Intensive Coordination of HIV Care Tied to Increased Life Expectancy

A study of people at high risk of poor outcomes assessed a program that sought to address numerous needs that may affect their health.

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A program of intensive coordination of HIV care assessed by the Los Angeles County Division of HIV and STD Programs was cost effective and increased individuals' life expectancy, ContagionLive reports.

Emily P. Hyle, MD, MSc, of Massachusetts General Hospital and Harvard Medical School, and colleagues conducted a study of a medical care coordination (MCC) program that was rolled out in 35 Los Angeles HIV clinics in 2013. The study enrolled 1,204 people who were assessed as being at risk for poor health outcomes due to factors such as having a high viral load, not being on antiretrovirals (ARVs), having had no HIV-related medical appointments within seven months, diagnoses of sexually transmitted infections (STIs) or a history of incarceration.

The participants were randomized to receive no MCC or to participate in the program, in which teams consisting of a social worker, registered nurse and case manager addressed the needs of the individual. This included aiding them with connecting to health care for the virus, sticking with their daily ARV regimen, lowering their health risks and helping with other psychosocial matters.

Depending on the intensity of individuals' needs, the program cost $2,200 to $3,800 annually, or $2,700 on average.

At the study's outset, 33% of both groups had a fully suppressed viral load, a figure that after two years increased to 57% in the MCC group while remaining stable in the group that did not receive MCC.

The study relied on a composite measure of life expectancy and quality of health known as a quality-adjusted life year (QALY). One year lived in perfect health is 1.0 QALY, and a year lived in compromised health is below 1.0 QALY proportional to the reduction in health quality.

Without MCC, the participants were expected to have a life expectancy of 10.07 QALYs. (This figure could, for example, represent living for an additional 20.14 years at 50% of perfect health.) With the program, the life expectancy increased to 10.94 QALYs. Lifetime medical costs increased

from $311,300 without MCC to $335,100 with the program.

This meant that each additional QALY resulting from MCC cost $27,400 overall, $30,500 for those with intensive needs, $30,500 for those with moderate needs and $77,400 for those with low needs. In general, for cost-effectiveness analyses pertaining to the United States, if an intervention costs less than $100,000 per QALY gained, it is considered cost effective. Such was the case for the MCC program.

If the annual cost of the MCC program increased from $2,700 to $8,100 per person, it would still be cost effective so long as it increased the rate of viral suppression by a minimum of six percentage points, from 33% to 39%.

“ Similar programs should be considered in other settings to improve outcomes for high-risk” people with HIV, the study authors concluded.

To read the Contagion Live article, click here.

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