

“I’ve no money, I’m about to be evicted”

Characteristics of clients and utility of receiving financial support for direct acting antiviral therapy prescriptions

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Background

- Costs for medications may be a barrier for people in financial stress accessing HIV medications¹ and for marginalised clients accessing direct acting antiviral (DAA) therapy.^{2,3,4}
- The Kirketon Road Centre (KRC) provides DAA therapy through nurse-led individualised treatment support.
- If the copayment (AU\$6-7 per month) is assessed as a barrier to DAA access it may be paid directly by KRC to a local community pharmacy.
- We investigated the characteristics of clients and utility of receiving financial support for DAA therapy prescriptions.

Methods

- Database records of clients initiating DAA therapy at KRC between 2016 and 2019 were examined.
- We compared the characteristics of those who had received copayment support with those who had not in relation to:
 - Gender identity
 - Age
 - Aboriginality
 - Homelessness
 - Injecting drug use
 - Current opioid agonist therapy
 - Treatment completion



Results

- 378 HCV treatment episodes were initiated between 2016-2019
- People commencing HCV treatment were highly marginalised:
 - 76% recent IDU
 - 50% homelessness
 - 24% Aboriginal and/or Torres Strait Islander
- 60% (n=225) had copayments supported by KRC
- The characteristics associated with receiving copayment support were:
 - Homelessness** (OR 7.57 95%CI 4.65-12.34 p<0.0001)
 - Recent IDU** (OR 6.17 95%CI 3.62-10.51 p<0.0001)
 - Current OAT** (OR 3.14 95%CI 1.97-4.97 p<0.0001)
 - Aboriginality** (OR 2.45 95%CI 1.45-4.15 p<0.001)

Table 1: Characteristics of people who commenced HCV treatment by copayment subsidy by year (2016-2019)

Characteristic	2016			2017			2018			2019		
	Co-payment subsidised			Co-payment subsidised			Co-payment subsidised			Co-payment subsidised		
	Yes	No	P-value	Yes	No	P-value	Yes	No	P-value	Yes	No	P-value
Commenced treatment	53 (62/117)	47 (55/117)		63 (65/103)	37 (38/103)		60 (50/84)	40 (34/84)		65 (48/74)	35 (26/74)	
Gender identity												
Female	23 (14/62)	33 (18/55)	0.2853	31 (20/65)	45 (17/38)	0.1893	22 (11/49)	24 (8/34)	0.8694	19 (9/48)	19 (5/26)	0.9374
Male	73 (45/62)	67 (37/55)		66 (43/65)	55 (21/38)		80 (39/49)	76 (26/34)		75 (36/48)	81 (21/26)	
Transgender	5 (3/62)	-		3 (2/65)	-		-	-		6 (3/48)	-	
Age (mean, in years)	43	48	0.0109*	49	40	0.0007*	45	45	0.7621	47	42	0.0939
Aboriginality												
Indigenous	31 (19/62)	22 (12/55)	0.2806	31 (20/65)	11 (4/38)	0.0190*	31 (15/49)	6 (2/34)	0.0069*	29 (14/48)	19 (5/26)	0.3503
Non-Indigenous	69 (43/62)	78 (43/55)		69 (45/65)	89 (34/38)		71 (35/49)	94 (32/34)		71 (34/48)	81 (21/26)	
Homelessness												
Yes	50 (29/58)	20 (11/54)	0.0011*	73 (41/56)	20 (6/30)	<0.0001*	76 (37/49)	26 (9/34)	<0.0001*	79 (38/48)	23 (6/26)	<0.0001*
No	50 (29/58)	80 (43/54)		27 (15/56)	80 (24/30)		27 (13/49)	74 (25/34)		21 (10/48)	77 (20/26)	
Recent IDU (past 6m)												
Yes	87 (53/61)	55 (29/53)	0.0001*	92 (60/65)	49 (18/37)	<0.0001*	90 (44/49)	65 (22/34)	0.0053*	88 (42/48)	65 (17/26)	0.0239*
No	13 (8/61)	45 (24/53)		8 (5/65)	51 (19/37)		10 (5/49)	35 (12/34)		13 (6/48)	35 (9/26)	
Current OST												
Yes	63 (36/57)	32 (14/44)	0.0018*	48 (31/65)	19 (7/37)	0.0038*	53 (26/49)	21 (7/34)	0.0038*	44 (21/48)	31 (8/26)	0.2748
No	37 (21/57)	68 (30/44)		52 (34/65)	81 (30/37)		49 (24/49)	79 (27/34)		56 (27/48)	69 (18/26)	

Results

- The proportion that completed treatment in the subsidised and non-subsidised group was the same (70%).
- The cost of supporting copayments over 4 years totalled AU\$3949

Conclusion

The group which obtained the subsidy were highly marginalised and indicated that self-funding the copayment was a barrier to starting treatment.

As the client group accessing DAAs becomes more marginalised, removal of the copayment fee for HCV treatment may increase access to treatment.

The overall cost of supporting copayments compares favourably with the avoided healthcare costs from successful HCV treatment of approximately AU\$1555 per person per year⁵ and therefore, such support, or indeed removal of the copayment fee for HCV treatment may be a cost effective strategy as we aim for HCV elimination.

References

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- ⁵NSW Health DAA cost-saving estimate.

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