

HIV HAART access = health improvement = lower healthcare costs in major HIV/AIDS treatment program. ^{Slide #1}



14 June 2005

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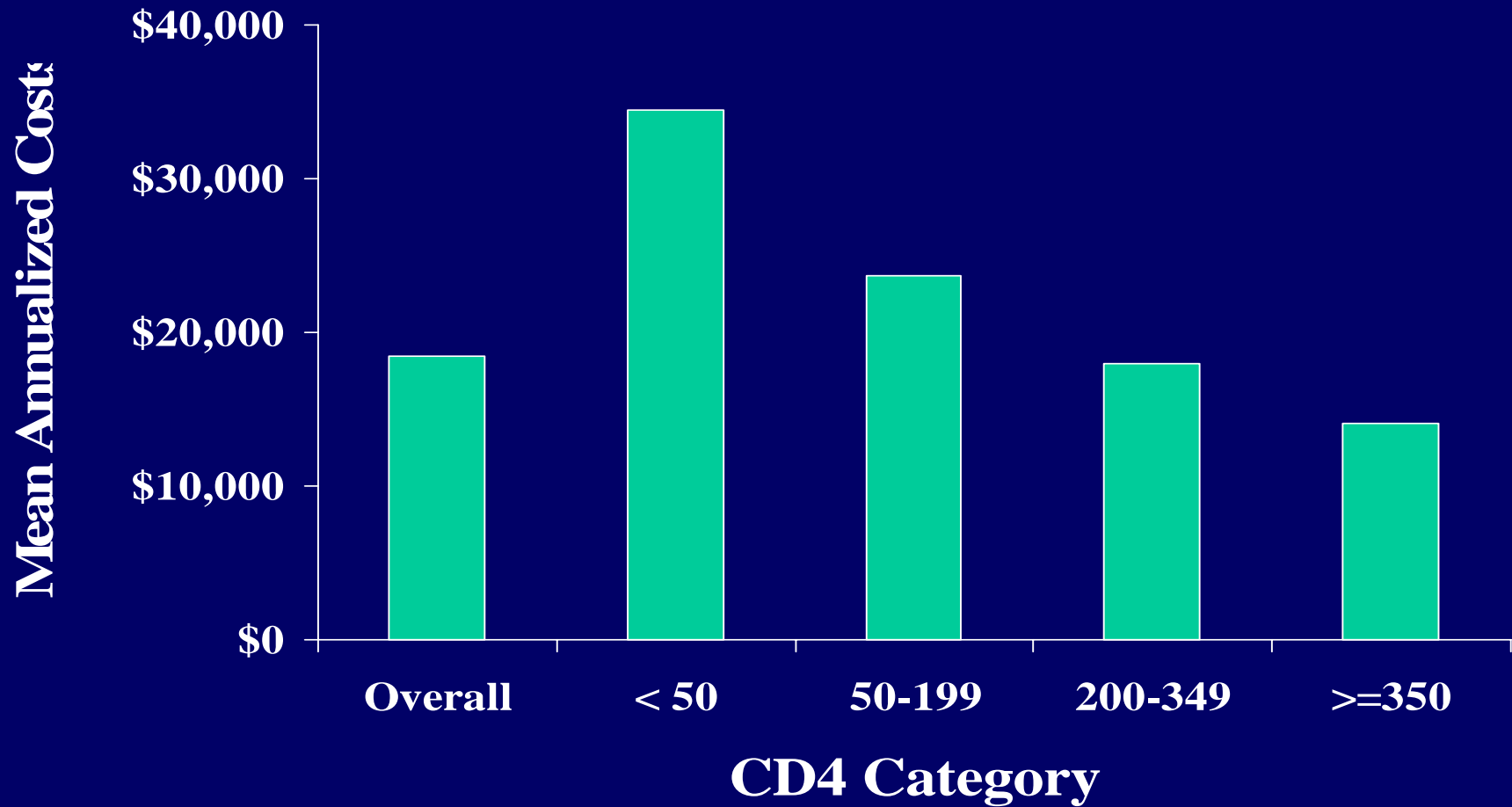
Cost Outcomes Analysis (Mar 1, 2000 – Feb 28, 2001)

