



# Annual Clinical Report 2026

On our approach, achievements,  
and ambitions for improving the  
standard of care



# Ruilo



# Contents

00	—————	A letter from our Chief Medical Officer
01	—————	Our year by the numbers
02	—————	Our quality system
03	—————	Access
04	—————	Data
05	—————	Provider quality
06	—————	Outcomes
07	—————	Technology
08	—————	Spotlight: The Rula Wellbeing Scale™
09	—————	Research
10	—————	Conclusion

# ■ A letter from Doug Newton, MD

## Chief Medical Officer

### I'm proud of what this report represents.

Not because the numbers are perfect — they aren't. But because they exist at all. At Rula, we've built something unique: a system that continuously measures the quality of mental healthcare, learns from what it sees, and improves as a result. This report continues our commitment to sharing that system — and what it's producing — with the world.

In the past year, we crossed a milestone: more than 10 million therapy and psychiatry sessions facilitated to date. We published peer-reviewed research on clinical outcomes across hundreds of thousands of patients. We continued to build on a quality engine that continuously

evaluates our provider network and routes more patients to those delivering the best results. And we're just getting started.

In the year ahead, we're focused on deepening the full arc of care. That includes tools that support providers in the moment of practice, intersession touchpoints that extend the patient experience beyond sessions, and the community and learning infrastructure that helps our providers keep growing. We're expanding our approach because we know that meaningful patient outcomes result from so much that happens outside the session.

This report is organized around what we believe makes Rula different: how we provide access, how we collect data, how we manage quality, and what that produces for patients.

Each section includes what we've accomplished, what the data says, and where we still have work to do.

We're publishing this because we believe the mental healthcare system deserves more transparency, not less. And because we're genuinely excited about what becomes possible when you build care around data, accountability, and continuous improvement.

You can count on us to continually hold ourselves to this same standard and show you how far we've come.



A handwritten signature of Doug Newton in black ink.

**Doug Newton**  
MD, MPH  
Chief Medical Officer  
Rula Health

# 01

## Our year by the numbers



~40%

better outcomes than industry benchmarks

Patients receiving care through Rula show clinically meaningful improvement at rates approximately 40% higher than published mental health benchmarks.

10m+

More than ten million therapy and psychiatry sessions have been completed to date — and the number keeps growing. This scale gives us the data and expertise to continually improve patient experience and outcomes.

1 day

Median time to first available appointment. Nationwide, next-day access to in-network mental healthcare.

71%

clinically meaningful improvement

Seventy-one percent of patients with moderate-to-severe symptoms show clinically meaningful improvement within eight weeks, as measured by validated clinical instruments.

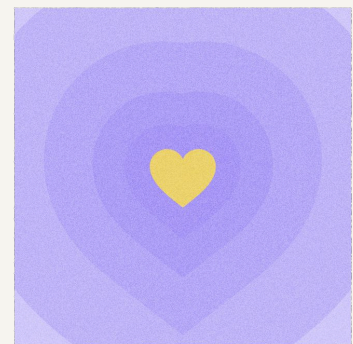
# 02

# Our quality system

## Clinical quality isn't a single number.

It's a system — and we built ours to get better every year. Rula's clinical quality system is built on four pillars that reinforce each other.

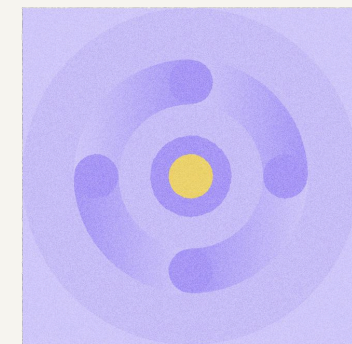
01 /



### Standard of care

Safe, compliant, coordinated care at scale. This is the foundation everything else rests on — access, affordability, patient safety, documentation, and care coordination across 23,000+ providers.

