uses an independent working correlation mix. **RESULTS:** Patients had a mean age of 75 years old and were predominantly females (68%). On average, 2,499 patients were identified by KHS at neighboring hospitals of which 556 were matched to randomly selected SPS patients using propensity score methods. The logistic regression analysis of 30-day and 180-day readmissions demonstrated a 3% reduction in 30-day readmissions [OR 0.968 (95% CI 0.737-1.273)] and a 36% reduction in 180-day readmissions [OR 0.643 (95% CI 0.409-1.010)]. Neither estimate was statistically significant using this initial test sample. **CONCLUSIONS:** The analysis of a small sample of early referrals demonstrated that patients receiving pharmacist-provided discharge pharmacist services had lower readmission rates compared with those who did not receive pharmacist services. While these initial results were not statistically significant, a pending analysis of a larger sample will increase the statistical power and verify the conclusion.

**PHS149** 
**USE OF PRESCRIPTION MONITORING PROGRAMS BY PRIMARY CARE PHYSICIANS: RESULTS OF A NATIONAL SURVEY**  
*Sangen G*, Rutkow L*, Turner L*, Lucas E*, Alexander GC*  
Food and Drug Administration, Silver Spring, MD, USA, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, Johns Hopkins Center for Drug Safety and Effectiveness, Baltimore, MD, USA  
**OBJECTIVES:** State prescription monitoring programs (PMPs) are common tools intended to reduce prescription drug abuse and diversion; however, their success depends upon physicians’ awareness and utilization of these programs. We examined primary care physicians’ awareness, use, and attitudes towards PMPs. **METHODS:** Nationally representative mail survey of 1,000 practicing primary care physicians in the United States. We used a modified Dillman Method and included a call to action to account for survey non-response. **RESULTS:** A total of 420 eligible physicians (adjusted response rate 58%) returned surveys. There was no discernable evidence of physician non-response bias. Almost three-quarters of physicians (72%) reported that their state had a PMP. Of these physicians, over half (57%) believed that the PMP “greatly” or “somewhat” reduced abuse and diversion of prescription drugs. Only one-third (39%) of physicians reported that the PMP had reduced such practices “a little.” Among those aware of their state’s PMP, 87% had used it, while among all physicians, more than half (53%) reported prior use. On average, physicians accessed PMP data for eight unique patients each month. In similar fashion, physicians who had previously used a PMP, approximately one-fourth (23%) had “often” used their state’s PMP to assess the prescription histories of patients not necessarily suspected of abuse or diversion. Despite this, several barriers to use were identified. **CONCLUSIONS:** Most U.S. primary care physicians appear aware of and use PMPs at least on occasion, though many did not access these databases routinely. To improve PMP adoption, states should invest in pre-scriber education and outreach. Physicians who are aware of their state’s PMP but unable to access it (13% of physicians) and prevent additional barriers that PMP data are presented in a user-friendly format and are not overly time consuming to access may also facilitate their adoption.

**PHS150** 
**COMPARISON OF GUIDELINES AND MANAGEMENT FOR GASTRIC CANCER SCREENING BETWEEN KOREA AND JAPAN**  
*Nishimura C*, *Kim Y*, *Choi E*,  
(National Cancer Center, Tokyo, Japan, *National Cancer Control Institute, Gyonggi-do, South Korea)  
**OBJECTIVES:** The incidence of gastric cancer has remained high in Eastern Asian countries. Since national gastric screening has been performed as a national program only in Korea and Japan, we compared the gastric cancer screening system. **METHODS:** We compared the differences in the guidelines and management for gastric cancer screening between Korea and Japan on the basis of published papers and national reports. Indicators for quality assurance including participation rate, sensitivity, and specificity were compared. **RESULTS:** 1) Guidelines: the Korean guidelines recommend and radiographic screening and endoscopic screening every 2 years for people aged 40 years and above. The Japanese guidelines recommend annual radiographic screening for people aged 40 years and above. 2) Management system: Korea has performed quality assurance based on the existing law. Results of cancer screening are collected and linked to the national cancer registry. In Japan, there is no regulation for quality assurance. The Japanese government collects the results of cancer screening and publishes a summary every year. However, academic societies have supported technical skills for radiographic screening. 3) Quality assurance: the participation rate is higher in Korea than in Japan. In Japan, the participation rate has remained at approximately 10%. However, 80% of the participation in Korea has been screened by endoscopy. Although the sensitivity of radiographic screening is higher in Japan than in Korea, the specificity is similar. **CONCLUSIONS:** Although the background of gastric cancer screening is similar between Korea and Japan, the guidelines and management involve different aspects in both countries. Unlike Japan, Korea has achieved high participation rate. Japan has succeeded in carrying out high quality radiographic screening; however, the participation rate has gradually decreased because of the lack of reimbursement. The existence of KCC (Korea Health Care Cooperation) and the efficient use of medical resources must be considered in both countries.

**PHS151** 
**IMPACT OF CARE MANAGEMENT NURSES ON CANCER PATIENTS: A SYSTEMATIC REVIEW**  
*Bregman C*, *Doutreaux A*, *Cognet M*, *Gauthier A*, *Pourel C*, *Ferrari C*, *Viguier J*  
**OBJECTIVES:** To evaluate the impact of care continuity delivered by case management nurses on patient outcomes and resources used throughout cancer care pathways. **METHODS:** Medline, Medline-in-process, Embase and the Cochrane Library