ADVERSE DRUG EVENTS AND ELECTRONIC MEDICAL RECORDS: RESULTS FROM THE 2007-2008 NATIONAL AMBULATORY MEDICAL CARE SURVEY

Heagerty PJ, Homan RS
University of Cincinnati, Cincinnati, OH, USA

OBJECTIVES: The goal of this study was to evaluate the impact of electronic medical record (EMR) use on the frequency of visits due to an adverse event as reported in the National Ambulatory Medical Care Survey (NAMCS) 2007-2008 database. The specific objective was to determine the frequency of adverse events in patient visits that included the use of an EMR compared to visits without the use of an EMR. An adverse event was defined as an adverse outcome from medical or surgical care or an adverse drug event. METHODS: The study design was a retrospective, cross-sectional, observational analysis of the NAMCS database from 2007-2008. Patient visits that included the result of an adverse event were selected from all established patient visits. The frequency of adverse events was analyzed with respect to the use of an EMR. Patients were weighted with a statistical multiplier to generate national estimates. RESULTS: An adverse event occurred in 44,035,495 (1.6%) patient visits. Of these visits, 26,067,600 (1.5%) did not include the use of an EMR, while 17,967,893 (1.1%) included the use of an EMR. The majority of visits including the use of an EMR were by female patients (59.4%), white patients (83.2%), or patients age 45-64 years (29.2%). Only 40.2% of established patient visits included the use of an EMR. CONCLUSIONS: Adverse event frequency was lower in patient visits that utilized an EMR as compared to patient visits that did not include the use of an EMR. Increasing EMR use will allow healthcare professionals to further prevent adverse events.

PH48

STATUS OF PHARMACIST AT COMMUNITY LEVEL: AN EXPLORATORY STUDY IN QUETTA, PAKISTAN

Saleem F1, Al-Qazaz HK1, Azhar S1, Ahmad N1, Atif M1, Haq N1, Asif M2, Iqbal Q3
1Universiti Sains Malaysia (USM), Penang, Penang, Malaysia, 2The Islamia University of Bahawalpur, Bahawalpur, Punjab, Pakistan, 3University of Balochistan, Quetta, Balochistan, Pakistan

OBJECTIVES: To study the status of pharmacists working at community pharmacies in Quetta city, Pakistan. METHODS: A cross-sectional survey was designed to conduct this study. A questionnaire about status of pharmacists working at community pharmacies was constructed, content validated and used. Pharmacists were hired for data collection and analyses were done by SSPS 15. RESULTS: All 415 community pharmacies of the city were approached and 392 responded (94.45%). Major respondents (81.25%) did not possess the basic requirement of Pharmacy community pharmacies of the city were approached and 392 responded (94.45%). Major respondents (81.25%) did not possess the basic requirement of Pharmacy

RESULTS:

Major respondents (81.25%) did not possess the basic requirement of Pharmacy
degree, tests and admissions after the loss of a spouse. The mourning should not be overlooked from the perspective of management, may be a predictor of morbidity.

METHODS:

Conduct this study. A questionnaire about status of pharmacists working at community pharmacies was constructed, content validated and used. Pharmacists were hired for data collection and analyses were done by SSPS 15. RESULTS: All 415 community pharmacies of the city were approached and 392 responded (94.45%). Major respondents (81.25%) did not possess the basic requirement of Pharmacy degree or the required pharmacy degree was registered with the required pharmacy regulatory authority. The majority of pharmacists working at these pharmacies were females (78.61%), and the majority of pharmacies were not profitable, pharmacies cannot afford a full time pharmacist whereas 41.50% of pharmacies were located in non-profitable areas. The percentage of pharmacies working in non-profitable areas increased from 1999 to 2008, while the all-cause death rate increased from 7 per 100,000 population in 1999 to 14 in 2008, while the all-cause death rate increased from 7 per 100,000 population in 1999 to 14 in 2008. The major causes of death were accidents, violence, certain conditions originating in the perinatal period and maternal conditions were the major causes of death for females, whereas, from year 2004 to 2008, the age group 45-54 years old had the highest death in the logistic regression. Compared with the age group 55 years and older, the age group 35-44 years old had an OR of 21.49. There were differences in ORs by sex, annual income, and other demographic variables. Unintentional fatal poisonings by noxious substances in Kansas City, Missouri, from 1999 to 2008 and 2) to identify demographic variables associated with unintentional fatal poisonings. METHODS: Cohort study of beneficiaries of the health plan listed as married of the health plan in 2007, consisting of 29,932 couples. Thereafter began a follow-up of 36 months for verification of death of either spouse. During this period, the study at the date of death of spouse, 308 widows and 180 widowers. The mortality rate observed in the group was compared with expected mortality for the population of reference, according to sex and age. Statistical analysis was considered the Standard Mortality Ratio (SMR), with evaluation of significance by the method of Poisson approximation. CONCLUSIONS: Mortality in the first year and the Fisher exact test, with a confidence interval of 95%. The significance level was set at p < 0.05. RESULTS: The mean age for males was 65.24 years (95% CI 51.03 to 79.45) and 63.91 years for females (95% CI 53.15 to 80.67). Observed in period 35 deaths in the group (7.17%). In the first 12 months after bereavement, the mortality was 21.97% (SMR to 1.95 (p = 0.047)). The SMR in 24 months was 2.02 (p = 0.0026) and at 36 months of 1.85 (p = 0.0018).

