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Program costs of a co-located hepatitis C treatment intervention at a syringe service program in New York City

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Background

- Innovative models of hepatitis C (HCV) treatment for people who inject drugs need to be expanded to achieve elimination.
- Co-located HCV treatment at syringe service programs has been shown to be effective in demonstration projects (Eckhardt 2019)
- Cost-saving in one study from Tayside (Ward 2018)
- Economic data regarding this treatment model has not been reported from the United States

“Accessible Care” Study Design

Randomized Clinical Trial:

- **Intervention:** HCV treatment + care-coordination at syringe service program
- **Control:** Referral to community providers

Inclusion Criteria:

- Adults with HCV-antibody positivity.
- Injecting drugs for > 1 year
- Injected drugs in past 90 days

Exclusion Criteria:

- Engaged in HCV care in past 6 months
- Pregnant
- Decompensated liver disease

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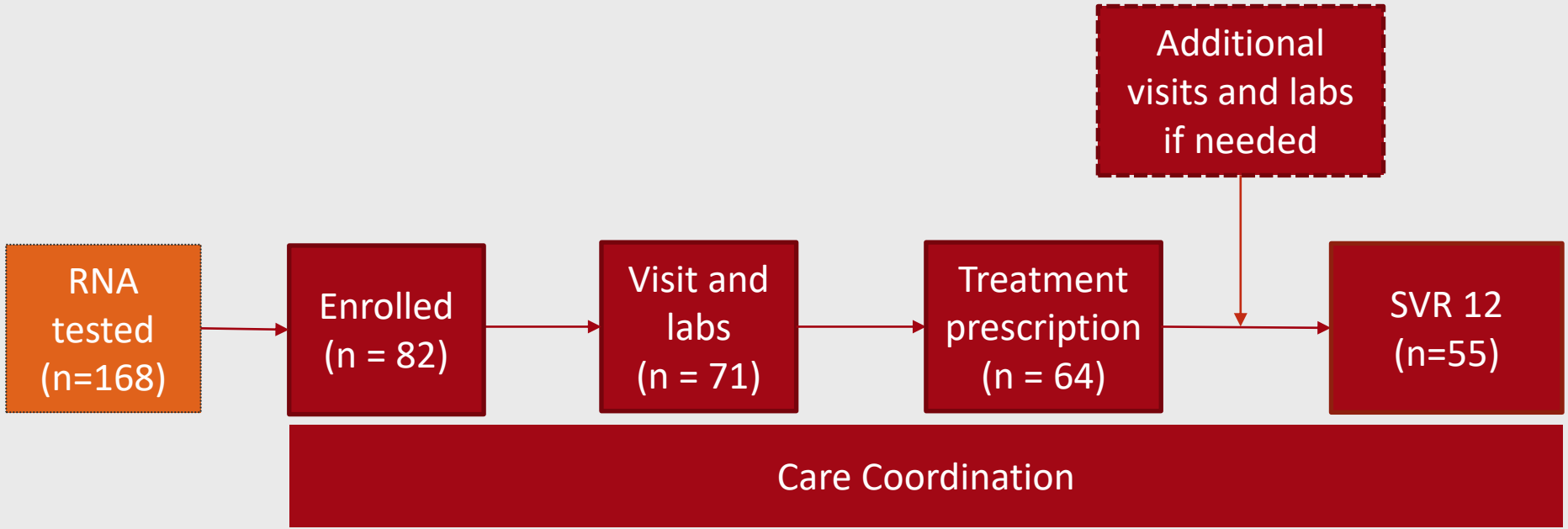
SSP Accessible Care Intervention Arm



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Methods

- Used a micro costing approach from program perspective.
- Start-up and equipment costs based on actual spending or market rates. Rent and overhead based on actual spending
- Medical costs per participant based on actual resources used.
- Care-coordination cost based on interview with program staff
- Reported as total cost, and cost per treated participant, in 2021 USD

Start-up Costs

- **Phlebotomy training: $1,008**
- **Equipment: $3,715**
  - Computer and Printer
  - Centrifuge
  - Exam Table
  - Filing cabinet
  - Safe
  - Cell Phone

Monthly Costs and Variable Costs

Overhead Costs (US $/month)	
Space and Utilities	2,100
Software	129
TOTAL	**2,229**

Care Coordination Costs (US $/month)	
Care Coordination	**4,438**

Medical Costs (US $/participant)	
Medical visits	57
MD administrative activities	291
Lab costs	524
Phlebotomy and testing	37
TOTAL	**909**

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Summary of intervention costs per participant (US dollars)

Cost-type	Cost / enrolled participant (n=82)	Cost / treated participant (n = 64)
Overhead Costs	1,142	1,463
Care Coordination Costs	2,273	2,912
Medical Costs	909	1,164
TOTAL	4,338	5,558

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Conclusions

- A co-located intervention was able to engage and treat HCV-infected people who inject drugs at a syringe service program in New York City
- Costs were largely related to rented space and to providing care coordination during HCV treatment, rather than medical costs.
- The cost per-treated participant is small compared to HCV medication; but overhead and care coordination may not be covered by insurance reimbursement for medical services.
- Future work will include an economic analysis incorporating the societal perspective, which will include consideration of medication costs and health benefits of treatment.

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