



What We Learned in 5 Years of Research on EAPs and Behavioral Health

Presentation abstract: This presentation offers highlights of a 5-year collaborative research project between Brandeis University's Institute for Behavioral Health, Harvard Medical School's Department of Health Care Policy, and MHN, Inc. a MBHC organization that provides stand-alone EAP, MBHC carve-out, and integrated products, funded by the National Institute on Drug Abuse (Contract #P50 DA010233). The research team undertook a series of studies looking at EAPs, managed behavioral healthcare and substance abuse treatment, including: A literature review of key issues and a proposed research agenda; A Survey of EAP users regarding perceptions and experiences of EAP services; Employer decisions about EAP design and services; Workplace stress, Organizational factors and EAP utilization; Integrated vs. MBHC benefits – Effect on access & utilization; Service Use patterns in Integrated & MBHC-only plans; Effect of EAPs on outpatient behavioral healthcare.

Presentation Bibliography

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*. 26(2):85-96 May/June 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.

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.

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. Oct. 2007. This column describes employee assistance program (EAPs) and identifies key issues for contemporary EAPs. 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 management consultation for early identification; further study of EAPs' effects on outcomes, such as productivity and work group outcomes; examination of the relationship between EAPs and other workplace resources; further examination of influences on EAP utilization; and development and testing of EAP performance measures.

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 Employee Assistance Program (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.

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. May/June 2010. In today's complex private healthcare market, employers have varied preferences for particular features of behavioral health products such as Employee Assistance Programs (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 that for this group of employers, preferences for the type and delivery mode of EAP counseling services are fairly universal, while number of sessions provided and choices for EAP-provided worksite activities are much more varied, and may be more reflective of the diverse characteristics, organizational missions and workplace culture found among larger employers in the US.

Merrick E, Hodgkin D, Horgan C, Hiatt D, Azzone V, et al. [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

Objective: To determine how behavioral health access and utilization patterns vary when employee assistance program (EAP) services are available together with employer-based managed behavioral health benefits compared to standard behavioral health benefits. Methods: The study is a cross-sectional analysis of secondary data from a national managed behavioral health care organization. Using claims and other administrative data from 2004, access and utilization measures were compared for enrollees in integrated EAP/behavioral health and those in standard managed behavioral health products. The sample was weighted to achieve exact matching on sociodemographics across product types (N= 710,014 unweighted; 286,750 weighted). Bivariate tests and logistic regression analyses were conducted to estimate the relationship between product type and utilization measures. Results: The proportion of enrollees accessing behavioral health services was higher in the integrated product (5.67% versus 4.75%, $p < .01$), as was the proportion accessing substance abuse services specifically (0.21% versus 0.17%, $p < .01$). Logistic regression analyses controlling for several covariates similarly found higher access in the integrated product for behavioral health (odds ratio [OR] 1.20, CI 1.17-1.25), and for substance abuse services specifically (OR 1.23, CI 1.04-1.46). There were also differences in client diagnoses and several utilization measures. Conclusion: Enrollment in the integrated EAP/behavioral health care product was associated with greater access, and different client characteristics and specific service utilization patterns, compared to the standard behavioral health product.

Merrick E, Hodgkin D, Hiatt D, Horgan C, Azzone V, et al. [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 employee assistance program (EAP) combined with a standard behavioral health plan (integrated plan) and a standard behavioral health plan.

Methods: The cross-sectional analysis used 2004 administrative data from the MBHO. Utilization of 11 specific service categories was compared. The weighted sample reflected exact matching on socio-demographic characteristics (unweighted N=710,014; weighted N=286,750). Results: 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) ($p < .01$) and substance abuse intensive outpatient or day treatment ($p < .05$), and the proportion using residential substance abuse rehabilitation was lower ($p < .05$). Conclusions: 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.

Hodgkin D, Merrick E, Hiatt D, Horgan C, & McGuire T. [The Effect of Employee Assistance Services in the Use of Outpatient Behavioral Health Care](#). Journal of Mental Health Policy & Economics. 13(4):167-174. Dec. 2010.

Nearly half of all US workers have access to an employee assistance plan (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 partially or fully substitute for outpatient behavioral health care services covered by the health plan. Greater availability and use of EAP benefits appear to reduce utilization of regular outpatient care, supporting the idea that the two types of care are to some extent perceived as substitutes. However, the substitution is not one-for-one, suggesting that patients and providers do not view these types of service as fully interchangeable.

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