The New IOP: Technology-Enabled Care for Measurable Clinical and Financial Impact

Brightside Health

WHITE PAPER

Contents

EXECUTIVE SUMMARY

Paving a clearer path to recovery

Every week, I hear from families, care coordinators, and clinicians doing everything they can to support individuals facing serious behavioral health and substance use challenges—yet still encountering the same barriers. Their stories point to a system where access has expanded, but access to the right level of care has not kept pace.

Our behavioral health system today relies heavily on emergency department triage and inpatient treatment for stabilization, but too often lacks qualified intermediate options to sustain progress afterward. When effective step-down care isn't available, readmissions become normalized. Individuals cycle between brief stabilization and relapse—not because treatment doesn't work, but because the structure, monitoring, and continuity needed after discharge are missing. This cycle is deeply disruptive for patients, families, and care teams alike—and it continues to drive high, avoidable costs.

Intensive Outpatient Programs (IOPs) were designed to fill this gap. In practice, however, not all IOPs are built to deliver consistent outcomes for complex populations. Many programs struggle to coordinate care, use measurement to guide clinical decisions, or maintain the clinical range needed to adapt treatment as patients' needs change.

We must do better. Virtual IOP can be a high-value, cost-effective component of the care continuum—when built with strong clinical controls and supported by technology, data, and measurement. It delivers structured treatment and close clinical engagement while allowing individuals to stay connected to daily life. The impact can be profound: fewer crisis episodes, safer transitions across levels of care, lower costs, and stronger long-term outcomes.

At Brightside Health, we've built our virtual IOPs on a foundation of clinical and operational rigor. Our phased, evidence-based approach integrates therapy, psychiatry, and measurement-based care—adapting as needs evolve to support sustained recovery.

A clearer, more reliable path to recovery isn't just an aspiration. It's an attainable standard—and one we can achieve, together.

Brad Kittredge

Founder & CEO, Brightside Health

When intermediate care lacks rigor, relapse becomes the norm

Mental health and substance use disorders are an ongoing, widespread challenge across the country, affecting tens of millions of individuals—with a growing number presenting with needs that exceed what standard outpatient care can support.[1]

Substance use needs are trending upward, with past-year drug use disorder now affecting nearly 1 in 10 people.[1]

SYSTEM STRAIN

The high stakes of the status quo

When qualified intermediate options are missing, the consequences are severe:

A system overwhelmed: Emergency departments—designed for acute stabilization, not long-term recovery—now shoulder a growing share of behavioral health demand. **Mental health–related ED visits have nearly doubled in the past decade, while alcohol-related visits have doubled over two decades.**[2]

The cycle of readmission: Without structured step-down care, patients cycle between brief stabilization and relapse. Among hospitalized groups, those with substance use or behavioral health diagnoses experience the highest readmission rates, with 30-day rates hovering at **22% and 15%** respectively.[3]

The treatment gap: Only **1 in 5 individuals** who need substance use treatment receive care—often due to geography, insurance limitations, long waitlists, or competing work and family responsibilities.[1]

Why today's IOP model falls short

IOPs are a critical fixture in the behavioral health continuum, providing a necessary bridge between inpatient stabilization and outpatient care. However, they have traditionally been defined primarily by intensity—hours per week—rather than standardized measurement of outcomes and clinical stabilization.

In practice, this leads to three critical failures:

The revolving door: Without measurement-based care, discharge decisions are often driven by program length or authorization limits rather than clinical readiness—fueling repeated cycles of stabilization and relapse.

Fragmented psychiatry: Many IOPs center on group therapy without fully integrated medication-assisted treatment (MAT), psychiatric care, or data-informed prescribing, leaving gaps for patients with high-acuity or medication-sensitive needs.

Invisible outcomes: Many programs operate with opacity, making it difficult for health plans and systems to determine if IOP participation is reducing readmissions and utilization.

Did you know?

