Treat All, Save Money

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Treating all those with hepatitis C virus (HCV) who are on Medicaid would save money and improve the health and longevity of the population compared with the current system of restricting treatment to those with more advanced liver disease.

“Patients who are treated at earlier stages of the disease are less likely to go on to develop debilitating and costly consequences of cirrhosis, which can take years to develop,” says Alexis Chidi, PhD, MSPH, a fourth-year medical student at the University of Pittsburgh and the study’s lead author.

Researchers used mathematical modeling to compare the two treatment strategies using hypothetical groups of HCV-positive people on Medicaid between 45 and 55 years old. The groups did not include those with HIV, a transplanted liver or a history of decompensated cirrhosis.

Compared with restricted treatment, providing hep C treatment to all was less costly per person, by $5,369 to $11,960 among the groups analyzed. For a group of 50-year-olds, which represents the average Medicaid recipient living with HCV, restricted treatment cost $30,610, while treatment for all cost $21,410.

The researchers estimated that providing full access to hep C treatment would avert about 6,000 cases of liver cancer and 121 liver transplants per 100,000 Medicaid recipients with the virus.

The problem with the cost-savings equation, however, is that by the time that people with untreated hep C pose a major financial burden to insurers because of related health problems, they are likely older and covered by Medicare.

So treating everyone when they are healthier and therefore probably younger than the typical Medicare entry age of 65 is likely to saddle Medicaid with much of the cost, while Medicare reaps the savings down the line.

Consequently, the paper’s authors suggest a cost-sharing agreement between Medicaid programs and Medicare to help even the balance sheet.

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