

COST OF HEPATITIS C CARE FACILITATION FOR HIV/HEPATITIS C CO-INFECTED PEOPLE WHO USE SUBSTANCES

Gutkind S,¹ Starbird L,^{1,2} Murphy SM,¹ Feaster D,³ Metsch L,⁴ Schackman BR¹

¹ Department of Healthcare Policy & Research, Weill Cornell Medical College, NY, NY, USA; ² Columbia University School of Nursing, NY, NY, USA; ³ Department of Public Health Sciences, University of Miami School of Medicine, Miami, FL, USA; ⁴ Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, NY, NY, USA.

Background: We evaluated the economic cost of care facilitation for linkage to hepatitis C virus (HCV) care among HIV/HCV co-infected individuals with substance use disorder enrolled in HIV care, using data from a 6-month multi-site randomized trial.

Methods: Participants were enrolled from 8 HIV clinics across the US and randomized to receive care facilitation for linkage to HCV care (n=51) or treatment as usual (TAU, n=62). Data were collected prospectively alongside the trial and during site visits to identify additional resources used to deliver care facilitation intervention. We used micro-costing methods to evaluate costs incurred from the healthcare sector and patient perspectives in 2017\$, applying national labor rates. We calculated median clinic start-up costs and mean incremental cost per care facilitation participant (excluding overhead costs).

Results: The median site start-up cost was \$6,979 (range: \$4,634-\$7,778), primarily consisting of onsite and webinar trainings for care facilitators and site staff. The median site weekly cost for supervision and client outreach was \$1,156 (range: \$511-\$3,222). The mean cost per care facilitator visit was \$54, with a mean of 10.25 visits per participant. This cost includes visits delivered in-person or by telephone and staff travel to and from in-person visits. The mean cost per care facilitator contact with non-participants (e.g. other providers) was \$20, with a mean of 11.35 of these contacts per participant. The mean total cost per participant to deliver the 6-month care facilitation intervention was \$3,854. Mean participant time and travel costs were \$6 per in-person visit, and \$81 over the intervention. Participants in the intervention arm reported fewer hospitalizations outside of the intervention than participants receiving TAU.

Conclusion: Care facilitation for linkage to HCV care cost approximately \$3,854 per participant. Face-to-face visits represented the majority of the intervention costs. Potential cost offsets resulting from fewer hospitalizations need to be investigated.

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