# Episode 30 – Reimagining mental health solutions through data-backed care

[THEME MUSIC]

APRIL KOH: One day, we will have a world where guessing has no place in mental health care and people will go from what might work for them to what will work for them.

NARRATOR: Welcome to the "Cure for the Common Company", a podcast series looking at innovations in the world of employee health and wellbeing. Steve Blumenfield and other experts from WTW's Health and Benefits practice are talking to entrepreneurs and industry leaders who break ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

STEVE BLUMENFIELD: Hey, April.

APRIL KOH: Hi, Steve.

STEVE BLUMENFIELD: Hi, everyone. And welcome to the "Cure for the Common Co." podcast. This is Steve Blumenfield, Head of Strategy Innovation for WTW Health and Benefits North America. Today I'm excited to talk about Spring Health, a next generation EAP replacement and mental health solution that's taking the market by storm. Welcome CEO and co-founder, April Koh to the podcast.

APRIL KOH: Thank you so much for having me, Steve. I'm so delighted to be here.

STEVE BLUMENFIELD: Oh, we're so delighted to have you here. We're also delighted to be joined by one of WTW's clinical behavioral health thought leaders, Erin Young. Welcome, Erin.

ERIN YOUNG: Thanks for having me, Steve. I'm excited to be here.

STEVE BLUMENFIELD: You're always excited, Erin. It's hard to tell the difference today. So let's get this rolling. April, exciting solution, important space, tell our listeners a little bit about yourself and what led you to start Spring Health.

APRIL KOH: Yeah, so mental health is deeply personal to me. I struggled, myself, with my mental health for over 10 years. And I personally went through the trial-and-error process that so many other people go through in their own mental health journeys. I went through multiple providers, multiple programs, multiple treatments.

And it was really a nightmare of an experience. And thankfully, I found something that worked. I'm thriving today. But in reflecting on my journey, I was just so struck by how much guessing there was in my care.

And so I was very motivated to build a solution that would not only deliver faster access to care, as kind of all my peers around me were pursuing at the time, but also went beyond faster access to faster recovery by making sure each person is matched to the right care from the start. So, I partnered with the world's leading expert on computational psychiatry, Dr. Adam Chekroud, who is amazing. And I found some of his research and we connected over it and started the company.

STEVE BLUMENFIELD: Wow. Thank you for sharing that personal element of it. I'm sure other stuff will come out from all of us because it's a pervasive issue in this country and globally. But you said words that have not been uttered on this podcast before-- computational psychiatry. Can you just explain what that is?

APRIL KOH: Yeah, so I think computational psychiatry, I kind of cycle between a few kind of similar words or similar terms. So computational psychiatry is like the field of research that Doctor Adam Chekroud got his PhD on. It's basically the field of research around improving psychiatry using computational methods.

So he was one of the first to prove that we could actually use data to enhance clinical decision making by matching people to the right treatment for them from the start. So he was able to initially create an algorithm that was able to differentiate among different antidepressants and choose the right one for someone struggling with depression, for example. That's what I mean by computational psychiatry.

But precision psychiatry is actually the larger kind of field of research that encompasses computational psychiatry. It's kind of the field of research that explores how to make or how to personalize psychiatry or mental health care using data. And when people think of precision medicine, they often think of genetic data. But for us we think about it more broadly.

And Adam was actually one of the first to prove that we could use self-report questionnaire data to be predictive of treatment outcomes. We at Spring Health, we've actually kind of coined a term or branded a term called precision mental health care. And that actually is the core of our differentiation against everyone else in this space. And I'm happy to get into that. But it basically comes from precision psychiatry and computational psychiatry.

ERIN YOUNG: So that's really interesting, April. I think that precision in terms of the behavioral health space has always been somewhat lacking. So take the computational decision making, the analytics, that's pretty unique to Spring Health's model. So tell me a little bit about how a member experiences that with Spring Health. What can someone expect? And how do you keep them engaged?

APRIL KOH: Yeah, absolutely. So on the surface, the member experience is actually quite straightforward and simple. We try to keep some of the fancy computational stuff invisible to the member. But I'll kind of talk about how it plays into the experience.

Basically the member signs up. Let's take General Mills, which is one of our customers. And say General Mills employee hears about Spring Health. Maybe they see a poster in a break room or maybe they receive an email about Spring. They click through, they sign up, they take a comprehensive assessment.

Our assessment is very deliberately one of the most comprehensive, if not the most comprehensive assessments in our space. And we've designed it to be comprehensive because we want to really know the individual and have the rich set of data on the individual so that we can personalize their care to the fullest extent.

So we screened them for depression, anxiety, PTSD, bipolar, eating disorders, really the full gamut. And then we create a personalized care plan for them. And that's where actually the precision mental health care kicks in. We use our algorithms to understand what is most appropriate for the individual.

So going back to my trial and error story that I experienced, our goal is to minimize that trial and error as much as possible for the person and match them to the right care for them from the start. So we create a care plan. It's very sequential.

