# Serial Entrepreneur Tackling Mental Health, A Conversation with Mark Frank, CEO at SonderMind

## Podcast Episode Release – April 2024

**Mark Frank** in
CEO and Co-founder

**sondermind®**

**Frederic Laurier** in
Managing Director, Digital Health

**ALANTRA**

## Episode Highlights

- SonderMind was born out of Mark's personal struggle to find a therapist, combined with his sister's challenges as a practicing therapist, aiming to bridge the gap between mental health providers and patients

- It differentiates itself by being a healthcare provider rather than a marketplace and focusing on high-quality clinical care through data-driven measures and technology integration

- The Parity Act, which brought at par mental health benefits with health benefits, and COVID acted as catalysts for hybrid mental health service providers

- While exploring advanced technological capabilities like AI-assisted chatbots, SonderMind prioritizes patient safety and efficacy, striving to support rather than replace the therapist entirely

- SonderMind also has learned to navigate stringent HIPAA compliance and ISO certification while remaining vigilant in following evolving regulations

- Mark emphasizes the importance of updating regulations like HIPAA to reflect modern data security challenges and advocates for fluidity of data sharing among providers to improve outcomes

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# Episode Transcript

**Frederic Laurier** (00:06):
Welcome to another digital health episode of Crossroads by Alantra, where we explore industry themes that are at the center of some of the most important changes in today's healthcare landscape.

(00:16):
In this session, the CEO of SonderMind, Mark Frank, shares some of his learnings heading one of the virtual mental health counseling pioneers. From his personal experience that led him to the founding of SonderMind, to how clinical information is making therapy more efficient, Mark will address various technological and regulatory challenges that the mental health industry is facing and needs to tackle. We hope you enjoyed the interview as much as we did.

(00:42):
Welcome all to another episode of Crossroads by Alantra. In today's episode, we have the pleasure of hosting Mark Frank, the CEO of SonderMind. Mark will share his insights and perspective on the mental health landscape, how SonderMind makes therapists more efficient, and how his previous professional and personal experiences have helped him shape SonderMind into what it is today.

(01:03):
Mark, it's a pleasure to have you on our podcast.

**Mark Frank** (01:06):
Thanks for having me on.

**Frederic Laurier** (01:07):
For the benefit of our listeners, would you mind sharing a quick summary of your professional journey up to the founding of SonderMind. If I may say so, it's a very diverse background.

**Mark Frank** (01:16):
Yeah, thanks. I don't know if that's a good thing or a bad thing. I've been accused of having...

**Frederic Laurier** (01:19):
It is a good thing.

**Mark Frank** (01:21):
... professional ADD, which is not a clinical diagnosis - you should be aware. My career started actually in the Army, so a little untraditional for most folks here in the United States. After undergrad, I went to West Point, and then I served in the Army for five years, and ultimately did the whole business school route. I actually ended up in investment banking doing healthcare mergers and acquisitions for a couple of years.

(01:44):
And then I started my first company, which was a healthcare services company, so basically a management service organization, helping to treat patients who had lung cancer, prostate cancer, with a relatively novel therapy at the time, which was CyberKnife. So, I grew that, and ultimately sold it. I had an outside investor.

# Episode Transcript

**(02:04):**
I started a couple other companies: one in healthcare that was a software platform for storing, sharing, and viewing medical imaging data. I did that bootstrap - didn't have any outside capital - with my two co-founders. We got that to cashflow positive and sold that. And then a third company that I was not the primary founder, but I was one of the co-founders and COO, CFO, which was a software platform providing leads and data to sales teams, particularly in the commercial real estate and the telecoms space.

**(02:33):**
And it's all that sort of bundled together in concert with my own experience of trying to engage in therapy, and I can talk about the founding story, but I've been really in and around healthcare in my professional journey since my time in the Army.

**Frederic Laurier (02:50):**
Well, this would be the right time I think if you could just delve a bit more into how the company came about.

