COMMENTARY ON O'CONNELL AND GRIFFIN

Enhancing the usefulness of results from economic evaluations of behavioral health interventions

Sarah Q. Duffy, PhD

Division of Epidemiology, Services, and Prevention Research, National Institute on Drug Abuse, Bethesda, MD

Keywords

cost-effectiveness; economic evaluations; behavioral interventions.

Correspondence

Dr. Sarah Q. Duffy, Division of Epidemiology, Services, and Prevention Research, National Institute on Drug Abuse, 6001 Executive Blvd., Rm 5195, Bethesda, MD 20892. Tel.: 301-451-4998; e-mail: duffys@nida.nih.gov. Sarah Q. Duffy is with the Division of Epidemiology, Services, and Prevention Research, National Institute on Drug Abuse.

doi: 10.1111/j.1752-7325.2011.00214.x

The overview article by O'Connell and Griffin in this issue of the journal provides a nice introduction to methods that could be used to conduct economic evaluations of behavioral health interventions implemented to improve oral health. It also does an excellent job of conveying a sense of the complexity of these analyses and the care required to conduct and interpret them.

For several decades, addiction researchers have conducted economic evaluations of behavioral interventions, including those implemented to prevent drug use and related risk behaviors and to treat addictive disorders. However, as a recent review shows, methods have varied widely and the studies have not always conformed to recommendations such as those from the US Panel on Cost Effectiveness in Health and Medicine (1). There are many reasons for this, including that behavioral interventions for preventing substance use and treating addictive disorders can have myriad and often distal impacts, which has made consensus on a limited set of outcomes elusive and full valuation of costs and benefits difficult. Another is the overwhelming role of public dollars in funding these activities, some of which are politically unpopular. The resulting lack of standardization makes the results from these studies less useful than they could be.

The literature on economic evaluations of behavioral health interventions implemented to improve oral health is not as well developed as in other areas of health care. New researchers in this field may encounter fewer complexities

and start at a more advanced stage of the science. This might be an opportune time for researchers to engage with patients, practitioners, payers, and policy makers to make some decisions and embark on methods research and resource building activities that could promote standardization. These might include a) coming to consensus on minimum standards for these studies as well as key outcomes that could be included and the best ways to measure them; b) supporting research to determine the most appropriate and efficient means to collect essential resource use data, perhaps even building a representative database of uniform cost data that could be used to produce average cost estimates; and c) developing simulation models to more fully account for long-term benefits and costs (2,3). While complete uniformity likely is unachievable because of differences in the focus of interventions and the continued evolution of study methods, some level of standardization that will enhance the usefulness of the results likely is.

The crucial thing to remember is why these studies are important: Because resources are limited. It simply is not possible to produce everything that everyone wants given the natural resources, workers, and technology we currently have at our disposal. Decisions are made every day, often by default, about what and how much to produce. The way these decisions have traditionally been made in the United States has led to a health care system that is unsustainable and not as effective as it could be. The purpose of economic evaluations is to provide information that can improve these decisions and lead to an allocation of limited resources that best meets the needs of the society.

Disclaimer

The interpretations and conclusions contained in this work do not necessarily represent the position of the National Institute on Drug Abuse, the National Institutes of Health or the US Department Health and Human Services. No official endorsement by any of these organizations is intended or should be inferred.

Conflict of interest

The author declares no conflict of interest.

References

- 1. Barbosa C, Godfrey C, Parrott S. Methodological assessment of economic evaluations of alcohol treatment: What is missing? *Alcohol Alcohol.* 2010;**45**(1):53-63.
- Howard P, Knight C, Boler A, Baker C. Cost-utility analysis of varenicline versus existing smoking cessation strategies using the BENESCO simulation model. *Pharmacoeconomics*. 2008;26(6):497-511.
- Losina E, Schackman B, Sadownik S, Gebo K, Walensky R, Chiosi J, Weinstein M, *et al.* Racial and sex disparities in life expectancy losses among HIV-infected persons in the United States: Impact of risk behavior, late initiation, and early discontinuation of antiretroviral therapy. *Clin Infect Dis.* 2009;45:1570-8.

Copyright of Journal of Public Health Dentistry is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.