The study design was a retrospective, cross-sectional, observational analysis of the NAMCS database from 2007-2008. Patient visits that included the result of an adverse event were selected from all established patient visits. The frequency of adverse events was analyzed with respect to the use of an EMR. Patients were weighted with a statistical multiplier to generate national estimates. Results: An adverse event occurred in 44,035,495 (1.6%) patient visits. Of these visits, 26,067,600 (1.5%) did not include the use of an EMR, while 17,967,893 (1.1%) included the use of an EMR. The majority of visits including the use of an EMR were by female patients (59.4%), white patients (83.2%), or patients age 45-64 years (29.2%). Only 40.2% of established patient visits included the use of an EMR. Conclusions: Adverse event frequency was lower in patient visits that utilized an EMR as compared to patient visits that did not include the use of an EMR. Increasing EMR use will allow healthcare professionals to further prevent adverse events.

PHP49

IMPLEMENTATION AND COST OF THE HEALTH PLAN - EFFECTS OF SPousAL BEREAVEMENT

Reis Neto J1, Arantes ACL2
1CAPES/SEP/CAUSAIDE, Rio de Janeiro, RJ, Brazil, 2CASA DO CUIDAR, Sao Paulo, SP, Brazil

OBJECTIVES: To evaluate the effects of widowhood on the outpatient and hospital health services used by beneficiaries of a private health care plan in Brazil. METHODS: Cohort study of beneficiaries listed as married of the health plan in 2007, consisting of 29,932 couples. Thereafter began a follow-up of 36 months for verification of death of either spouse. During this period, the study at the date of death of spouse, 308 widows and 180 widowers. The mortality rate observed in the group was compared with expected mortality for the population of reference, according to sex and age. Statistical analysis was considered the Standard Mortality Ratio (SMR), with evaluation of significance by the method of Poisson approximation.

CONCLUSIONS: Mortality in the first year and the Fisher exact test, with a confidence interval of 95%. The significance level was set at p < 0.05. RESULTS: The mean age for males was 65.24 years (95% CI 51.03 to 79.45) and 63.91 years for females (95% CI 53.15 to 80.67). Observed in period 35 deaths in the group (7.17%). In the first 12 months after bereavement, the mortality was 21.97% (SMR to 1.95 (p = 0.047)). The SMR in 24 months was 2.02 (p = 0.0026) and at 36 months of 1.85 (p = 0.0018).

CONCLUSIONS: This study showed higher than expected mortality to significant levels in people who have experienced the death of a spouse. Measures to support and healthcare for families who live this grief can be an interesting alternative in the social aspect and somehow contribute to reducing the risk of mortality at the expected level for sex and age.

PHP50

MIXED EVIDENCE FOR THE "HEALTHY ADHERER EFFECT" IN A SAMPLE OF 22,070 ADULTS WITH CHRONIC DISEASE IN THE UNITED STATES

McDonvey C, Gelfand A
Merck & Co., Inc, North Wales, PA, USA

OBJECTIVES: The "healthy adherer effect" posits that part of the association between non-adherence and suboptimal health outcomes is the possible confounding effect of worse lifestyle behaviors of non-adherers. Our objective was to test the "healthy adherer effect" among US adults with chronic disease. METHODS: We conducted a cross-sectional survey of 22,070 adults with asthma, hypertension, diabetes, hyperlipidemia, osteoporosis, GERD, depression, or anxiety from the Harris Chronic Disease Panel. Respondents were classified into one of three mutually-exclusive categories: (1) persisters (i.e., currently taking medication); (2) non-persisters (i.e., discontinued medication in the past year); and (3) non-fulfillers (i.e., did not obtain the first fill for a new prescription in the past year). Respondents also completed items on lifestyle behaviors: weight and height to derive BMI, smoking status, alcohol use, physical exercise, seatbelt use, and receipt of an influenza vaccination in the past year. Linear and logistic regression was used to model individual lifestyle behaviors on self-reported adherence status controlling for demographic characteristics. RESULTS: Multivariate regressions revealed no statistically-significant associations between adherence status and BMI (continuous), weekly moderate exercise, weekly vigorous exercise, binge drinking, and obesity as defined by the BMI. Multivariate regressions revealed that non-persisters and non-fulfillers were significantly less likely to report having a flu shot in the past year (OR=0.76 and 0.73, respectively). Compared to persisters, non-persisters were more likely to be current smokers (OR=1.19, p=0.0043) and were less likely to always use seatbelts (OR=0.80, p=0.0009). CONCLUSIONS: Non-persisters and non-fulfillers differed from persisters on some, but not all, lifestyle behaviors. Future research should link both adherence behaviors and lifestyle behaviors to risk of mortality and hospitalization.