**Mark Frank (02:54):**
As I mentioned, I was operating in healthcare. I have three wonderful children now. Two of whom are teenagers, and one that's going to be a teenager in a few months here. And so, I had three kids in three and a half years. My partner and I, we were struggling. It was a very stressful time in our lives and I was looking for a therapist. And I knew healthcare. I knew the Parity Act had been passed. This was circa 2012. A Parity Act being the congressional act that basically made it illegal for insurers to actually limit mental health benefits any more than they would limit physical health benefits. So, it brought at par mental health benefits and physical health benefits. But it took a long time for that actually to flow through the system as we've seen in healthcare.

**(03:40):**
So, I knew that was in place. I was operating a healthcare company. It just took forever to try to find the right therapist who took my insurance, who was a good fit clinically for me, who was geographically proximate, and had the schedule availability. I went through that journey. It was extremely difficult. And I kept thinking to myself: "Gosh, why is this so..." There's so many therapists out there. Many of them are saying: "I need more clients or patients." And unlike in other parts of healthcare where there might be only one or two neurosurgeons in your market or a couple oncologists or whatever. It was like: "gosh, there's so many. Why is this so difficult? " Moreover, the whole path of trying to find somebody who took your insurance seemed kind of bonkers to me given that the law had been passed. That was one side of the coin.

**(04:22):**
The other side of the coin is my younger sister is herself a therapist. So, I'd seen her journey and all the struggles she went through. And actually, what I identified was a lot of the challenges that I was facing as a patient. As a client, trying to engage in care, were sort of the opposite of the challenges she was facing. She was like: "Yeah, it's really difficult to run my practice and I can't find enough clients. I don't know how to deal with the insurance and that's why I don't really want to take it and this, that, and the other."

# Episode Transcript

**(04:48):**
And I'm like: "Okay, well, the solution here now seems relatively apparent." That was really what started the path for SonderMind. I founded it with my co-founder, Sean Boyd, himself a therapist and president of the Colorado Counselling Association. That was in 2014. We created two companies out of that in 2017. He runs the other company, which is a real estate focused company. And SonderMind is really the platform and the provider organization that is meant to deliver the highest quality care for clients by enabling our providers to focus on what they do best, which is get people better. We take care of the rest. We really try to focus on our key provider value proposition of ensuring that they have enough clients in their practice for what they're looking for, ONE; that they're paid competitively, TWO; and THREE, that they don't have to worry about all the other stuff, whether it be the clinical means, deliver via technology, things like that, or the administrative burden of running the practice under our umbrella.

**Frederic Laurier (05:47):**
So, you really saw the two sides of the coin, from the provider side and the patient side. Very interesting.

**Mark Frank (05:52):**
Exactly.

**Frederic Laurier (05:53):**
I don't want to put you in a corner and have you badmouth your competitors, but could you quickly touch on how you differentiate from the Talkspaces, the Lyras, or the Springs of this world?

**Mark Frank (06:04):**
We're not in one specific box. First, we're a healthcare provider. We're not a network, we're not an EAP, we're not a pass-through marketplace. Two, we provide and always have provided virtual care as well as in-person care. So, we believe that what's important is having the ability to deliver high quality care to individuals by making it much easier and less burdensome for the clinicians.

**(06:31):**
As you think about some of those competitors that you mentioned, they're sort of like tangential competitors. Let's take a couple, Lyra, Spring, et cetera, they're very clearly going directly to the employer. And I think that's an appropriate path and it's clearly a very successful business strategy.

**(06:48):**
From my point of view, it always struck me that it was interesting that we had carved out, and I understand why prior to 2010, why we had carved out mental health benefits from the rest of the healthcare benefits which are just delivered through your plan. The insurance plan says: "I'm not going to get a special thing for the oncology benefit, another thing for the OB benefit." They're not going to get 800 different benefits. I actually think that helped create some of the challenges that we're now facing today, and have been facing for the past 15 years as an industry, as a society, in terms of access to care.

