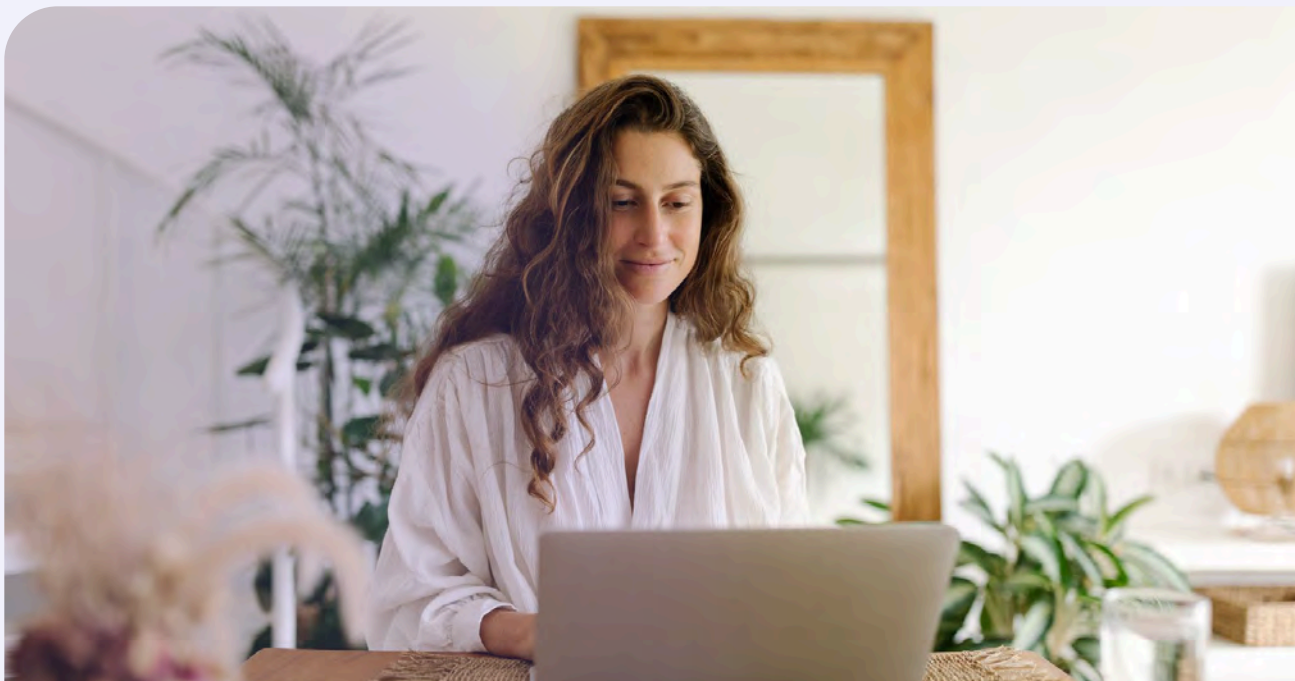# Rula's vision for high-quality mental healthcare

How we're improving access, quality, and coordinated care—at scale

Rula

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Rula

Why we're here

While mental healthcare access has improved in recent years, major challenges remain: inconsistent availability, limited oversight of clinical quality, and fragmented systems that leave patients navigating care on their own.

Rula's clinical quality framework was developed to address these challenges directly. **Our model centers on three core pillars:**

1

Fast access to a diverse selection of qualified providers, with a matching experience that lets patients filter on their exact preferences

2

Ongoing **clinical oversight** that supports provider growth and improves care

3

Coordinated services that help patients receive the **right level of care at the right time**

Today, 73% of Rula patients experience clinically meaningful improvement within 8 weeks, and our clinical results outperform comparable organizations by 10%, on average.

This progress reflects our deep commitment to raising the standard of mental healthcare — and we're just getting started.

73%
of patients experience clinically meaningful improvement within 8 weeks [1]

93%
of patients report feeling better about their symptoms and/or concerns than they did 3 months ago

[1] Among patients with moderate to severe symptoms at baseline; clinically meaningful improvement is either a 5+ point improvement on the PHQ-9 or a 4+ point improvement on the GAD-7

The mental healthcare quality challenge

The challenges of care delivery have evolved over time

The central challenge in mental healthcare is no longer purely about access — growing concerns about quality of care are now equally pressing.

