A cost-effectiveness analysis of primary versus hospital-based specialist care for direct acting antiviral hepatitis C treatment

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Background

Hepatitis C virus elimination may be possible by scaling up direct-acting antiviral (DAA) treatment.

Primary-based treatment delivery (i.e. treatment delivery in general practice and drug and alcohol services) is now possible, and may be cheaper than traditional hospital-based specialist care.

The Prime Study was the first randomised controlled trial to explore primary-based DAA provision and its effect on treatment uptake1.

Results from the trial indicated that patients treated through a primary care were more than twice as likely to take up treatment, compared to patients treated through hospital-based care.

Aim

To compare the cost of delivering DAAs through primary-based care with hospital-based care, informed by costing data from the Prime Study.

Methods

We collected all costs associated with delivering DAA treatment in the Prime study (post hepatitis C diagnosis), including:

• health provider time/training
• medical tests
• equipment and logistics
• pharmacy costs

We used appointment data to estimate the number/type of appointments required to initiate treatment in each case, or the stage at which loss to follow up occurred.

Conclusion

Compared to hospital-based care, primary care can improve treatment uptake and approximately halve the average cost of treatment initiation.

To improve treatment uptake and cure, countries should consider primary care as the main model for hepatitis C treatment scale-up.

Reference