$8 billion

The annual cost of avoidable ED visits for mental health[4]

Nearly 1 in 4

Medicare beneficiaries hospitalized for SUD who are readmitted within 30 days[5]

6x increase

The spike in suicide risk immediately following hospital discharge[6]

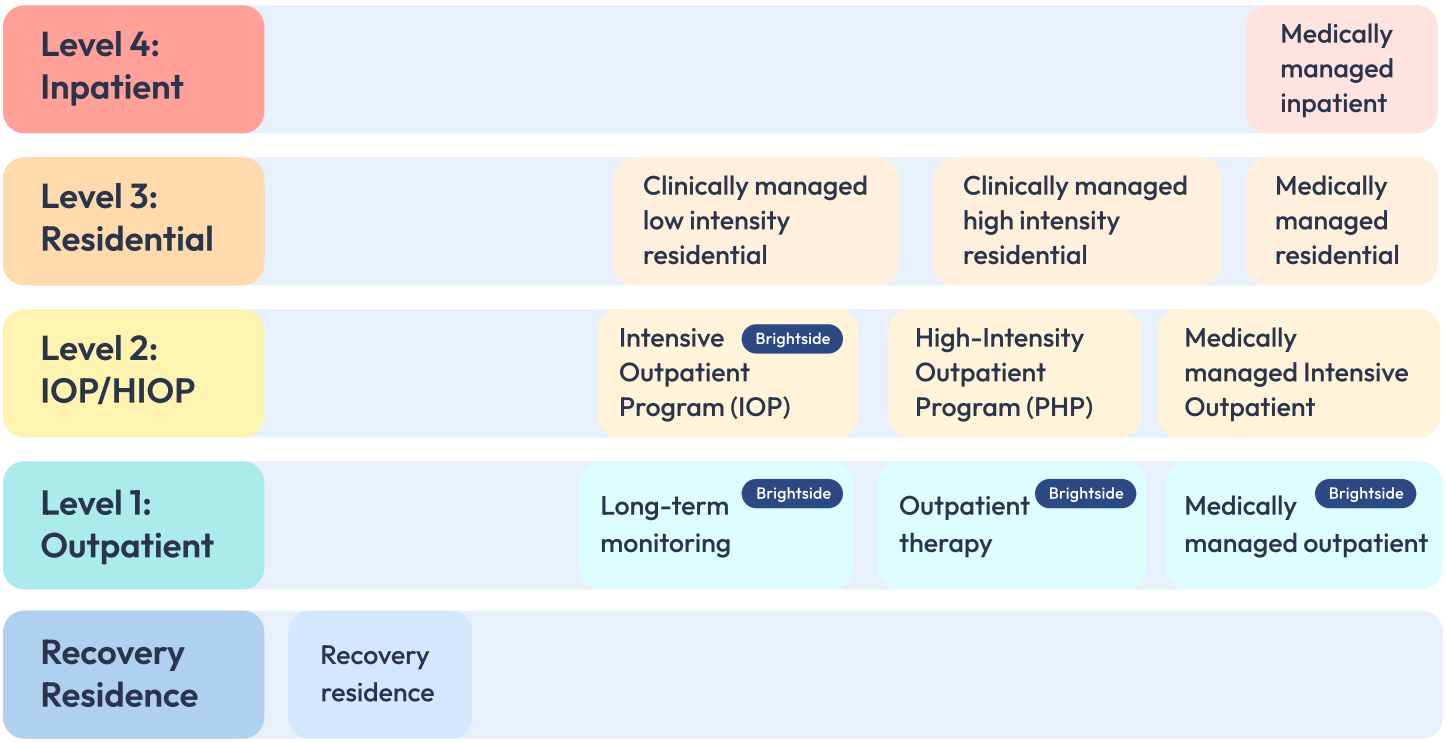
Community-based care can offer meaningful supplemental support over the long term. However, for individuals with higher acuity or co-occurring needs, traditional models often lack the engagement required to sustain progress after discharge. The result is a persistent gap that keeps patients cycling between levels of care, strains clinicians, and drives avoidable utilization.

Closing this intermediate care gap requires more than availability. It requires IOPs built for consistency, accountability, and rigor—especially for complex populations.

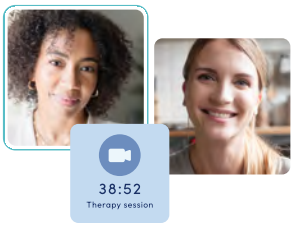
A critical level of care for recovery

IOPs offer a level of intermediate care that is structured, responsive, and grounded in evidence. When delivered virtually, IOPs can become even more powerful: They remove barriers to access, promote consistent engagement, and help prevent costly episodes of care like ED visits or re-hospitalization.

