A model to assess the cost of flare in ulcerative colitis to the NHS

Ash Bass1, Keith Tolley2, Gwen Wiseman2, Sarah Shaw4
1Gastroenterology Department, Whiston Hospital, Prescot, Merseyside; 2Tolley Health Economics Ltd, Buxton; 3Medical Affairs, Warner Chilcott (UK) Ltd; 4Policy Matters LLP, Surrey

Background

• Disease flares of active ulcerative colitis (UC) can result in substantial cost implications to the NHS, affecting both primary and secondary care.2
• In secondary care, flares of active UC are associated with a 2-fold increase in costs for non-hospitalised cases and more than 20-fold increase for hospitalised cases, compared with the maintenance phase.3
• While the costs associated with treatment and management of UC in secondary care are well documented, estimates of the cost across the spectrum of care pathways are lacking.4

A decision tree model was developed to estimate the direct healthcare costs of flares of varying clinical severity. This model aims to provide a ready-to-use tool for policy makers in terms of the cost of UC flares and to promote discussions of the costs of maintaining disease control.5

Methods

• Taking a conservative approach, costs for surgery and post-surgical management, e.g. stoma care, were excluded as inclusion-exclusion criteria have skewed the data and significantly increased average flare cost estimates.

Average cost of flare

• To calculate an estimated average cost of flare, default values for proportions of patients were assigned to each treatment pathway, based on clinical experience.

Results

• The estimated annual cost to manage a patient with UC in remission was £135 and for secondary care out-patient management was £678 (Figure 1).

Costs associated with flare

• In secondary care, flares of active UC are associated with a 2-fold increase in costs for non-hospitalised cases and more than 20-fold increase for hospitalised cases, compared with the maintenance phase.3

Costs associated with non-adherence

• Using a cohort approach, costs associated with an increase in flare in patients who are non-adherent to Asacol® were estimated for a population of 100,000 people (Table 1).

• Disease flares of active ulcerative colitis (UC) can result in substantial drug costs.

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