

A Cost-Effectiveness Analysis of the Washington, D.C. Department of Health's HIV/AIDS

Linkage to Care Programs



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BACKGROUND:

Researchers have found that linkage to care represents an optimal and cost-effective use of resources. In addition, Previous studies have projected that, compared to opt-out testing, targeted counseling and testing services would newly diagnose more HIV infections, prevent more HIV infections and do so at a lower gross cost per infection averted.

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.

OBJECTIVE:

The objective of the study was to evaluate the cost-effectiveness of DC DOH's linkage to care programs.

METHODS:

Cost and utilization data were collected through:

- Interviews with DC DOH staff
- Surveillance reports
- Document review

For the evaluation of linkage to care programs, analyses compared the effectiveness of three DC DOH funded programs:

- 1) a navigator program targeting the Latino population;
- 2) a program specifically serving District residents living in Wards 7 and 8; and
- 3) a program focusing on high-risk adolescents and persons engaging in sex work.

Table 1: Cost Effectiveness of Navigator Programs, October 2011-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 to care are semiannual

**= c/a

***= c/b

A referral was defined as referring a client to access services from another organization without following up to determine if those services were received.

Linkage to care was defined as referring a client to access services from another organization, making and confirming the appointment, providing transportation if needed, and following up to ensure that the client received services within 30 days of the referral. Linkages to care are reported directly by treatment providers.

RESULTS:

- The Latino Navigator program achieved the lowest cost per referral, while the program for Wards 7 and 8 residents achieved the lowest cost per linkage to care
- The program for adolescents and persons engaged in sex work converted 83% of its referrals into successful linkages to care, compared to 73% for the program for Wards 7 and 8, and 20% for the Latino Navigator program.

CONCLUSIONS:

- We recommend that navigator programs explore strategies to improve linkage to care among persons identified as HIV positive
- 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)

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