population (N = 25,288), 44.51% were users. The prevalence of use has increased over time, from 8.25% in 2006 to greatest essential drugs. Among the insured adult population, were older (45.03 years vs. 41.36), had higher Charlson Comorbidity Indices (0.63 vs. 0.29), filled more prescriptions per person (33.62 vs. 14.53), and used more unique medications (7.33 vs. 3.80). The majority of users were female (59.79%), employed (81.56%), married (64.58% white), 76.06%), lived in urban areas (85.59%) had prescription drug coverage (96.92%) and fell into the two highest income categories (82.38%). Increasing age was a significant predictor of LCGP use as indicated by Cox Proportional Hazards analysis (HR = 1.01, 95% CI 0.99–1.02 for each additional year of age at the two-year study period). The probability to survive to acute and post-acute phases according to education level and care-pathway scenarios were estimated for a “mean severity” patient assuming for this patient the same distribution of comorbidities as observed in the cohort. One-year survival probability was calculated as the product of two probabilities: the one-year probability rate university versus elementary education (RR = 1.13, 95% CI 1.10–1.17); the one-year survival inequity.

PHS108
SOCIOECONOMIC DIFFERENTIAL IN ONE-YEAR SURVIVAL AFTER HOSPITALIZATION FOR ISCHEMIC STROKE: THE EFFECT OF ACUTE AND POST-ACUTE CARE-PATHWAY

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OBJECTIVES: To explore the role of ischemic stroke care-pathway on the association between education level and one-year survival after admission.

METHODS: From the Lazio health datawarehouse the incident hospitalizations for ischemic stroke in adults during 2011/12 were selected. For each subject the clinical history was defined as reported by the physician in the discharge summary. The occurrence of ischemic stroke was defined as a first event. The occurrence of hospitalization was defined as a first event. The occurrence of education level was defined for subjects aged 18-21 or older. The occurrence of care-pathway was defined as the utilization of the care-pathway recommended for each patient, as defined by the National Institute for Health Care Evidence (NICE). The probability to survive to acute and post-acute phases according to education level and care-pathway scenarios were estimated for a “mean severity” patient assuming for this patient the same distribution of comorbidities as observed in the cohort. One-year survival probability was calculated as the product of two probabilities: the one-year probability rate university versus elementary education (RR = 1.13, 95% CI 1.10–1.17); the one-year survival inequity.

PHS110
GENDER DISTRIBUTION OF OUTPATIENT CARE PHYSIOTHERAPY SERVICES FOR LOW BACK PAIN IN HUNGARY

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OBJECTIVES: The aim of our study is to assess the utilization of out-patient care physiotherapy services related to the Low Back Pain according to gender.

METHODS: Data were derived from the nationwide database of Hungarian National Health Insurance Fund Administration (NHIFA), based on official reports of outpatient care institutes in 2009. The total numbers of different physiotherapy services were determined by selecting the reported specific diagnoses codes and counting the number of treatments provided for that specific diagnosis code. The different types of treatment codes are listed in the chapter of the Guidelines of NHIFA for Physiotherapists, massage-therapists, conductors and other physiotherapy practices. The Low Back Pain was reported according to WHO ICD diagnosis code M54.50. Population distribution was taken into account on the basis of the data of the Central Statistical Office from January 1st 2009.

RESULTS: The total number of the 151 different physiotherapy services was 433319 cases in male and 80924 cases in female. The 10 most frequent treatments accounts for 58.74% in male and 57.68% in female of total services. Frequency of the top-10 medical procedures were the following in male and female: 1) Ultrasound therapy (10.17%, 9.3%), 2) Lipothrombosis (8.91%, 7.73%), 3) Passive movement (6.11%, 6.71%), 4) Mid-frequency treatment (6.73%, 6%), 5) Muscle strengthening exercises (4.38%, 6.36%), 6) Hand Massage (4.88%, 5.08%), 7) Ergo therapy (4.77%, 4.95%), 8) Spinal Mobilization 4.42%; 9) Low frequency diadynamic interference management (4.98%, 4.04%), 10) Training for circulation improvement (3.38%; 3.72 %). The total number of the 10 most frequent types of services reflects to the demand for the combination of active and passive exercises. Frequency of the top-10 medical procedures were similar in both gender in Hungary

PHS111

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OBJECTIVES: Frequent Emergency Department (ED) visits are associated with high healthcare expenditures and reduced quality of care. Socio-economically disadvantaged, and individuals with high medical needs, use ED frequently. While ED frequent use has been targeted for the uninsured, in fact, frequent ED users are more likely to have Medicaid or other insurance. The objective of this study is to examine the characteristics of the frequent ED users among Medicaid beneficiaries residing in West Virginia, Ohio, and Maryland.