**(07:21):**
And what I mean by that is that when we separate out the way of normally accessing mental health care, it creates incentives that are misaligned. We have enough misaligned incentives in healthcare as it is, so this seemingly creates another one. So, we're very clearly not going directly to employers at this moment.

# Episode Transcript

(07:39):
And then the other was, as I mentioned, we've always offered this duality of we have asynchronous care via text and in-app messaging, we have obviously virtual care via video, we have in-person care. So, that's one of the clear differences.

(07:53):
And I think the third is that we really focus on ensuring that our providers can actually up-level and deliver higher quality clinical care. So, we really have focused very discreetly on being the highest quality clinical provider out there. And the way we do that is by collecting and providing an immense amount of data. So, you're within healthcare, so you understand this, I expect a lot of the audience does. We really embrace measure-based care techniques and have worked all of that into our entire software platform, so that a therapist on our platform, when they're seeing a SonderMind client, they have an immense amount of data about that individual before they take them for their first session and then on an ongoing basis.

(08:34):
And that's powered by our technology and we're even powering it further as we start to use kind of Copilot AI type tools to start to look through the data that our providers have on their clients and that they can make it easier for them to deliver better care when they're in session.

Frederic Laurier (08:49):
And from both the provider and the patient perspective, in-person versus virtual, are you seeing a big difference in outcomes, in preferences? Are you tracking that?

Mark Frank (09:01):
Yes, we're tracking preferences as well as outcomes. Not a huge difference in outcomes at this moment. It might be because the data, it's still very skewed. So, we're still in the mode post-Covid of the vast majority of care is being delivered in a virtual setting over video. But what we've started to see, and we've been seeing this now for about 12 - 18 months, is a shift in the preference from the client, from the individual consumer or the patient, to actually do more in-person care.

(09:32):
And what I find to be really interesting is that we actually did 100% in-person care prior to March of 2020. And we were building our technology piece and we were actually planning to launch our video platform a little bit later than we did. We were going to launch it in May of 2020. Business and world circumstances sort of forced us to go: "Let's pull up that roadmap a little bit earlier." So, we were able to get it out by the middle of March 2020, such that 100% in February was in-person, and 98% or 96% was delivered via video in April of 2020.

(10:06):
But what we're seeing now is it's about 80/20 video to in-person. But the challenge, and what I thought was interesting, what I was mentioning was that we actually really had to convince therapists initially to say: "Do these not in person." And the feedback was typically: "I'm really a lot better. I enjoy the interaction. I think that I can actually read people and I can sort of guide to the right outcome more easily." And the demand for video was really coming from the consumer, from the individual client.

# Episode Transcript

(10:35):
And we're seeing that sort of flip-flop now, where more providers are going: "Hey, you know what? That extra cost of getting an office space or going in person... I like being able to do this from my home", or whatever. And the individual consumer or the clients going: "You know what? I kind of want to go back into that safe space that is the therapy room and have that human connection."

(10:56):
And so, what I think is going to happen is that we're going to get to an equilibrium where it's not, and this has always been our position, it's not either or. It's not like you do all in-person or you do all video. It's just like the way we have sort of settled into our environment from an employee standpoint, which is we operate in a hybrid setting. We'll do in-person meetings, we'll do video meetings. It'll be dependent on the situation. It'll be dependent on the topic. It'll be dependent on who we're trying to engage with. I think therapy is going to continue to move in that direction where this blends.

Frederic Laurier (11:24):
Technology can go so far, but can you provide some details on what you offer your therapists in terms of technology, and how that has enhanced their practice?