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



The ASAM Criteria is a comprehensive set of guidelines used to provide a standardized, multidimensional assessment that determines the appropriate level of care and treatment plan for individuals with substance use disorders and co-occurring conditions. IOP is placed at level 2, a step between HIOP (partial hospitalization) and outpatient care.



Why virtual delivery can strengthen IOP

For higher acuity needs, the challenge with IOP is often engagement: Can someone realistically attend intensive care long enough for it to work? When treatment requires travel or time away from home, even highly motivated patients can struggle to participate consistently.

Virtual IOP preserves the intensity of the program while reducing barriers to attendance:

Feasibility and consistency: Patients can participate from home, making it possible to maintain participation week after week. They can fit treatment into their lives without leaving a job, disrupting childcare, or stepping away from other essential responsibilities.

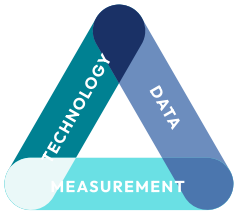
Real-time application: Patients stay connected to their routines and relationships, allowing them to apply coping skills in their actual environment rather than in a clinical vacuum.

Superior completion rates: Research indicates that IOP attendance and treatment completion—factors consistently associated with better long-term outcomes—are higher in virtual settings than in traditional brick-and-mortar programs, along with higher levels of patient satisfaction.[7]

HEAR FROM OUR CHIEF MEDICAL OFFICER

"Lasting recovery requires more than just learning skills. It requires practicing them in the face of everyday triggers. Virtual IOP allows patients to build and test healthy habits in real time, creating a more resilient foundation for long-term recovery."

Mimi Winsberg, MD
CMO, Brightside Health



How technology, data, and measurement unlock lasting recovery

Delivering quality intermediate care for complex populations requires more than bringing treatment online. It requires systems that can adapt in real time—tracking progress, identifying risk, and coordinating care across disciplines as needs change.

Many IOPs still rely on static structures: fixed lengths of stay, manual check-ins, and siloed clinical workflows. While well-intentioned, these models struggle to match the dynamic nature of mental health and substance use recovery.

Technology, data, and measurement fundamentally change what's possible. When embedded into care delivery, they shift IOP from a time-based model to a needs-based system—adjusting intensity, support, and interventions based on how a patient is actually doing.

The foundations of rigorous IOP

1. Technology as clinical infrastructure

Technology enables the consistent delivery of structured, evidence-based care. It creates the infrastructure that ensures treatment isn't improvised, siloed, or variable across clinicians or settings. Secure platforms support shared treatment plans, real-time communication, and continuity across therapy, psychiatry, and support services—critical for high-acuity populations where fragmented care increases risk.

2. Data that informs, not just records

In rigorous IOP, data isn't retrospective documentation. Standardized assessments, ongoing check-ins, and engagement signals offer actionable insight into symptom change, adherence, and emerging risk—especially useful for medication-assisted treatment (MAT). This enables earlier intervention, personalized treatment, and more informed decisions about care transitions.

3. Measurement that drives accountability

Measurement-based care creates a common language for progress and outcomes. It allows programs to evaluate effectiveness, reduce variability, and demonstrate value with objective benchmarks. Without measurement, quality remains subjective and outcomes remain opaque.

Together, these elements transform IOP from a collection of services into a cohesive, adaptive system—built to support stabilization, reduce relapse risk, and sustain recovery over time.

