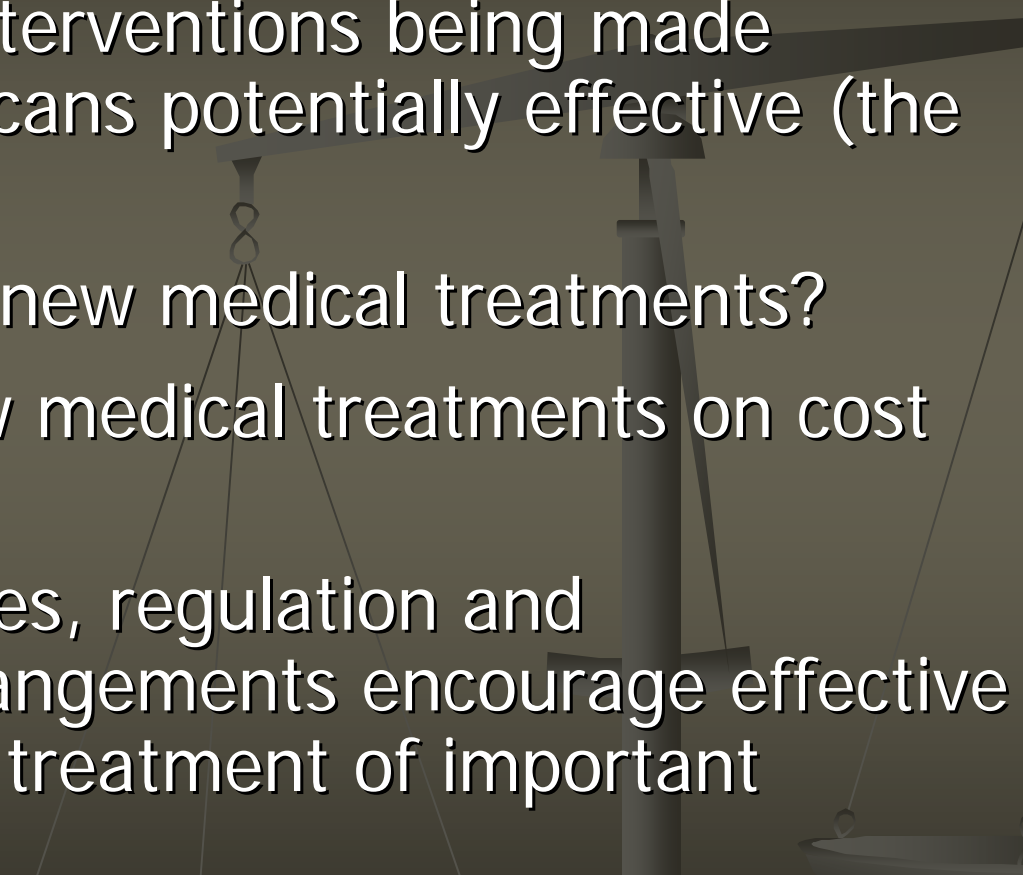


Mental Health Treatment Research and Public Policy

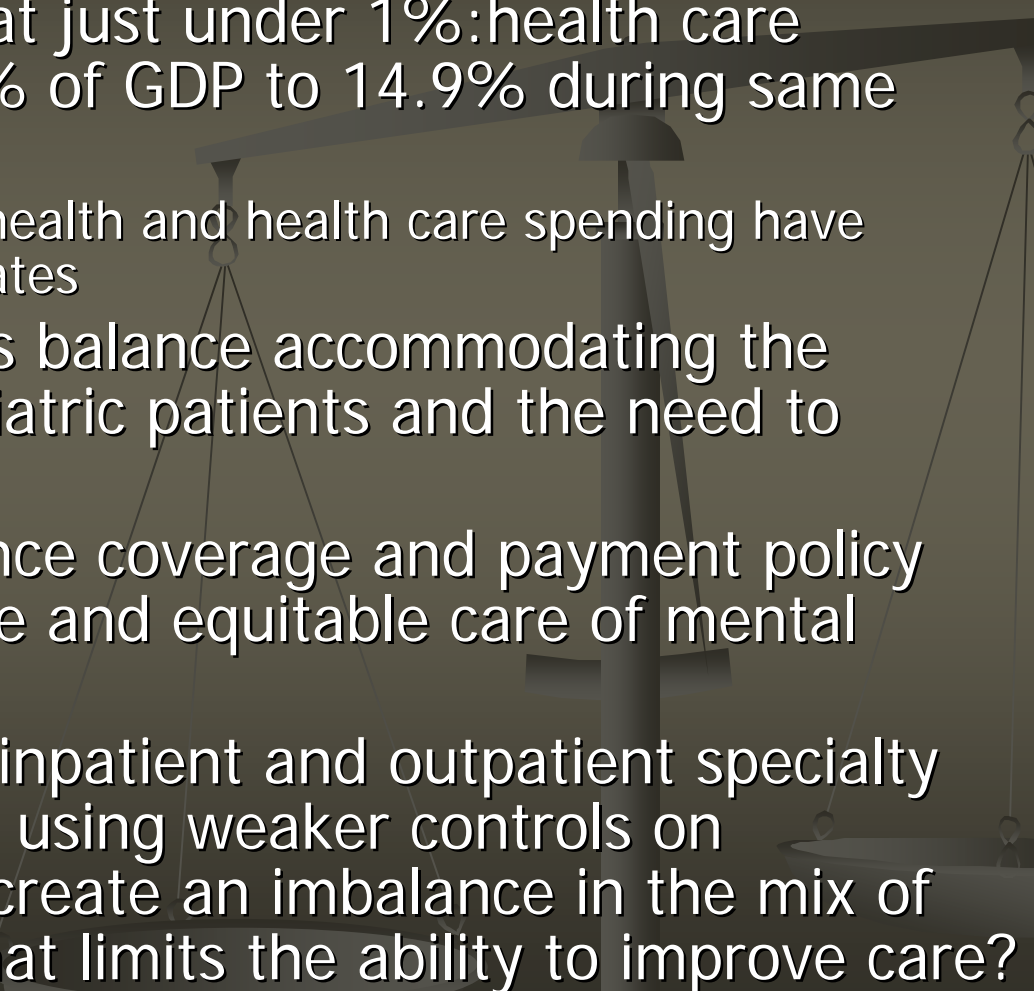


Richard G. Frank
Harvard University

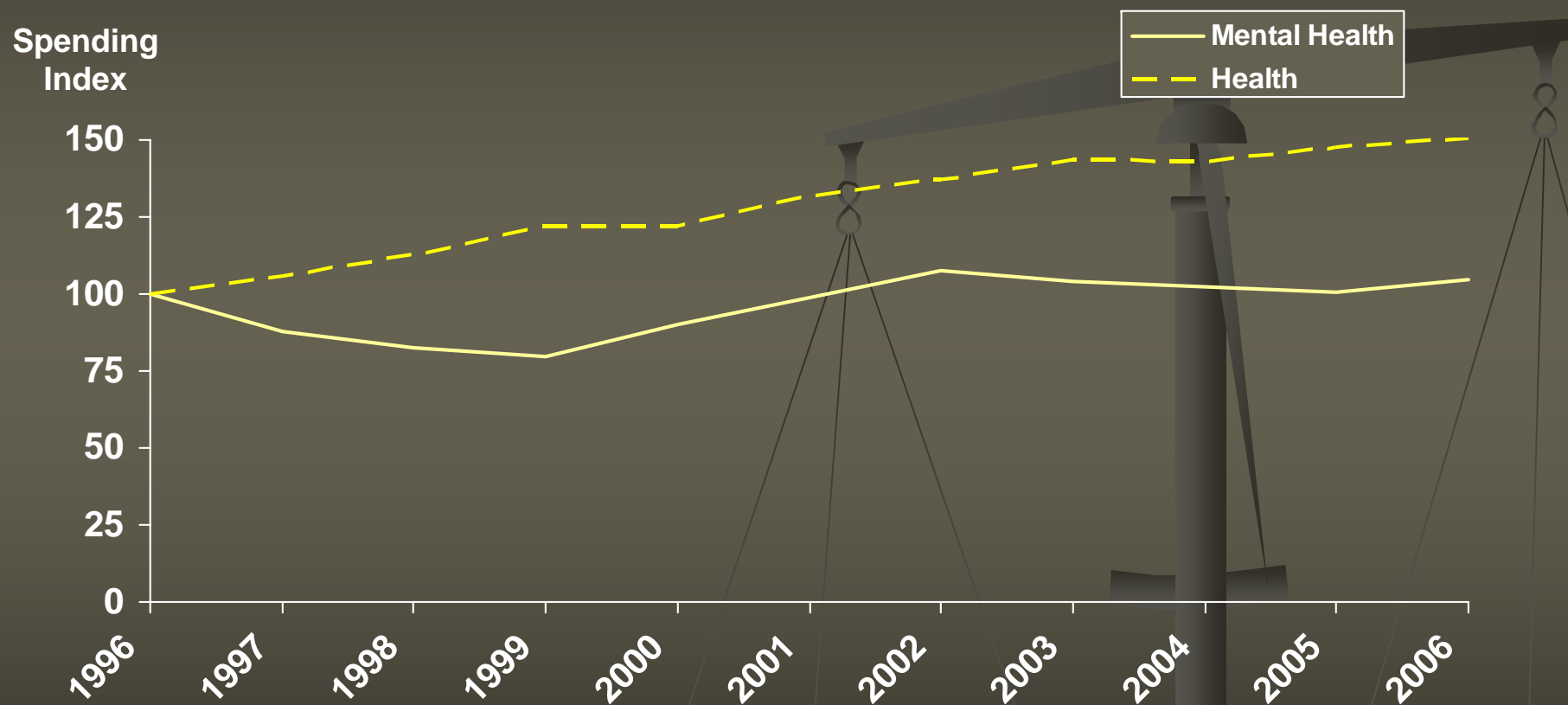
Some Issues that Concern Policy

- Are the medical interventions being made available to Americans potentially effective (the FDA question)?
 - How effective are new medical treatments?
 - The impact of new medical treatments on cost growth
 - Do payment policies, regulation and organizational arrangements encourage effective and cost-effective treatment of important illnesses?
- 

Concerns in Mental Health Policy

- Spending on mental health claimed a constant share of GDP from 1970-2002; at just under 1%:health care spending grew from 7% of GDP to 14.9% during same period
 - In recent years mental health and health care spending have grown at more similar rates
 - What formulary designs balance accommodating the heterogeneity of psychiatric patients and the need to encourage efficiency
 - Is the design of insurance coverage and payment policy consistent with effective and equitable care of mental illnesses?
 - Does tightly managing inpatient and outpatient specialty mental health care and using weaker controls on psychotropic drug use create an imbalance in the mix of treatments delivered that limits the ability to improve care?
- 

