diagnosis (2003–2011) and months of drug purchases (2010–2011) were compared by month of birth. Time to diagnosis and treatment were determined for the various subcohorts, and population sex differences were compared. RESULTS: Of total population (400,828 children, 51% male), 40467 (10.1%) were diagnosed with ADHD and 33188 (8.3%) were treated (usually methylphenidate). Diagnosis levels for younger (Y: Aug-Nov) children (10.5%) were lower than older (O: Dec–Jan–March) children (9.2%). RR: 1.18 CI 1.16 to 1.21. The rate disparity was higher beginning school-year (September–December; RR 1.21 CI 1.17-1.26). Any-purchase dispensing RR was 1.19 (CI 1.16 to 1.22), while monthly RR was 1.18 (1.17-1.19). RR for dispensing was stable between age-cohorts (1.17-1.22) without trend. Among children purchasing drugs, the seasonal variation in drug purchases (adherence) is similar. Y.O CONCLUSIONS: ADHD diagnosis and medication are common in the primary school population. The increased incidence and prevalence among younger children in a cohort questions the appropriateness of both diagnosis and medication, suggesting behavioral treatment may often be more suitable to avoid long term costs and deleterious effects, than pharmacological intervention.

PHS97
SPECIALTY PHARMACY MEDICATION COMPLIANCE AND PERSISTENCE PROGRAM FOR PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION
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OBJECTIVES: Past experience using third party vendors to administer clinical programs for patients with chronic, progressive conditions resulted in low opt-in rates. A direct approach with the Specialty Pharmacy (SP) may have a better opt-in rate and compliance and persistence (C&P) with medication regimens. The objective of this interventional program administered by a specialty pharmacy (SP) [Accredo Specialty Pharmacy, Memphis, TN] was to evaluate a C&P program for bosentan (Actelion Pharmaceuticals Ltd., Allschwil, Switzerland) by comparing Pulmonary Arterial Hypertension (PAH) patients in the C&P program to a historical control group (HC). METHODS: A pharmacist-based C&P program was administrated directly by the SP that provided the medication and counseling, and patients were initially ranked using Morisky medication adherence scale to assess risk of non-adherence. Retrospective analysis was performed to measure program opt-in rate and C&P Claim rates (historical group [controls] and from the intervention group [cases]) that received the SP-based C&P program between 04/29/2013 through 11/30/2013 were analyzed. Claims for naïve users of bosentan were reviewed at 120 days and 180 days for both persistence (bosentan claims not spaced >45 days apart) and compliance (number of calendar days supplied with bosentan divided by 120 or 180 days). Early refills were adjusted when considering days covered. Opt-in rates were also measured. RESULTS: Opt-in rate for the enhanced SP-based C&P program was statistically significant (97% vs. 91%) and persistence was significantly different as determined between the control and case groups for persistence or compliance. Use of the Morisky scale to drive the number of pharmacist interventions did not impact outcomes in the case group. CONCLUSIONS: SP-based programs can achieve high participation that may drive medication compliance, which is essential in progressive diseases like PAH. Future programs should be SP-based to replicate the high opt-in rate while establishing new interventions to drive compliance and persistence.

PHS98
DO PHARMACISTS’ BARRIERS “INCLUDING NON-REIMBURSEMENT FOR NON-DISCONTINUATION SERVICES” INFLUENCE THE LEVEL OF ADHERENCE PROMOTION ACTIVITIES FOR PERSONS LIVING WITH HIV?
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OBJECTIVES: Despite significant advancements in antiretroviral therapy (ART), long-term consistent adherence to therapy remains a challenge for many persons living with HIV (FLWH). Pharmacists are well-positioned to promote adherence to ART beyond mandated dispensing services, but face many barriers, including non-reimbursement for adherence promotion activities (APA). Our study examines the extent to which pharmacists’ barriers [eg, inadequate staff, no space] influence the level of APA in different pharmacy settings. METHODS: We test the hypothesis that pharmacists with fewer barriers provide fewer APA to FLWH, using generalized linear modelling (GLM). We use factor analysis to generate the APA index based on 38 APA [eg, adherence assessment, customized interventions, monitoring activities]. RESULTS: We surveyed 225 pharmacists from 41 US states: [22% North East; 23% Midwest; 28% West; 27% South]. The sample was mostly female (63% Caucasian (66%); and >30 years (67%). Most pharmacists had a HIV certification (68%); 31% worked in specialty-only and 21% in traditional-only pharmacies. Only 26% of pharmacists reported APA-related reimbursements. Despite most pharmacists (95%) reporting >5 barriers, the barriers index odds ratio (OR) was insignificant (OR: 1.007; p<0.001) with female vs. male private practice (p: 0.001); or ob, or cost containment. Among the barriers, significant difference was seen between the control and case groups for persistence or compliance. Use of the Morisky scale to drive the number of pharmacist interventions did not impact outcomes in the case group. CONCLUSIONS: SP-based programs can achieve high participation that may drive medication compliance, which is essential in progressive diseases like PAH. Future programs should be SP-based to replicate the high opt-in rate while establishing new interventions to drive compliance and persistence.

