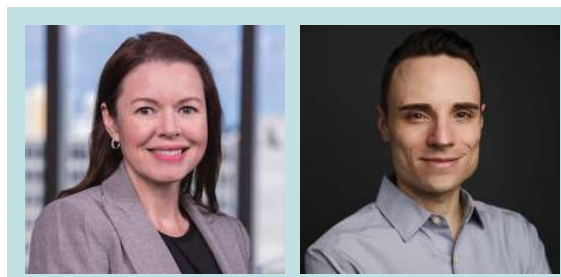


## 2018 AHSR Pre-Conference Workshop

Expanding the Impact of Substance Use Disorder Research:  
Economic Analysis for Program and Policy Evaluation



Addiction Health  
Services Research  
October 17-19, 2018



October 17, 2018 | 3:30 PM - 5:00 PM

Discussion Leaders: **Kathryn McCollister, PhD**, Associate Professor and Director of the Division of Health Services Research and Policy, Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, FL; **Sean M. Murphy, PhD**, Associate Professor of Research, Department of Healthcare Policy and Research, Weill Cornell Medicine, New York, NY

This workshop will introduce participants to economic evaluation methods and applications for conducting cost-effectiveness analyses (CEA) of treatment interventions for substance use disorders (SUD). The workshop will focus on synergies between clinical and economic research on SUD, as well as new and developing areas of research that will support and advance the field moving forward. Interactive exercises will promote audience engagement in working through key components to a CEA such as defining analysis perspective, selecting appropriate measures and data sources, and interpreting results for various stakeholders.

## Find Us

Center investigators and staff are looking forward to promoting CHERISH at the following upcoming conferences:



October 3-7 • San Francisco, CA • www.idweek.org



Advancing Science, Improving Care



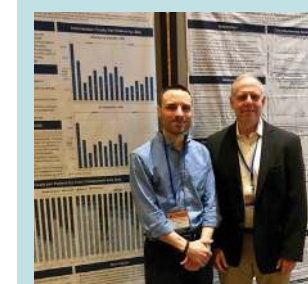
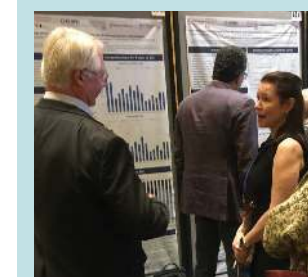
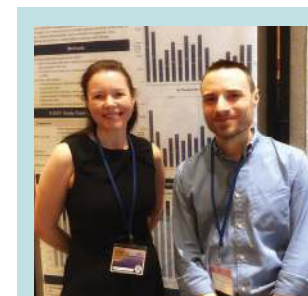
Better Health through Better Decisions.

To stay up-to-date on all things CHERISH, subscribe to our mailing list:

[www.cherishresearch.org](http://www.cherishresearch.org)

## Newsletter - September 2018

### CHERISH at CPDD



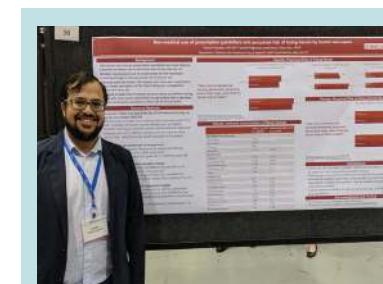
CHERISH leadership, staff, and Research Affiliates attended the College on Problems of Drug Dependence (CPDD) 80th Annual Scientific Meeting held June 9 - 14, 2018 in San Diego, CA. **Sean Murphy, PhD**, CHERISH Consultation Service Director, presented "Cost-effectiveness of extended-release naltrexone versus buprenorphine-naloxone to prevent opioid relapse among individuals initiating treatment in an inpatient detoxification setting" alongside **Kathryn McCollister, PhD**, CHERISH Methodology Core Director, who presented "Resources and associated costs of implementing pharmacotherapy for opioid dependence initiated in inpatient detoxification settings: Results from a multisite randomized clinical trial."

An additional 28 posters, oral presentations, workshops, and symposiums featured contributions by CHERISH investigators, staff, and Research Affiliates.

### CHERISH at AcademyHealth

CHERISH Cycle 4 Pilot Grant recipient **Shashi Kapadia, MD, MS**, presented his work with Cycle 1 Pilot Grant recipient **Yuhua Bao, PhD** in a poster on "Non-medical use of prescription painkillers and perceived risk of trying heroin by heroin non-users" at the AcademyHealth Annual Research meeting held in Seattle, WA in June of 2018.

