culated. Per patient per month (PPMP) utilization rates were calculated based on inpatient, outpatient and prescription data, and costs were estimated using Medicare hospital costs and average wholesale price. RESULTS: A total of 5741 patients met the inclusion criteria. At least one HF re-hospitalization was observed in 25% of patients, representing ≥85% of all-cause hospitalizations. Mean HF hospital stay of length was 6.7 days at IH and 7.2 days at fourth HF re-hospitalization. IH was most costly ($12,426) relative to the mean cost per subsequent HF re-hospitalization ($9,832). HF re-hospitalization rates peaked at 0.062 PPMP 3-6 months post IH. All-cause and HF-related outpatient visit rates peaked at 4.1 and 0.65 visits PPMP, respectively, within three months after IH. Mean outpatient visit cost ranged from $669 (0-3 months) to $224 (18-24 months post IH). Total pharmacy costs increased from $593 PPMP (baseline period) to $848 PPMP (0-3 months post IH); of these, cardiovascular drugs accounted for about one third ranging from $162 (baseline) to $221 PPMP (0-3 months post IH). CONCLUSIONS: Treating elderly chronic HF patients promptly and cost-effectively using different costs in patients with complications was more than a patient without complications. New interventions to improve health outcomes in the elderly HF population hold the potential to decrease post IH resource utilization and save costs.

PCV103 VIP BRAZIL: RESOURCE USE AND ASSOCIATED COSTS OF THROMBOTIC EVENTS AFTER TOTAL KNEE REPLACEMENT (TKR) SURGERY IN BRAZILIAN PUBLIC HEALTH CARE SYSTEM (SUS)

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OBJECTIVES: Patients undergoing total knee or hip replacement are at high risk of suffering VTE following TKR surgery. The new education program (Method II) resulted in increased revenues was observed in Method II compared to Method I, due to increased clinic visits (+12.9%) among newly referred naive patients, yet total patient volume of visits was decreased (2.95%). The pre-visit SOAK scores were similar between Methods (p = 0.383). Both Methods significantly improved SOAK scores (Method I pre 55.9% ±29%post 75.8% ±21%, p < 0.001; Method II pre 60.4% ±26/post 70.7% ±22%, p = 0.03). Mean changes in pre-visit SOAK scores were significantly higher in Method I (+20.2% ±9%) than in Method II (+10% ±23%, p = 0.011). CONCLUSIONS: The new education program (Method II) resulted in increased revenues via increased clinic visits among newly referred patients. Improved anticoagulation knowledge levels using Method II were acceptable without adverse impact on safety and clinical outcomes.

PCV107 IMPACT OF MEDICATION THERAPY MANAGEMENT (MTM) ON IMPROVING DIABETES CARE: A DIFFERENCE-IN-DIFFERENCES APPROACH

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OBJECTIVES: Pharmacists play an integral role in quality improvement programs through medication therapy management services (MTM). This study estimates the effect of a pharmacist-led and delivered MTM program on achieving Optimal Diabetes Care (OCD). METHODS: The study included patients with diabetes who received MTM services at Fairview Clinics during a 2007 demonstration project (n = 121) and those invited to receive MTM services but opted out (n = 103). Baseline characteristics were compared between the two groups. Rates of OCD for 2006, 2007 and 2008 were compared using McNemar’s test based on Minnesota Community Measurement all-or-none 5-component (DS) OCD measure (hA1C < 7%, LDL <100mg/dl, blood pressure <140/90mmHg, tobacco free, and daily aspirin use). Linear and nonlinear multivariate difference-in-differences (DID) estimations were used to evaluate the impact of one-year exposure to MTM on each component of DS OCD measure. RESULTS: The MTM group had more co-morbidities, more complex medication regimens and a higher percentage of diabetes with complications (p < 0.05). There was significant improvement in OCD rates for the MTM group in 2007 compared to 2006 (45.45% vs 21.49%, p < 0.001) and a significant decline in 2008 (45.45% vs. 25.62%, p = 0.002). The control group showed a significant improve-