COVID era	Current era
The need for virtual mental healthcare exploded during the pandemic and many digital health startups emerged in response, but demand far outpaced provider capacity, resulting in **severely limited access**	Commercial telehealth access has drastically improved, but **quality of care is highly variable**, while getting access to the right provider who matches your preferences and is actually available is still frustratingly complex

The three key problems today

1. Access remains inconsistent

While access has improved, patients still encounter frustrating dead ends on traditional directories, which are riddled with phantom networks. This means that patients often end up wading through providers with full caseloads, excessive waitlists, or who aren't actually accepting their insurance. In fact, a 2024 RAND study found that the median wait time for a virtual mental health appointment in the U.S. was still 14 days. Many platforms also don't let patients filter to their exact preferences along provider demographics or clinical specialties, meaning patients are more likely to get a suboptimal match.

" A study looking at patients with untreated depression noted that those who were treated earlier had significantly higher odds of responding to treatment, a faster course toward remission, and less depression-related disability. In one study, bipolar patients with longer duration of untreated illness displayed a higher frequency of suicide attempts… and a longer duration of illness."

[SOURCE]

## 2. Oversight of clinical quality is limited in much of the industry

Many provider networks operate autonomously and present themselves as "practice-in-a-box" solutions. They promise to manage client acquisition and back-office functions, but exert little to no oversight over the actual care being delivered to patients.

Providers are often not required to use a centralized electronic health record, leading to fragmented documentation and limited visibility into care quality.

Measurement-informed care (MIC) — the practice of tracking patient symptoms over time and using them to inform treatment decisions — remains inconsistently administered, preventing reliable progress data and limiting patient improvement.

Patient symptom improvement* vs how often their provider utilizes measurement informed care (MIC) in sessions

*% of patients with clinically meaningful improvement within 8 weeks

	65%	69%	73%
	MIC in <20% of visits	MIC in 20-80% of visits	MIC in 80%+ of visits
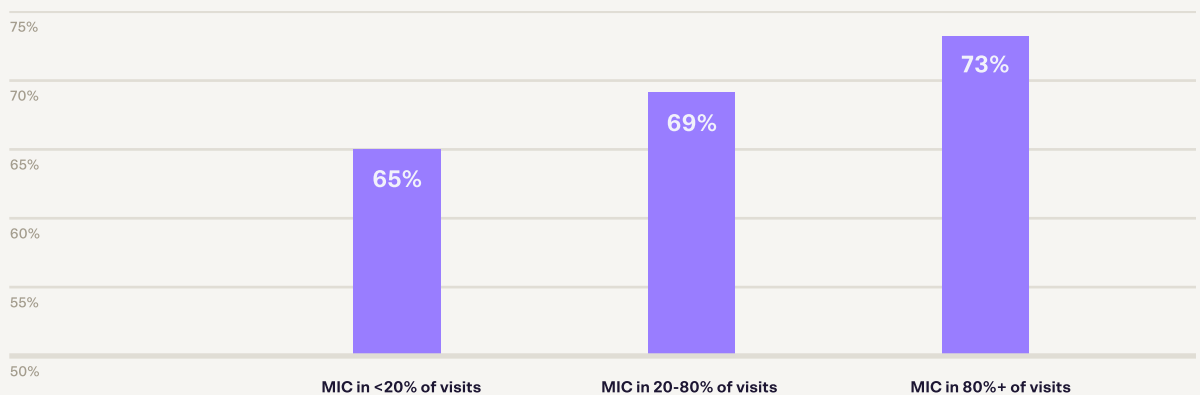
But widespread MIC adoption isn't a cure-all because many patient reported outcomes (e.g., the PHQ-9 depression assessment and GAD-7 anxiety assessment) fall short for patients with milder symptoms or diagnoses beyond depression and anxiety.

