



Willing to Pay for Antiviral Treatment of Hepatitis B Patients

*Hua ZHANG¹, Mingdong HUO², Jianqian CHAO¹, *Pei LIU³*

1. Dept. of Medical Insurance, School of Public Health, Southeast University, Nanjing, Jiangsu, China
2. Zhongda Hospital Affiliated to Southeast University, Nanjing, Jiangsu, China
3. Dept. of Epidemiology and Biostatistics, School of Public Health, Southeast University, Nanjing, Jiangsu, China

***Corresponding Author:** Email: liupeiseu@126.com

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Dear Editor-in-Chief

In China, about 112 million people are chronically infected with the hepatitis B virus (HBV) (1). HBV infection remains a common public health problem worldwide. Study showed that effective antiviral treatment could slow the progression of hepatitis B (2, 3). However, 60% of Chinese chronic hepatitis B patients who were candidates for antiviral treatment were not receiving antiviral treatment (4). Our previous study indicated that patients receiving antiviral treatment bore heavy economic burden. Health insurance can share economic risks. But beneficiaries of health insurance with low co-payments are likely to use more healthcare resources compared to those paying higher co-payments (5). So the reasonable co-payments for hepatitis B patients and their willing to pay were of great interest.

Between August and December 2012, we conducted the survey of patients with HBV-related diseases in 3 county hospitals from 3 model regions in Jiangsu Province, China. 430 patients

were observed and their attitude toward co-payment was investigated. Among the patients 321 (74.7%) were males and 109 (25.3%) were females. 367 (85.3%) were receiving antiviral treatment, and 63 (14.7%) were not receiving antiviral treatment. In the study, among the five options, nearly 40% patients chose to co-pay 10%-19%. About 80% patients chose co-payment lower than 40%, only 6% patients chose co-payment higher than 60%. Choice of the patient with different economic condition was statistically significant ($P < 0.05$). There was no significant difference among variable in terms of sex, marital status, insurance type, receiving antiviral treatment or not.

The results have some implication for public health policy-making. Strengthen health education to highlight the importance of antiviral treatment to effectively control spread of the virus.

Table 1: Patients' choice about willing to pay for antiviral treatment

Choice Item	Number	Percentage (%)	Cumulative Percentage (%)
<10%	72	16.7	16.7
10%-	97	22.6	39.3
20%-	171	39.8	79.1
40%-	64	14.9	94.0
>=60%	26	6.0	100.0
total	430	100.0	

First-line therapy drugs should be included in the National Essential Medicine List and Medical Insurance Drug list to reimburse part of the medical expenses. Lower than 40% co-payment is acceptable to most patients and adjustments can be made according to economic level.

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References

1. Yuan Y, Iloeje U, Li H, Hay J, Yao GB (2008).

- Economic implications of entecavir treatment in suppressing viral replication in chronic hepatitis B (CHB) patients in China from a perspective of the Chinese Social Security program. *Value Health*, 11:S11–22.
2. Liaw YF, Sung JJ, Chow WC, Farrell G, Lee CZ, et al. (2004). Lamivudine for patients with chronic hepatitis B and advanced liver disease. *N Engl J Med*, 351:1521–31.
3. Antonucci G, Mazzotta F, Puoti M, Angeletti C, Girardi E, et al. (2012). Factors associated with access to antiviral treatment in a multi-centre cross-sectional study of patients with chronic hepatitis B in Italy. *J Viral Hepat*, 19: 881–9.
4. Zhuang H (2010). Standard antiviral treatment of hepatitis B. *J Med Res*, 39:1-2.
5. Rasell ME (1995). Cost sharing in health insurance—a reexamination. *N Engl J Med*, 332:1164–8.