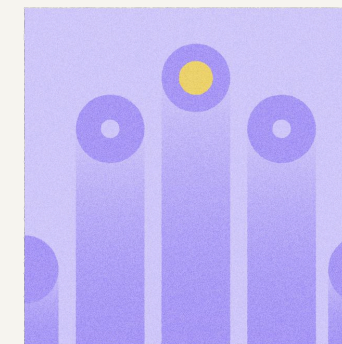
02 /



### Outcomes flywheel

Every Rula provider on a single EHR means we can learn from every visit and continuously improve care quality at scale. We measure what matters, understand what drives improvement, then double down on what works. Every cycle, the data gets richer and the care gets smarter.

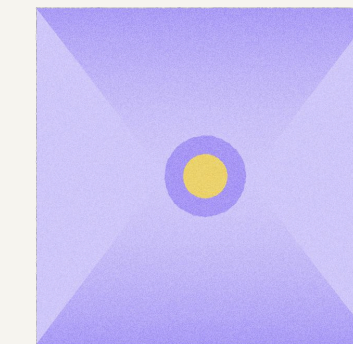
03 /



### High-quality network

We evaluate providers continuously so we can develop the best and reward them with more patients. This looks like supporting those committed to improvement and dismissing those who consistently fall below standards, resulting in a network that's designed for perpetual improvement.

04 /



### Intersession support

Care doesn't stop when the session ends. We believe the next frontier of behavioral health is continuity — building pathways and tools that extend support between visits and meet patients where they are in their recovery journey.

# 03

# Access



Quality means nothing if people can't get to it.

Here's where we are.

## Who we reach

Network /

# 23,000+

therapists and psychiatric providers

1,300+ psychiatric providers. 92 conditions treated across 83 therapeutic approaches. 43 languages spoken. 50% of providers identify as BIPOC. 9,000+ LGBTQ+-affirming providers. Individual, couples, family therapy, and medication management — virtual and in-person.

Coverage /

# 124

commercial insurance plans

Medicare in all 50 states. Medicaid in select states. Employee Assistance Programs. 188 million+ lives covered. Patients pay an average of \$15 per session with insurance — 90% pay between \$0 and \$40.

Speed /

# 1 day

Median time to first available appointment: 1 day. 112,000+ open appointments every week.

Expansion /

# 50 states

Psychiatric services to all 50 states since 2025. Expanded in-person therapy availability. Extensive Medicare, Medicaid, and EAP coverage.

# 04

# Data

## What we see — and why we can see it

Most mental healthcare operates without consistent clinical data. We decided early that we wouldn't.

### 01 / Collection

Prior to sessions, Rula patients complete validated clinical assessments: the PHQ-9 for depression, the GAD-7 for anxiety, Therapeutic Alliance, and the Rula Wellbeing Scale™ for functioning and quality of life. These are used to track symptoms, functioning, and progress toward goals. This isn't a one-time intake — it's a continuous signal.

### 02 / Measure completion rate

Approximately 78% of patient visits include a completed measure. In routine outpatient practice, measurement-informed care completion often falls below 20%. That gap matters more than almost any other number in this report: you can't improve what you don't measure, and you can't measure what patients don't share.

### 03 / Scale

With four million completed assessments across 10 million+ sessions, Rula has one of the largest longitudinal clinical datasets in outpatient mental healthcare.

### 04 / What it means

This is how we hold ourselves accountable, with data that identifies which providers are producing the best outcomes. It's how we evaluate whether the network is getting better over time — including through randomized controlled tests that let us isolate what's actually driving improvement, not just what correlates with it. It's how we published peer-reviewed research on 365,000+ patients. And it's what makes every claim in this report something we can stand behind.

### 05 / The patient experience

Measurement isn't just infrastructure — it's something patients engage with. Completed assessments pollinate clinical workflows and the patient portal, giving patients visibility into their own trajectories over time. This creates a shared language between patient and provider about whether care is working — grounded in data, not just intuition.

# Provider quality



## How we build a better network

A large network isn't enough. We wanted a network that gets better over time — so we built the infrastructure to make that happen.