- ◆ All patients receiving primary care at a major HIV clinic
- ◆ All encounters with the Health System
- ◆ Assigned costs via Medicare reimbursement rates
- ◆ All medications (start / stop dates)
- ◆ Assigned cost via Average Wholesale Price (AWP)

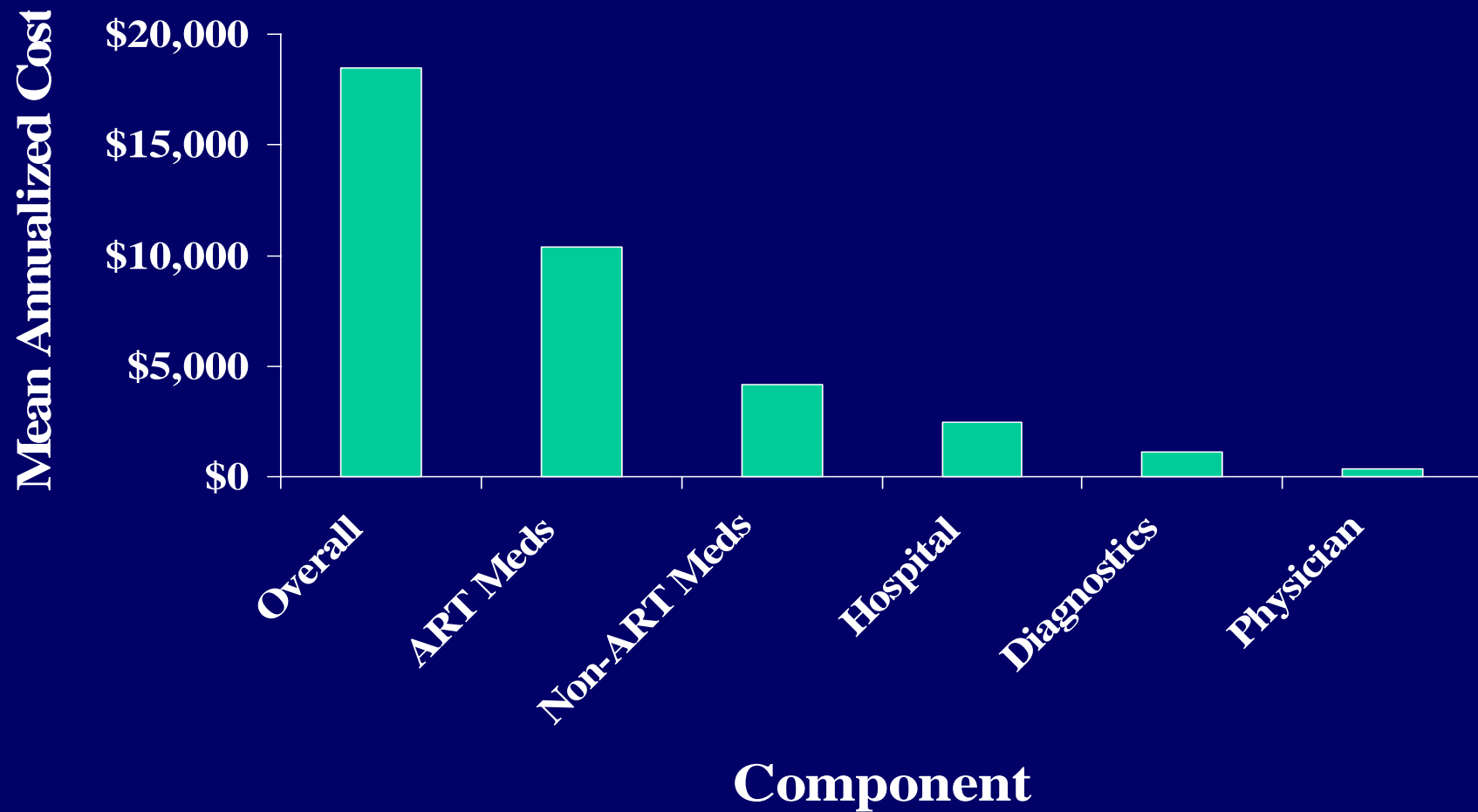
Demographics (N = 693)

Age (median)	39 years
Male	77%
Caucasian	58%
MSM	35%
IVDU	10%
On ART	86%
CD4 (mean)	326 cells / ul
HIV RNA (mean)	2.9 log copies/ml