PHS99
REGISTRY ADOPTED AS PUBLIC POLICY FOR PROPER RISK MANAGEMENT IN CHRONIC KIDNEY DISEASE IN COLOMBIA
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OBJECTIVES: This article presents results about risk management indicators performed to HIC (Health Insurance Companies) for CKD (chronic kidney disease) and its precursor diseases based on the analysis of large databases achieved through the implementation of registry as public policy in Colombia. Also presents the economic incentives perceived by them thanks to the good results in risk management. METHODS: CAC (Cuenta de Alto Costo) collects information from HIC in Colombia. By law, they report all patients diagnosed with HTA (hypertension), DM (diabetes) or CKD in a structure with 81 variables. After the data collection there is an audit process and finally, a database of approximately 3.050.000 records is obtained which is analyzed and allows the measurement of risk indicators including: early diagnosis of CKD, effectiveness in clinical management, progression detection of CKD (less incidence) and calculating the prevalence of CKD. RESULTS: The early diagnosis of CKD is the number of patients with HTA or DM studied for CKD corresponding to 38.25 %. The incidence of CKD corresponds to 11.01 per 100.000 affiliates. The effectiveness in clinical treatment corresponding to the proportion of patient with controlled HTA is 66.54% and finally, the calculation of ECRS prevalence corresponds to 668 ppm. With these results we can determine the economic incentives for risk management which is distributed among the country’s HIC corresponding to USD 44,284,235. CONCLUSIONS: Quality record information as public policy, allows results based evaluation which improves attention quality. Of the 52 health insurance companies existing in Colombia, 25% exceed country risk management goals for all indicators and receive a larger sum of money for risk management. Risk management as a public policy in Colombia encourages results based competence and contributes to achieve savings in the attention of the disease through the implementation of nephroprotection programs.

PHS100
WITHDRAWN

PHS101
HEALTHCARE RESOURCE USE AMONG PATIENTS WITH CONGESTIVE HEART FAILURE IN A LARGE HEALTH ORGANIZATION
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OBJECTIVES: We characterize healthcare utilization among congestive heart failure (CHF) patients in Israel who survived at least a year after diagnosis. METHODS: Adult members of a health maintenance organization in Israel (Maccabi Healthcare Services, MHS) who were diagnosed with CHF between January 2006 and December 2012 were assessed. MHS databases are derived from electronic medical records of longitudinal data from a stable population of over 2 million and provide comprehensive clinical, demographic and health service data. RESULTS: Of 7691 eligible patients followed for 3 years after first diagnosis, 6357 (82.6%) survived ≥1year following diagnosis (mean age 71.7 years (SD 12.3 years)). During the first 6 months following diagnosis, these patients had, on average, 13.1 (SD 7.7), 2.8 (SD 3.0) and 0.11 (SD 0.5) visits to their primary care physician, cardiologist, and nephrologist, respectively and, at 170% had ≥1 hospital admission. Healthcare services use decreased after the first 6 months. Men were on average younger than women (70.2 vs. 76.0 years), had higher rates of cardiovascular comorbidity and saw a cardiologist more often (p<0.001) than women. More women had hypertension and cognitive increase but saw a nephrologist less often (p<0.001) than men. In the first 6 months following diagnosis, women were hospitalized for longer periods than men (10.2 (SD 19.8) vs. 9.0 (SD 18.9) mean cumulative days of hospitalization, respectively). Similar trends were observed in primary care physician and hospital visits between genders. Patients surviving ≥1 year from diagnosis tended to use outpatient services less often and inpatient services more often than ≥1 year survivors. CONCLUSIONS: Considerable resources are expended on CHF patients, with variations between male and female patients. Observations underscore the considerable healthcare burden of CHF patients, apparent even in this Israeli population.