

Cost-Effectiveness of In-Person vs. Virtual CM Training Approaches

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BACKGROUND AND OBJECTIVE:

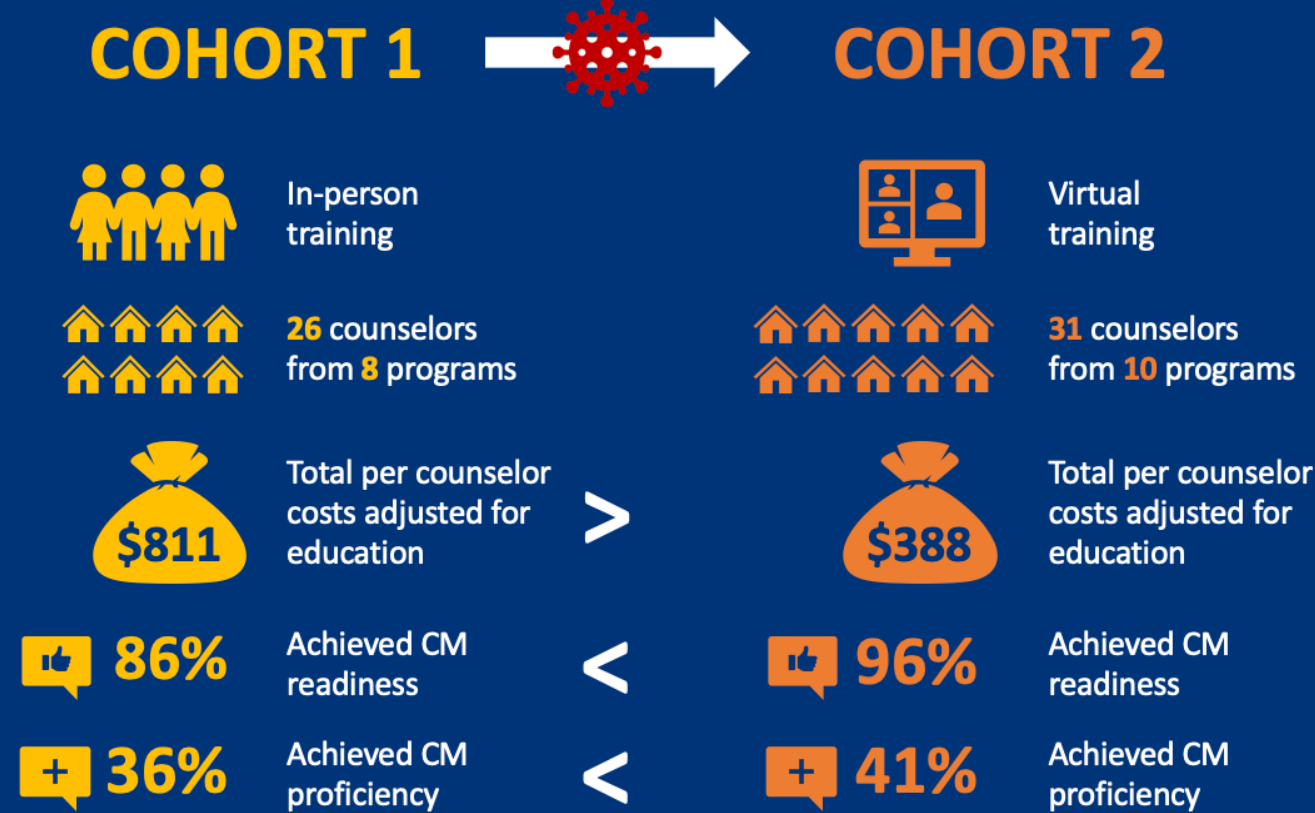
Promotion of evidence-based practices (EBPs) often hinges upon training workshops designed to help counselors deliver EBPs with fidelity. The COVID-19 pandemic necessitated a rapid shift from in-person to virtual workshop training, yet the relative effectiveness and cost-effectiveness of these modalities is unknown.

Project MIMIC (Maximizing Implementation of Motivational Incentives in Clinics) is an ongoing cluster-randomized hybrid type 3 trial examining strategies to implement contingency management (CM), a behavioral EBP, across opioid treatment programs (OTPs). Counselors from the first cohort received in-person workshop training, whereas counselors from the second cohort received virtual workshop training. The shift to virtual training as a response to federal guidelines of social distancing presented a rare opportunity to compare the effectiveness and cost-effectiveness across modalities.

SETTING:

All OTPs were located throughout the New England area, and the Project MIMIC research study was based at the Brown University School of Public Health in Rhode Island.

Due to its lower cost and comparable effectiveness, the virtual modality was the dominant strategy.



METHOD:

Counselors submitted post-training role-plays that were rated by independent coders for both readiness and proficiency to deliver CM.

Per-counselor costs were estimated for the two modalities. Adjusted differences between cohorts were estimated using ordinary least squares.

RESULTS:

Attainment rates of the readiness and proficiency benchmarks were higher in the virtual than in-person condition, though these differences were not statistically significant. Aggregated adjusted costs showed a \$423 difference in per-counselor cost favoring virtual workshop training.

CONCLUSION:

Our findings support the utility and effectiveness of virtual workshop training and may inform the delivery of workshop training for other EBPs post-pandemic.