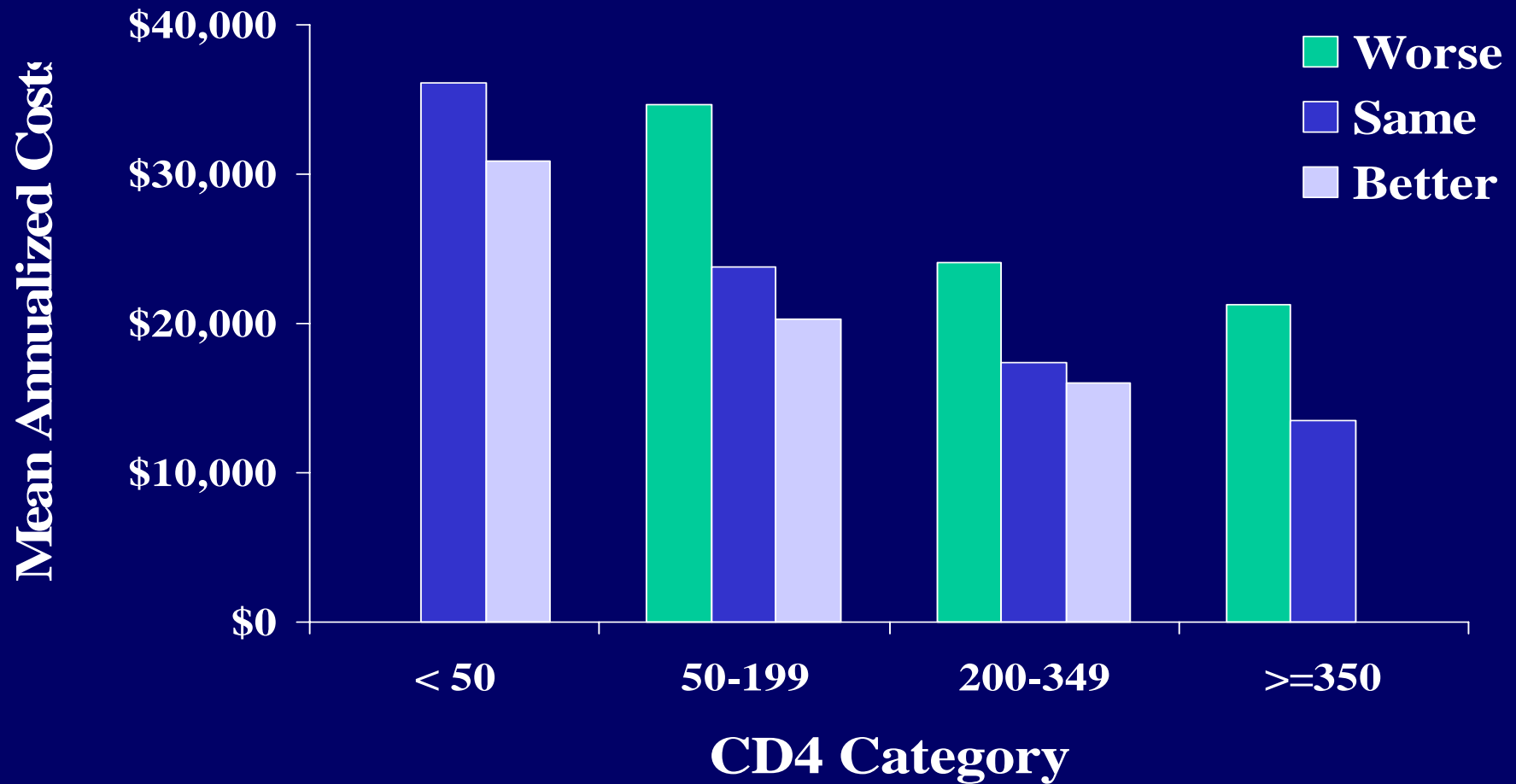
Mean Annual Total Patient Costs by CD4 Count (cells/ul)



