

## POSTER ABSTRACTS

15th Annual HMO Research Network Conference  
April 26-29, 2009 – Danville, PA

11:45 am – 2:00 pm  
Tuesday, April 28th • Lobby

PS2 – 34

### Implementation Cost Analysis of Telephone and Internet-based Interventions for the Maintenance of Weight Loss

Richard T Meenan, PhD, MPH, MBA, Kaiser Permanente Northwest; Victor J Stevens, PhD, Kaiser Permanente Northwest; Kristine Funk, MS, RD, Kaiser Permanente Northwest; Alan Bauck, BS, Kaiser Permanente Northwest; Gerald J Jerome, PhD, Towson University and The Johns Hopkins University; Lillian F Lien, MD, Duke University; Lawrence Appel, MD, MPH, The Johns Hopkins University; Laura P Svetkey, MD, Duke University

**Objectives:** The Weight Loss Maintenance Trial (WLM) was a multi-center, randomized trial comparing two weight loss maintenance interventions, a telephone-based personal contact program (PC) with monthly contacts primarily by phone and an Internet-based program (IT), to a self-directed control group, among overweight or obese individuals at high cardiovascular risk. This presentation describes the implementation costs of both interventions as well as the development costs of the IT program.

**Methods:** Intervention costs were micro-costed using both internal and external measurement sources. Length of trial participation was 30 months. IT development costs were assessed over the 36 months of development. Primary analytic perspective was that of a healthcare system considering adoption of an extant intervention, rather than development of its own intervention. Univariate and multivariate sensitivity analyses were performed.

**Results:** 30-month implementation costs for 342 PC participants were \$558.3K (\$1,632 per participant), and for 348 IT participants were \$223.3K (\$653 per participant). Under all plausible scenarios, IT implementation costs were below PC implementation costs. Total estimated IT development costs over 36 months were \$879.4K (\$2,527 per IT participant).

**Conclusions:** When hosted in a facility with substantial resources devoted to and expertise in website delivery, costs of implementing and maintaining a Web-based intervention for the maintenance of weight loss are substantially less than similar costs of a conventional intervention using a combination of phone and in-person contacts. In such a situation, per-participant website cost remains less than the personal contact intervention, even including development costs. If future trials demonstrate the effectiveness of these or similar interventions in maintaining initial weight loss, our results can be used to inform the economic evaluations that will assess the true value for money produced by their implementation.