



Rob Rebak

EDITORS' NOTE Rob Rebak assumed his current post in June of 2016. He joined AbleTo from Sharecare, where he served as President, Consumer Solutions. He joined Sharecare through its acquisition of QualityHealth, where he served as Chairman and Chief Executive Officer. Earlier in his career, Rebak spent 10 years in leadership and commercial roles at Pfizer, Merck, and Bristol-Myers Squibb.

COMPANY BRIEF AbleTo, Inc. (ableto.com) was founded in 2008 to improve patient outcomes and lower costs by providing treatment that integrates behavioral and medical healthcare. AbleTo's structured therapy programs strengthen medical recovery and self-care among members with chronic or complex clinical needs. AbleTo analytics, coupled with their highly trained engagement team, identify members with unmet, often undiagnosed, behavioral health needs. A proprietary telehealth platform connects individuals and their care teams with AbleTo's nationwide network of licensed providers who deliver weekly sessions by phone or video. AbleTo programs are clinically proven to improve both behavioral health and medical outcomes while lowering overall spending for high-cost, high-risk members.

Will you discuss the history of AbleTo?

The company was founded in 2008 in New York City by Michael Laskoff. Michael was inspired to start the company after he was diagnosed with ADHD as an adult and became a consumer of behavioral healthcare services himself. Frustrated by the lack of clear treatment guidelines, consistent treatment quality, and provider access and cost issues, he saw the opportunity to do behavioral healthcare better.

In its earliest days, the company was more of a direct-to-consumer model, primarily focused on bringing transparency, rigor, consistency, and quality of healthcare to the treatment of ADHD.

However, the model evolved quickly in several important ways. The company shifted from a direct-to-consumer to a payer-funded model and was fortunate to have Aetna sign on as their first major national client in 2011.

Behavioral Health

An Interview with Rob Rebak, Chief Executive Officer, AbleTo, Inc.

Also, in part because of the payer support and increasing recognition of the significant avoidable cost attributable to co-morbid behavioral and medical health issues, the company selected certain medical condition targets where there was clear clinical need and where payers were likely to see a good return on their investment. We started with Aetna by treating people with depression who also had cardiovascular disease. AbleTo understood that treating the depression was likely to have the benefit of reducing the depression. It also had potential to have an impact on the costs associated with cardiovascular or other co-morbid medical conditions.

It was around this time that the company really started to take flight commercially, buoyed by an investment from Boston-based 406 Ventures a short time thereafter that provided the funding to really back this vision.

How do you differentiate in the space?

Unfortunately, for those that suffer from behavioral health challenges and medical conditions, it's a very large population. Fortunately, for the companies that are trying to help solve the problem, it's a very large spend category.

There isn't much direct competition for AbleTo's proactive treatment of patients with mild to moderate anxiety or depression who are likely to also have another chronic medical condition. There are well-established behavioral health companies that have historically focused primarily on the more severe behavioral health issues, which comprise the 1 to 2 percent of the population that drive 40 to 50 percent of the costs in the system associated with severe behavioral health issues.

More recently, more investment money and payer interest has been focused on mild to moderate anxiety, depression, and related mental health issues that also impact broader health outcomes.

Will AbleTo's growth be organic?

We'll grow in excess of 100 percent organically over the next year and we will also look at acquisitive growth as well.

We're doing business now with a handful of the largest insurance companies and have also started working with Fortune 500 employers directly. There is tremendous attention from both the large plans and large employers in the space, and our new sales pipeline is robust.

We're also going to acquire and partner with a few different capabilities that we think are needed to enable a more comprehensive and proactive technology-enabled platform for treating the mild to moderate mental health issues associated with medical condition co-morbidity as well.

How much of an impact is technology having on the business?

Technology is already having a big impact, and that impact will continue to grow dramatically over the next several years. Traditionally, this business, especially in treating the more severely mentally ill, is a very in-person and hands-on, people-intensive business. Our business still has people at the core – we have a network of 350 therapists and coaches that are licensed in all 50 states across the country. However, we utilize technology primarily in two ways: to improve access to care and to increase the personalization and effectiveness of that care. We've been hyper-focused on building a model that can continue to scale significantly. Our goal is to treat a million patients over the next five years.

The vast majority of the care we deliver is either delivered by a phone or video. We have also launched light text-based support, primarily to help with appointment reminders that will continue to evolve into text-based supportive treatment as well.

We're also looking at building, partnering, and buying with some additional digital screening and treatment capabilities, as well as partnering with tele-psychiatry to bring that piece into the integrated treatment mix.

Technology not only plays a big role in the scale, accessibility, and availability of treatment, but also in engaging patients. The more severely mentally ill are not as hard to find and engage. They're typically heavy users of the system and the community most often knows who and where they are. For people with mild to moderate depression, they often suffer in silence. We have to go out and find them, so we have to use data to identify who might be at risk and use technologies to try to target them proactively. We have a healthcare specific engagement center that primarily does outreach to people to assess and screen them if they might be at risk for anxiety, depression, or other mental illness. Our clinical algorithms enable prioritization that makes this outreach more cost effective. We also utilize digital technology as a way to engage with people post-care.

How important is brand awareness within the space?

With large payers like Aetna and United, our brand is important from the B-to-B perspective and we want to expand that brand awareness to the end member or consumer.

Our name is meant to be inspiring and invokes what we are "able to" do for patients, for consumers, and for healthcare plans in addressing today's critical need for high-quality, easily accessible, and integrated behavioral healthcare. ●