

May 22, 2009

Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Department of Labor

Centers for Medicare and Medicaid Services
Department of Health and Human Services

Internal Revenue Service
Department of the Treasury

RE: MHPAEA Comments

To Whom It May Concern:

We are writing as a group of clinicians and researchers who have spent most of our careers working at improving quality of care for patients with common mental disorders such as depression and anxiety disorders. Specifically, we are recommending that a well researched Evidence Based Practice (EBP) called Collaborative Care for the treatment of Depression and other common mental health problems be considered for coverage under the new Parity Law. This EBP has been recommended by the President's New Freedom Commission on Mental Health, the Institute of Medicine, and the National Business Group on Health, yet no major insurance plan will cover this EBP on a routine basis while covering equivalent services for medical / surgical conditions that have much less scientific support.

Over 35 randomized controlled trials with over 10,000 patients have demonstrated that collaborative care programs for depression in which primary care providers are supported by care managers and consulting mental health professionals are significantly more effective and cost-effective than care as usual.^{1, 2} These programs have been shown to improve mental health outcomes and physical functioning, and they have been associated with long-term cost-savings when compared to care as usual.³ Findings from these studies are robust across diverse health care settings and populations in the United States, the UK, and other countries and there are very few medical / surgical treatments that have this level of scientific support!

Evidence-based collaborative care programs for depression and other common mental disorders support primary care providers treating patients with depression through two additional treatment components.

- **Depression Care Management;** trained care managers support primary care providers by providing evidence-based patient education, systematic clinical outcomes monitoring using well established diagnostic instruments, patient monitoring for adverse effects and adherence to

treatment (both prescription drugs and referrals to mental health specialists as appropriate), brief evidence-based counseling such as behavioral activation or other brief psychotherapies; and facilitation of additional visits or treatment modification with the primary care provider or referral to a mental health specialist. These services are provided incident to care by the primary care provider who also supervises the care manager.

- **Consultation from a Mental Health Specialist;** psychiatrists or otherwise qualified mental health specialists provide caseload supervision and consultations on patients treated for depression who are not improving with initial depression treatments in primary care. These consultations are provided to a care manager working under the supervision of the primary care provider as well as to the provider if needed. Caseload supervision and consultations may be in-person, telephonic, or via a secure, HIPAA compliant electronic medium. They do not have to involve face-to-face contact with the patient.

Such depression care management services are similar to the services provided by Diabetes Nurse Educators or other case management and disease management services provided by many major insurance plans for heart disease, cancer, pulmonary diseases and diabetes. In such programs nurses or other trained health care professionals support primary care providers treating patients with diabetes and other medical diseases, a service covered by most health plans. The nurse care managers often receive caseload supervision from medical specialists who can also provide consultation for more complex cases. However, despite overwhelming evidence for the effectiveness of collaborative care for depression (an evidence base that is stronger than the evidence for diabetes care management), such services are not covered by most public or private health plans today.

In this case, it appears that health plans are using evidence-based criteria and/or medical necessity determinations that are far more restrictive for mental health services than the criteria which are used for medical/surgical services. There are many routine medical and surgical procedures which have far less evidence for their effectiveness than collaborative care for depression. We believe that the parity regulations, based on legal reviews of the parity statute should require that employers and plans pay for the same range and scope of services for mental health treatments as they do for medical / surgical treatments, and that a health plan cannot be more restrictive in their managed care criteria and reviews for evidence-based mental health treatments than for medical / surgical treatments. This violates both the intent and letter of the parity statute and we hope that the regulations will clarify that such discriminatory practices cannot continue.

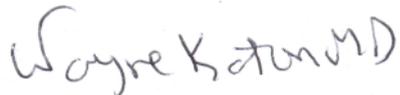
References:

1. Gilbody S, Bower P, Fletcher J, Richards D, Sutton AJ. Collaborative care for depression: A cumulative meta-analysis and review of longer-term outcomes. *Arch Intern Med.* 2006;166:2314 - 2321.
2. Katon W, Unutzer J. Collaborative Care Models for Depression: Time to Move From Evidence to Practice. *Arch Intern Med.* November 27, 2006 2006;166(21):2304-2306.
3. Unutzer J. Long-term cost effects of collaborative care for late-life depression. *Am J Manag Care.* 2008 2008;14(2):91-96.

Sincerely,

Handwritten signature of Jürgen Unützer in blue ink.

Jürgen Unützer, MD, MPH, MA
Professor and Vice Chair
Psychiatry & Behavioral Sciences
University of Washington

Handwritten signature of Wayne Katon in black ink.

Wayne Katon, MD
Professor and Vice Chair
Psychiatry & Behavioral Sciences
University of Washington

Handwritten signature of Leif Solberg in black ink.

Leif Solberg, MD
Associate Medical Director for Care Improvement Research
HealthPartners Medical Group and Research Foundation
Minneapolis, MN