And then we actually pair them with a care navigator who's a human. We call them the fairy godmothers and godfathers of the Spring Health experience. But they're actually licensed social workers, clinical social workers, who basically are paired with each member one to one. They're the same person and the same guide throughout the entire journey for that person.

And then that person actually makes sure that member receives the care and is actually getting better over time. And then we deliver seamless access to whatever it is we recommend. So if we recommend therapy, we have a global provider network at this point. If we recommend mindfulness exercise, people can access that right on the platform, as well.

ERIN YOUNG: That's awesome. I mean, as a social worker I love to hear people using people in my field to do this and thinking about making sure that people are getting better. It's really hard. There's not really a homogeneous definition of wellness or remission and what that looks like in the mental health space.
So how does Spring Health define wellness? What does it look like? What's a good outcome, successful outcome, for a member who uses Spring Health?

APRIL KOH: I love this question. So I mean I think first and foremost, we need to appreciate that people are arriving at Spring Health at different baselines. So we serve employers and all of their employees and their family members. And these employees and family members are on all different parts of the mental health spectrum.

So some people might be subclinical and they might be just dealing with a little bit of extra stress maybe because their spouse just got COVID or maybe they're just going through something right now in their life. But then some people might arrive on our platform and be suicidal.

And so our goal is to really be as comprehensive as possible and make sure that we can care for the entire spectrum as best as possible. So for us, the way that we measure success is first, when someone arrives, we have to take our clinically validated scales. If they are struggling with a clinical disorder and they need clinical treatment, we then, at that point, start to track the severity of their condition over time.

And we implement something called measurement based care, which is the gold standard within behavioral health care.

And it's essentially the act of routinely administering these clinically validated scales to measure the severity of the condition. And then we actually feed that data back to the provider so that the provider can adjust the course of care based on that data. And there's a lot of literature to prove that measurement based care is lead to the best possible clinical outcomes.

And so going back to the question around how do we measure success, what do we mean by mental health, ultimately, we define that as remission as defined by these clinically validated scales, like the PHQ 9 and the GAD 7.

STEVE BLUMENFIELD: So let's go deeper on those, to that member experience with that measurement. It sounds like it was not delivered by the clinician. Is this delivered through an app experience, is this online, is this a survey that gets sent home? What is the input mechanism for that?

APRIL KOH: The most standard way of collecting this data is through the platform. So we do automatically remind the user or the member to fill out these scales and report back to the entire care team how they're doing. So the data doesn't just go back to the provider. It goes back to the care navigator, as well.

And something that's truly unique about Spring Health is that we're really trying to optimize the care journey in real time. So if someone is filling out this questionnaire and the severity has escalated, then the care navigator has built in triggers in the platform and they're notified. And they might reach out to the member, as well.

So it's very dynamic. The entire care team is kind of mobilized around the data points that we collect.

STEVE BLUMENFIELD: But April, let's just-- I'm trying to make this a little bit more tangible for folks who are listening in because I know that the member experience is going to be great. But you could envision that happening a few ways. You can envision a situation where there is some scales that you're bugging people and never fill out. So there's really not much response. Or you can envision in a highly interactive app or other kind of system where people are engaging multiple times a day.

Give us a physical sense, if you could, a tactical sense almost of what that member is doing each day or each week or each whatever that puts this stuff in front of them, that they're experiencing not just when they have a call with a therapist or a care manager.

APRIL KOH: They might get a notification on their phone. They might also get a ping from their care navigator reminding them to fill out this scale. Very easy to complete. You just go log on to the Spring app. If you're on your phone, you can also just go online to the Spring Health website. And it's just a few questions that you have to answer to complete your check-in.

Also, if people don't complete those check-ins there are other ways for us to deliver care in a data driven way. So we very deliberately structured our provider network in a very centralized way. We often say that it looks a lot more like a global group practice than a traditional provider network. Because we have centralized electronic health record system, we have centralized protocols, centralized oversight and training.

So it's very centralized. And so what that enables us to do is collect data via providers or care navigators that they might collect through conversations with the patient. And then they input that data into our systems and we have that data available to us in that way. So the patient or the member doesn't necessarily have to fill out the assessment themselves. Sometimes we have data through other means.

STEVE BLUMENFIELD: Got it. You're going to find little ways through lots of interactions to get that. And what about lower acuity, before someone is engaged. How does someone start if someone doesn't know what they need, or if they're with an employer and Spring Health's available, and they just want to begin using the platform. Like what does that look like?

APRIL KOH: Yeah, absolutely. So we have something called Moments. And it is our mindfulness and meditation library as well as our digital cognitive behavioral therapy tools. So it's essentially a very comprehensive library. You log on to the platform and you can browse through and select breathing exercises, mindfulness exercises, meditation exercises, and engage with the content that way. It's very much a self-serve model.