3. Mental healthcare delivery is fragmented

Most mental healthcare organizations focus on a narrow slice of care (e.g., therapy only or psychiatry only) and often lack access to higher intensity or wraparound services like crisis care, resulting in a model that isn't truly centered on the patient's comprehensive needs. As a result, patients are forced to navigate a fragmented system with disparate point solutions, causing delays in care, breakdowns in coordination, and elevated risk.

The opportunity for innovation

There is still so much more we can do to improve mental healthcare delivery, including:
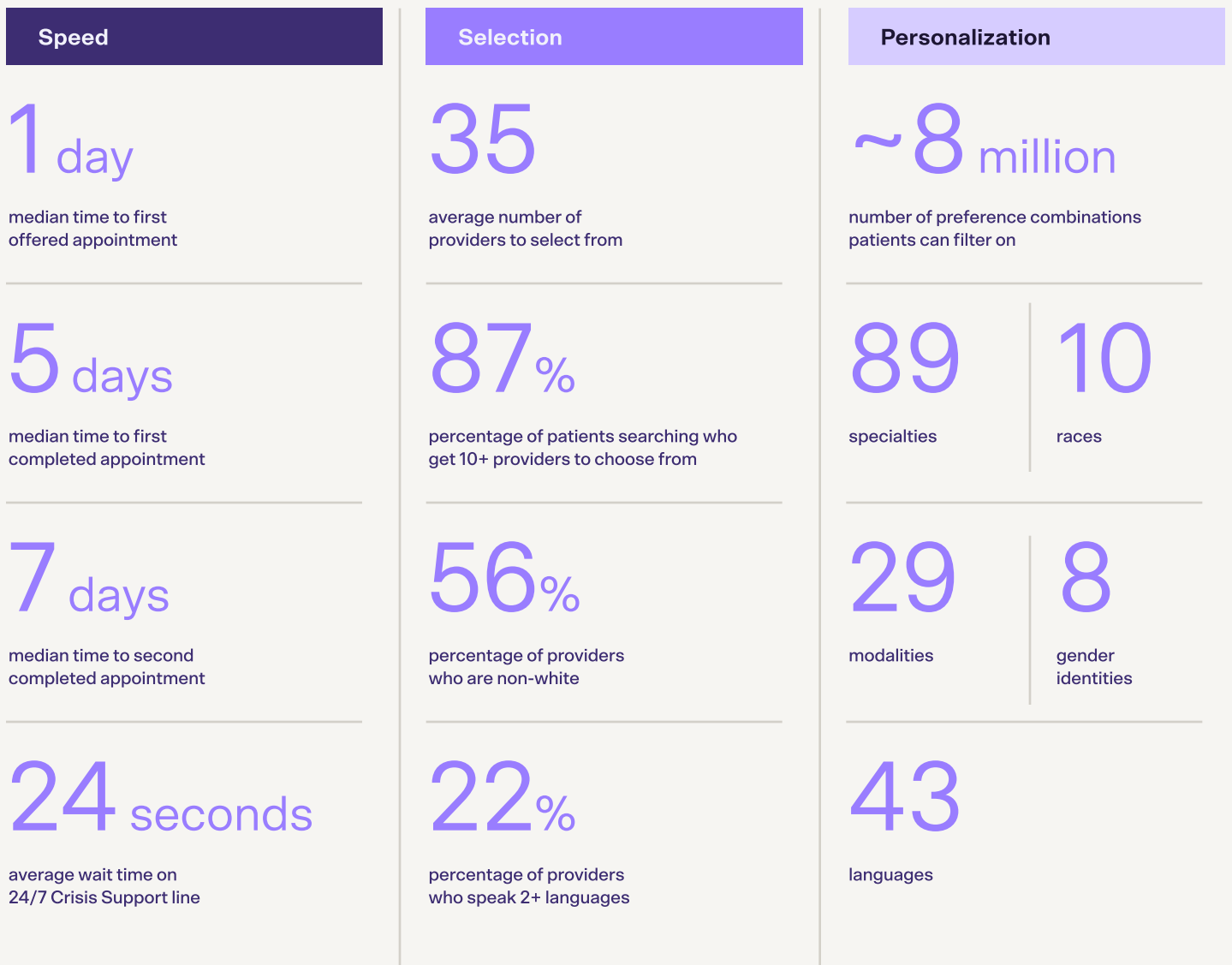
- Effortlessly matching patients with providers who meet their clinical needs and personal preferences
- Providing a unified, seamless entry point to all types of care, without forcing patients to navigate fragmented systems on their own
- Improving quality by measuring patient outcomes in a consistent and thoughtful way, providing oversight that encourages continuous improvement, and reducing administrative burden so providers can focus more on care delivery and doing their life's work, without burning out

