Abstracts

Combination," "Usually Avoid Combination," "Take Precautions," "No Special Precautions." An additional option of "Not Sure" was offered to prevent guessing. The second outcome of interest was "DDI Recognition," where students were given credit for an item if they identified a DDI. An answer of any interaction indication for a non-interaction item was considered incorrect for both analyses. Due to the skewed distributions of the data, nonparametric Friedman tests compared pretrend and posttest scores for all three groups. Pre hoc Wilcoxon Rank sum tests were performed for each individual student group to determine if the posttest assessment score was significantly greater than the pretrend assessment score. RESULTS: DD1 Knowledge, response rates from each group included 63 pharmacy students (82%), 73 medical students, and 8.5 (SD = 3.7) for nurse practitioner students. The next 93% (82%) before 4 days (Odds Ratio: 2.40, p < 0.001). CONCLUSIONS: The educational DDI session significantly affected the DDI knowledge of health care professional students participating in the study.

PHP33

ASSESSMENT OF METABOLIC MONITORING OF PATIENTS PRESCRIBED SECOND GENERATION ANTIPSYCHOTICS (SGAS) USING ELECTRONIC MEDICAL RECORD (EMR) DATA

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OBJECTIVES: American Diabetes Association and American Psychiatric Association published monitoring guidelines in February 2004 in light of the concern for metabolic risks associated with Second Generation Antipsychotics (SGAs). This study evaluated how well physicians monitored glucose, lipids, and blood pressure of those on SGAs and assessed the impact of issuance of the guidelines. METHODS: A retrospective analysis of an electronic medical record database for 2001–2008 was conducted. Nonre monotherapy patients with at least one prescription for the SGAs (risperidone, clozapine, olanzapine, quetiapine, ziprasidone) were identified. Two scenarios were evaluated during a one-year follow up: 1) "Any": Monitored at least once, and 2) "Full": Monitored for the recommended frequency. Impact on monitoring patterns was evaluated by quarterly time intervals using segmented time-series design. RESULTS: The sample consisted of 24,826 patients with mean age of 47.9 years and 61% female. Olanzapine was most frequently prescribed with >40% of the sample receiving it. In "Any" scenario blood pressure was monitored for 93% of patients, followed by BMI (75%), glucose (63%) and lipids (40%). In "Full" scenario the results were 74%, 27%, 26% and 20%, respectively. Pre- and post-guideline monitoring compared as: "For Any": BP (92%, 94%), BMI (66%, 77%), Glucose (60%, 65%), Lipids (36%, 41%) "For Full": BP (72%, 75%), BMI (23%, 27%), Glucose (23%, 27%), Lipids (17%, 20%). Segmented regression analysis suggests increases in monitoring were statistically significant: "Any": Glucose (1.4%, p < 0.003), Lipids (1.0%, 0.008), BP (0.6%, p = 0.006) and "Full": Glucose (1.0%, p = 0.002) and BP (1.3%, p = 0.004) per quarter in the post-guideline period. CONCLUSIONS: Monitoring was infrequent in the full monitoring scenario and improved only modestly from pre- to post-guideline period. Measures should be undertaken to increase awareness amongst patients and clinicians with regards to metabolic side-effects associated with SGAs.

PHP94

ASSOCIATION OF SURGERY AND HOSPITAL CHARACTERISTICS AND PRESENCE OF A PERIOPERATIVE CARE PATHWAY FOR ELECTIVE BOWEL RESECTION WITH LENGTH OF STAY AFTER LAPAROSCOPIC SURGERY; RESULTS OF A NATIONAL SURVEY

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OBJECTIVES: Shorter length of stay (LOS) has been associated with perioperative care pathways for laparoscopic BR patients. While self-reported, these data provide a good first step at defining additional research to determine the role of care pathways on patient outcomes after BR.

PHP95

ANALYSIS OF “BRIDGING THERAPY” IN ORTHOPEDIC PATIENTS IN A U.S. HEALTH PLAN

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OBJECTIVES: We examined the effect of duration of overlap for patients who bridged from low molecular heparin to warfarin for patients who underwent total hip or knee replacement surgery. METHODS: A retrospective study (January 1, 2005 to December 31, 2007) was conducted using a subset of the MarketScan Commercial and Medicare Supplemental database. Patients’ demographic, clinical and provider characteristics were compared using Chi-square testing and standardized differences. Risk-adjusted event rates were estimated using the Poisson regression model. RESULTS: The linked database is comprised of 2280 enrollees, of whom 1769 met the eligibility criteria: 490 underwent hip replacement surgery and 1279 underwent knee replacement surgery. Fifteen percent of these patients received combination therapy, including 75 patients in the hip replacement surgery group and 149 in the knee replacement surgery group. Each day with overlap decreased the risk-adjusted incidence rate of venous thromboembolism (VTE) 0.857 times (CI 0.728–0.987) for patients who underwent major orthopedic surgery. The rates were 0.957 times (CI 0.904–0.987) lower for major knee surgery. CONCLUSIONS: Duration of bridging therapy varies widely and does not appear to be consistent with published guidelines.

