

A COST-EFFECTIVENESS ANALYSIS OF THE WASHINGTON, D.C. DEPARTMENT OF HEALTH'S HIV/AIDS LINKAGE TO CARE PROGRAMS

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Background



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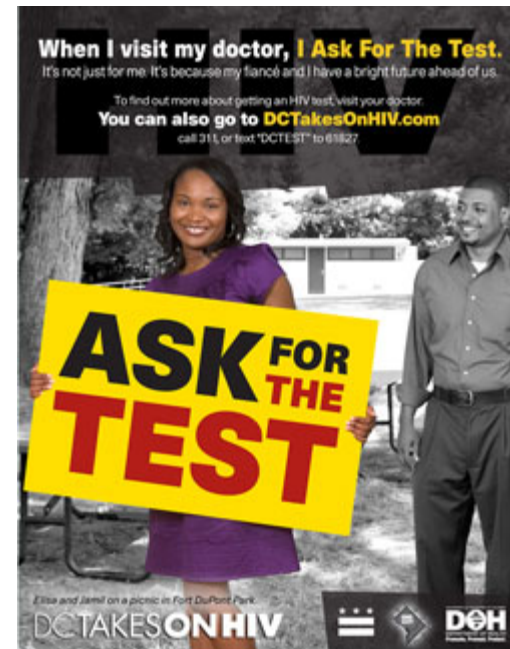
- In 2006, the DC DOH HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA) established a Public Health/Academic Partnership with the George Washington University School of Public Health and Health Services (GWU)
- In 2011, the DC Developmental Center for AIDS Research (DC D-CFAR) at GWU established the following three aims:
 - ▣ 1) **Evaluate the DC DOH linkage to care portfolio;**
 - ▣ 2) Evaluate clinical and non-clinical routine and targeted HIV testing implementation strategies; and
 - ▣ 3) Assess the feasibility and cost-effectiveness of non-occupational exposure prophylaxis (NPEP) and pre-exposure prophylaxis (PrEP).

Background, cont'd.



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- The District of Columbia Department of Health (DC DOH) has actively scaled-up routine testing and linkage to care programs since 2006
- Although these efforts have proven successful in identifying HIV-infected persons and linking them to care, a systematic analysis of the cost-effectiveness of these programs has not been conducted to date



The female condom with pleasure points for her and him – to tease, please and protect. Go on, give it a try.



FC2 Can now be purchased at [CVS/pharmacy](#) The Female Condom

Methods



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- Cost and utilization data were collected through:
 - Interviews with DC DOH staff
 - Program and evaluation monitoring system (PEMS) reports
 - Document review

- Analyses compared the cost effectiveness of three DC DOH funded programs:
 - 1) a navigator program targeting the Latino population;
 - Medical case management program
 - Navigator accompanies patients to appointments, checks in every 3 months
 - 2) a program specifically serving District residents living in Wards 7 and 8; and
 - Testing, counseling and linkage to care
 - Creates new medical homes for newly identified positives
 - 3) a program focusing on high-risk adolescents and persons engaging in sex work.
 - Offers harm reduction, education, counseling, referral, advocacy and syringe access

Methods, cont'd.



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- A referral is defined as:
 - Referring a client to access services from another organization without following up to determine if those services were received

- Linkage to care is defined as:
 - Referring a client to access services from another organization
 - Making and confirming the appointment
 - Providing transportation if needed
 - Following up to ensure that the client received services within 30 days of the referral

- Linkages to care are reported directly by treatment providers

- Data is from the DC DOH Bureau for Care Housing and Support Services monthly

Results



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Cost effectiveness of Navigator programs, April 2010-March 2011

Measure	Latino Navigator	Wards 7 and 8*	Adolescents and sex workers*
a. Number of referrals	249	45	6
b. Number of linkages to care	50	33	5
c. Total program cost	\$200,000	\$124,201	\$125,000
d. Cost per referral**	\$803	\$1,378	\$10,417
e. Cost per linkage to care***	\$4,000	\$1,879	\$12,500

*Costs per referral and linkage are from October 2010 to March 2011

**= c/a

***=c/b

Discussion



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- Notes
 - ▣ Latino Navigator program is clinic-based, which may explain the high number of referrals; other programs are CBO-based
- Recommendations
 - ▣ We recommend that these programs explore strategies to improve linkage to care among persons identified as HIV positive
- Next steps
 - ▣ Examine outcomes and quality of services after linkage
 - ▣ Break out costs into administrative and intervention costs
 - ▣ Future research may be needed that estimates long-term patient outcomes such as life expectancy, lifetime cost per patient and Quality-Adjusted Life Years (QALY's)

Wrapping up



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- Questions?
- Comments?

Thank you!

Acknowledgements



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- This project was supported by supplemental funding for the ECHPP Initiative through the District of Columbia Developmental Center for AIDS Research, an NIH-funded Program (P30AI087714). The authors would like to thank the participating providers, the ECHPP study team, and colleagues at the DC Department of Health.