Mark Frank (11:34):
So, it's really a full suite for the provider. We have a full EHR platform that includes everything from the practice management capabilities, so that would be scheduling. People can directly schedule providers, can have their own provider links, as an example, and say: "Hey, client. Come on and just schedule directly with me." The video capabilities, the secure messaging - all those sorts of tactical... Of course, billing, and then clinical notes. A lot of those are AI-assisted. So, we have clinical notes capabilities. We have the ability for providers to actually seek outside input, meaning from whether it's from our employed providers and clinical support team, clinical quality team, as well as to make referrals and say: "Hey, this client needs a psychiatrist, so I'm going to connect them with a SonderMind psychiatrist." So, all of that is built into one system and is our technology stack and our homegrown system.

(12:32):
And then we couple that with an offering for the individual client or the consumer. So again, all the things that would sort of enable that administrative piece. The messaging has to be two-way, the video has to be two-way, the scheduling has to be two-way, we have to collect billing information, et cetera, et cetera. All of that is obviously part and parcel to kind of the components that are necessary for delivering on the provider side.

(12:53):
But in addition to that, we, both through acquisitions as well as through our own build, have built out a full suite of tools of self-care and clinical tools for the individual client or the consumer to use. So that includes things like meditation, cognitive people therapy, something called Neurotunes, which helps with sleep, journaling, all of these components as you start to pull that in.

# Episode Transcript

**(13:15):**
And then all the traditional depression, anxiety, postpartum trauma, scoring and assessment tools. And we use that both to deliver to the provider, so here's how your client's doing, on a longitudinal basis, as well as to look at holistically and say: "Okay, which providers have the highest aptitude for certain clients and certain diagnoses? And let's make sure that we're getting those individuals to those providers who are best suited for their specific needs." So, it really is this comprehensive system, meeting the needs of the provider, meeting the needs of the client.

**(13:48):**
And as we do that, we think about the third constituent in our ecosystem is the insurance plan. We can now talk to the payers and say: "We are definitively providing higher quality care." In many cases, we're getting people to much lower levels of depression and anxiety in a shorter period of time, meaning that there's less cost to the plan, and whether that be via the employer or if it's a full risk plan, all of that accrues benefit to the ecosystem.

**Frederic Laurier (14:12):**
Have you done any exploration with regards to chatbots, asynchronous messaging? It sounds like you're using asynchronous messaging. What was the outcome and the pros and cons?

**Mark Frank (14:20):**
Do you mean like AI assisted?

**Frederic Laurier (14:22):**
Yes. Automated chatbots.

**Mark Frank (14:24):**
We've not done that. We are exploring how can we marry the delivery of care with the provider with some of these more advanced technical capabilities that we have now in our platform. We could say: "Let's just do this chatbot and get it out there." Where we struggle a little bit is where do you draw the line on what's clinically appropriate and what's delivering... These are people's lives we're talking about. We've not gone down that path yet. And I think if we do, I expect that it'll be a much closer marriage of: "Hey, you have a therapist, Fred, and you've built up a good rapport. And the chatbot is going to engage with you in a way that enables your therapist to best support you, as opposed to sort of trying to replace..." I think we're still very far from that. At least from a clinical safety and efficacy standpoint, I think it's challenging.

**Frederic Laurier (15:18):**
So maybe one more question, then we'll let you go. It's about data breaches. You probably have seen the news, like everyone else, the recent 7 million 23andMe customers that were impacted by a recent breach.

**(15:33):**
How do you ensure that you protect your patient's information? It's extremely sensitive, especially when we're talking about mental health information, as one would imagine. What safeguards are you putting in place?

# Episode Transcript

**Mark Frank** (15:44):
Very, very sensitive. So, we're HIPAA-compliant, obviously. We're a healthcare provider. One of the benefits of having built our own system is that we're not connecting with so many outside vendors and parties and saying: "Okay, this thing's going to go here and this thing's going to go there," which is often where breaches can happen. We're very close to achieving ISO certification, which as you well know is the gold standard from a security standpoint.

