary rewards, but also symbols such as titles and awards.

The working definition of a profession proposes that it is in essence a grouping of several discrete but interdependent categories. These are values, knowledge, methods, roles, sanctions, principles, and concepts. One can picture EAPs as the center of a wheel with the categories of a profession as the essential spokes.

When discussing how professions are related to science, we must first start with the basis that science is either formal or empirical. A formal science is based on a set of established and proven techniques applied in a methodological manner. An empirical science is based on experience or observation and does not rely on a specific theory or methodology. The formal disciplines provide the empirical sciences with the concepts which allow for systematic observation and manipulation. The formal sciences are for the most part based on logic.

The empirical sciences are primarily observational; examples are physics, economics, psychology, and zoology. Empirical sciences are classified into three groups: physical, biological, and social. The five principal social sciences are anthropology, economics, political science, psychology, and sociology.

The social sciences provide conclusions as knowledge, concepts, and methods. The practical sciences (overt professions) imply postulates which allow them to answer the question “how.” As an example, clinical psychology was taken from the social sciences, which in turn drew from the formal sciences.

The profession uses both the concepts of the formal sciences and the acquired knowledge of the empirical sciences. A profession is neither a science nor an art but combines the science with skills. Science without practicing professions is an intellectual exercise. A profession provides the opportunity to apply scientific principles to achieve results that will improve the social condition.

Each practical science or profession has its own specialty with its particular postulates. It represents a disciplined choice of acts which are guided by the application of EAP practice theory.

Adapting Greenwood and Lubell's framework, the following are considered contemporary ingredients of a profession:

Values. Values are learned from four sources: role models, peer groups, membership in large groups (conferences, professional associations, and journals), and the external environment. Values are gained intellectually, emotionally, and ritualistically. Practitioners also have their own set of values which they bring to the workplace. The values that form the basis for practice in EAPs have yet to be defined beyond the value of confidentiality. We hold true that maintaining the employee's confidentiality is the ultimate value in our emerging profession. Without the promise to maintain the employee's confidentiality to protect them from certain social stigma, embarrassment or a direct reaction from their employer, EAPs would not be allowed to function. However, the value of confidentiality must not remain the sole value in the EAP profession. Values positions are not static. They emerge, develop, and are modified in the course of social interaction, including that between the practitioner and the people served. More values must be defined and inserted into the practice of EAPS.

Principles. Principles are fundamental assumptions associated with rules for behavior. They are seen as an elaboration of values and as the beginning application to a code of conduct. The principles of EAPs lie in the Core Technology. According to Roman and Blum (1985), there are seven aspects to EAP's Core Technology.

1. Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance; and outreach/education of employees/ dependents about availability of EA services;
2. Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance;
3. Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance;
4. Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services; organizations, and insurers;
5. Assistance to work organizations in managing provider contracts, and in forming and auditing relations with service providers, managed care organizations, insurers, and other third party payers;
6. Assistance to work organizations to support employee health benefits covering medical/behavioral problems, including but not limited to: alcoholism, drug abuse, and mental/emotional disorders; and
7. Identification of the effects of EA services on the work organization and individual job performance.

Knowledge. University education is essential for a profession. The factual foundation of EAPs comes through its knowledge areas. Unfortunately, the knowledge base that many practicing professionals in the EAP field possess is not the specific type of knowledge that would help

accelerate EAPs from a field of practice to an actual profession. There are many types or services within EAPs, such as work principles, work-life, elder care, child care, legal, and financial services. However, many EA professionals have never taken an academic course in EAPs, and so they are not aware of how to best administer and utilize these services. The knowledge base most prevalent in the EAP field is psychology, which is an entirely different profession with different practice standards and goals from EAPs. Educational standards for EA professionals must be raised. Faculty need to be educated and encouraged to develop programming to address the lack of academic offerings in EAPs. As EAP staff, we must continue to learn, and to complete Masters' theses and PhD dissertations in EAP-related topics. Applying for a Fulbright or similar funding sources also serve as ways to boost the education of workers in the EAP field.

Sanctions. Sanctions for EAPs give all the others the authority to practice. Any profession gets its legitimization from the society to practice. This is the acknowledgement by the society that the group has arrived at the level of a profession. It is obvious why various groups fight so hard for various forms of sanctions. Battles are waged in state legislatures over licensing and today one hears much about credentials and recognition. However, the EAP field has no official system for sanctions on the professionals in the field (except through the COA accreditation process; see below).