PHP96

TRENDS IN PREVENTABLE HOSPITALIZATION PATTERNS IN THE US: EXAMINING SMALL AREA VARIATION IN PRIMARY CARE PERFORMANCE IN THE LAST DECADE

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OBJECTIVES: (1) To analyze how overall and condition-specific preventable hospitalization (PH) rates changed over time (1995–2005), and 2) To analyze how PH rates varied across small market areas and whether the spatial distribution patterns changed over time. METHODS: The study uses hospital discharge data from the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID) for the states—AZ, CA, OR, WA, MA, MD, NJ, and NY for 1995 and 2005. The unit of analysis is the Primary Care Service Area (PCSA). Unadjusted and age-adjusted PH rates were computed by PCSA for overall and condition-specific trends. Coefficient of variation (CV) was used as an indicator of small area variation. RESULTS: The 1995–2005 trend showed that overall PH rates decreased over the study period. The rates were consistently lower than the elderly PH rates. The combined results for all eight states show that, small area varia- tion declined between 1995 and 2005 for both elderly (0.25 to 0.20) and adults (0.33 to 0.30), indicating a greater decline in variation among the elderly compared to adults. Elderly hospitalization rates were highest for CHF, bacterial pneumonia, kidney/UTI and angina. Adult hospitalization rates were the highest for bacterial pneumonia, asthma, CHF and cellulitis. CONCLUSIONS: The study shows that in the last decade PH rates declined in eight states for both elderly and adults. Along with the declining trends, there was also a decline in variation across primary care markets for both adults and the elderly. The reductions were greater in the elderly than among the adults in both PH rates as well as small area variations in these rates.

PHP97

MEDICATION THERAPY QUALITY: A REVIEW OF MEASURES AND CONCEPTUAL FRAMEWORK TO ALIGN PHYSICIANS AND PHARMACISTS

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OBJECTIVES: To improve the quality of medication therapy are expanding through ongoing inclusion of medication measures in the CMS Physician Quality Reporting Initiative (PQRI), NCQA Health Plan Employer Data and Information Set (HEDIS), and testing of pharmacy measures by the Pharmacy Quality Alliance (FQA). Our objectives were to 1) review outpatient physician and pharmacy measures for 3 major chronic diseases; 2) examine conceptual overlap between the measures; and 3) propose a framework for integrating the measures to foster a team approach to quality. METHODS: Physician measures for diabetes, dyslipidemia, and asthma were obtained and associated with fewer years in practice (2 to 15 years, p < 0.05) and working in a practice that is equally hospital and office/clinic based (p < 0.01). CONCLUSIONS: This analysis provides evidence that, after controlling for numerous surgeon and hospital characteristics, the presence of care pathways at the hospital level is associated with a shorter LOS for laparoscopic BR patients. While self-reported, these data provide a good first step at defining additional research to determine the role of care pathways on patient outcomes after BR.
INDEPENDENT RETAIL PHARMACY ATTRIBUTES, INSURER REIMBURSEMENT, AND THE IMPLICATION ON THE PROPOSED COLLECTIVE BARGAINING LAW

The role of authorized generics in the prescription drug marketplace

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A web-based survey

Advancing the evidence base for orthotics and prosthetics

DESCRIPTION AND EVALUATION OF THE KNOWLEDGE OF THE BRASILIA POPULATION FOR THE POLITICS OF ECONOMIC MEDICINE REGULATION IN BRAZIL

A web-based survey

Advancing the evidence base for orthotics and prosthetics

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OBJECTIVES: To examine whether small individual provider attributes affect reimbursement between insurer and independent retail pharmacies, and 2) to understand the implication of our results on the potential impact of the proposed community pharmacy collective bargaining law. METHODS: Data were collected and compiled from four sources: a national mail survey to independent pharmacies, National Council for Prescription Drug Programs Pharmacy database, 2000 U.S. Census and the Economic Census data. Pharmacy bargaining power was measured by rebates, cash prices and reimbursement rates of a brand name drug Lipitor and a generic drug Lisinopril acquired from the survey. Key independent variables include pharmacy attributes and local market structure measures. RESULTS: Reimbursements varied substantially across pharmacies. For Lipitor, best reputation (β = 0.101), easiest accessibility (β = 0.067), pharmacy ownership concentration index (β = 0.104) and area per capita income (β = -0.165) are significant predictors of pharmacy bargaining power. For Lisinopril, only easiest access (β = 0.082) and per capita income (β = -0.068) are found to be significant. CONCLUSIONS: Pharmacies with the best reputation, easiest access and facing less competition in its market receive higher reimburse- ment rates for brand name drugs. An independent pharmacy with the best reputation and easiest access and with average dispensing volume would receive $167,688 more in rebates a year than a pharmacy that doesn’t have the best reputation and easiest access. Our results suggest that the current third party contracting practice rewards pharmacies with favorable attributes with higher reimbursements. Our results also imply that a collective bargaining law for independent pharmacies is likely to benefit those pharmacies currently receiving below average reimbursement rates due to weaker market positions, and would have the potential effect of raising costs and removing incentives for pharmacies to maintain the attributes that are valuable to customers.