

High antiretroviral therapy adherence associated with lower health care costs

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High antiretroviral therapy adherence, which has been shown to be a major predictor of HIV disease progression and survival, is now associated with lower health care costs, according to researchers at the Johns Hopkins Bloomberg School of Public Health. Researchers examined the effect of antiretroviral therapy adherence on direct health care costs and found that antiretroviral therapy improves health outcomes for people infected with HIV, saving a net overall median monthly health care cost of \$85 per patient. The results are featured in the January 5, 2009, issue of the *Annals of Internal Medicine*.

"Our analysis found that greater antiretroviral therapy adherence was associated with lower direct health care costs for HIV-infected adults who received care through a large HIV/[AIDS](#) disease management program in South Africa," said Jean B. Nachega, MD, PhD, MPH, lead author of the study, associate scientist in the Bloomberg School's Department of International Health, professor of Medicine and director of the Center for Infectious Disease at Stellenbosch University, Cape Town, South Africa. "Cost for hospitalization increased from 29 percent to 51 percent of total costs as antiretroviral therapy adherence decreased, and this increase explains the difference in total mean monthly health care costs from the lowest to the highest antiretroviral therapy adherence quartile."

Researchers conducted a cohort study to determine the effect of antiretroviral therapy adherence on direct health care costs among 6,833 HIV-infected adults. Study participants were enrolled in Aid for AIDS, a

private-sector [HIV](#)/AIDS disease management program in South Africa between 2000 and 2006. Nachega, along with colleagues from the Bloomberg School, University of Cape Town and Aid for AIDS, averaged monthly direct health care costs and categorized pharmacy claim adherence in quartiles, from 1 to 4. Independent effects of patient characteristics on monthly total health care costs were assessed with advanced health econometrics models.

"The cost savings are largely related to less hospital use. The threat is that budgets for hospitals are often divorced from budgets for outpatient AIDS treatment. In fragmented health systems it is difficult for the outpatient administrator to rationalize investments that lower the costs for hospitals. A broader view is necessary to improve patient care and save money," said David Bishai, MD, PhD, co-author of the study and associate professor in the Bloomberg School's Department of Population, Family and Reproductive Health.

"Effective, practical intervention strategies to promote, as well as to proactively monitor [antiretroviral therapy](#) adherence, are badly needed as they may save direct health care costs by decreasing patient's morbidity and mortality and are likely to be cost-effective in the long-term," added Nachega.

Provided by Johns Hopkins University Bloomberg School of Public Health

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