6,204.77 Number of employees who had an inpatient visit increased from 3 to 7, with no recurrence of pre-visit events. A decrease in total health care expenditures by over 14% was observed. Preliminary analysis for the second objective shows that on average employees spent $406.97/patient/year more when they dropped out of the program than those who stayed enrolled. The Mediguard PRM program helped reduce health care expenditure for the employer. Improving retention for the program could help substantiate these cost savings.

PCV101

EXPLORING GENDER DISPARITIES IN PREVENTIVE CARE UTILIZATION AMONGST THE UNITED STATES POPULATION

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OBJECTIVES: To identify existing gender differences in utilization of preventive care services in the United States (US) population using a national database. Few studies have pointed towards role of gender in determining utilization of preventive care but the issue hasn’t been explored using a nationally representative population. METHODS: A retrospective, cross-sectional study using 2008 MEPS (Medical Expenditure Panel Survey) data, a nationally representative survey of US population, which reports their pattern of medical care utilization. Guideline recommendations widely used in clinical practice, such as NCEP, American Dental Society, JNC-VII etc., were used to determine appropriate utilization of preventive care services. Descriptive statistics were used to describe the population characteristics while multivariate logistic regression model was built to predict the utilization of preventive care services (blood pressure check up, lipid pressure check up, sigmoid screening, dental check up, sigmoidoscopy/colonoscopy and flu vaccination), using gender as the primary predictor variable, while controlling for age, income, race/ethnicity etc. RESULTS: Out of 33,066 respondents, 20,336 met the inclusion criteria for blood pressure screening (OR: 0.327, CI: 0.297-0.359), lipid screening (OR: 0.768, CI: 0.694-0.85), dental check up (OR: 0.634, CI: 0.599-0.671), and flu vaccination (OR: 0.680, CI: 0.637-0.726). In case of sigmoidoscopy and colonoscopy screenings, the disparities were not significant, though utilization was still found to be higher in females. CONCLUSIONS: The study helped determine gender disparities in utilizing preventive care services in US population. Utilization of preventive care services needs to be encouraged in males.

PCV102

COMPLICATIONS ARISING DURING HOSPITALIZATION FOR HEMORRHAGIC OR ISCHEMIC STROKE: EVIDENCE FROM A LARGE ADMINISTRATIVE DATABASE

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OBJECTIVES: Limited data exist regarding the economic burden of complications arising during stroke-related hospitalizations. This study sought to document the rate of complications arising during hospitalization (i.e., defined as diagnoses recorded upon discharge but not observed at admission) for hemorrhagic (HS) or ischemic (IS) stroke, and describe characteristics of complicated hospitalizations. METHODS: Data for hospitalizations with a primary diagnosis of HS (ICD-9-CM codes 430.xx, 431.xx, or 432.xx) or IS (431.x1, 434.xx, or 436.xx) in the 2008 HCUP MarketScan Commercial database were analyzed. Incidence of complications developed during hospitalization among patients with a primary diagnosis of HS or IS were assessed, and resource-based outcomes (e.g., total cost, length of stay [LOS]) among, and other characteristics of, stays with complications, compared to uncomplicated hospitalizations, were analyzed. RESULTS: 1,300 hospitalizations occurring in Michigan in 2008, 19,065 had a primary diagnosis of HS or IS. Among these, 20.6% (n=3,922) had evidence of ≥1 complications arising during the stay. No differences in patient age (mean: 70 versus 70.7 years; p=0.3293) or gender distribution (53% versus 54% female; p=0.3476) between complicated and uncomplicated hospitalizations were observed. The top-5 most commonly observed complications were urinary tract infection, not specified, hypopotassemia, acute respiratory failure, pneumonitis due to inhalation of food or vomitus, and acute kidney failure, unspecified. Compared to uncomplicated hospitalizations, analyzed.

PCO105

THE INITIATION AND EXTENT OF DOSE TITRATION OF ACE INHIBITORS AND B-BLOCKERS POST ACUTE MYOCARDIAL INFARCTION: A PROSPECTIVE AUDIT

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OBJECTIVES: The objectives of this audit are: (1) to determine the percentage of patients who are discharged on secondary prevention medication following acute myocardial infarction (AMI) including: aspirin, clopidogrel, ACE inhibitors (ACE), β-blockers (BB), and statins; (2) to identify what dose each patient is discharged on regarding BB and ACE; (3) to establish the relationship between blood pressure and ACEi dose titration; (4) to explore the relationship between heart rate and BB dose titration. METHODS: A prospective audit was carried out at the London Chest Hospital (LCH) from June 15-June 28, 2009. All patients who were admitted to the coronary care unit (CCU) with a final diagnosis of AMI were included. Patients were excluded if they died prior to hospital discharge. Patients’ demographics, vital signs, drug history, past medical history, drugs during hospital stay and at discharge were collected. RESULTS: 33 patients were included in this audit (mean age 58.7 ± 12.7 years, 79% males, 21% females) with an average length of stay of 2.5 days. 88% of the patients were started ACEi and BB on day 2 of hospitalization. For patients receiving ACEi and BB only 41% were titrated towards the optimal dose. 78% of the opportunities to titrate ACEi according to blood pressure and 55% of the opportunities to titrate BB according to heart rate were missed. At discharge, 85% were prescribed angiotensin-converting enzyme inhibitors while 97% were prescribed ACEi and clopidogrel. CONCLUSIONS: This audit reveals high use of secondary prevention medication at the LCH following AMI. Although there are opportunities for further dose titration prior to discharge, further work is required to establish reasons for missing these opportunities.