An oral presentation entitled "Policies to optimize prescription Drug Monitoring Programs and high risk use of prescription opioids in non-elderly adult, privately insured patients" was led by **Yuhua Bao, PhD** and Dissemination & Policy Core Director **Zachary Meisel, MD, MPH, MSHP**.



### In This Newsletter

- ▶ A Consultation Service success story
- ▶ A recent *Substance Abuse* publication on the CHERISH consultation service
- ▶ A roundup of select recent publications and presentations by CHERISH leadership, staff, and Research Affiliates
- ▶ Information on an October 2018 AHSR Pre-Conference Workshop
- ▶ Where you can find us at upcoming conferences and talks

### Congratulations Corner

- ▶ HCV & HIV Core Director **Benjamin Linas, MD, MPH's** grant, "Researching effective strategies to prevent opioid death (RESPOND)" was awarded by the National Institute on Drug Abuse (NIDA)
- ▶ CHERISH consultee **Brian Mustanski, PhD** was awarded National Institute of Mental Health (NIMH) funding for his grant, "A pragmatic trial of two strategies for implementing an effective eHealth HIV prevention program"
- ▶ Welcome **Sara Solomon, MPH, RD** and **Erica Onuoha, BS** to the CHERISH staff
- ▶ CHERISH staff member **Matt Miclette, MPH, MSSP, RN-BC** is beginning a doctoral program in Public Health at Johns Hopkins Bloomberg School of Public Health



## Consultation Service Success Story: Dr. Jennifer McNeely



Dr. McNeely, an Associate Professor in the Department of Population Health and the Department of Medicine at NYU, used the CHERISH Consultation Service in preparing a grant application which resulted in R01 funding from the National Institute on Drug Abuse (NIDA) to study the Consult for Addiction Treatment and Care in Hospitals (CATCH) model implemented by NYC Health and Hospitals. Dr. McNeely plans to evaluate the effectiveness of the CATCH model in increasing access to opioid use treatment and treatment retention. With input from CHERISH, Dr. McNeely was able to include an analysis of incremental costs or savings to Health and Hospitals associated with linkage to treatment for opioid use disorders in her research plan.

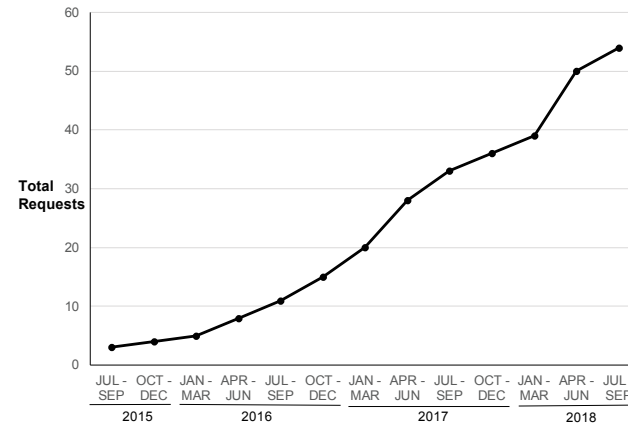
During her consultation, CHERISH Director **Bruce Schackman, PhD** provided input on how to best capture program costs and potential economic benefits of the CATCH intervention compared to treatment as usual. Dr. McNeely reported that the consultation was

“very responsive to the needs of the project and the grant deadline, and extremely helpful. Overall, having CHERISH involved has been a very positive experience for me, and a real asset for the proposed study.”

## CHERISH Consultation Service Lessons Learned

CHERISH investigators recently published “Implementation of a nationwide health economic consultation service to assist substance use researchers: Lessons learned” to *Substance Abuse* journal. The CHERISH Consultation Service is free to researchers, regardless of affiliation, whose work aligns with CHERISH’s mission and who would like to incorporate an economic analysis into their research.

From July 2015 through July 2017, the CHERISH Consultation Service received 28 requests from investigators around the country, the majority of which (93%) were related to planning a study or grant application. Over 50% of the consultees identified as early stage investigators, which supports CHERISH’s mission to assist the next wave of health economics investigators. After their consultation, all consultees reported satisfaction with their overall experience and felt the consultation met their expectations. The Consultation Service results highlight the need for health-economic methodological guidance among substance use, HCV, and HIV researchers. The Consultation Service has received a total of 54 requests as of September 1, 2018.