### Evaluation

Every provider is evaluated continuously across multiple performance metrics spanning clinical outcomes, patient engagement, and compliance, and is also assessed for red-flag behaviors in real time. This isn't annual credentialing. It's continuous quality management across 23,000+ providers.

### Development

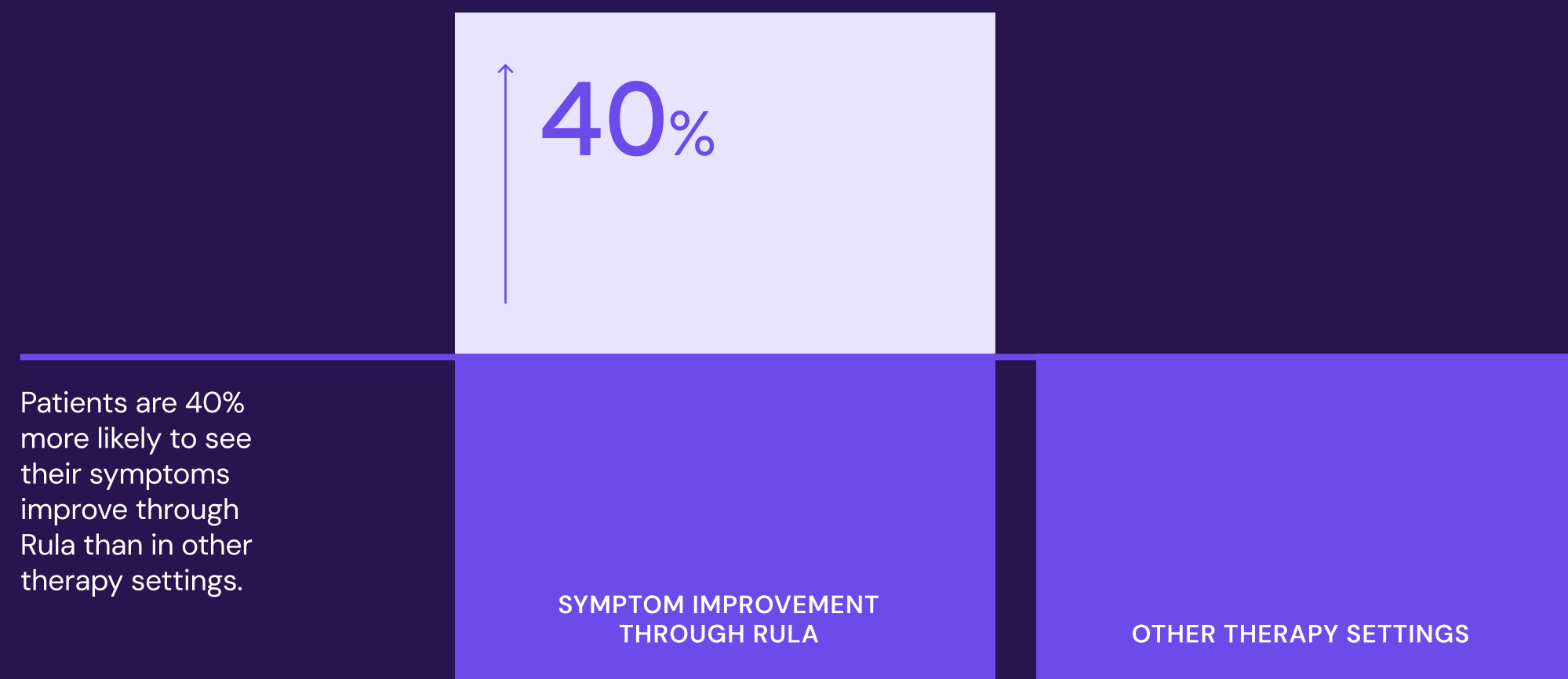
Performance data is shared with providers, offering ongoing visibility into areas of strength and opportunities for improvement. Clinical consultation and practice development feedback are available — including 1:1 and group consults with Rula's licensed Clinical Quality Specialists. Rather than serving as surveillance or clinical supervision, this process is designed to support deliberate practice and ongoing professional growth.