Rula's three-pillar quality framework

We designed our quality framework in direct response to these challenges, and built it around three key pillars: access, provider quality, and care that adapts to patients' needs over time.

1. **Access: fast connections to diverse provider options**
Our large provider network and thoughtfully designed scheduling experience make it easy for people to get fast access to a provider who meets their exact preferences.

Speed	Selection	Personalization

1 day
median time to first offered appointment

35
average number of providers to select from

~8 million
number of preference combinations patients can filter on

5 days
median time to first completed appointment

87%
percentage of patients searching who get 10+ providers to choose from

89
specialties

10
races

7 days
median time to second completed appointment

56%
percentage of providers who are non-white

29
modalities

8
gender identities

24 seconds
average wait time on 24/7 Crisis Support line

22%
percentage of providers who speak 2+ languages

43
languages

2. Provider quality: upleveling our network at every stage

When it comes to oversight of clinical quality, most networks stop at basic credentialing; we go further by supporting providers throughout their journey with us, from day one through long-term continuous improvement.

	Stage	What we do
1	Application / Onboarding	Reference checks, credentialing, review of sanctions, training on HIPAA and measurement-informed care, and support from a dedicated Provider Success Associate who helps with onboarding and ongoing troubleshooting / practice optimization
2	Ongoing quality monitoring	All of our providers document sessions in our centralized electronic health record, letting us conduct regular audits (with AI support) and tier providers across six key quality metrics
3	Recognition for excellence	Our matching algorithm prioritizes providers with strong clinical quality signals, helping them reach more patients
4	Tailored support when needed	Providers receive personalized live feedback sessions with a licensed clinician (including getting clinical support when their patients are not getting better) and have access to clinical consultation and office hours
5	Elevating the network	In rare cases where quality doesn't improve despite support, we may exit providers to ensure consistently high standards

We encourage providers to utilize measurement-informed care (MIC) in their sessions, a practice demonstrated to improve patient outcomes. We also encourage patient adoption by explaining the value of answering these surveys and making it as frictionless as possible for them to do so. Adoption has steadily increased, with 90% of Rula providers using MIC today (i.e., reviewing their patients' symptom trajectory and using it to inform treatment).

MIC survey provider review rate

58% — 2024-Q2
66% — 2024-Q3
75% — 2024-Q4
79% — 2025-Q1
90% — 2025-Q2

Visit start quarter
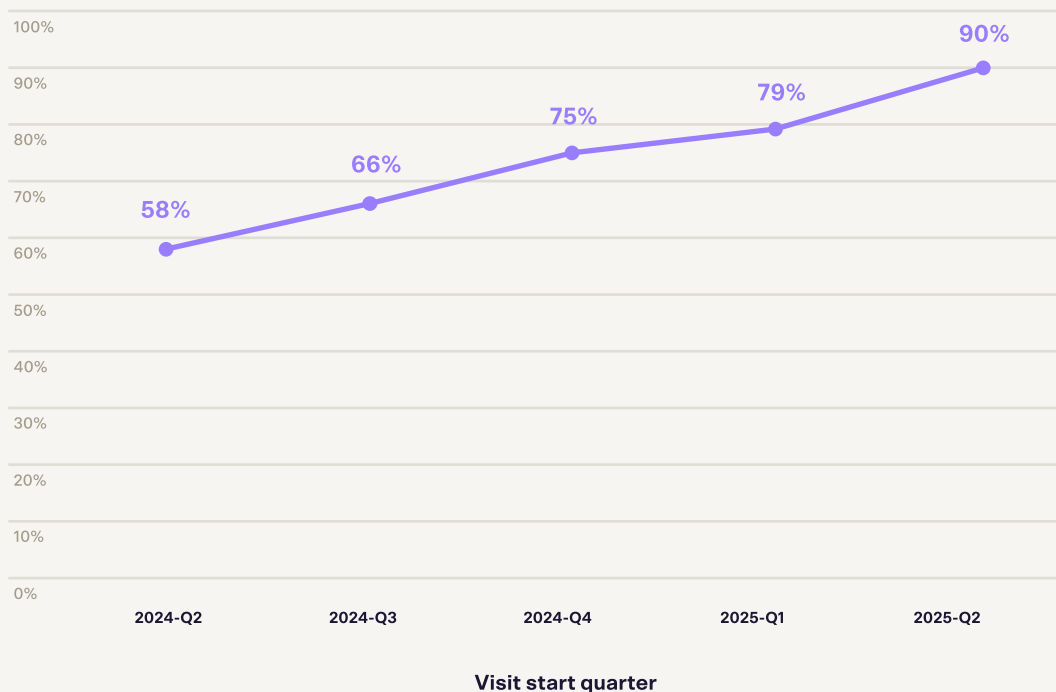
3. Delivering the right care at the right time: an integrated care model

