Workforce Development Initiative

Economic Evaluation

Economic Evaluation

- Our economic evaluation of this initiative will:
  - Generate estimates of the real costs needed to implement demonstration site practice transformation models (PTMs); and
  - Identify which PTMs are most efficient - cost less per person:
    - identified, linked to care, re-engaged in care, retained in care and virally suppressed

Economic Evaluation

- Analysis will focus on efficiency and may include:
  - Cost per HIV-infected patient identified;
  - Cost per HIV-infected patient linked;
  - Cost per additional HIV-infected patient retained;
  - Cost per HIV-infected patient re-engaged; and
  - Cost per additional patient with undetectable viral load.

Costing

- ETAC will work with demonstration sites to report the **annual** cost of implementation of demonstration site interventions.
- Costing categories include:
  - Personnel
  - Recurring costs
  - Capital investment (one-time costs)
  - Infrastructure (space)

Costing

- Sites will be asked to report on costs by:
  - Source of resources
    - HRSA SPNS Workforce Initiative vs. “in-kind” costs
  - Type of activity
    - Implementation development, human resources development, capacity building, outreach, care coordination/patient navigation, changing care, patient education, clinical system quality improvement, management
  - Intervention target
    - Identification, linkage, retention, re-engagement, viral suppression

Costing

- Costs associated with local and cross-site evaluation will be represented separately and are **not included** in the cost of demonstration site intervention implementation.

Review of data collection template

Activity categories glossary

- **Implementation development**: PTM planning and preparation activities, such as: engaging stakeholders; developing or scripting workflows; developing timelines; planning quality improvement activities; accessing data systems; preparing data/IT infrastructure; and designing use of data systems.

Activity categories glossary

- **Human resources development**: Preparing staffing for the PTM, including: defining roles and responsibilities; developing or modifying job descriptions; identifying champions; hiring; and training (only that which is necessary before other activities can begin).
- **Capacity building (pre-implementation)**: Developing training curriculum for staff and/or providers.

Activity categories glossary

- **Outreach**: To organizations or individuals.
- **Capacity building (implementation):** Training and skill building for providers and/or staff, including: mentoring; championing; preceptorships; and residency programs.
- **Care coordination/patient navigation:** Care coordination and patient navigation activities, including generation and analysis of data needed for these tasks.

Activity categories glossary

- **Changing care:** Providing primary care to PLHIV; providing HIV care in general primary care settings; integration of specialties such as behavioral health into HIV care; and improving referrals. Includes staff and provider time; collaborative activities such as case conferences and huddles; and care team management activities (that are specific to an aspect of your PTM; general management is addressed separately).

Activity categories glossary

- **Patient engagement:** Activities associated with promoting patient education, self-management, and engagement.
- **Clinical system quality improvement:** Ongoing maintenance of, improvements to, and use of clinical data systems to support PTM; quality improvement activities associated with the PTM; population management.

Activity categories glossary

- **Management of clinic/system transformation:** Other oversight and management activities associated with your PTMs at the project level, including supervision and all-staff meetings. Please note that management of evaluation and activities associated only with working with SPNS should not be included, as this type of activity would not be replicated, should another clinic adopt your PTM.

Intervention targets glossary

- Identification
  - *Number of HIV positive tests in 12 month period*
    - Number of persons newly identified (tested) as HIV positive (not previously aware of HIV status)
- Linkage
  - *Number of persons with an HIV diagnosis in 12 month measurement period who attended a routine HIV medical care visit within 3 months of diagnosis*
    - Number of persons with an HIV diagnosis who attended their first routine HIV medical care visit in the 12 month period

Italics = HHS definition; non-italics = proposed definition for this initiative

Intervention targets glossary

- Retention
  - *Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the **24 month measurement period**, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period*
    - Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the **12 month measurement period**, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period

Italics = HHS definition; non-italics = proposed definition for this initiative

Intervention targets glossary

- Re-engagement
  - *No HHS definition*
    - Number of persons who were previously linked to care, but not fully engaged in care (retained) who attended a routine HIV medical care visit in the 12 month period
- Viral suppression
  - *Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12 month measurement period*

Italics = HHS definition; non-italics = proposed definition for this initiative

Next Steps

- Sites should identify one programmatic person and one financial person to participate in economic analyses activities and act as points of contact. Ideally, we will not work with your entire team.
- Please inform the ETAC of this selection.

Timeline

- ETAC will disseminate cost data collection templates in August, 2016.
- We would like to receive Year 1 cost data by September 30th, 2016.
- Sites will submit this data **annually**.