(16:07):
So, we don't share client data for advertising purposes, or anything like that. There's nothing that's going out. This is all payer information we're using. The only time we've ever shared data with a third party is when we're working with academic institutions where we're writing academic journal articles. Not saying: "Here's a bunch of data set." It's actually just giving access to say: "Here's what we need to write these articles, and let's anonymize and make sure that we're applying corporate economic protocols."

(16:31):
I will note that I find it interesting, and I think for everybody listening to the pod, a lot of people would agree, that the laws we have in this country - HIPAA laws are, in my opinion, quite antiquated. It still shocks me that it is totally fine and acceptable to have a doctor's office fax my complete records, they could be like a hundred pages, to another office. And it's just going to sit there. We've all been in enough offices where you can just go pick up the papers. That is not secure, period. And yet that is viewed as being totally HIPAA-compliant, and yet the security that is in place with email systems or if you use confidential mode, that is not HIPAA-compliant. It's one of these things like we got to bring the regulators up to the 21st century here and say: "We've solved this." I think that's one thing.

(17:24):
And then the other is the data... I think it's just really interesting, I'm speaking for myself here, but I would say people are very willing to share information, whether it's in social media, whether it's the willingness from a populist standpoint to actually share information with third parties that is relatively private and sensitive information, astounds me, but it is a fact. There's a lot of information that we share all the time, location data, things like that. Very sensitive. And the sharing of information between medical providers, healthcare providers, is going to be the way that we can continue to improve upon the delivery of healthcare and reduce the cost.

(18:06):
And more importantly, for mental health, the combination of all the stuff that's going on is quite important to understand what you're dealing with. Everything from: "Hey, what's the weather today and where are you? Where's your location and how is that affecting your mood?" to, "What's going on in your job?" to: "What's your financial situation?" to all these different things. Not to mention, of course, all the healthcare pieces of it, is very important to understand what's going on from a mental health point of view.

**Frederic Laurier** (18:31):
You can almost have a full picture of someone. You're absolutely right.

# Episode Transcript

**Mark Frank** (18:34):
You have to. Without it, you're just shooting in the dark a little bit. It's different than physical health because, hey, if my arm hurts, then if you start messing around my leg, I'm going to go: "Doctor, what are you doing? My leg doesn't hurt." And maybe there's a good reason to go: "Hey, there's this thing here that's connected." Okay, cool.

(18:50):
But the brain and our mental state is so complex and is so affected by these things that we aren't totally aware of that building this bigger picture will require us to ensure that we have fluidity of data, certainly across healthcare providers, and I think even across other aspects of sort of the human experience into some of those healthcare providers.

**Frederic Laurier** (19:09):
I said that was the last question, so I lied. One more and then we'll let you go, but patient consent. The word on the street is the FTC will start to regulate it in a different manner.

(19:18):
It sounds like your mental health patients are willing to share their information with safeguards. What mechanism have you put in place with regard to patient consent, and what impact do you feel the eventual FTC rulings may have?

**Mark Frank** (19:34):
I would actually point this to our head of legal and say: "Hey, help me with this." But I know that we're not even going to come close to the line of the grey zone, meaning we're always going, if it needs to be done, we're going to follow the letter of the law to the T, and then understand, okay, how has that changed?

(19:49):
So, for example, last year there were some changes from CMS in terms of what could and couldn't be used from an advertising standpoint, and there were some fines that were levied against certain companies that were noncompliant. But it was a new law. We spent a lot of time and it cost money. I'd say one of these things is what's the aim that we're really trying to protect at sort of a macro level? From a meta standpoint, I would want to understand what are we really protecting here from a consumer point of view. And that's if I were a legislator or if I had the ability to be voting on these sorts of things or to be influencing that policy.

(20:20):
But as an operator in the industry, we go: "Hey, we're going to always follow to the T exactly what's necessary to ensure that we're staying compliant." And as there are changes, we have to react and we have to change what that means for example, which we had to do last year with some of the changes on the advertising protocols.