Composition of Mental Health Spending Growth



Source: MEPS; 1996 – 2006

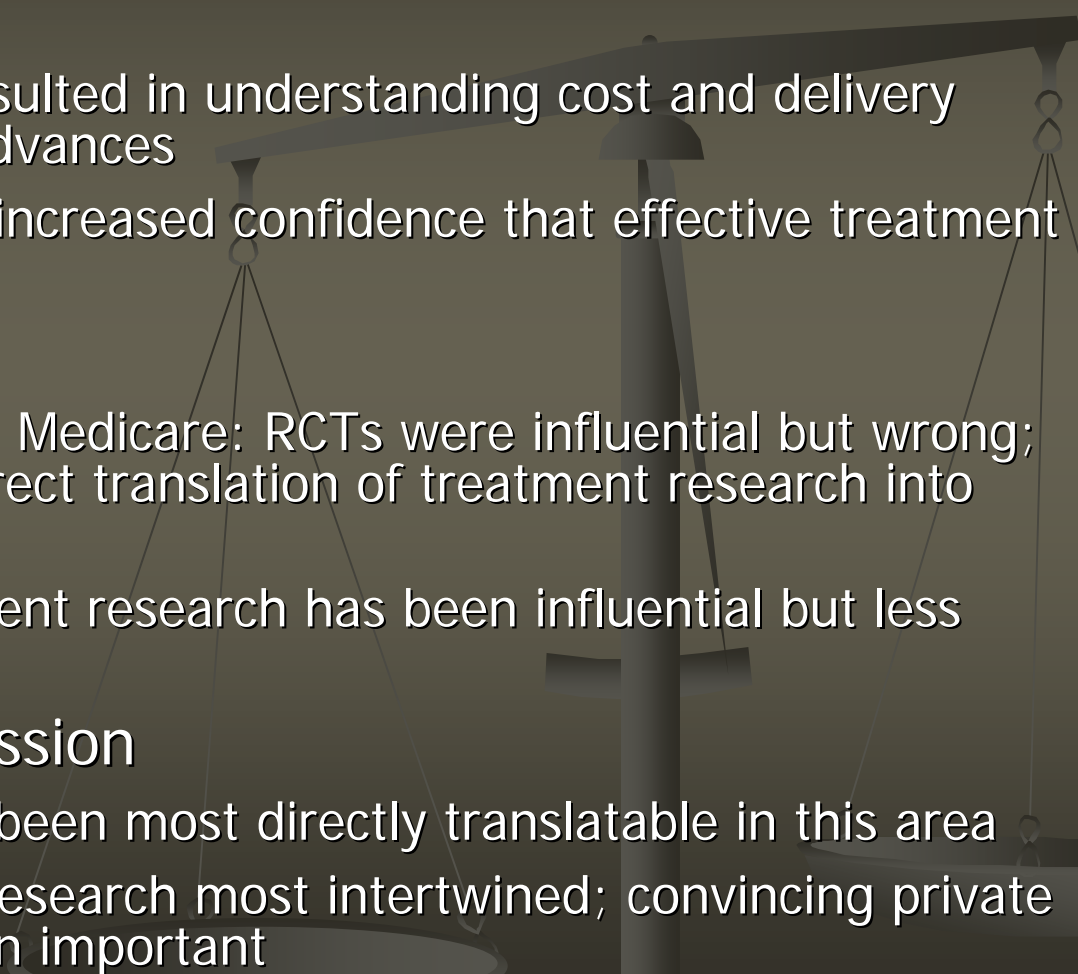
Spending index constructed through regression analysis, available in online appendix. 100 represents mean spending in 1996 for each group. Regression included sex, race/ethnicity, region of the country, MSA status, health and mental self-reported status and age as controls. Reported values are the regression analysis coefficients on each year with 1996 normalized at 100 as a three year average.

