

**New England HIV Implementation Science Network: Work Group Meetings and Workshop  
Friday, February 27, 2015**

**Summary of Modeling and Cost Utility Analysis Work Group  
Breakout Meeting**

**Chair:** Scott Braithwaite (New York University)

**CIRA staff facilitator:** Jim Pettinelli

**Participants:**

Paola Barzelatto Jabbaz	Center for Interdisciplinary Research on AIDS, Yale University
Marianne Buchelli	Connecticut Dept. of Public Health
Paul Cleary	Center for Interdisciplinary Research on AIDS, Yale University
David Fiellin	Center for Interdisciplinary Research on AIDS, Yale University
Erin McBurney	Center for Interdisciplinary Research on AIDS, Yale University
Elaine O'Keefe	Center for Interdisciplinary Research on AIDS, Yale University
Ramon Rodriguez-Santana	Connecticut Dept. of Public Health
Alexei Zelenev	Center for Interdisciplinary Research on AIDS, Yale University

**Meeting Goals:**

- 1) Prioritize two to three potential modeling projects
- 2) Project time period: 6-12 months
- 3) Feasible (limited budget/resources)

**Prioritized Research questions/ideas:**

- 1) Estimating cost effectiveness of Naloxone within Syringe Exchange Programs
  - a. Targeting HIV+ individuals
  - b. Establishing threshold for effective cost:
    - i. At what point to provide Naloxone - target those individuals who have accessed Naloxone in the past vs. all people accessing SEP
    - ii. At what point in someone's addiction is it more effective to intervene
- 2) Small vs. Large City – Are different prevention portfolios needed?
  - a. Model to what extent the HIV interventions/needs are different i.e. Worcester, Hartford, Providence vs. New York, Boston

**Second tier question/ideas:**

- 1) PrEP – modeling and cost utility analysis focused on implementation, targeting, and estimating health impact

After the group landed on the Naloxone project, the group had a general discussion on the issues of what that project would focus. Estimating cost effectiveness of Naloxone within Syringe Exchange Program:

- Target population (individual, community, district): Men who have sex with men and their partners, disease intervention specialists, community health centers
- Identifiable outputs and outcomes: Increased HIV testing, better performance of DIS and department of health
- Use of existing data, if any (surveillance, programmatic, research data): HIV and STDs testing data from health care providers, HIV surveillance registry to verify HIV status
- Ethical/human subjects research challenges/considerations: Maintaining confidentiality or anonymity of participants
- Collaboration with other Network work groups: Technology and Social Media Work Group