### Consultation Service

We have health economic evaluation expertise in:

- Budget impact and costing
- Cost-effectiveness
- Cost-benefit
- Quality of life
- Qualitative data collection
- Statistical analysis / econometrics

We have health economic modeling expertise in:

- Markov modeling
- Monte Carlo simulation
- Discrete event simulation
- Compartmental modeling
- Agent-based modeling
- Longitudinal data

To learn more about CHERISH consultation services for researchers:

[www.cherishresearch.org/consultation](http://www.cherishresearch.org/consultation)

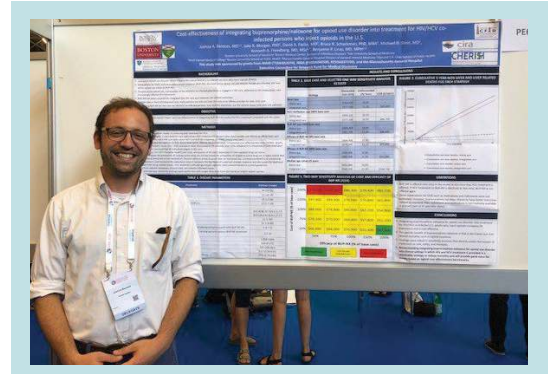
## Recent Publications and Presentations

### Cost-effectiveness of Integrating Buprenorphine/Naloxone for Opioid Use Disorder into Treatment for HIV/HCV Co-infected Persons Who Inject Opioids in the U.S.

**Joshua Barocas, MD, Jake Morgan, PhD, David Fiellin, MD, Bruce R. Schackman, PhD, Michael Stein, MD, Kenneth Freedberg, MD, Benjamin Linas, MD, MPH**

Presented as a poster at the 22nd International AIDS Conference held July 23 - 27, 2018 in Amsterdam, Netherlands by CHERISH Research Affiliate **Joshua Barocas, MD**.

This study used a Monte Carlo simulation model to evaluate the cost-effectiveness of integrating BUP-NX into onsite HIV/HCV treatment for HIV/HCV co-infected persons who inject drugs (PWID) compared with the status quo, and found that integrating BUP-NX into treatment for HIV/HCV co-infected PWID improves life expectancy and is cost-effective.



### Population-level Outcomes and Cost-Effectiveness of Expanding the Recommendation for Age-based Hepatitis C Testing in the United States

**Barocas JA, Tasillo A, Yazdi GE, Wang J, Vellozzi C, Hariri S, Isenhour C, Randall L, Ward JW, Mermin J, Salomon JA, Linas BP.** Population-level outcomes and cost-effectiveness of expanding the recommendation for age-based hepatitis C testing in the United States. *Clin Infect Dis* 2018.

Using a simulation of HCV, this study found that in addition to risk-based testing, one-time HCV testing of persons 18 and older appears to be cost-effective, leads to improved clinical outcomes and identifies more persons with HCV than the current birth cohort recommendations.

### National Variation in Opioid Prescribing and Risk of Prolonged Use for Opioid-Naive Patients Treated in the Emergency Department for Ankle Sprains



**Delgado MK, Huang Y, Meisel Z, Hennessy S, Yokell M, Polsky D, Perrone J.** National variation in opioid prescribing and risk of prolonged use for opioid-naive patients treated in the emergency department for ankle sprains. *Ann Emerg Med* 2018.

This study examined the association between the amount of opioid prescribed to opioid naïve patients for a minor injury (ankle sprain), and risk of prolonged use. Higher volume opioid prescriptions were associated with a markedly increased risk of continued use. Policies to restrict opioid prescriptions often focus on days’ supply and may not, according to the authors minimize risk of continued opioid use in and of themselves.

### The Burden of Untreated HCV Infection in Hospitalized Inmates

**Wurcel AG, Burke DJ, Wang JJ, Engle B, Noonan K, Knox TA, Kim AY, Linas BP.** The burden of untreated HCV infection in hospitalized inmates: a hospital utilization and cost Analysis. *J Urban Health* 2018;95:467-473.

CHERISH consultee Dr. Alysse Wurcel led an investigation of the economic impact of HCV through comparison of length of stay (LOS), frequency of 30-day readmission, and costs of hospitalizations in inmates with and without HCV using an administrative claims database, and concluded that although HCV treatment may not avert all of the observed increases in hospitalization, modest reductions in hospital utilization with HCV cure could help offset treatment costs.