months prior to duloxetine initiation (defined as no duloxetine pill coverage in the previous 30 days) were identified via administrative claims. The use of pain-related medications during the 6 and 12 months prior was similar, but was generally 10-15 lower. Use patterns in 2007 and 2008 were similar. CONCLUSIONS: Across disease states, patients used a variety of medications prior to the initiation of duloxetine. Patterns of use have largely stayed the same from 2007 through 2010.

**PM76**

**TREATMENT PATTERNS AMONG PATIENTS WITH SHOULDER OSTEOARTHRITIS**

Kozma CMa, Bhattacharya SYa, Palozza P2

Research Consultant/Adjunct Professor, University of South Carolina, St. Helena Island, SC, USA. 1Pfizer, Prague, Czech Republic

OBJECTIVES: To assess treatment patterns among patients with shoulder osteoarthritis (OA). METHODS: Data from Thomson MarketScan, a large national managed care population, was used to identify patients with a shoulder OA diagnosis in the first 6 months of 2005 (i.e., the index date). The 360 days post index (identification period) was used to establish baseline treatments (i.e., conservative management [physical therapy and pain medications], steroid injections and shoulder surgery). Patients were required to be continuously eligible for 54 months post-index and were excluded if they had a shoulder surgery claim in the identification period. Four cohorts were followed based on the baseline treatments: C1 - conservative treatment; C2 - conservative treatment and at least one steroid injection, C3 - at least one steroid injection; C4 - no treatment claims. Progression to additional treatments was evaluated descriptively from day 361 to 1260 in 180 increments. Logistic regression was used to model the odds or having a claim for a treatment. RESULTS: A total of 3646 patients met the analysis criteria (C1, n=2,815;75.2%; C2, n=1,171;47.4%; C3, n=270.7%; C4, n=633;17.4%). The distribution was spread evenly between males (50.2%) and females (49.8%). Patients who received steroid injections in the identification period had the greatest likelihood of having a steroid injection in the observation period (C1-19.2%;C2-43.9%;C3-44.4%;C4-14.1%). The percentage of patients who sufered a rotator cuff tear was 6.5%, 15.2%, 11.1% and 4.1% for C1 to C4, respectively. Patients with steroids in the observation period (C2 and C3) were more likely to have surgery in the first year of observation. Logistic regression showed that females who had steroid injections (C2 and C3 combined) had odds of surgery greater (OR 4.2, 95% CI 2.4-7.2) compared to males with no steroid injections. The most significant predictor of surgery was presence of steroid injections. Rates of steroid injections and surgery differed based on presence of pre-existing treatments.

**PM75**

**IMPROVING QUALITY AND REDUCING COSTS IN WORKERS’ COMPENSATION HEALTH CARE: A POPULATION-BASED INTERVENTION STUDY**

Wickizer TM1, Franklin GM2, Fulton-Kehoe D3

1The Ohio State University, Columbus, OH, USA. 2University of Washington, Seattle, WA, USA. 3University of Minnesota, Minneapolis, MN, USA

OBJECTIVES: To evaluate the effect of a quality improvement intervention that aimed to increase the rate of biologics use for rheumatoid arthritis patients with treatment-resistant disease, coupled with organizational support to improve care management. The intervention, implemented at two pilot sites in Washington State, was aimed at reducing work disability for patients with occupational injuries or illnesses treated within workers’ compensation system. METHODS: At each pilot site, a Center for Occupational Health and Education (COHE) was used to implement the intervention for the pilot and to implement the intervention. We conducted a prospective non-randomized intervention study, with a non-equivalent comparison group, using difference-in-differences models. The intervention group included patients (31,520 treated during July 2004 through June 2007 by COHE) while the comparison group included patients (40,120) treated by non-COHE physicians practicing in the pilot target areas. The baseline (pre-intervention) period was specified as July 2001 to June 2003 and included 33,910 patients treated by COHE and non-COHE physicians. Both groups used logistic regression and general linear models and estimated four outcomes at one year following injury: off work and on disability, disability days, and disability costs and medical costs per claim. RESULTS: COHE patients were less likely to be off work and on disability at one year post injury (OR = 0.79, 95% CI = 0.70, 0.80). The COHE was associated with a statistically significant (p < 0.01) reduction in disability days (16.5%) and disability costs (23.7%), and with a non-significant (p = 0.13) reduction of 6.7% in medical costs. Patients treated by