What's really cool about Spring Health is when you first arrive onto the platform during the comprehensive assessment, we ask you what your goals are. We ask what you're trying to achieve with our platform. And then we actually map personalized recommendations onto those goals.

And so on our platform if you say, I want to sleep better. Then we'll surface sleep exercises. And it's very dynamic. And the whole goal is precision and personalization.

ERIN YOUNG: That's fantastic. So if someone-- I'm going to bring up a hot button issue-- identifies that they have a substance use disorder, which as we know, tends to be a problem nationwide, the struggle there is that oftentimes for SUD you need a physical level of treatment.

So how is Spring Health attempting to forge paths into the substance use disorder space? And what's your approach, and maybe what are some of the outcomes that you plan to measure or you hope to see?

APRIL KOH: Great question, very timely question, actually. So there are a few elements that you touched on. First, like virtual, versus in-person. So I'll address that first and then I'll kind of talk more specifically about substance use disorder.

So we are virtual and in-person. I wanted to clarify that. So we're not a purely digital app. We do connect members to in-person resources, whether it's for substance use disorder or not, even though I think the

world has gotten a lot more comfortable around virtual care and it's become much more standard now post-pandemic. I think some people still have a preference for in-person care.

STEVE BLUMENFIELD: Is that in-person care part of a Spring network? Is it national, is it global? Like that's a big statement.

APRIL KOH: Yeah, it is. And we've taken care to do that. I will say it is expensive for us to invest in. But we heard loud and clear from customers and members that this is very important to them. And so we've chosen to make the investment. And I say expensive because providers don't want to go back to in-person care.

So now you just have to try extra hard to find a sufficient supply of providers willing to take patients in person. But I mean, I think that leads into to my next point, which is we do have a very significant kind of in-person outpatient network.

But going back to your question around substance use disorder, our goal and our vision is to be a lot more than just an employee assistance program that deals with short term outpatient services like therapy and coaching and psychiatry. Our goal is to be able to own the entire behavioral health spectrum and serve patients across entire acuity spectrum.

So that, for us, means being able to own networks of hospitals and facilities and rehab centers. And so we're quickly building that out, as well. And we're at the very early stages of doing that. But yeah, it's a really exciting time for Spring. We're going way beyond just therapy and psychiatry.

STEVE BLUMENFIELD: Good to have ambitious goals.

APRIL KOH: Totally. We are a $2 billion company, after all.

STEVE BLUMENFIELD: Well, let's get right to a question we usually ask a little later on. But I think it's worth asking now. Five years from now, if you were wildly successful and Spring were on the cover of a periodical that you really respected, what would that headline say?

APRIL KOH: Oh man, so I-- so you did ask me to prepare this question. So I did actually give it some thought. And so I will say just even thinking about the prospect, it's interesting. Because I think some founders and CEOs dream of being on the cover of Forbes or whatever.

I'm actually an introvert. And I don't like being in the spotlight. And I've kind of very accidentally and unintentionally been thrust into the spotlight, I guess. And so when I was thinking about this question, I was like OK, it has to be something about the company and definitely not about me.

I guess I would want the headline to say something along the lines of, Spring Health-- the Future of Mental Health Care, or Leading the Way with Precision Mental Health, the New Standard for Mental Health Care. Because we do believe that the future of mental health care looks a lot more data driven.
We believe that one day, we will have a world where guessing has no place in mental health care and people will go from what might work for them to what will work for them. And this will be enabled through data. And so yeah, something along those lines.

STEVE BLUMENFIELD: Love that notion of, a day when guessing-- I won't get it right exactly-- but when guessing has no place in mental health care. Yeah, that's great.

ERIN YOUNG: So thinking about that, too, the mind body connection has been super-- well, we've been digging into that a lot. And it's really clear now that you can't separate the mind from the body. So Spring Health is a mental health solution. But we're going to have-- there's going to be some physical health crossover. So, what's Spring Health plan to connect physical health to the mental health, either through your virtual colleagues in this space, or what that looks like from an internal build of what you might be doing from the physical medicine side of things, digestive health, fertility, things like that.

APRIL KOH: Yeah, absolutely. So we actually get this question quite a bit because our customers are very interested in comorbidity and the fact that physical illness is often very comorbid with mental illness. And they also understand that there is a lot of kind of ROI on the line in addressing comorbidities more effectively.

They know that people with a mental health disorder that have a physical disorder as well just spend a lot more in their health care and cost a lot more to health plans. And so they're very interested in how we deal with the comorbidities.

So some stats that I wanted to anchor our conversation around, 2/3 of people with a mental health diagnosis also have a medical disorder. And nearly one in five adults are living with both mental and physical health condition. And we also know that the rate of depression is 2 times as high among people with diabetes versus the general population.

So we've spent a lot of time thinking about, OK, if we identify that someone has a physical illness, how do we take care of that individual in a way that's differentiated? And so for us, what we've done is we've created a network of kind of vetted partners that are newer next gen solutions or point solutions for some of these conditions.