Methods. The method in professions spells out the rational operational steps necessary to get from the identification of a problem to the evaluation after the change process has been implemented. Of course the professional has to be aware of these steps, remembering that some can occur simultaneously or in a different order. Clinical counseling is the method EAPs use. After the employee's problem has been identified, clinical counseling process is undertaken and the evaluation of this process is how the program is judged as a success or failure. Follow-through and evaluation are needed. Standards for the practice of online and telephone counseling are still not clarified. Often people try to act through instinct or to go with particular situations without analyzing the procedure. Skill at implementing the method is the real test of the professional. Account management, work-life services, and wellness are still to be defined with appropriate methodology.

Roles. Roles are defined as the actual behavior of an individual as the occupant of a position. For example, roles within EAPs include clinicians, account managers, and marketing directors.

A major issue that relates to regarding the EAP field as being a profession or a business is the issue of accreditation. According to the Council on Accreditation (COA), "accreditation is designed to be a framework within which an organization can measure a variety of its achievements." Accreditation of EAPs was first implemented by the Employee Assistance

Society of North America (EASNA). Subsequently, COA assumed the role for accrediting EAPs. Today, EAPs cannot operate in Canada without being accredited. Japan, through its occupational medical school, has purchased the rights from COA to provide accreditation for their EAPs. However, since it is not mandatory in the United States, the vast majority of EAPs operating within the U.S. are without accreditation. This is quite troubling. We would not choose to use a hospital that lacked the proper accreditation standards as we would fear their healthcare practices would not be carried out properly. We would not attend institutions of higher education without the proper accreditation standards because we would fear our money would be spent on an unsatisfactory level of education. Then why would EAPs that administer services not get accredited and businesses who purchase those services seek out unaccredited service providers? It is because there is a small cost of money and time to do so; therefore it is seen as cost beneficial to be without accreditation. This is a prime example of how the mindset of the business model has infiltrated the EAP field.

THE BUSINESS MODEL

The EAP industry must link performance measurement to pricing if it is to counter the rise of "free" EAPs, the "bundling" of EA programs with employee benefits, and other practices that are causing quality to deteriorate.

According to the author and David Sharar, per-employee-per-year (PEPY) rates charged by EAPs have actually decreased over the past decade, even though they were already a miniscule part of the benefits budgets. At a cost of about $22.00 PEPY for a typical model, EAPs cost far less than one-half of one percent of an employer's average annual health benefit costs (over $6,500 per capita). The objective of remaining competitive – by not raising prices and even offering lower prices – while trying to remain profitable presents significant ethical and quality problems for EAP providers. (Masi and Sharar, 2006).

Substandard performance by EAPs also presents problems. However, these remain largely invisible to the organizational purchaser thanks to the industry's lack of accepted methods, across vendors and program models, of evaluating performance. After several years of fits and starts, we have not been able to agree on common measures or measurement tools needed to gauge and compare key aspects of performance. (Masi and Sharar, 2006).

According to a 2006 study conducted by Sharar and Hertenstein, 94% of participating individuals claimed the foremost issue confronting the field is commoditization and pricing of EAPs. The study subjects claimed that the characteristics of one EA provider are so similar to others that program differentiation and brand mean little, leaving low prices as the critical factor in purchasing decisions. From the purchaser's perspective, they go on to report, EA vendors seem to have "product parity," and so purchasing decisions become similar to traditional

commodities such as corn and wheat. In proposals and marketing materials, EA vendors appear to have similar affiliate provider networks, call centers, promotional materials, online services, training manuals and so on. Buyers of EAPs have no reason not to overlook the financial (even human) consequences of choosing one vendor or program model rather than another. When differences in quality are unapparent, purchasers believe they have a fiduciary obligation to frequently base decisions on the lowest bid. (Sharar and Hertenstein, 2006).

The practice of paying EA vendors on a fee-for-service basis provides a financial inducement to provide more services, while the financial incentives under capitations are to provide fewer services. Because revenues are fixed under capitation given the contracted volume of employees, EAP vendor profits rely on their ability to contain costs and service activity. An EAP vendor may suffer financially if usage exceeds projected thresholds and demands for services are higher than expected. (Sharar and Hertenstein, 2006).

The relationship between price and performance in the EAP industry is both crude and perverse. In the current capitated environment, where vendors' profits depend on their ability to contain costs and services, marginal providers usually receive the same rate as optimal providers. Providers that work harder to achieve a superior outcome can bill their excess costs to no one and thus may be the providers most likely to be struggling financially. Instead of competing on the basis of addressing a particular set of workforce behavioral problems, vendors compete on sales strategies, marketing materials, relationships with brokers and (of course) price. (Sharar and Hertenstein, 2006).

Another crisis is the tendency of benefits brokers to bundle and sell EAPs as a "free" throw-in with the purchase of another employee benefit, such as a group life or disability insurance plan. Under this arrangement, the insurance plan buys a very inexpensive EAP from a vendor (or an affiliated division within the insurance company) and then "gives" the EAP to the employer as a "bonus" for purchasing the group insurance product. (Masi and Sharar, 2006).