### Accountability

Quality isn't a checkbox — it's an ongoing commitment. We actively monitor providers, work with those who fall short, and when improvement doesn't follow, we act. To date, we've removed more than 1,700 providers from our network who consistently didn't meet our standards.

# 06

# Outcomes



## 71%

of patients with moderate-to-severe symptoms show clinically meaningful improvement within eight weeks. Patients typically begin to feel better after four sessions.

## -32%

average depression scores decrease

## -31%

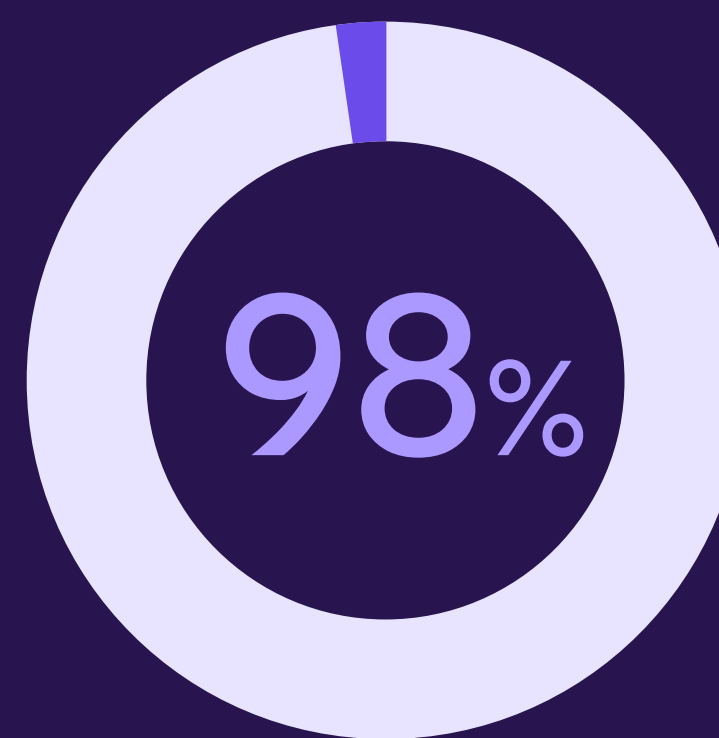
anxiety scores decrease

Across a study of 365,741 adults and 2.68 million therapy visits, average depression scores decreased 32% and anxiety scores decreased 31% within 12 visits. Improvement was fastest in the first five visits, with continued gains through session 12.

*Source: McAlister KL, et al. J Med Internet Res. 2025;27:e75750.*

## What this all delivered

This is the page we built everything else for.



### Depth of improvement

98% of patients report making progress on the issues that brought them to Rula.

## 9 in 10

### Patient satisfaction

9 in 10 patients say they would return to Rula if they needed mental health care again. 92% would recommend their provider to someone seeking help. And 93% of patients report a strong therapeutic alliance with their provider — the single strongest predictor of positive treatment outcomes.

## 4 in 5

### Patient wellbeing

More than 4 in 5 patients say that life feels more manageable after starting care through Rula.

## What we don't yet know

We want to be straightforward about what this data can't tell us. Our outcomes reflect patients who stayed in care and completed assessments — those who dropped out early aren't fully captured, and we don't know enough about why they left; this is because we don't yet have robust long-term follow-up. We also acknowledge the PHQ and GAD are helpful but incomplete in telling the full story of patient improvement, which is why we built and added our validated quality of life measure, "The Rula Wellbeing Scale™."

# Technology



## What's live, and what's next

We're enthusiastic about the opportunities AI presents in healthcare, while being clear-eyed and pragmatic about the risks. So we started with the most practical problem we could find: clinicians spending too much time on paperwork and not enough with their patients.



### Rula Recap: AI-powered clinical documentation

Rula Recap is our AI-powered note-taking tool, deployed across our entire network. Clinicians using Recap reduced documentation time by an average of 63% while maintaining or improving note quality. Notes created with Recap met our high quality standards 96% of the time, compared with 79% for notes written without it.