**Frederic Laurier** (20:37):
Mark, it was a great pleasure to have you on the podcast. For a long time, I wanted to do a deeper dive in this topic. And we cannot thank you enough for taking the time today.

# Episode Transcript

**Mark Frank** (20:46):
Thanks for having me on the show. It was really good to chat with you, and I look forward to getting to know you better.

**Frederic Laurier** (20:51):
Likewise. Take care.

(20:52):
Thank you for listening to another episode of Crossroads by Alantra. We had meant to do one on mental health for a long time and we're excited to have Mark on.

(20:59):
If I had to pick, the three key takeaways for me were how the inclusion of mental health in other benefits has led to a spike in demand for mental health therapy. The initial reaction of payers to that surge has been to try to tap into the larger therapist networks, which more often than not, are attracting therapists with higher compensation. With costs spiralling out of control, payers and employers will most likely to start focusing on outcomes more when selecting their partner networks. As such, they will start looking more closely at outcomes data that outfits like SonderMind track.

(21:29):
The second one was the importance of making accessible as much clinical and social demographic data as possible to therapists to enhance their efficacy or the efficacy of their therapy plans. Safeguards will however need to be put in place by the data custodians to avoid potential regulatory pitfalls.

(21:45):
Lastly, technology may for the time being be best directed at reducing the administrative burden of clinicians while we await a more prevalent use of chatbots as a complement and not a replacement to them.

(21:55):
If you'd like to learn more about digital health, please subscribe to this podcast and feel free to reach out. Take care.

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# Alantra – Selected Recent Healthcare Transactions

| 2023 | 2023 | 2022 | 2022 | 2022 |
|---|---|---|---|---|
| **Blackford** | **LAZEO** | **YPSOMED** / **DiaExpert** | **NeoHealthHub.** | **Accent Equity** |
| Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
| **BAYER** | **Blackstone** | **MEDIQ** / **Advent International** | **PHARMALEX** | **AXCEL** |

| 2022 | 2022 | 2022 | 2022 | 2022 |
|---|---|---|---|---|
| **Aakamp** | **STADA** | **republic.m** | **Balhousie Care Group** | **STRATEGIC NORTH** |
| Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
| **FARMACEUTICI PROCEMSA** | **Megalabs** | **QUEEN'S PARK EQUITY** | **AcalisCare** | **Prescient** |

| 2022 | 2022 | 2022 | 2022 | 2022 |
|---|---|---|---|---|
| **WOOM** | **Childs Farm** | **ANALYTICAL WIZARDS** | **Riffyn** | **TARA** |
| Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
| **apricity** fertility reimagined | **pz Cussons** | **DEFINITIVE HEALTHCARE** | **SIEMENS** | **Valo** |

| 2021 | 2021 | 2021 | 2021 | 2020 |
|---|---|---|---|---|
| **HELIOS** MEDICAL COMMUNICATIONS | **Baird Capital** / **Prescient** | **CareCloud** | **MOBILE VASCULAR PHYSICIANS** | **gsk Pfizer** |
| Sell-side advisory | Sell-side advisory | Buy-side advisory | Sell-side advisory | Sell-side advisory |
| **North Edge.** | **Bridgepoint** | **MedMatica** | **HOUSATONIC** | **Charlesbank** |

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| 2024 | 2024 | 2024 | 2023 | 2023 |
|------|------|------|------|------|
| **BRIGHT** | **Apax** | **PUNTO TICKET** | **LENDSCAPE** | **Objectivity** |
| Sell-side advisory | Buy-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
| **vírtusa** | **IES** | eventim • SONY MUSIC | **BOWMARK CAPITAL** | **accenture** |

