RESOURCE USE AND COSTS FOR MANAGING HCV GENOTYPE 1 PATIENTS IN COLOMBIA FROM THE PAYERS PERSPECTIVE

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BACKGROUND

Hepatitis C Virus (HCV) chronic infection is a public health problem in Colombia. The natural course of the disease generates a significant humanistic and economic burden, especially because of long-term medical complication. Unlike other viral diseases which could be prevented through vaccines, the only alternative to avoid further HCV complications is the early detection and treatment of new cases (WHO, 2014).

Costs of illness information are valuable for health care system to support decision making process. It also allows performing locally adapted pharmacoeconomics models for the health technology assessment process (Parada, 2013; Drummond, 2005). In this sense, this study aims to estimate the direct health care system costs of managing HCV genotype 1 in the Colombian setting. It also will serve as reference for future studies and economic models adaptation.

METHODS

Direct costs were estimated from a payer perspective by using a micro-costing approach of all relevant resources used to manage patients with HCV genotype 1 health states (fig 1). Resource usage and costs allocated to health states were obtained by conducting a local expert opinion survey.

The local expert group was composed by four clinical hepatologists and two transplant surgeons from different cities. This is a representative sample of Colombian public lists of experts, its frequency of use and quantity required by every health state.

Resources were valued based on the following standard national public lists of fees in Colombian pesos 2013 (SOAT, 2014): Decreto 2423 updated to 2013, SISMED 2013 and for medical devices SIMPRO data base was used. These public lists of fees are used by most of the actors in the system for health services agreements.

Total costs for each of the health states of the disease were calculated for one year time horizon. Each health state includes different items related to the process of patient care, including: diagnostic aids, procedures, medications, adverse events, medical fees, hospital stay, general inpatient and outpatient treatment. Direct cost were presented in US Dollars using the average year to date exchange rate (USD 1 = COP 1,974).

According to the parameters of the IETS, the costs included in any economic evaluation should be identified, measured and valued, with a methodology clearly justified, should be socialized and discussed with stakeholders, subject experts and clinical experts.

RESULTS

Liver transplantation, death, decompensated cirrhosis and hepatocellular carcinoma are the four health states that cause the highest direct costs. The estimated average direct cost for each health state per year is presented in the table 1.

The most expensive health states are characterized by a higher proportion of in-care costs, while the less costly states are driven mainly by ambulatory resource consumption. Figure 2 illustrates the ambulatory / in-care distribution of costs.

CONCLUSIONS

Despite the expert opinion methodological limitations, this study has external validity and relevance for the Colombian health system.

Chronic HCV infection represents an important economic and humanistic burden for health systems in the world. This micro-costing study provides valuable information for further economic cost of illness analysis from the Colombian payers setting. It also reflects severity and economic impact of HCV related health states.

REFERENCES