That's hours returned to patient care every week across thousands of providers simultaneously.

This is what responsible AI deployment looks like at scale: a tool that reduces administrative burden without touching clinical decision-making. Providers write the notes and Rula Recap drafts them faster.

### Intersession support

Most therapy takes place for an hour per week. But mental health doesn't operate on that schedule. That's why we're focused on developing a suite of integrated tools that increase the continuity of care and help patients make progress outside of sessions. By prioritizing safety, integrity, and high-quality care, we'll define how responsible technology should support mental healthcare.

### Our vision

AI is fundamentally changing what's possible in mental healthcare. We see it as essential to our mission to help patients make meaningful, personalized progress—and are building toward that future with urgency, care, and clinical rigor.

# Spotlight: The Rula Wellbeing Scale™

## We built a new way to see the full picture

### My progress

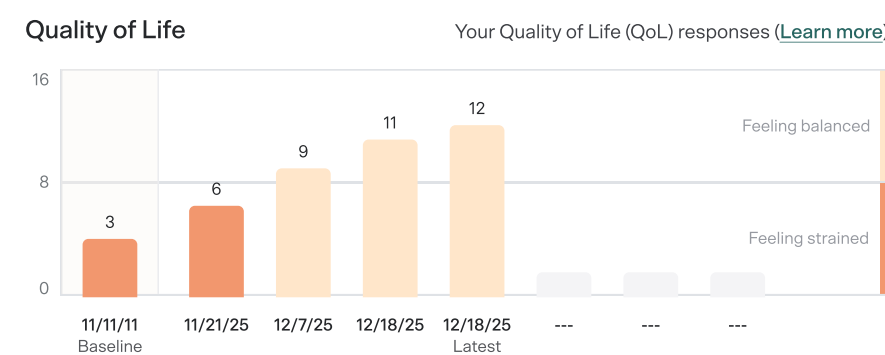
These are check-in results from Dec 25, 2025. Continue completing check-ins to track your progress and review these results with your provider to guide care.

Anxiety Depression **Quality of Life**

QUALITY OF LIFE

**Feeling balanced**  
12 of 16 (QoL Score)

What does this mean?



These scores are not an official diagnosis and should be reviewed with your provider to address symptoms and inform next steps in your care. Need help or support? If you're in crisis, call or text 988. Otherwise, message your provider.

### Why symptom scores aren't enough

The industry has long relied on symptom scales like the PHQ-9 and GAD-7 to define whether care is working. They're valuable — but they're also incomplete. A patient's depression score can improve while they're still missing work, struggling in relationships, or unable to function at the level they need. If we only measured symptoms, we would call that a success — but it isn't one. So we built something to fill the gap.

### What we built

In partnership with researchers at the University of Denver, we developed the Rula Wellbeing Scale™ — a functioning and well-being assessment administered alongside the PHQ-9 and GAD-7. It started with our providers: we surveyed clinicians to understand what existing instruments weren't capturing. That input shaped the scale, which we tested across thousands of patients before codifying it into our standard protocol. It captures what symptom scores miss — work performance, relationships, daily capacity. This helps us measure whether someone is truly getting better.

### Why this matters

Most mental healthcare platforms report outcomes using symptom scores alone. We think that sells patients and providers short. The Rula Wellbeing Scale™ gives us a more honest answer to the question we should all be asking: is this treatment actually helping the person feel and function better?

### What we're hearing from providers /

“

I am in love with the QOL (quality of life) measure. It kicks open the door to discussions surrounding purpose and meaning, which I have found is KEY to helping with the underlying causes of depression and anxiety. I cannot thank you all enough for making this a reality!”

“

I appreciate this exploration of quality-of-life details. Our clients' lives are more complex than just symptoms they are experiencing.”



# Research

## Contributing to the evidence base

We believe that if you're going to claim your care works, you should be willing to submit that claim to peer review. In 2025, we did. Here's what we published.