So we have partners that deal with MSK, specifically, and diabetes, and fertility. And our medical affairs team has really vetted for the best of the best solutions that are clinically validated and solutions that we can really get behind. And so when we work with a customer, we'll say, we know that comorbidity is an issue. We know that one in five adults are living with both mental and physical condition.

So we want to best support the people who are coming into our platform who raise their hand and say that they're dealing with the physical condition. Here are some partners that we work with and we are close to and we vetted that we would love to refer your members to. So we start the conversation that way.

Another thing that we've been doing is working with strategic partners like Guardian, for example, to go through their claims data and target specifically care to members with medical conditions and market Spring Health more heavily, potentially, to those people with those physical conditions. Because we know that there's a greater incidence of mental illness within those populations.

STEVE BLUMENFIELD: It makes me wonder about the integration outside of your own network and your partners. So you've got your own EMR. And you're smart about the data, that's coming through really clearly. You and Adam are thinking about that constantly. You have your little introverted sessions where you're talking about data and computational stuff.

And then suddenly someone, an employer, has a network, they've got a network of providers that they're providing for physical health and for other types of things. Or maybe someone would rather stay with a current therapist that they have and use Spring at the same time. So what do you do in those situations? How do you connect outside of Spring?

APRIL KOH: I would say in a few ways. One, we do have a list of vetted partners that we prefer to work with, but we're very-- or we lean heavily into customization for employers and we want to work with whatever partners and vendors that they already have in place. And so in the implementation process, we get to know these other vendors and these other resources across their entire ecosystem.

And then we heavily train our care navigation team on whatever is available to the member within that ecosystem. So care navigation is a huge part of the Spring Health experience. Essentially, as I mentioned, it's fairy godmother, that basically is like your quarterback. I'm now mixing analogies. But like—

STEVE BLUMENFIELD: Fairy godmother quarterback. I'm sure I've seen that somewhere in a movie.

APRIL KOH: Yeah, and I don't even watch football so that's funny.

STEVE BLUMENFIELD: It may have been a hockey player.

APRIL KOH: But yeah, so they're responsible for making sure that you get whatever resource you need. And so we train them in the implementation process on whether an employer has a CLEO or some other fertility benefit or MSK benefit. And the care navigator knows to refer them that way.

I would say the other piece around integration that I think is critical to know is our health plan integration. So we were the first mental health kind of next-gen EAP provider that offered health plan integration. So what that means for us is we integrate our billing through health plans as well as we dive deeper into health plans and give white glove kind of referrals via our care navigation into the health plan and the resources that the health plan provides.

So what that looks like is we are able to process our provider visits as claims through the health plan. We set up customer specific networks for our customers. And then operationally we have partnerships with health plans where they kind of tell us what resources are available through their network. They give us all of the numbers that we might need for our care navigators. And so our current navigators are able to provide a much more white glove experience in kind of referring people into the health plan.

ERIN YOUNG: So you just mentioned there some of the client specific networks. Can we just click into that? And maybe you can just tell us what that means so it's understandable for some of the listeners.

APRIL KOH: Yeah, absolutely. Basically the way that you can think about Spring Health in a very, very simplistic sense is we are like an extra provider network for your employees. So given the fact that most behavioral health plans really struggle with access and transparency around capacity and clinical outcomes, you get kind of a super charged network that you can just bolt on to your existing health plan to increase access dramatically and increase quality dramatically for your members.

And so from a billing perspective and from a customer-specific network perspective it works in that way, in that we look like another behavioral health provider. And then we bill - we basically have a CPT code, or a set of CPT codes that we bill under. We have pre-negotiated rates with the employer.

And then we work with the TPA and the health plan to submit those claims and get paid. I believe that this is actually unique to Spring Health of all of our main competitors. Some of our competitors have pass through arrangements. Or maybe they directly bill the customer. We can directly build the customer as well. But some of our customers prefer the claims based billing process.

But I think that our competitors don't really lean into this claims integration. We're very proud of it because it lowers administrative overhead for our customers.

ERIN YOUNG: Absolutely lowers some of what I would call member abrasion, maybe. Because no one wants to take a bill and have to get a reimbursement from their health plan. So there's definitely some benefits there. So thanks for clarifying that. I think it's something that-- it's definitely a differentiator but people are very interested in.

STEVE BLUMENFIELD: Yeah, absolutely. All right, can I geek out for a second? Back to the topic of computational psych with you. And you can phone a friend with Adam if you want to, here. But listeners who have heard prior pods will know that we have had some pretty significant experiences in our family with mental health and all parts of the system.

And for a time I was a facilitator for NAMI, the National Alliance on Mental Illness. I used to teach a family to family course in which you get families together and share experiences. And there's a standard NAMI program to take people through. There's an entire session, a three hour session, on medications, how they interact with the brain, how little we know about this, and how relatively ineffective medication can be and how hard it is to figure this out.