METHODS: A Cross-sectional study design was used. Patient-level data such as demographic factors, Medicaid eligibility, visits to primary care providers (PCP), dental visits and selected chronic conditions were obtained from the Medicaid claims for the year 2009. County-level data such as county location in metro area were obtained from the Area Health Resource File. The study population included adults aged 18-64 years, who had at least one visit to the ED, continuously enrolled in fee-for-service, not enrolled in Medicare and alive in 2009 (n=15,779). Adults with 6 or more ED visits were defined as frequent ED users. Chi-square tests and logistic regressions were used to determine the unadjusted and adjusted associations between patient- and county-level factors and frequent ED use.

RESULTS: In our study population, 8.6% were frequent ED users. A higher number of PCP visits was associated with reduction in ED use. In both unadjusted and adjusted models, significant differences in frequent ED use were observed for gender, eligibility, chronic conditions, and PCP visits. For example, in adjusted analyses racial minorities were more likely to have frequent ED use (AOR=1.48, 95%CI =1.16, 1.90) compared to whites. Women were more likely to have frequent ED use compared to men (AOR=1.19, 95%CI =1.01, 1.41).

CONCLUSIONS: Interventions to promote visits to primary care providers may reduce the risk of frequent ED use.

PHS112
HUMAN PAPILLOMAVIRUS (HPV) VACCINATION DURING WELL-CHILD VISITS IN PRIVATELY INSURED MALES 9-21 YEARS OF AGE IN THE UNITED STATES IN 2012

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OBJECTIVES: Since October 2011, ACIP has recommended routine HPV vaccination for males 11-12 years of age with catch-up vaccination for males ages 13-21. Well-child visits are a key setting in which to provide HPV vaccination for this population. The objectives of this study were to estimate HPV vaccination rates among males age 9-21 years of age during well-child visits and compare HPV vaccination rates during well-child visits in 11-12 year-old males with other vaccines recommended for the same age group (Tdap and Meningooccal conjugate vaccine (MCV4)).

METHODS: A large commercial database (MarketScan®) was used for this retrospective cohort study. The study population was males 9-21 years of age in 2012 who had well-child visits for assessment of vaccination rates of HPV, Tdap, MCV4, and PCV13. In the year 2012, 11-12 year-old males was highest among 11-12 year-olds (56.1%) and lowest among 18-21 year-olds (20.8%). HPV vaccination rates during a well-child visit were 0.5% among 9-10 year-olds, 1.3% among 11-12 year-olds, and 1.9% among 18-21 year-olds. HPV vaccination rates in 11-12 year olds during well-child visits (10.1%) were much lower than Tdap (32.8%, p<0.0001) and MCV4 (31.1%, p<0.0001).

CONCLUSIONS: The Healthy People 2020 objective for HPV vaccination in males is not currently being met. The HPV vaccination rates among study population are not optimal when compared to other mandatory vaccines, especially among 11-12 year-old males. Well-child visits currently are missed opportunities and can play an important role to improve HPV vaccination in the US.
As is seen in other studies, 16% is the monthly familiar budget designated to health care resources. 8% of its are done for a general medical examination (just 22% due illness or symptoms). The visits vary from 12.58 Months (Without Insurance) to 4.99 Months (Full Insurance), and of pocket expense and was proportional to reimbursement. Setting deductible of 65-69. age group (1.897.72) in female.

The institutional maternal mortality ratio (IMMR) recorded a reduction of 7% over the 2005-2008 period and went down considerably by 23% to 155 deaths per 1000 live births over the post 2008 period. Under-five mortality rate declined from 88.4 to 83 deaths per 1000 live births (5.4%) between 2005 and 2008; it went down to 72 deaths per 1000 live births (11%) over the post 2008 period. CONCLUSIONS: There have been substantial improvements in maternal care provision in rates five years after full implementation of the FCMP. However, big gaps exist between the current mortality rates and MDG 4 and 5 targets, with barely a year to the 2015 deadline. Therefore, much effort is needed from government, development partners, and maternal care advocates to accelerate progress towards achieving MDG 4 and 5.

PHS116
HEALTHCARE COVERAGE, EXPENDITURES AND POPULATION HABITS IN ARGENTINA
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OBJECTIVES: To describe the proportion and type of health care coverage, family monthly budget destined to health care and population habits regarding health care resources utilization in Argentina. METHODS: 1022 face to face surveys were done by TNS – Gallup during November 2014 across the country in an adult population of Argentina representative of the whole country (SD +/- 2.4, IC 95%). A probabilistic, polietopic and stratified by home quotations sample design was used. Only one interview per home was done. RESULTS: Sample Demographics: Gender: Female 53% / Male 47%. Age: 18 – 24: 19% / 25 – 34: 21% / 35 – 49: 28% / 50 – 64: 20% / 65 – 69: 5% / Male 47%. Age: 18 – 24: 19% / 25 – 34: 21% / 35 – 49: 28% / 50 – 64: 20% / 65 – 69: 5%.

The aim of our study is to assess the utilization of out-patient care setting. A probabilistic, polietopic and stratified by home quotations sample design was used. Only one interview per home was done. RESULTS: Sample Demographics: Gender: Female 53% / Male 47%. Age: 18 – 24: 19% / 25 – 34: 21% / 35 – 49: 28% / 50 – 64: 20% / 65 – 69: 5%.

