



Cost Analysis of *Positive Charge*, a Multi-Site Linkage to Care Program in the US

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Protecting Health, Saving Lives-Millions at a Time

Methods

A cost and threshold analysis to locally assess:

- 1. Cost per client and cost per contact of delivering the program,
- 2. Economic threshold for the cost per HIV infection averted compared to current standard of care, and
- 3. Economic threshold for cost per disability-adjusted life years (QALYs) averted

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1	COST ANALYSIS OF Positive Charge Interventions to Promote Access to Care			
2	Date: June 2010			
23				
4	NOTE: Blue cells are to be entered; yellow cells are	calculated		
5	for you. Please roll your cursor over individual cells with			
6	an orange triangle in the right corner for further information			
7	STEP 1: Specify time frame of analysis ==>			
8	•			
9	STEP 2: Below, define Positive Charge service for y	our site		
10				
11				
12				
13				
14	NOTE: All costs below should be expressed in			
15	the same year dollars (e.g., 2010 dollars)			
16				
17	STEP 3: Input summary client data (note: this			
18	step focuses on costs the clients incur)			
19	No. enrolled clients served ==>			
20	No. enrolled client contacts ==>			
21	Total clients ==>		0	
22	Total contacts ==>	r -	0	
23	Input average time (in hours) each client spends			
24	in your service (total across visits) ==>			
25	Input average time (in hours) each client spends			
26	in travel to/from your service (total) ==>			
27	Input appox average wage level for clients ==>	\$	1 A 1	
28	Input appox average transportation cost for client			
29	(for roundtrip; all visits combined) ==>	\$		
30	Input fraction of clients needing child care			
31	during receipt of services (0 through 1.0) ==>			
32	Total client cost to receive services ==>	\$	-	
13				



Results: Project IN-CARE

CHICAGO			
Six-months service delivery costs	\$291,711 (\$212,000 staff)		
Clients seen	107 clients 321 contacts		
Cost per client	\$2776		
Cost per contact	\$909		
Cost-saving threshold	0.83 HIV transmissions *		
Cost-effectiveness threshold	2.92 QALYs **		

*The number of HIV transmissions need to be averted to be cost-saving (given lifetime HIV care costs are ~ \$355,000)

** The number of QALYs need be saved to be cost-effective (at \$100,000 willingness to pay per QALY)



Results: BANPH

OAKLAND/SAN FRANCISCO

Six-months service delivery costs	\$356,796	
Clients seen	112 clients 727 contacts	
Cost per client	\$3186	
Cost per contact	\$491	
Cost-saving threshold	1.01 HIV transmissions *	
Cost-effectiveness threshold	3.57 QALYs **	

*The number of HIV transmissions need to be averted to be cost-saving (given lifetime HIV care costs are ~ \$355,000)

** The number of QALYs need be saved to be cost-effective (at \$100,000 willingness to pay per QALY)



Conclusions

- Limitations in data collection
- Cost per client and cost per contact results help shed light on affordability of services
- Positive Charge's linkage to care programs have achievable cost-saving and cost-effectiveness thresholds
- Enormous need to scale-up successful HIV linkage to care programs and their economic benefits appear to be promising



Literature Cited

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