One of the saddest things-- remember, you've got families out there who are at their breaking point, maybe with a relative, often a child, who they feel that they've lost in many cases. And you're trying to help them through this 13 week program. They're so committed they're going through a 13 week program to kind of feel like they are not alone and understand this thing.

At the end of the session, the message is yeah, we understand you've been through 10 different meds and nothing seems to work. And it's really, really hard. So I'm excited by the current environment in which we are beginning to understand through genetic testing, what meds work and don't work.

So here's the question. How good is the science? How close can we get? Are there certain indications, certain diagnoses where it's better or worse?

APRIL KOH: Computational methods within psychiatry are very nascent. And I do know that our technology that we have and the research that we have at Spring led by Adam is some of the most cutting edge research. And that research concerns depression. So we've researched depression.

We've also researched schizophrenia. We've researched some anxiety and PTSD. And so there's a number of kind of diseases that we've studied and created machine learning algorithms for. So I would say so far, that's the extent of research that's available within our version of computational psychiatry.

But look, there's so much more that we have to do. Like right now we're able to discriminate among a set of medications, a set of antidepressants for depression. But there are hundreds of medications and hundreds of treatments for behavioral health issues and disorders. And there are so many behavioral health issues and disorders out there.

And so our goal is to create the infrastructure and a system that allows us to collect a lot of data on a lot of patients so that we can start to build algorithms for every use case, so for every condition, every treatment.

And so I would say our focus right now is building that infrastructure. So an analogy that I just used with my team is Google Maps or Waze. Originally there were paper maps. I would say that that's more of traditional care. I won't name them, but the traditional networks, the traditional way of doing mental health care.

And then there's MapQuest, I kind of vaguely remember. But it was like they kind of just digitized the paper map. And it wasn't dynamic. It wasn't real time. And that is what I would argue our competitors are doing. They're kind of digitizing the care, but they're not really going beyond that.

And for us we're trying to build the Google Maps or the Waze of mental health care. And what that means for us is real-time course correction, or real-time insights or real-time optimization of a mental health care journey.

In order to get to the Google Maps of mental health care, there's so much you have to do. Like Google Maps did not get created in one year. It was actually a stealth project that Google undertook for like many, many years that required a lot of infrastructure to collect the data that they needed to ultimately create this Google Maps system that is so remarkable.

Even today when I use Google Maps, I'm so-- I don't know, I'm just—

STEVE BLUMENFIELD: How did you know that? I have goosebumps from that analogy. That's fantastic. So next time I'm on the phone with my therapist, if I see a car come around with like a camera spinning around, it's got Spring on its side, I'm going--

APRIL KOH: No, but yeah, we're setting that infrastructure. Yeah, and collecting the data to enable that. And there's a long way to go still. But we're really excited and we're moving quickly to build that vision.

STEVE BLUMENFIELD: That might be the headline you should use, Google Maps for mental health has arrived.

ERIN YOUNG: So I was going to pivot real quick. Because quality is such a hot topic. So quality in the behavioral health space. And so you're talking about analogies. And when I'm working with clients or with colleagues, I oftentimes use the analogy of medical conditions, where quality is more tangible.

So I say, I use a knee replacement frequently. Because everyone knows what a knee replacement is. You know you got a quality knee replacement when the surgery goes well, and you don't get an infection and there's no complications, and you're back to an expected level of functioning in this really clear window of time-- six weeks, six months, whatever that might be.

And unfortunately quality and behavioral health just is lagging behind in some ways. And we know that we have quality treatments that are evidence-based. But how does Spring Health track the quality of care being provided? And what are the outcomes for you that demonstrate that quality, whether it's the treatment that members are receiving, or the providers that are providing the treatment?

APRIL KOH: Yeah, I love that. So I would say quality is where Spring Health shines today. So we have something called Candela. And by the way, Candela is a unit of measurement for how brightly a star shines. Candela for us is the name of our provider performance tracking tool. So we want to measure how brightly our stars shine, our providers shine.

And so Candela actually gives us near real time insights into how our providers perform. And it's actually the backbone for our pay for performance outpatient network and/or it enables our pay for performance structure. As far as we know, we have the first pay for performance outpatient network in the country or in the world.

And in that pay for performance network, we pay our providers for their performance, which we measure through Candela. So Candela collects a number of variables or a number of data points on our provider's performance over time. We separate performance into two categories-- operational performance and clinical performance.

So operationally, we might look at things like how many times does provider cancel, how many times are they late, how frequently do they take notes, how much do they adhere to note taking. There's a lot of evidence to show that even just a sheer act of taking notes in a consistent way leads to better clinical outcomes.

So those are some examples of operational metrics that we track. Then there's clinical metrics. How many sessions on average does it take for these providers', this provider's patients to recover? Or how long does it take for their patients to recover? Or what percentage of their patients actually recover. So we look at those types of metrics, both operational and clinical, and we use those metrics to really understand how a provider is performing and then we actually pay them for their performance.