Patients with needs extending beyond traditional therapy are often left to navigate a fragmented mental healthcare system on their own. We've built a supportive care model that makes it easier for patients to get connected to the right type and level of care, without delays or confusion.

- **Integrated clinical services:** Our network includes therapy, psychiatry, and 24/7 crisis support, giving patients access to a full spectrum of care under one umbrella. We also have a dedicated Patient Safety team that proactively supports providers managing complex cases or elevated clinical risk.
- **Care Coordination for higher-acuity needs:** When a patient may need a different level of care — such as intensive outpatient programs or partial hospitalization — our Care Coordination team steps in. They connect these patients to trusted, in-network external partners, even offering to do free, hand-held outreach to help patients get scheduled and navigate the logistics.

Measuring clinical outcomes that matter

Too often in mental health, care is delivered without tracking whether it's helping. At Rula, we insist on taking a data-driven approach by consistently measuring patient outcomes in order to guide better clinical decision-making.

Patients complete surveys every two weeks (sent two days pre-appointment) to assess their symptoms and experience, covering:

- Depression
- Anxiety
- Suicidality
- Therapeutic alliance (strength of the patient-provider relationship)
- Substance use disorder screener (sent every 6 months)

By listening to patients at regular intervals, we're able to track outcomes in real time and guide better care decisions. And our efforts are paying off — the vast majority of our patients have their symptoms meaningfully reduced within 8 weeks.

73%
of patients experience clinically meaningful improvement within 8 weeks [1]

80%
of patients have a meaningful reduction in suicidality within 8 weeks [2]

93%
of patients have a strong therapeutic alliance [3]

Furthermore, our patients are showing stronger clinical improvement than those treated in comparable settings. On average, our clinical outcomes are 10% better than comparable organizations, compared to six publicly available claims from similar organizations that we could recreate based on provided methodology. This is evidence that a more structured, outcomes-driven approach can lead to better mental health results.

[1] Among patients with moderate to severe symptoms at baseline; clinically meaningful improvement is either a 5+ point improvement on the PHQ-9 or a 4+ point improvement on the GAD-7

[2] Patients who go from a moderate to high risk at baseline (C-SSRS score of 3+ out of 6) to a low to no risk (<3)

[3] A strong therapeutic alliance exists if the overall score is >=9 out of 12 and no individual question is <=1 (disagree / strongly disagree)

Continuously improving quality

There is a long way to go in making mental healthcare work for everyone, but the refinements we've made to our clinical quality model over the years have led to consistent improvements in patient outcomes. The percent of patients with clinically meaningful improvement within 8 weeks is up from 63% two years ago to 73% today.

