Cost-effectiveness of implementing the chronic care model for HIV care in Uganda

"Cost-effectiveness of implementing the chronic care model for HIV care in Uganda", a new journal article by Edward Broughton, Martin Muhire, Esther Karamagi, Herbert Kisamba, was recently published in the International Journal for Quality in Health Care. The article evaluates the impact of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project's work to improve care and outcomes for HIV patients in Uganda. The full article can be accessed here.

The chronic care model (CCM) is an integrated, population-based approach for treating those with chronic diseases that involves patient self-management, delivery system design and decision support for clinicians to ensure evidence-based care. We sought to determine effectiveness and cost-effectiveness of implementing the CCM for HIV care in Uganda.

We conducted our intervention at a district hospital and two smaller facilities in Uganda, randomly sampling 56 patients receiving HIV services from the three sites. We also selected about 46 randomly sampled patients receiving HIV services at three control sites. We analyzed pre- and post-intervention outcomes using difference-in-differences analysis to evaluate effectiveness of the CCM to improve patient adherence to antiretroviral therapy (ART) and CD4 counts.

After the intervention, patients in the intervention group had higher CD4 counts and higher clinician-reported ART adherence than those in the control group, suggesting that the intervention was successful in achieving its goals. The intervention cost $11,740 and served 7,016 patients ($1.67 per patient, suggesting that for a modest expenditure, it is possible to improve indicators of HIV care quality using the CCM. We recommended implementing the CCM in Uganda; it may be applicable in similar settings in other countries.
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