**COMPARISONS OF EMPLOYEE WORKERS' COMPENSATION COSTS AND ABSENCE DAYS USING A NATIONAL DATABASE**

**Brook KA, Kliman NC, Melkonian AK, Smedding J**

The American Association of Clinical Endocrinologists, Newtown, NJ, USA, *The Ohio State University, Columbus, OH, USA, *University of Maryland School of Pharmacy, Baltimore, MD, USA, *Harvard School of Public Health, Boston, MA, USA

**OBJECTIVES:** To compare the financial costs and differences as absence days and treatments among workers' compensation cases. The research team had previously identified that during 2001 to 2007 in Taiwan, the average number of days absent was 13.2, and the average cost of medical treatment was $377. In this study, the team examined the financial impact of these cases by comparing the costs and differences between workers' compensation cases and non-compensation cases.

**RESULTS:** The team found that the financial impact of workers' compensation cases was significantly higher than that of non-compensation cases. The average cost of cases with workers' compensation was $377, while the average cost of cases without workers' compensation was $306. The time lost due to absence days was also higher in cases with workers' compensation, with an average of 10 days compared to 5 days in cases without workers' compensation.

**CONCLUSIONS:** The team concludes that workers' compensation cases have a significant financial impact on the affected workers and their employers. The financial burden of these cases is higher than that of non-compensation cases, and the time lost due to absence days is also higher.

---

**THE FINANCIAL IMPACT OF MEDICATION RECONCILIATION TO REDUCE DRUG-RELATED PROBLEMS**

Lin YM, Tsai SC, Shyu TF, Lee YJ, Liu HL

Taipei Medical University–Shuang Ho Hospital, Hsueh Hsu, Taiwan

**OBJECTIVES:** Medication reconciliation is the process to compare patients' existing and previous medication regimens to identify and avoid medication errors. All medical visits should be appropriately and consistently continued or modified at admission. The objective of this study is to compare medication reconciliation at admission to reduce drug-related problems and evaluate the financial impact of these approaches in Taiwan.

**METHODS:** The patients admitted to the local hospital stayed more than three days were recruited in this study, while the patients with cancer or admitted to the ICU were excluded. Next, pharmacists reviewed the charts of admitted patients and compared the medication regimens at present and before admission. The unrecorded medications were identified, and pharmacists would discuss with the physicians to ensure that the medications were appropriately and consistently continued or modified at admission. The objective of this study is to implement medication reconciliation at admission to reduce drug-related problems.

**RESULTS:** The data from our study suggest that between 5% and 10% of the cases had medication errors. Medication reconciliation at admission reduced the financial impact by expressing cost avoidance per year.

**CONCLUSIONS:** Medication reconciliation at admission is a cost-effective approach to reduce drug-related problems and has a significant financial impact.

---

**PHYSICIANS’ PERCEPTION OF MEDICAID PATIENTS AND WILLINGNESS TO ACCEPT NEW MEDICAID PATIENTS**

Kaihong N, Mazzie GR, Zhang J

Virginia Commonwealth University, Richmond, VA, USA, *Virginia Commonwealth University, Richmond, VA, USA

**OBJECTIVES:** We sought to assess how physicians’ perceptions of Medicaid payments influenced their willingness to accept new Medicaid patients. METHODS: The physicians were asked to compare and rank the perceptions of Medicaid payments among three groups of physicians: a) physician characteristics, b) perception of Medicaid payments, and c) information technology used in practice. RESULTS: Hospital-based physicians and physicians of non-white races are more likely to accept new Medicaid patients. Physicians who perceived Medicaid payments as less favorable were less likely to accept new Medicaid patients.

**CONCLUSIONS:** Physicians’ perceptions of Medicaid payments are positively associated with the amount of hours spent with patients per week (adjusted OR 1.01, p < 0.0001) and the hours of charity care provided (adjusted OR 1.01, p = 0.018). The acceptance of new Medicaid patients was negatively associated with the perceptions of Medicaid payment issues, including billing and paperwork requirements and filing of Medicaid claims (adjusted OR 0.60, p < 0.0001), inadequate Medicaid remuneration (adjusted OR 0.77, p = 0.014) and delayed Medicaid reimbursement (adjusted OR 0.72, p = 0.002). The perception of lack of specialists in the service area was positively associated with physicians’ willingness to accept new Medicaid patients (adjusted OR 1.35, p = 0.013). The availability of information technology, such as electronic prescribing, was not associated with physicians’ willingness to accept new Medicaid patients.

**CONCLUSIONS:** The factors which significantly influenced physicians’ willingness to accept new Medicaid patients included several dimensions in physicians’ perceptions of Medicaid payments. Regulators and policymakers need to be aware of the unintended consequences of cost containment policy actions which may negatively impact access to care by Medicaid patients.