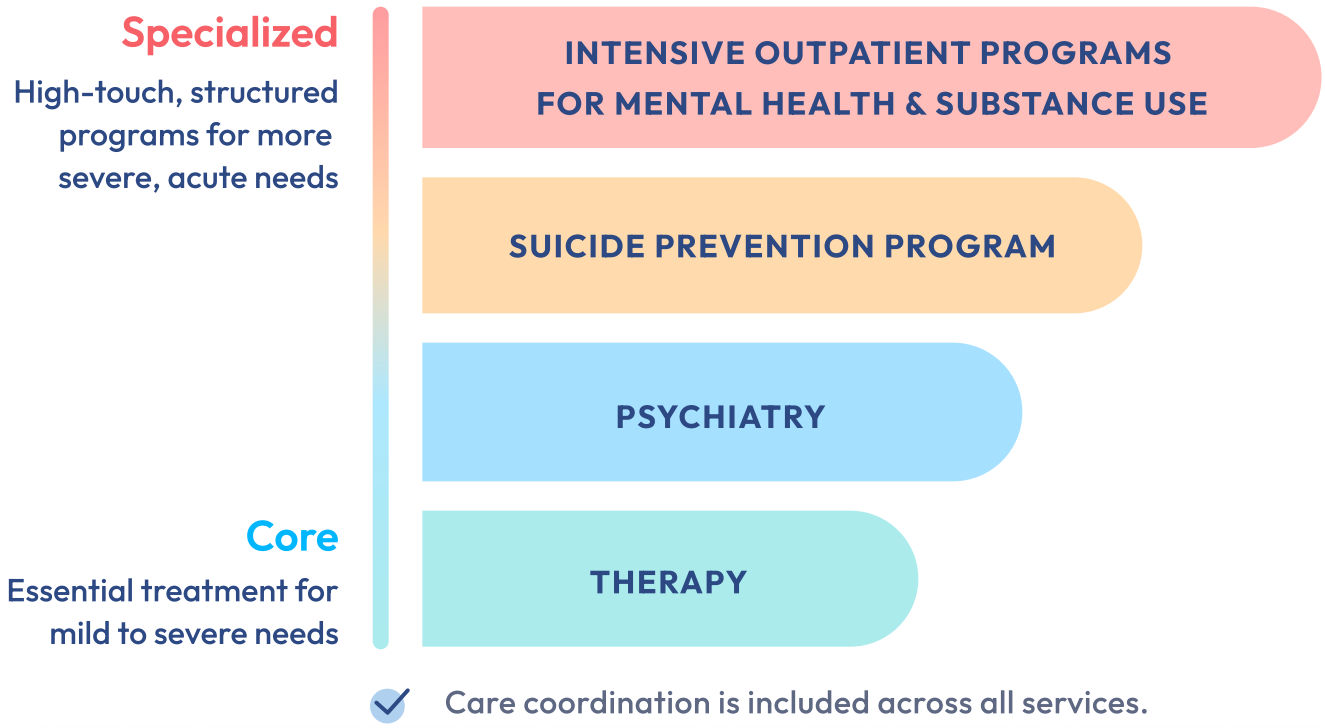
OUR APPROACH

Improving continuity with virtual IOP

Brightside Health operationalizes rigor through a stepped care model built for quality, measurement, and continuity. Our virtual IOPs provide a structured, responsive bridge for individuals who need more support than standard outpatient therapy but do not require inpatient admission.

OUR SERVICES

Brightside's comprehensive care



Care coordination is included across all services.

Our partners include:

- Hospitals and health systems
- Residential and detox facilities
- Psychiatrists and prescribing providers
- Private practice therapists and group practices
- EAPs, SAPs, care navigators, and case managers

High-touch, evidence-based programs

Our virtual IOPs deliver a consistent, measurable treatment experience across two tracks—mental health and substance use—grounded in evidence-based care and quality oversight. Both tracks provide structured, coordinated treatment that adapts as patients' needs change, with the safeguards and measurement required for higher-acuity populations.

Here's what that looks like in practice:

We use evidence-based clinical programs that are built and delivered with structure and consistency—and personalized to each patient's needs.

We provide a structured weekly schedule with three 3-hour cohort-based group sessions for skill practice and connection and one 60-minute individual therapy session for personal progress.

We reinforce progress between sessions through structured psychoeducation and guided exercises, supported by unlimited asynchronous messaging with a dedicated therapist.

We embed psychiatry and MAT into the program so medication management and non-controlled medication-assisted treatment (MAT) are integrated, with prescribing guided by clinical decision support tools.

We support co-occurring disorders with continuity by offering specialized substance use programming delivered by clinicians trained in both mental health and substance use care.

We use measurement and real-time monitoring to guide care through standardized assessments that inform decisions and transitions, plus tools that enable timely alerts and intervention.