ERIN YOUNG: That's awesome. I love hearing that.

STEVE BLUMENFIELD: That gives me hope. Yeah, I hope that we can actually turn an art into a science, if you will. The art of delivering care into a science. Because it is tough. The brain is a tricky place for all of us.

APRIL KOH: Yeah, agreed.

STEVE BLUMENFIELD: All right, so here's a bit of a different question. These days, you see direct to consumer approaches everywhere. And some of these companies have gotten really, really big and even emerging with direct to employer plays and health plan plays. They're going right to companies, offering anything from meditation to resilience, and maybe even pairing that with some therapy or other endpoints that are more clinical.

What is your take on DTC invading the space, if you will? Are you are you seeing much of that? Is that impacting your business? What's the benefit? What's your observation about that?

APRIL KOH: I'm really excited for the space, generally. I think it's getting a lot of capital. I think it's getting a lot of attention. This means that the stigma around mental health care is largely going away. And there's the mass consumers' appetite for mental health is increasing. So I think that's overall a great thing.

That being said, I do worry about hypergrowth plus mental health. It's a tenuous balance. And I think that there is a level of recklessness that can come with the hypergrowth kind of trajectory, specifically applied to health care. We think about that all the time, because we are, by every definition, a hypergrowth company and hypergrowth startup.

We know what it feels like to feel the pressure of venture capitalists to grow, grow, grow. A lot of tech companies are pressured to grow at any cost. And in health care the cost is human lives. And so we have been very cognizant of that tension from day one. And we have invested very, very heavily in clinical rigor, scientific evidence.

And we've invested in that even knowing that might slow us down, ultimately commercially, initially. I'm not seeing some of that focus on evidence and clinical validation evenly across our space. There are some companies that have ignored that need altogether and just don't think about evidence. They don't think about clinical validation.

Some companies I would say really push drugs very aggressively on their patients, because that's how they make their revenue. And I think misaligned incentives like that can be very, very harmful for our space. So I'm optimistic, ultimately. But I am also a little skeptical of some of the things that have emerged recently and just worried for the space. And I really hope that this doesn't hurt this brand of digital mental health care in the long run.

I just encourage all of my peers to really remember why we all entered this space in the first place. We all care deeply about fixing mental health care. I don't think that we should lose sight of that. So I have a lot of admiration for all the players that are out there. But I think the focus on clinical evidence and clinical validation is uneven.

STEVE BLUMENFIELD: So, good in that lower stigma, good and that's a sign. There are some watch outs, and you still believe the path that Spring and some of the more clinically and data oriented companies are going as the right one?

APRIL KOH: Yes, and I really, really believe that we are the only one or we are one of the only ones, or maybe the only mental health solution that is thinking very critically about matching people precisely to what will work for them, versus pushing a specific modality or specific type of treatment onto the patient.

So I think that the key to the future of mental health care is really appreciating the fact that everyone's mental health journey is different and we need to tailor the mental health screening to each individual.

ERIN YOUNG: So I think that clinical rigor is so important. It's one of the things that I talk a lot about with clients and colleagues here. And so as you were developing Spring Health, I'm going to ask this question, where is it that you have found the challenges or the need to pivot? Call it failures, call it opportunities, call it what you will. I think that sometimes those are most telling about just where you need to shift for a better ultimate outcome.

APRIL KOH: I love that. Are you talking about just generally for the company, or specifically for the employer facing product?

ERIN YOUNG: I mean, I would take anything any way that you want to answer that.

APRIL KOH: Yeah, so I will tell you one big pivot or the pivot for Spring Health. And I don't know if it'll be super interesting to employers. But the story of Spring Health is that there was this incredible IP that was developed at Yale by Adam, which we got the exclusive license for and used as the foundation for the company and for our initial product.

The IP was the machine learning algorithms within computational psychiatry that I was kind of telling you guys about earlier. But we thought, OK, we have this way of predicting treatment response within behavioral health, so why don't we go to the folks that prescribe the majority of antidepressants in the US for primary care providers, and let's sell a clinical decision support tool to primary care providers.

So that was our initial go-to-market, actually. And we sold to health systems. And we thought we can equip these PCPs with this amazing software that would help them select the right antidepressant for the patients that they saw. And it didn't work. And it didn't work for a number of reasons.

STEVE BLUMENFIELD: Thank you. It's great to have an entrepreneur on a show saying something that didn't work. Thank you.

APRIL KOH: Yeah, and I think ultimately the big learning from that, by the way-- or there were a lot of learnings. But what I will say, what we really took out of that experience was that in order to make the impact that we wanted to make on mental health care, we need to kind of rebuild the entire system and own as much of the system as possible so that we could collect the most amount of data possible and the richest set of data possible from providers and patients so that we can actually get much more precise about the treatments that we recommend and the treatments that we deliver.

