Economic evaluation in Hybrid Type-2 Trials: Evidence and lessons learned from the Substance Abuse Treatment to HIV Care Project

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Objective: The Implementation & Sustainment Facilitation (ISF) Strategy increased the number and quality of brief interventions (BIs) and reduced patient substance use relative to the Addiction Technology Transfer Center (ATTC) Strategy (Garner et al., 2020). This study presents lessons learned from the economic evaluation.

Methods: We conducted a cost-effectiveness analysis on the number & quality of BIs implemented and aggregated client days abstinent (N=78 staff). We chose \$50 as the threshold for cost-effectiveness, which is the average BI reimbursement rate.

Exhibit 1: Average costs and outcomes ¹	ATTC- only	ATTC + ISF	Diff.	Incremental Cost Effectiveness Ratio
Cost per staff trainee	\$3,259 (99)	\$5,938 (112)	\$2,679*	
Number of BIs	3 (1)	7 (1)	4*	No - \$719
Quality of BIs	100 (126)	161 (164)	61*	Yes - \$44
Sum of client days abstinent at follow-up	42 (10)	101 (14)	59*	Yes - \$45
Sum of client days abstinent at follow-up, controlling for average baseline	52 (12)	97 (16)	45*	No - \$59
Sum of the difference in days abstinent between baseline and follow-up	9 (4)	28 (6)	19*	No - \$144

Challenge #1: A 3 BI per month limit kept recruitment below cost-effective levels

- Would have needed 9 BIs per month to be cost-effective
- In hindsight, may have wanted to tweak study protocol
- Researchers should consider a plausible range of differences in outcomes and costs when designing a trial

Challenge #2: No clear guidance on how to define the aggregated days abstinent measure

- Only the first version fell below the \$50 threshold
- Measure choice influences interpretation of study results

Bottom line: ISF *will* be cost-effective for improving the integration of BIs for substance use disorders within HIV service organizations when *scaled up* to reach more clients.

SAT 2 HIV

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