Observations

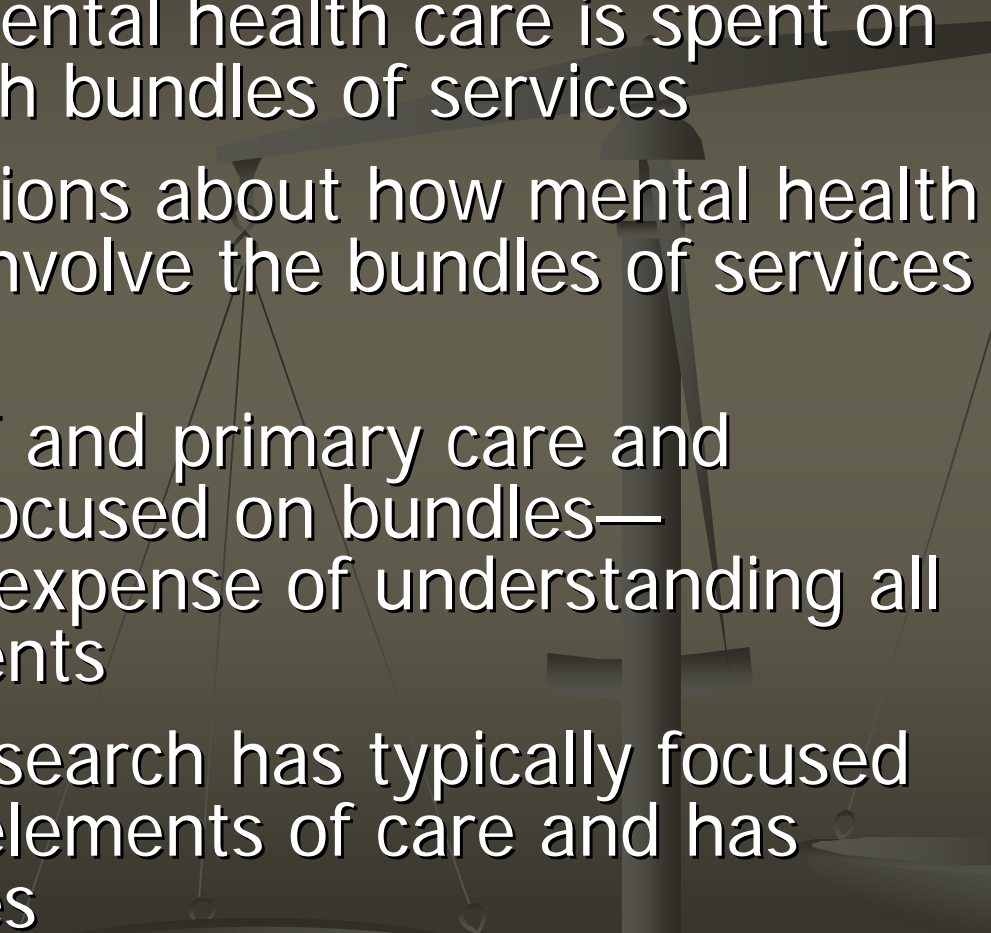


- Current approaches to clinical trials offers answers to the FDA type question
 - Are the treatments available to doctors and patients potentially effective?
- Effectiveness trials and some of the recent efforts of the NIMH (CATIE, STAR-D and STEP-BD) have expanded the approach to the “potential effectiveness” question
 - To consider broader populations, response to treatment failures (STAR-D) and treatment bundles (STEP)
- Basic effectiveness questions that are most important to policy are still often incompletely addressed

Examples Where Research Has Contributed To Policy Formulation

- Parity
 - Services research has resulted in understanding cost and delivery issues critical to policy advances
 - Treatment research has increased confidence that effective treatment was available
 - Coverage Choices
 - Partial hospital benefit in Medicare: RCTs were influential but wrong; exposing weakness in direct translation of treatment research into policy
 - Formulary design treatment research has been influential but less informative than hoped
 - Primary care and depression
 - Treatment research has been most directly translatable in this area
 - Services and treatment research most intertwined; convincing private decision makers has been important
- 

Example of Missed Opportunities

- Most money for mental health care is spent on people treated with bundles of services
 - Major policy questions about how mental health care is managed involve the bundles of services we encourage
 - Research on PACT and primary care and depression have focused on bundles—sometimes at the expense of understanding all the active ingredients
 - Most treatment research has typically focused on the individual elements of care and has overlooked bundles
- 