So to be a little bit more concrete, we realized that we needed to own the provider network so that we could have greater proximity to providers so that we can ultimately have greater influence around the data points that we collect so that we can enable this vision that we had. So with the previous business model of going to health systems and kind of selling to providers versus having them as part of the company, we just realized that we wouldn't be able to collect the data that we need to enable this vision that we had. So that was the biggest learning. There are so many other learnings from that experience that I can get into that. I don't—

ERIN YOUNG: I mean, that's a good one. That's a really good one. No, I appreciate that. So in a different direction, if Spring Health were an animal, what would it be?

APRIL KOH: Yeah, I think that it would be a pigeon. Because—

ERIN YOUNG: I love it. Tell me why.

STEVE BLUMENFIELD: I want to let that sink in for a second.

APRIL KOH: Hear me out.

STEVE BLUMENFIELD: Pigeon. All right.

APRIL KOH: So I live in New York and there are lots of pigeons here. But did you know that—

STEVE BLUMENFIELD: There's lots of stuff-- one pigeons there, too.

APRIL KOH: They're actually called rock doves, did you know that? And I thought that was so poetic. But the reason why I say Spring Health is a pigeon is because it is a type of dove, technically. And doves are symbols of hope. And we need Spring Health because we believe in the season of spring as the season of hope. And we want to give that feeling of hope to every single member that we touch.

So I would say in that way, the pigeon is appropriate. But also pigeons are incredibly smart. And I would say they're very innovative and they're very fast. They're actually one of the fastest animals in the world. And they're—

STEVE BLUMENFIELD: If you say they're focused on data, I'm just going to draw the line right there.

APRIL KOH: I was, well I mean—

ERIN YOUNG: They're fast. I mean, they can get a Cheeto off the sidewalk like super quick.

APRIL KOH: Yeah they're resourceful, they're fast, they're smart. Yeah, I think we're a pigeon.

ERIN YOUNG: I like it.

STEVE BLUMENFIELD: Awesome. I did not realize that they were called rock doves. Well, since we're out there already, let's go out there a little bit further. Let's say Spring was a mythological creature, like a Greek god or Roman goddess, what would it be?

APRIL KOH: I struggled with this one. I would say Zeus because we're the best in the space. And I would say yeah, we're the leading mental health solution in the space. And Zeus is the king of the Greek world, right?

STEVE BLUMENFIELD: Maybe pigeons came from Greece, originally.

APRIL KOH: I went from pigeon to Zeus, I don't know. I'm giving people a very strange picture of Spring Health.

ERIN YOUNG: Clever editing will help that.

STEVE BLUMENFIELD: Your new logo like, maybe you could have Zeus throwing thunderbolts at pigeons, or something.

ERIN YOUNG: In my opinion, behavioral health care has really lagged behind in terms of innovation just for years. And I've been in the field for almost 20 years. And if there's been a silver lining to COVID at all, if you can say that COVID has had a silver lining, I would say that it really legitimized the virtual behavioral health care and normalized a lot of treatment.

We have been seeing anxiety and depression increasing across adults and pediatrics. And people are seeking out this care in a different way. So what are some of the outcomes from the pandemic that you would like to see stick around for behavioral health?

APRIL KOH: I want people to continue to talk about mental health. I think the dialogue around mental health was really enabled by the pandemic. CEOs we're talking about their mental health. And they were actually some of the ones who were struggling the most with their mental health, I will say, probably. In boardrooms we're talking about employee mental health. And I want those trends to continue.

The virtual care piece is very much on point. I think that a lot of providers and patients tried virtual care due to the pandemic for the first time. And a lot of them love it and aren't going back. So I'd love to see that stick around.

And yeah, I think that the general demand for the increased demand for mental health care obviously I would love to stick around. And I love that companies have such a higher standard for mental health care now. I would say 2021 was a big year for Spring and for the mental health field and for the digital mental health space.

But I would say 2022 is probably going to be even bigger. Because I think now the majority of large companies, large employers, are releasing RFPs and they're fed up with their traditional EAP solutions and they're looking for something better.

ERIN YOUNG: I hope that is the case, too. I've always sang the song that it is an incredibly important thing that people, companies can't forget. If you're investing in your employees you really need to invest in their wellness and their mental health and continue to have that conversation.

I also think it's very powerful that you just said, having CEOs, having senior leaders really talk about this from a personal experience has significant positive impact on their employees and the desire for them to seek out treatment, which is great. So I totally agree with that.

APRIL KOH: I would say maybe another one, by the way, is-- or one that I'm not super optimistic by but I think it's a trend that, related to a trend that I'm excited by which is the conversation around youth mental health.

So we are in a youth mental crisis. The suicide rate is increasing alarmingly right now among specifically the youth. And so I think it's opened this opportunity for people to talk much more about youth mental health. Employers are asking for mental health solutions that cover not just their employees, but their employees' family members and children, whether they're children that are four, six, eight, or their children who are adolescents and teenagers.