### Published /

1. **McAlister KL, Baez L, Newton D, Seiniger S, Pearlman A, Woodhouse A, Huberty J.** "Predictors and Correlates of Depression and Anxiety Symptom Trajectories in a Large Digital Mental Health Provider." *Journal of Medical Internet Research*. 2025;27:e75750. — 365,741 adults. 2.68 million visits. Significant improvements in depression and anxiety, fastest in the first 5 visits, equitable across demographic groups.
2. **Baez L, McAlister KL, Newton D, Seiniger S, Woodhouse A, Huberty J.** "Real-World Symptom Trajectories in Adolescents With and Without Suicide Risk Receiving Care from Rula Health." *JMIR Pediatrics and Parenting*. 2025;8:e81444. — Adolescents 12–17 with elevated suicide risk improved faster than lower-risk peers, reaching comparable symptom levels by 12 visits.
3. **McAlister KL, Baez L, Newton D, Seiniger S, Woodhouse A, Huberty J.** "Clinically Meaningful Improvement in Depression and Anxiety Among Psychiatry Patients Within a Measurement-Based Care Digital Mental Health Intervention: A Retrospective Analysis of Real-World Data from Rula Health." *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2026;63:00469580261418135. — Psychiatry patients showed large effect sizes in depression and anxiety symptom reduction ( $d = -1.17$  to  $-1.62$ ). Median time to clinically meaningful improvement was 12 weeks for depression and 11 weeks for anxiety; remission followed at 22 and 19 weeks respectively.



# Conclusion

This report reflects a moment in time on our journey to truly make an impact on the standard of care in behavioral healthcare. We'll continue publishing what we've accomplished, what the data says, and where we fell short. Not because we have to, but because we think this is how trust gets built: slowly, honestly, and in public.

**For employers:** We welcome the chance to show you how outcomes-driven care can improve results for your employees.

[Learn more →](#)

**For health plans:** Let us show you how our approach can improve results for your members.

[Learn more →](#)

**For brokers and consultants:** Bring your clients a mental health benefit backed by published outcomes and continuous quality measurement.

[Learn more →](#)

**For providers:** Join a network that measures what matters, invests in your development, and rewards the quality of your work.

[Learn more →](#)

**For patients:** Find a provider supported by a system designed to help you get better — not just get seen.

[Learn more →](#)

— The Rula Clinical Team

# Appendix

## Methodology

**Outcome measures** Depression symptoms are measured using the Patient Health Questionnaire-9 (PHQ-9), a 9-item self-report instrument scored 0–27. Anxiety symptoms are measured using the Generalized Anxiety Disorder-7 (GAD-7), a 7-item instrument scored 0–21. Both are administered pre-session. Suicide risk is assessed using the Columbia-Suicide Severity Rating Scale (C-SSRS) when baseline PHQ-9 scores exceed 14 or when item 9 indicates risk.

**Defining clinically meaningful improvement** A minimum 5-point reduction on the PHQ-9 or 4-point reduction on the GAD-7, consistent with published minimum clinically important difference thresholds.

**Study populations** Adult outcomes: 365,741 adults ages 18+ receiving therapy through Rula between August 2020 and March 2025. Adolescent outcomes: patients ages 12–17 receiving care between August 2022 and June 2025 who completed the C-SSRS at intake.

## Glossary

**PHQ-9** — Patient Health Questionnaire-9. Validated measure of depression severity.

**GAD-7** — Generalized Anxiety Disorder-7. Validated measure of anxiety severity.

**C-SSRS** — Columbia-Suicide Severity Rating Scale. Validated tool for assessing suicide risk.

**MIC** — Measurement-Informed Care. Routinely collecting patient-reported outcome data to inform clinical decisions.

**Rula Wellbeing Scale™** — A functioning and well-being assessment developed in partnership with the University of Denver, administered alongside the PHQ-9 and GAD-7.

**Clinically meaningful improvement** — A score change large enough to be clinically significant, not just statistically significant.