Mean Annual Total Patient Costs by Component

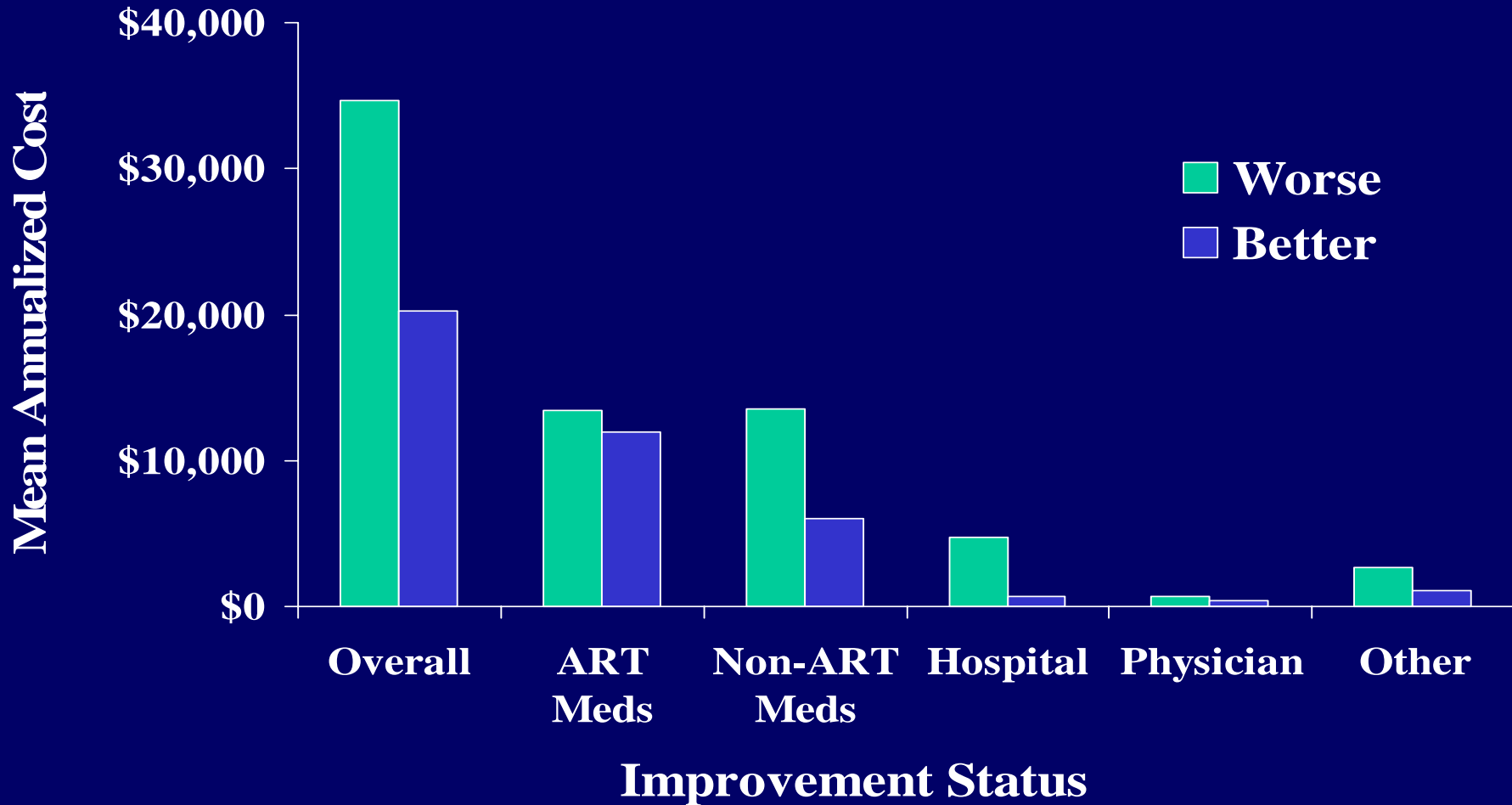


Mean Annualized Total Patient Costs by CD4 and Improvement



Mean Annual Total Patient Costs by Component and Improvement

(CD4: 50-199 cells/ul)



Conclusions

- ◆ **Costs directly related to stage of disease**
- ◆ **Medications prime cost driver (80-85%)**
- ◆ **Non-ART / Hospitalization ↑ costs in advanced disease**

Conclusions

- ◆ Disease improvement significant costs ↓
- ◆ Clinic reimbursement insufficient to sustain operations
- ◆ Government support is essential
- ◆ Reduction in medication costs not sufficient for appropriate health outcomes