The study involves cross-sectional analyses of 44,957 veterans and non-veterans enrolled in Medicare. Merged Medicare claims for fee-for-service enrollees and survey data from multiple years of the Medicare Current Beneficiary Survey from 2001 through 2005. ACHS for thirteen conditions were identified using inpatient Medicare claims. The methodology was developed by the Agency for Healthcare Research, which uses International Classification of Diseases, 9th edition codes. Dual use was defined as having inpatient or outpatient visits to the VHA and consistent of predominant-VHA use and some VHA use. Unadjusted group differences in any ACHS were investigated using chi-square tests. Logistic regression was used to explore the association between dual VHA use and ACHS after controlling for demographic, socio-economic, health status, mental illness, smoking and obesity. All analyses accounted for the complex design of the survey. RESULTS: The three most common ACHS were congestive heart failure, bacterial pneumonia, and chronic obstructive pulmonary disease. Among inpatient users, 10.1% had ACHS for acute conditions and 15.8% for chronic conditions. Among all survey respondents, 5% had any ACHS; the rates were 4.9% for VHA users and 3.7% for veterans with some VHA use. Unadjusted and multivariate analyses of dual use were significantly associated with any ACHS. CONCLUSIONS: In a representative sample of Medicare beneficiaries, ACHS were prevalent. Despite poor health status, dual VHA/Medicare use was not associated with increased ACHS rates perhaps due to the provision of good primary care in the VHA system.

PIH3
EPIDEMIOLOGY OF ADOLESCENT AND YOUNG ADULT HOSPITAL UTILIZATION FOR ALCOHOL AND DRUG USE, SUICIDE, AND POISONING IN THE UNITED STATES
Barnard N, Banahan BF
University of Cincinnati, Cincinnati, OH, USA

OBJECTIVES: Adolescence and young adulthood are an important transitional period during which morbidity and mortality often arise from individual’s behaviors such as alcohol and drug use, suicide, and poisonings. Self-report survey data regarding health behaviors are readily available, however little data from objective sources has been released. In addition to morbidity, one of the potential outcomes of hospital utilization, related to these behaviors has been conducted. This study examines the patterns and characteristics of individuals admitted to the hospital for these conditions. METHODS: The data for this investigation came from the 2007 National Hospital Discharge Survey (NHDS). Records for all individuals who had an age in the range of 10-24 years and were discharged from the hospital with any recorded diagnosis of alcohol or drug abuse or dependence, suicide, or poisonings were abstracted. National estimates were calculated utilizing the weighted number of discharges and the U.S. Census Bureau population data for this age group. Rao-Scott Chi square tests were performed to evaluate differences between groups and all significance tests were two-sided using p<0.05 as the level of statistical significance. RESULTS: National estimates for hospital discharges per 1,000 10-24 year olds are 54.2 for alcohol/drug use, 3.3 for suicide, and 9.8 for poisoning. Seasonal trends in alcohol/drug and suicide discharges were observed, as were regional differences with more than twice as many alcohol/drug-related discharges in the South. Over 42% of all care related to these diagnoses is expected to be paid for by public health insurance programs. Self-pay is also high for these conditions (16%). CONCLUSIONS: A significant portion of inpatient hospital care for adolescents and young adults is attributable to alcohol/drug use, suicide, and poisonings. These data have implications for primary intervention programs and suggest the need for further investigation of the associated health care costs related to these conditions.

PIH4
THE EFFECT OF ELECTRONIC-MEDICAL-RECORD SYSTEM SOPHISTICATION ON HEALTH CARE COSTS AMONG WOMEN WITH IDIOPATHIC HEAVY MENSTRUAL BLEEDING
Kochoudi J1,2, Cappellari JC1,2, Bushman AK3, Stacker V4, Synnott T5
1University of Cincinnati, Cincinnati, OH, USA, 2University of Cincinnati College of Pharmacy, Cincinnati, OH, USA, 3University of Cincinnati Medical Center, Cincinnati, OH, USA

OBJECTIVES: Electronic-medical-record (EMR) systems have the potential for improving the quality of preventive healthcare for women, by reminding patients and physicians to obtain appropriate screenings and vaccinations, and decrease health-care costs significantly by preventing emergency-department visits and hospitalizations. The objective was to study the effect of EMR-system sophistication on women’s healthcare in physician offices. METHODS: The National Ambulatory Medical Care Survey (NAMCS), a cross-sectional database of physicians’ office-based Medical Care Survey (NAMCS), a cross-sectional database of physicians’ office-based examinations; visits (breast and pelvic); tests (PAP tests and tests for chlamydia, cholesterol, and blood pressure); and vaccinations. Estimated frequencies of preventive health-care measures were provided for the physician for the four levels of EMR-system sophistication. RESULTS: In 2007-08, 341,729 physicians ordered or provided 2.56, 1.31, 1.97, and 1.82 million preventive healthcare examinations, screenings, tests, and vaccinations for women aged 18-39, 40-49, 50-64, and >65, respectively. The ratios of number of preventive women’s healthcare measures to number of visits for age-groups 18-39, 40-49, 50-64, and >65, respectively, except for the 40-49 age group, for which minimal-EMR-system practices had the highest ratio of 1.61. CONCLUSIONS: Evidence suggests that the more sophisticated the EMR system, the greater the intensity of preventive healthcare service provided to women.