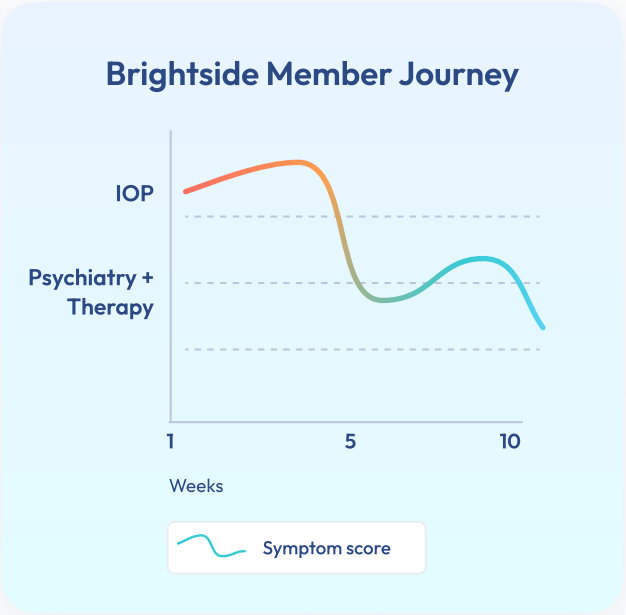
We make transitions across levels of care seamless so patients can step up from outpatient care or step down into lower-intensity services without gaps, delays, or new referrals.

The model is designed to help patients move from stabilization to sustained progress, with structure, support, and follow-through built in so they can successfully step down.

A phased approach that supports progress over time

Brightside Health's IOPs follow a structured phased model designed to support progress from stabilization to sustained recovery.

Each phase integrates evidence-based modalities—including CBT, DBT, Unified Protocol, ACT, and motivational interviewing—and uses measurement-based care to determine readiness for progression.



IOP phases across both tracks

Engagement & motivation:
Goal-setting, rapport, stabilization, and early activation

Psychoeducation & awareness:
Understanding symptoms, patterns, and treatment models

Skills acquisition:
CBT/DBT techniques for coping, regulation, and behavior change

Application & future planning:
Relapse prevention, recovery routines, and high-risk scenario planning

Supplemental support:
Medication management, suicide prevention support, trauma modules, or extended therapy as needed

EXAMPLE IN ACTION

Proven outcomes from Brightside Health's virtual IOP

In a real-world cohort, our virtual IOP for substance use drove sustained engagement and meaningful clinical improvement.

Study

healthcare

Retrospective cohort study of **4,724** individuals.[8]

Engagement

Nearly **80%** of participants remained engaged in the program for 30 days.

Participants who completed IOP finished more than **70%** of their asynchronous assignments—a strong indicator of engagement across the full treatment program.

Abstinence

91% achieved at least 30 consecutive days of abstinence during treatment.

Clinical response

Nearly **45%** demonstrated a successful clinical response and no longer required IOP at discharge.

These results demonstrate how a structured virtual IOP can keep high-acuity patients engaged and support sustained behavior change in real-world settings.

Quality at Brightside: Measuring what matters

At Brightside Health, quality isn't a claim—it's something we define, standardize, and track. Through our Mental Health Quality Scorecard, we assess care delivery across 10 key categories and 62 objective benchmarks. We openly share our results to foster collaboration, accountability, and trust.

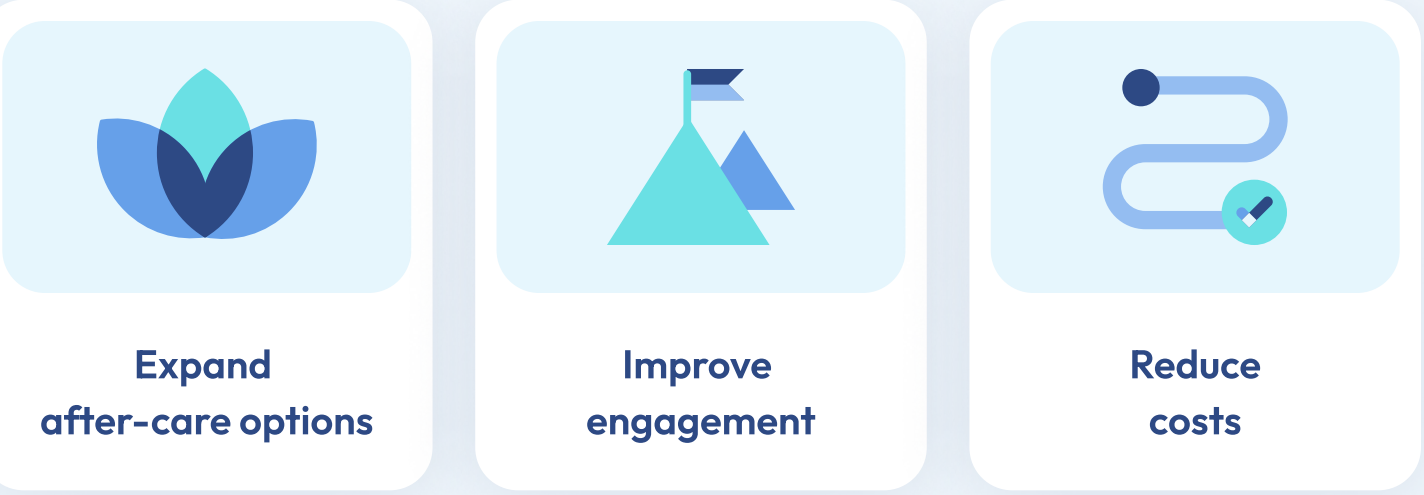
Learn more about our framework—and view complete results—at brightside.com/scorecard