% of patients with clinically meaningful improvement within 8 weeks

Visit start quarter
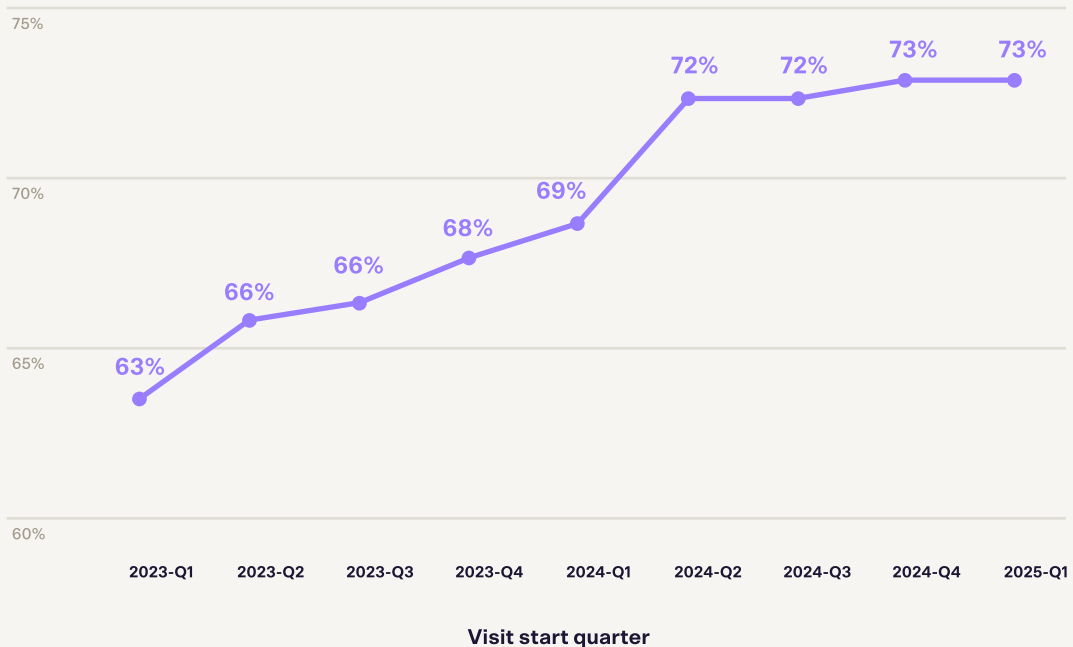
Examples of recent innovations include:

- Rolled out 24/7 crisis support, ensuring continuous access to care for patients in need
- Implemented a data-driven system to measure provider quality and support providers to use best practices via sound feedback delivered by licensed clinicians — 88% of providers we worked with 1:1 improved, compared to minimal change in a control group
- Updated our matching algorithm to elevate our highest quality providers
- Used technology to scale our quality assurance programs, including launching an AI tool to screen notes for further clinical review and feedback
- Improved our ability to measure patient outcomes and deliver measurement-informed care by making it easier for patients to complete their surveys and making their scores easily visible to providers in the appointment note

Our next phase of innovation

While we've made significant progress on clinical quality, our ambitions are much higher. We are committed to raising the bar in the industry, which is reflected in our roadmap for clinical innovation:

- **Improving access to care by** expanding our ability to serve more patients, including those using Employee Assistance Programs, Medicaid, Medicare, as well as those seeking psychiatry or in-person care
- **Helping providers deliver higher quality care by:**
  - Enhancing our measurement-informed care tools by expanding the questions we ask patients, including quality of life measures
  - Offering more personalized, actionable feedback
  - Launching AI-assisted note taking to reduce provider documentation burden, letting them focus more on patient care
- **Creating an even more comprehensive solution by** building deeply integrated care coordination with provider groups meeting key needs of our population beyond therapy/psychiatry, including neuropsychological testing (on top of existing integration with intensive outpatient and partial hospitalization programs)

The work ahead

At Rula, we're making a long-term investment in understanding what truly drives patient progress. Our strong clinical outcomes demonstrate the value of helping patients get access to the right providers who match their preferences and deliver high-quality care. But this is just the beginning.

Looking to the future, we're committed to raising the bar on access, quality, and comprehensive care so we can help even more people feel and function better, faster. We're always looking to partner with others who share our commitment to raising the standard of mental healthcare. Whether you're in care delivery, policy, research, tech, or you're an employer or health plan — let's talk.