The insurance company views the provision of a free EAP as a differentiator in the market and a way to provide an inexpensive perk to a customer. The vendor providing the free EAP on behalf of the insurance company views the arrangement as a high-volume distribution channel for a "low tier" service that is inexpensive to administer. In many cases, the "free" EAP provides nothing more than access to a Website, the opportunity to make a toll-free call and receive brief telephone support, and a non-customized referral for additional care. The program may be promoted once or twice and is then buried in the general mix of employee benefits. Once active program promotion ceases, there is little or no utilization by employees, dependents, or supervisors, by which time the EAP has no real discernible value. Even when the program is used by an employee in need, the "dosage" level or a telephone- or Web-based intervention may be too low to adequately address the employee's issues. (Masi and Sharar, 2006).

Unfortunately, some unsuspecting, naive, and/or apathetic human resources managers and benefits purchasers are using the "free" inducement as justification to cancel comprehensive EAPs with existing vendors and replace them with watered-down programs. Eager to reduce benefit costs without directly taking away a part of a benefit package, these managers and purchasers embrace the free EAP. (Masi and Sharar, 2006).

Another critical issue facing the EAP industry is procurement – the way in which EAP vendors are selected. Historically, EAPs were sold via a direct discussion between an EAP provider and an organizational decision-maker or labor advocate. In this case, the EAP vendor had the opportunity to make a direct case and foster a direct relationship. Now, with many HR and benefits specialists overburdened and lacking specific expertise in health care purchasing, more and more large organizations are outsourcing their selection and review process to consultants and brokers, whose primary focus is on helping employers control health care spending in the short term. These third parties rarely have much understanding of the theory and practice of EAPs as a long-term strategy to manage behavioral risk. Many of them view EAPs as a kind of quasi-mental health benefit (offering, for example, five free visits) rather than as a tool to enhance or correct job performance. Others focus on the work-life and concierge services that are increasingly blended into (or slapped onto) an EAP and provided through the internet. (Masi and Sharar, 2006).

Brokers, in particular, seem to have little interest in EAPs that are not bundled or attached to larger or more lucrative products, such as disability plans, group life plans, managed behavioral health carve-outs, and related insurance products. Since commissions from EAP sales alone are insignificant, brokers prefer to sell EAPs that are embedded or attached in a "vertically integrated" fashion with other products. The vertical integration "pitch" is that an umbrella of products offered through a single vendor or contract offers administrative simplicity and a more coordinated continuum of service delivery. Whether the results of vertical integration match the claims is unknown, although EAPs in particular may now be dissipating as a specialized workplace intervention and less capable of salvaging an impaired worker than they were 25 years ago. (Masi and Sharar, 2006).

Some brokers push "preferred" vendors that give brokers commissions with sales awards, such as vacations. Commissions and incentives may work in automobile sales but they do not necessarily promote meaningful competition for the purchase of a health or human service like an EAP. Competitive markets work best when buyers are informed and engaged. While brokers and consultants may understand insurance products, fewer employers are using EAP procurement practices that result in the purchase of a high-quality program (Masi and Sharar, 2006).

THE SOLUTION

The international community must be aware of how the EAP field has shifted in the United States in the past 20 years. The international community must model itself as a profession and be aware of business model practices that have eroded many of the professional practices from the U.S. EAP field.

It is critical that the EAP field more dramatically professionalize their services. This can be done through support for professional education, support for accreditation, and support for CEAP credentials. The EAP field must develop sanctions as a method for monitoring practices by both EAP programs and individuals and must define methods for EAP roles.

The EAP field may not be able to do this and must consider redefining itself. The history of EAPs started with occupational alcoholism in the 1940s through the 1960s. It redeveloped to include mental health and problems other than alcohol in the 1970s and 1980s; it evolved again in 1985 into this integrated model of managed care and EAPs. Now, with health reforms and parity for mental health and substance abuse we need a new vision. It has been done before and it needs to be done again.

REFERENCES

Greenwood, Ernest. "Attributes of a Profession." Social Work, Vol. 2, July 1957.

Lubell, Myron Samuel. The Significance of Organizational Conflict on the Legislative Evolution of the Accounting Profession in the United States. Doctoral Dissertation, University of Maryland, 1978.

Masi, Dale A. and Sharar, David A. “Crises Facing the EAP Field.” Journal of Employee Assistance. Vol. 4, No. 4, 4th quarter. 2006.

Roman, P.M., Blum, T.C. "The Core Technology of Employee Assistance Programs", The Almacan, Vol. 15 No.3. 1985.

Sharar, David A. and Hertenstein, Edward. “Perspectives on Commodity Pricing in Employee Assistance Programs (EAPs): A Survey of the EAP Field.” World at Work Journal. 1st Quarter. 2006.