

PROGRAM COSTS OF A CO-LOCATED HEPATITIS C TREATMENT INTERVENTION AT A SYRINGE SERVICE PROGRAM IN NEW YORK CITY

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Background:

Co-located hepatitis C treatment at syringe service programs (SSP) is an emerging model of low-threshold care delivery for people who inject drugs (PWID). Economic data regarding this innovative treatment model has not been reported from the United States.

Methods:

We conducted an economic evaluation of an “Accessible Care” intervention that provided hepatitis C treatment at a SSP in New York City, alongside a randomized clinical trial testing the effectiveness of this model. Intervention start-up, time-dependent, and variable costs were determined from the program’s perspective using a micro-costing approach. We applied nationally representative estimates for laboratory unit costs and local wage rates. Results are reported in 2020 US dollars.

Results:

The care model employed one physician and one care coordinator operating in a clinical office located at an SSP. All participants were offered hepatitis C clinical evaluation and treatment, a reinfection prevention education session, and additional care coordination on an as-needed basis. The intervention ran for 42 months, enrolled 84 HCV RNA-positive PWID, of which 64 initiated treatment. Start-up costs including training and equipment totaled \$4,723. Time-dependent costs including rent, utilities and software fees totaled \$2,229 per month. The per-participant variable cost of intervention was \$3,122, of which \$376 was physician time, \$2,232 was care coordinator time, and \$514 was laboratory cost, including phlebotomy. The total program cost was \$3,402 per enrolled participant and \$4,466 per treated participant.

Conclusion:

The estimated costs reported here can provide insight to other US-based clinical providers seeking to provide co-located hepatitis C care at syringe service programs. Care coordination costs may require financing strategies beyond insurance reimbursement in order to be sustained.

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