Together, we can close critical gaps in behavioral health care

As systems look beyond the hospital to strengthen behavioral health care, the opportunity is clear: intermediate care must be more than available—it must be reliable. Advancing rigor in IOP is essential to breaking cycles of relapse and readmission and helping people move forward with life.

Brightside Health's virtual IOP delivers clinically rigorous care for both mental health and substance use needs. Our comprehensive model integrates therapy, psychiatry, suicide prevention, and substance use recovery into a unified virtual-first pathway—helping ensure people receive the right care at the right time, across the full care continuum.

For health plans, medical groups, health systems, and recovery organizations, Brightside Health offers quality care that expands after-care options, improves engagement, and delivers measurable value.



Expand after-care options

Improve engagement

Reduce costs

Let’s continue the conversation

Contact us to discuss how Brightside Health can integrate virtual IOP into your strategy for improved outcomes and lower total cost of care.

Brad Kittredge, CEO
brad.kittredge@brightside.com

Mimi Winsberg, MD, Chief Medical Officer
mimi.winsberg@brightside.com

LEARN MORE

brightside.com/partners

CONTACT US

partnerships@brightside.com

The Mental Health Quality Scorecard (MHQS)

To support partners in evaluating care quality with confidence, Brightside Health developed the Mental Health Quality Scorecard. The MHQS offers a transparent view of our outcomes, safety metrics, and clinical performance—grounded in 10 quality domains.

Learn more at **brightside.com/scorecard**

180 million covered lives, and counting.

Our range of insurance partners help make care more affordable.

United Healthcare · aetna · cigna healthcare · BlueCross BlueShield · CENTENE Corporation

Medicaid Medicare and more

Our certifications

We're proud to hold reputable certifications across quality, security, and compliance.

The Joint Commission – National Quality Approval · r2 Risk-Based 2-Year HITRUST Certified · LegitScript Certified

Our awards

Our achievements underscore our commitment to delivering quality mental health care.

"Best in Business"

Modern Healthcare, 2024

Modern Healthcare
A CRAIN FAMILY BRAND

"Telehealth Companies to Know"

Becker's Hospital Review, 2024

BECKER'S HOSPITAL REVIEW

"Best in Class"

Digital Health Awards, 2023

DIGITAL Health AWARDS

Our publications

We regularly publish our methods and outcomes in peer-reviewed journals—over a dozen to date.

JMIR FORMATIVE RESEARCH

Telehealth-Supported Decision-making Psychiatric Care for Suicidal Ideation: Longitudinal Observational Study

This study demonstrates the effectiveness of telepsychiatry in reducing suicidal ideation through decision-supported care. Over 12 weeks, patients experienced significant improvements in mental health outcomes, highlighting the value of personalized, telehealth-driven interventions.

Consumer Expectations and Attitudes About Psychotherapy: Survey Study

This survey explored consumer attitudes toward psychotherapy, revealing a strong preference for accessible, evidence-based, and results-oriented mental health care. Patients value transparency and flexibility, key factors for engagement and satisfaction.

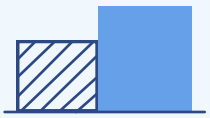
77% **of patients no longer had any suicidal thoughts**
after just 12 weeks of treatment

CUREUS JOURNAL OF MEDICAL SCIENCE

A Comparative Evaluation of Measurement-Based Psychiatric Care Delivered via Specialized Telemental Health Platform Versus Treatment As Usual: A Retrospective Analysis

Patients receiving measurement-based care through a specialized telehealth platform achieved significantly better outcomes compared to those receiving treatment as usual.