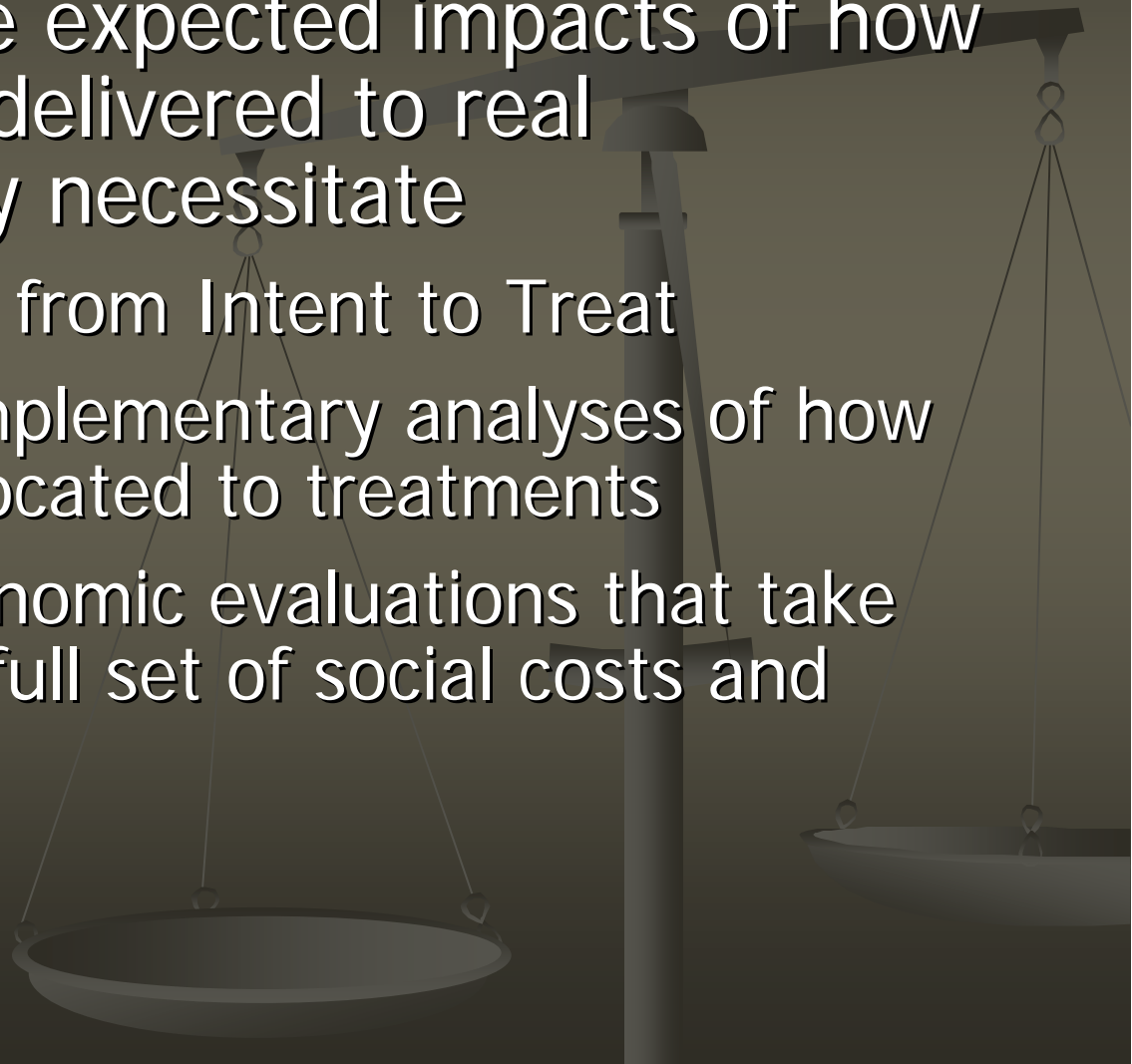
Upcoming Issues



- If spending on psychotropic drugs drives mental health spending in an era of cost control—informing the sensible design of formularies is key
 - Large expensive clinical studies have under-produced results that inform policy makers about social costs and benefits of treatments
- Reform of SSDI, SSI, Medicare and Medicaid require many answers about the benefits and limits of applying known clinical approaches; this requires expanding the outcomes measured cost, functioning (work) and powering trials accordingly

Analysis

- Dealing with the expected impacts of how treatments are delivered to real populations may necessitate
 - Stepping away from Intent to Treat
 - Developing complementary analyses of how patients are allocated to treatments
 - Developing economic evaluations that take account of the full set of social costs and benefits



Conclusions

- Treatment research has been both more and less influential than one might hope
- Mainstreaming of mental health means that mental health specific policy is less central to making mental health policy
- Specific policy design choices around formularies (e.g. protected classes in Medicare Part D); coverage decision and regulations (carve-out contracts) will continue to benefit from relevant clinical research findings
- This likely requires a more serious consideration by treatment researchers about the questions that need answering than has typically been the case in the past