Reducing Hospital Costs

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People with cirrhosis of the liver who receive treatment for hepatitis C virus (HCV) are much less likely to be hospitalized, a benefit that translates into considerable cost savings.

Researchers analyzed data regarding 278 people with hep C and cirrhosis who were patients at a San Diego health center, including 182 people who received treatment for the virus and 196 people who did not. All individuals were followed for at least six months and for a median period of about a year and a half.

Eighty-seven percent of those treated with direct-acting antiretrovirals (DAAs) during follow-up were cured, including a respective 88 percent, 86 percent and 57 percent of those with mild, moderate and severe cirrhosis.

During each cumulative 100 years of follow-up, there were a respective 29 and 10 hospitalizations among those in the untreated and treated groups, including a respective 12, 57 and 95 hospitalizations among those with mild, moderate and severe cirrhosis in the untreated group and a respective 3, 20 and 97 hospitalizations among those with mild, moderate and severe cirrhosis in the treated group.

DAA treatment was associated with a 64 percent reduction in the rate of liver-related hospitalizations during follow-up, including a 75 percent and 65 reduction among those with mild and moderate cirrhosis, respectively.

The investigators estimated that DAA treatment was associated with an annual per person savings of $3,650 to $8,200 among the study population as a whole, including a savings of $1,200 to $4,600 among those with mild cirrhosis and $5,350 to $17,800 among those with moderate cirrhosis at the study's outset.

"Our study highlights the importance of treating patients with cirrhosis prior to developing more advanced disease," says the study's lead author, Lucas Hill, PharmD, a pharmacist specialist in HIV and HCV at the University of California, San Diego Health System.

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