50% **higher response and remission rates**
than a leading U.S. health system



BMC PSYCHIATRY

Feasibility and acceptability of a novel telepsychiatry-delivered precision prescribing intervention for anxiety and depression

This study highlights the feasibility of precision prescribing in telepsychiatry, demonstrating how tailored medication interventions can lead to faster symptom relief and higher remission rates for anxiety and depression.

75% **of patients achieved remission**
within 12 weeks

HEALTHCARE

Novel Telehealth Adaptations for Evidence-Based Outpatient Suicide Treatment: Feasibility and Effectiveness of the Crisis Care Program

Our Suicide Prevention Program, previously called the Crisis Care program, demonstrates the effectiveness of evidence-based telehealth interventions in reducing suicide risk. Tailored approaches and continuous monitoring were key to its success.

Patient Engagement in Providing Telehealth SUD IOP Treatment: A Retrospective Cohort Study

This study evaluates the engagement and outcomes of patients in a telehealth-delivered Substance Use Disorder Intensive Outpatient Program (SUD IOP). Findings show high levels of adherence and measurable improvements in treatment outcomes.

80% **of IOP patients remained engaged in the program** for 30 days

FRONTIERS IN PSYCHIATRY

Do older adults benefit from telepsychiatric care: Comparison to younger adults

Older adults benefit from telepsychiatric care at levels comparable to younger patients, with significant improvements in access, adherence, and outcomes. The findings highlight telehealth as a valuable option across age groups.

Exploring social determinants of health: Comparing lower and higher income individuals participating in telepsychiatric care for depression

This study highlights disparities and opportunities in telepsychiatry, revealing that low-income individuals benefit significantly from accessible care models tailored to their needs.

Older adults achieved similar outcomes with telepsychiatry as younger adults.

JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY

Early Response to Antidepressant Medications in Adults With Major Depressive Disorder. A Naturalistic Study and Odds of Remission at 14 Weeks

Early responders to antidepressants have significantly higher odds of achieving remission at 14 weeks, underscoring the importance of timely and effective prescribing strategies.

Does Bupropion Increase Anxiety? A Naturalistic Study Over 12 Weeks

This study evaluates the relationship between bupropion and anxiety, finding that most patients tolerate the medication well, with minimal impact on anxiety levels.

Patients who lack early response to SSRIs by week 4 **may achieve superior outcomes with NRDIs**.

PSYCHOTHERAPY RESEARCH

The utility of completing adjuvant video lessons based on the unified protocol during psychotherapy: A retrospective study using a telehealth platform in routine clinical care

Incorporating video lessons into teletherapy enhances patient engagement and treatment outcomes, demonstrating the value of blended care approaches.

Patients who watch 7 video lessons achieve **significantly greater reduction** in both depression and anxiety.

JMIR MENTAL HEALTH

Large Language Models Versus Expert Clinicians in Crisis Prediction Among Telemental Health Patients: Comparative Study

This comparative study examines the use of AI models versus human clinicians in predicting mental health crises. Findings suggest that while large language models provide accurate insights, clinician expertise remains essential for nuanced patient care.

GPT-4 produced crisis prediction results similar to that of a trained clinician.

JOURNAL OF AFFECTIVE DISORDERS

Symptom clustering of major depression in a national telehealth sample

This study identifies distinct symptom clusters in patients with major depression, providing insights that can guide personalized treatment plans in telehealth settings.

Symptom cluster analysis resulted in **4 distinct phenotypes** for major depressive disorder.

SOURCES

[1] Annual national survey on drug use and health | SAMHSA

[2] Increasing emergency department visits for mental health conditions in the United States | National Institutes of Health; Health E-Stat 109: Rate of emergency department visits for alcohol-specific diagnoses, by sex: United States, 2003–2004 to 2021–2022 | CDC

[3] Predicting hospital readmission in patients with mental or substance use disorders | International Journal of Medical Informatics

[4] Reducing "avoidable" ED visits for mental health could cut billions | AJMC

[5] Impact of hospital readmissions reduction initiatives on vulnerable populations | Centers for Medicare & Medicaid Services

[6] Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalisation | BMJ Open

[7] Comparing efficacy of telehealth to in-person mental health care in intensive-treatment-seeking adults | Journal of Psychiatric Research

[8] Patient engagement in providing telehealth SUD IOP treatment: A retrospective cohort study | Healthcare