PHS117
REDUCING MOTHER AND CHILD MORTALITY IN GHANA: IS NATIONAL HEALTH INSURANCE SCHEME’S FREE MATERNAL CARE PROGRAMME HELPING? Neuh Boatea E
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OBJECTIVES: To evaluate the impact of the National Health Insurance Scheme’s Free Maternal Care (FMS) programme on maternal health care utilization and mortality. METHODS: Review and participant observation methods were employed to review maternal care utilization data from the NHIS and Ghana Health Service over the period 2006-2013. The child mortality survey and the group for child mortality estimation (WHO, UNICEF, UN DESA, UNDP, World Bank) were also reviewed. RESULTS: The amount of money paid for maternal health services increased from GH₵2.9 million (USD0.86m) in July 2008 to GH₵5.2 million (USD1.2m) of June 2010, an amount of GH₵6.3 million (USD8.24m) had been paid. Antenatal care coverage (at least four visits) increased from 61% to 72% between 2008 and 2012; postnatal care coverage increased from 54% to 58% between 2006 and 2008 and went up to 65% in 2011, skilled delivery saw no improvement between 2006 and 2008 (44%) but went up to 59% in 2012. The institutional maternal mortality ratio (IMMR) recorded a reduction of 7% over the 2005-2008 period and went down considerably by 23% to 155 deaths per 1000 live births over the post 2008 period. Under-five mortality rate declined from 88.4 to 83 deaths per 1000 live births (5.4%) between 2005 and 2008; it went down to 72 deaths per 1000 live births (11%) over the post 2008 period. CONCLUSIONS: There have been substantial improvements in maternal care provision in rates five years after full implementation of the FCMP. However, big gaps exist between the current mortality rates and MDG 4 and 5 targets, with barely a year to the 2015 deadline. Therefore, much effort is needed from government, development partners, and maternal care advocates to accelerate progress towards achieving MDG 4 and 5.

PHS118
DEFINITION OF END-OF-LIFE PERIOD AND QUALITY BENCHMARKS IN TERMINAL CARE: A LITERATURE REVIEW
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OBJECTIVES: There is no consensus on definition of end-of-life period in cancer care. Our study aimed to describe the proportion and type of health care coverage, family monthly budget destined to health care resources utilization in Argentina. METHODS: 1022 face to face surveys were done by TNS – Gallup during November 2014 across the country in an adult population of Argentina representative of the whole country (SD +/- 2.4, IC 95%). A probabilistic, polietopic and stratified by home quotations sample design was used. Only one interview per home was done. RESULTS: Sample Demographics: Gender: Female 53% / Male 47%. Age: 18 – 24: 19% / 25 – 34: 21% / 35 – 49: 28% / 50 – 64: 20% / 65 – 69: 5%.

The aim of our study is to assess the utilization of out-patient care setting. A probabilistic, polietopic and stratified by home quotations sample design was used. Only one interview per home was done. RESULTS: Sample Demographics: Gender: Female 53% / Male 47%. Age: 18 – 24: 19% / 25 – 34: 21% / 35 – 49: 28% / 50 – 64: 20% / 65 – 69: 5%.

PHS119
THE IMPACT OF PATIENT CENTERED MEDICAL HOME IN A MANAGED MEDICAD POPULATION
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OBJECTIVES: This study sought to evaluate the impact of the PCMH practice transformation on healthcare utilization in a Managed Medicaid population with a Hispanic majority and served specifically by safety-net clinics. METHODS: The PCMH group included eleven safety-net clinics (23,662 members) that were recognized as patient centered medical homes in late 2011 in the greater Los Angeles area, and the non-PCMH group consisted of 176 other safety-net clinics (138,152 members). The study ran from January 2011 to December 2013 which required accounting for a concurrent federal waiver, effective June 1, 2011, under which California began transitioning senior and people with disabilities (SPD, i.e., ER visits, hospital and ICU stays) to Medicare as of June 2010, an amount of GH₵6.3 million (USD8.24m) had been paid. Antenatal care coverage (at least four visits) increased from 61% to 72% between 2008 and 2012; postnatal care coverage increased from 54% to 58% between 2006 and 2008 and went up to 65% in 2011, skilled delivery saw no improvement between 2006 and 2008 (44%) but went up to 59% in 2012. The institutional maternal mortality ratio (IMMR) recorded a reduction of 7% over the 2005-2008 period and went down considerably by 23% to 155 deaths per 1000 live births over the post 2008 period. Under-five mortality rate declined from 88.4 to 83 deaths per 1000 live births (5.4%) between 2005 and 2008; it went down to 72 deaths per 1000 live births (11%) over the post 2008 period. CONCLUSIONS: There have been substantial improvements in maternal care provision in rates five years after full implementation of the FCMP. However, big gaps exist between the current mortality rates and MDG 4 and 5 targets, with barely a year to the 2015 deadline. Therefore, much effort is needed from government, development partners, and maternal care advocates to accelerate progress towards achieving MDG 4 and 5.