PIH40
RETROSPECTIVE DATABASE ANALYSIS OF TREATMENT PATTERNS AND HEALTH CARE COSTS AMONG WOMEN WITH IDIOPATHIC HEAVY MENSTRUAL BLEEDING
Pocančí J1, Law A1, Zamponage E1, Le Nestour E2, Cougher R3
1Bayer Healthcare Pharmaceuticals Inc., Wayne, NJ, USA, 2Research, Paris, France, 3Bayer, Eden Prairie, MN, USA

OBJECTIVES: Assess real world treatment patterns, health care utilization, and costs of HMB patients. METHODS: Data were administrative claims from a large national US health plan. Female plan enrollees aged 18-49 with at least 2 claims of HMB (ICD-9-CM 626.2, 627.0) within 180 days before 01-01-04 to 02-29-08 were included; index date was initial HMB claim. Continuous enrollment required 6 mos pre-index and 18 mos post-index. Patients were classified as idiopathic HMB unless underlying conditions associated with HMB occurred in pre-index or 60 days post-index date. All variables were analyzed descriptively. Multivariate analyses were conducted to evaluate the factors associated with follow-up HMB-related costs. RESULTS: Mean [SD] age of the study population (N=21,239) was 39.5 [6.8]; mean [SD] comorbidity score was 0.14 [0.42]. Of the 21,239 women, 57.6% had 1 treatment episode, 15.7% had 2 or more, and 26.6% had no treatment during the post-index. 15,582 patients received treatment, the distribution of initial treatment was 36.4% received medication (oral contraceptive [OC], non-oral, or oral medroxyprogesterone acetate [MPA]), 50.8% had endometrial ablation [EA], and 12.6% underwent hysterecctomy. Mean [SD] HMB-related costs of single episode paths were: hysterectomy $4,579.63 [$4,533.14], EA $4,579.63 [$3,509.16] and no treatment $6,166.23 [$496.73]. On average follow-up HMB-related costs are expected to be 9.67 times greater for women with multiple episodes and 6.33 times greater for single episode (ref: group: no treatment). Age, Charlson comorbidity score, geographical region were totally statistically adjusted with higher follow-up HMB-related costs whereas baseline OC use and pregnancy during the follow-up lowered costs. CONCLUSIONS: HMB has significant clinical and economic impact. Over 1/4 of patients did not receive treatment. Prevalence of surgical procedures was high among those treated, often constituting first-line treatment. Surgical procedures and multiple treatment episodes were associated with higher HMB-related costs.

A112

Individual’s Health – Research on Methods

PIH41
SUCCESSFUL SEXUAL INTERCOURSE: TIME-TO-EVENT MODELING IN A PIH41 TRIAL
Cappellari JC, Bushman AK, Stacker V, Synnott T
1University of Cincinnati, Cincinnati, OH, USA, 2University of Cincinnati College of Pharmacy, Cincinnati, OH, USA

RESULTS: Of 288 men enrolled, 95 received placebo, 99 received sildenafil 100 mg, and 94 received sildenafil 50 mg. Median time from the start of the study to achieve initial SSI was 3 days for each group of sildenafil-treated patients (50 mg and 100 mg), compared with 13 days for placebo-treated patients (P = 0.001). (Note that not everyone attempted sexual intercourse on the first day of treatment.) Median time to achieve stable (sustained) SSI was 5 days (50 mg) and 3 days (100 mg) for sildenafil-treated patients versus 55 days for placebo-treated patients (P = 0.001). CONCLUSIONS: This novel application of time-to-event analysis provides useful insights into the treatment effect of sildenafil in the context of the PIH41 trial.

PIH42
A NET BENEFIT FRAMEWORK (NBF) ANALYSIS OF CHART DATA FOR HAEMOPHILIA INHIBITOR PATIENTS
Wayman JF1, Mesterton F1, Lindgren D2, Dahlen P3
1Novo Nordisk A/S, Soeborg, Denmark, 2i3 Innovus, Stockholm, Sweden, 3i3 Innovus, San Diego, CA, USA

OBJECTIVES: Effective treatment of bleedings in hemophiliac patients is important for limiting costs associated with bleedings and for improving health outcomes. Two health outcomes of interest is the time from treatment initiation to bleeding resolution and the probability of developing re-bleedings. The objective of this study was to develop a novel methodology with NBF instead of the ICER for estimating the health economic benefits of a novel treatment with certain characteristics compared to rVIIa and to identify the major determinants of the net monetary benefit of the novel treatment. METHODS: Data from a medical chart review on hemophilia inhibitor patients in Turkey were used to identify predictors of the