And so that appetite for a solution that covers the entire family I think is a good thing to come out of the pandemic and I hope we'll persist.

STEVE BLUMENFIELD: So glad you brought that up. And let's just talk about Spring with regard to that.

APRIL KOH: So I would say Spring is really focused on a number of things in this next year. But I would say our key focuses are global and family. So we are building global parity for our platform and services. So anyone, regardless of what kind of country you live in, will receive the same Spring Health experience.
And that means taking a translated and localized assessment, getting a care plan that makes sense culturally to you and getting a care navigator who is fluent in your language and culturally aware of your background. So that's one area of focus for us.

And then family is a huge focus for us, as well. So we made this decision mid last year to really invest a ton of the company and our resources around building a complete family mental health solution. We realized that we had a really extraordinary opportunity because we already were treating adult individuals, and we were already delivering relationship counseling. So we were already kind of treating the individual, as well as their relationships.

And we were starting to build a pediatric network, as well. And so we started to see this tremendous opportunity ahead of Spring Health where we can kind of bring all of those pieces together to create a really cohesive and effective family experience so that family members can individually and confidentially access Spring Health as they need, but also people can experience Spring Health together.

And we've received so many testimonials of parents talking about how they would go through a mindfulness exercise with their child, or maybe someone would do a Go On Moment, which is in our Mindfulness Meditation library, and learn about how to deal with the stresses of parenting and how that they've applied those learnings to their relationships with their family. So it's experiences like that we want to enable through kind of a cohesive family experience.

ERIN YOUNG: In the pediatric space, knowing that we have a lot of complicated mental health diagnoses within there, things like autism, pervasive developmental disorders, reactive attachment disorders, there's many specialists that can provide care in a well-rounded way. And so how is Spring Health looking to expand the pediatric network accordingly?

APRIL KOH: So I would say that we apply the same standards of diversity that we have in our adult network to our pediatric network. So diversity has been extremely important to me from day one, diversity meaning the diversity of race and ethnicity and gender of our network, but also the diversity and specialty of our providers.

We have the same kind of quotas and standards for diversity for pediatric care, as well.

STEVE BLUMENFIELD: Well, let's talk about a pet peeve of many that leads to, provider directories. So anyone who has spent any time on a traditional provider directory for mental health has found that, much to our surprise and disappointment, every therapist treats everything.

And it's really hard to find out until the first or second visit, even, that the thing that you're really focused on was on the list but not really what they do. So how does Spring attack that?

APRIL KOH: Yeah, so in a number of ways. So one, in our vetting process, we have a very rigorous vetting process. It's a seven step vetting process. We actually test for knowledge of different modalities.

So instead of asking providers to check the box for whatever modalities or specialties that they're comfortable with, we actually test them for it. And so that goes into our process for attaching certain specialties to the providers when they're displayed on our site. But also, we go through an exercise in their onboarding where we ask them to stack rank their specialties.

And we only use their top three. Because in some providers, they might check off 20, and then they might show up in every single search. And we don't think that that's particularly effective.

STEVE BLUMENFIELD: Excellent. That's so great to hear.

ERIN YOUNG: And it sounds like, too, because you have such a finger on the pulse of everything that's happening in your network, it sounds like the real-time access, what can I expect if I go through your assessment and I'm matched with April, how quickly can you see me?

APRIL KOH: Oh, yes. So you can actually talk to a licensed clinician or licensed therapist immediately. Because all of our care navigators are licensed clinicians. But in terms of your own provider that you will work with as their patient, you can see them on average as early as the next day. So 1.1 days is the average wait time to see a provider.

ERIN YOUNG: That's fantastic.

STEVE BLUMENFIELD: That's a great answer. Wow, April, what a great conversation about Spring Health. Learned about Zeus, learned about pigeons as doves and Cheetos, not to mention data, data, and more data. Outstanding discussion.

April Koh, thank you so much, not only for you and Adam starting a great company to solve an important need, but also for being a great guest here on "Cure for the Common Co."

APRIL KOH: Thank you so much for hosting me. This was such a fun conversation.

STEVE BLUMENFIELD: Oh, it's a pleasure. Erin, every time we talk, it's a great pleasure. Thanks so much for being a great co-host.

ERIN YOUNG: Thank you so much for having me, Steve. Mental health is absolutely a passion. And April, this was wonderful.

STEVE BLUMENFIELD: Awesome. It's a love fest. Thanks, and much love, most of all, to the listeners of the "Cure for the Common Co." podcast. Thank you, we appreciate you being here.

Don't forget to subscribe, to tell your friends, to rate us. And most of all, have a great day.

[THEME MUSIC]

NARRATOR: Thank you for joining us for this WTW podcast, featuring the latest perspectives on the intersection of people, capital and risk. For more information, visit the Insights section of wtwco.com.