| 2023 | 2023 | 2023 | 2023 | 2023 |
|------|------|------|------|------|
| **Infinia ML** REDEFINE POSSIBLE | CHA TECHNOLOGIES GROUP / HDK Industries | **TradingHub** | **VIATEL** TECHNOLOGY GROUP | **Joblogic** |
| Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
| **aspirion** | **CSG** BRANFORD CASTLE PARTNERS | **SUMMIT PARTNERS** | **MACQUARIE** Macquarie Capital Principal Finance | **Axiom Equity** |

| 2022 | 2022 | 2022 | 2022 | 2022 |
|------|------|------|------|------|
| **BLUE GRANITE** DATA · INSIGHTS · ANALYTICS | **BBR** | **LDC** / **SOLIDSOLUTIONS** SUPPORTING EXCELLENCE | **TelcoSwitch** | **TROOPS** |
| Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
| **3Cloud** / GRYPHON INVESTORS | **evertec** | **TRIMECH** | **QUEEN'S PARK** EQUITY | **salesforce** |

| 2022 | 2021 | 2021 | 2021 | 2021 |
|------|------|------|------|------|
| **inoapps** EUROPE · MIDDLE EAST · AMERICAS · ASIA | **boxboat** | **embee** Mobile Insight Solutions | **Senion** | **TECHNOGYM** **exerp** |
| Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory | Sell-side advisory |
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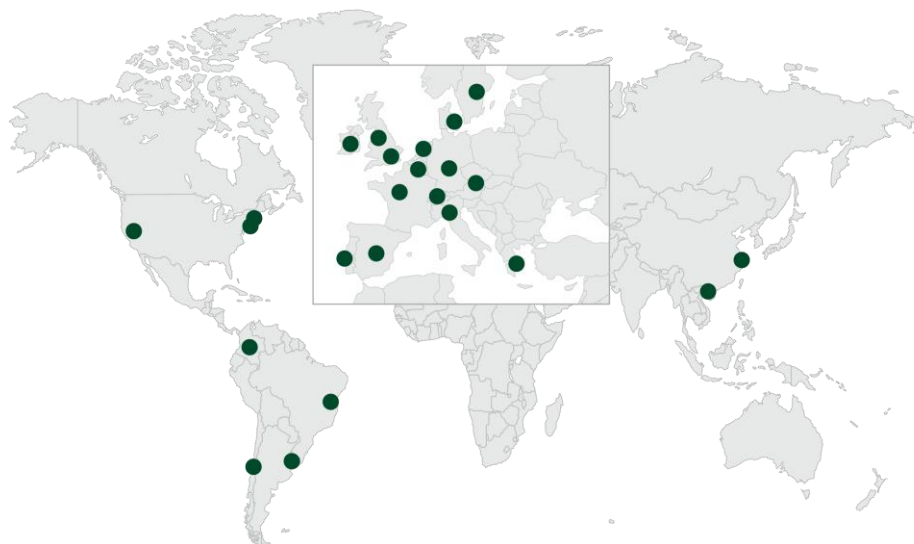
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# Alantra – Group Summary

Alantra is a global alternative asset management, investment banking, and credit portfolio advisory firm providing high value-added services to companies, families, and investors operating in the mid-market segment.



| | | |
|---|---|---|
| **24** | **550+** | **100+** |
| Offices Worldwide | Financial Professionals[1] | Partners[1] |
| **$575bn+** | **1,800+** | **1,300+** |
| Deal Volume[2] | Completed Transactions[2] | Clients Advised[2] |

(1)    As of Sep 2022. Excludes professionals from strategic partnerships where Alantra holds a minority stake (Singer CM, ACP, Wealth Management, Asabys and Indigo / Includes Corporate Services professionals
(2)    Since 2013

| | | | | |
|---|---|---|---|---|
| Argentina | China | Greece | Portugal | United Kingdom |
| Austria & CEE | Colombia | Hong Kong | Spain | United States |
| Belgium | Denmark | Ireland | Sweden | |
| Brazil | France | Italy | Switzerland | |
| Chile | Germany | Netherlands | UAE | |