PUBLIC SUBMISSION

As of: May 28, 2009
Received: May 28, 2009
Status: Pending_Post
Tracking No. 809bb294
Comments Due: May 28, 2009
Submission Type: Web

Docket: EBSA-2009-0010
Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Comment On: EBSA-2009-0010-0001
Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Document: EBSA-2009-0010-DRAFT-0217
Comment on FR Doc # E9-9629

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General Comment

Statement on comparative effectiveness research in behavioral health care

To: The Federal Coordinating Council for Comparative Effectiveness Research

From: The Workgroup on Comparative Effectiveness in Behavioral Health, Institute for Behavioral Health, Heller School for Social Policy and Management, Brandeis University

Date: April 13, 2009

We welcome the new administration's initiative to expand funding for comparative effectiveness research. This initiative has particular relevance to behavioral health care, the area where our own research is focused. It is relevant because behavioral health care (which includes mental health and alcohol and drug abuse treatment) has been particularly prone to some of the problems that comparative

effectiveness research is intended to address. These problems include:

- Rapid provider adoption of costly new psychotropic medications, often in the absence of any head-to-head trials demonstrating their superior effectiveness over existing, less costly medications.

- Slow dissemination of certain other effective medications that are mainly used in public sector settings, e.g. naltrexone for alcoholism.

- Under-utilization of approaches with a strong evidence base, such as cognitive behavioral therapies.

- Persistence of non-evidence based practices, such as sub-therapeutic dosing of methadone.

We therefore encourage the Coordinating Council to make sure that some of the new federal funding is directed toward comparative effectiveness research in behavioral health care.

At the same time, we note that these studies will need to go beyond merely measuring 'average' effectiveness of a medication or treatment across the whole population treated. Previous studies have found that a given medication can have widely different effects across patients, which might be masked by an average effect. We are pleased to note that the enabling legislation takes account of this and calls for studies of subpopulations.

Targeting federal funding for comparative effectiveness research also offers the chance to compare treatments that have been relatively less studied, for example some psychotherapies that are less easily standardized across providers. In some cases this might involve comparing different ways of delivering a given treatment, e.g. web-based treatment versus traditional treatment with counselors.

Many behavioral health care purchasers and providers are frustrated with the current lack of knowledge, and eager to learn more about what works to help patients. They would be likely to act upon the findings that would result from future comparative effectiveness research, for example by disseminating information, removing institutional barriers, and redesigning incentives. In conclusion, behavioral health care may be an especially fruitful area for finding results with policy implications.

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