found to be statistically significant in test population (p < 0.05). The test group with patient education reported comparably improved medication adherence and QoL (p < 0.05). CONCLUSIONS: QoL of South Indian patients is negatively affected due to TB. In the study we have observed that structured patient education has positively influenced the QoL. A significant correlation was found to exist among QoL, MA and therapeutic outcome in test group subjects.

PHS80 A VISUAL ‘BOLT-ON’ ITEM INCREASED THE SENSITIVITY OF EQ-5D IN A CROSS-SECTIONAL HEALTH SURVEY
Wong X1, Ang M2, Finkelstein EA3, Aung T4, Wong TY4, Lamoureux EL4, Luo NC
1National University of Singapore, Singapore, Singapore, 2Singapore National Eye Center, Singapore, Singapore, 3Tuke NTU Graduate Medical School, Singapore, Singapore, 4New Left School of Public Health, National University of Singapore, Singapore, Singapore
OBJECTIVES: Recently, a visual ‘bolt-on’ EQ-5D was developed and an experimental valuation study was conducted in England and Colombia. This study aimed to compare the sensitivity of this ‘bolt-on’ and standard EQ-5D indices. METHODS: Cross-sectional data on the (3-level) vision ‘bolt-on’ EQ-5D was collected in face-to-face interviews with 500 individuals with and 336 individuals without visual impairment. Given the statistical power of and mean differences in various EQ-5D index scores, including the vision ‘bolt-on’ index (EQ-5D[vision]) and the standard index (EQ-5D[core]) developed in the vision ‘bolt-on’ valuation study the MVH index (EQ-5D[MVH]), and an index developed in Singapore (EQ-5D[SG]), RESULTS: The F-statistic value of EQ-5D[vision] was larger than that of all other EQ-5D indices in all known–groups comparisons with only one exception for EQ-5D[SG]. The mean difference of EQ-5D[vision] was larger than all other EQ-5D[core] for most of the paired known groups but smaller than that in EQ-5D[MVH] and EQ-5D[SG] for all paired known groups. Those mean differences in EQ-5D[MVH] and EQ-5D[SG] were not smaller than those in EQ-5D[vision] even after an adjustment on the magnitude scale of the latter. CONCLUSIONS: Vision ‘bolt-on’ EQ-5D is more sensitive than standard EQ-5D in detecting differences in vision status. Using a vision ‘bolt-on’ EQ-5D in cost-effectiveness analysis of treatment options for people with visual impairment could generate more positive results. Future studies should assess the responsiveness of the vision ‘bolt-on’ and explore ways of building the value sets of ‘bolt-on’ systems upon those established, standard EQ-5D value sets.

PHS81 LEAN WORKFLOW CHANGES MAY CONtribute to IMPROVED PRIMARY CARE PATIENT SATISFACTION
Sagar J, COUSINS
Palo Alto Medical Foundation, Mountain View, CA, USA
OBJECTIVES: We examined the impact of Lean workflow changes on primary care patient satisfaction across 17 primary care locations in a large, multispecialty health care provider in Northern California. METHODS: We conducted a controlled before/after study in the health care provider with more than two-million patients across four California counties. It adopted Lean practices in an attempt to transform its primary care delivery. Patient satisfaction (Pretzl-Ganey PG-outpatient survey) and administrative data were used for this study. The PG survey covers several topics of the patient experience including Patient Access, Moving through the Visit, Care Provider, Nurse/Medical Assistant, and Handling of Personal Issues. A composite satisfaction score across these topics was used in primary analyses: Longitudinal data from 2010 to 2014 was used and includes data before and after the Lean implementation. Segmented regression analysis of interrupted time series was used to analyze physician-level PG scores over a five-year period and to adjust for diurnal variations in physician productivity. Results: Across the organization, the composite patient satisfaction was decreasing (0.2%, p < 0.001) per month prior to Lean implementation. This trend was reversed, with a statistically significant 1.0% increase (0.2%, p < 0.001) per month post-Lean period. Interestingly, the pre-Lean trend for patient access domain were decreasing at 0.3% per month (p < 0.001) while a significant positive trend (0.8%, p < 0.001) was observed during post-Lean period. Across all providers, an 8.5% increase (95% CI: [7.7%, 8.8%]) was projected in satisfaction scores with Lean implementation versus what would have happened if Lean was not implemented. The patient access domain was projected with an 11.5% (95% CI: [10.2%, 12.9%]) increase across all providers. CONCLUSIONS: We observed varying levels of improvement in composite patient satisfaction and its domains. There was a significant increase in satisfaction trends following the implementation of Lean. Primarily, the patient access domain appeared to drive the improved overall patient satisfaction.

PHS82 DESCRIPTION OF PATIENTS SATISFACTION OR DISSATISFACTION WITH REFERRAL AND COUNTER REFERRAL PROCESS
Mozer M, Loomis CS, Kasee J
Great Lakes University of KwaZulu, Nairobi, Kenya
OBJECTIVES: Many factors seem to influence patients’ dissatisfaction with a referral system including; lack of timeliness of information from the referring specialist, inadequate information on referrals notes, lack of clarity of the content in referral notes. Breakdown in communication on the referral process can also lead to prolonged delayed diagnosis, increased litigation, and decreased quality of care. Challenges in meeting patients’ satisfaction with referral systems also include, physician time constraints, lack of clarity about reasons for referrals, patient’s inability to understand the implications imposed on their health care and need to follow up plans. The objective of this study was to estimate and describe the proportion of patients who were satisfied with the patients referral and counter referral process.
METHODS: Quasi–experimental study was carried out in two sub–locations in rural South Africa. The study included 256 patients from 2 hospitals and 8 family doctors who were familiar with the referral process. One hundred and ninety-two patients or caregivers were approached, and 175 agreed to participate. RESULTS: The majority of patients (77%) were satisfied with the referral process, and 23% were dissatisfied. The difference was significant (p < 0.05). The majority of patients (72.2%) commented on the timeliness of the referral. The quality of the referral letter and the availability of care were also major issues. CONCLUSIONS: The majority of patients were satisfied with the referral process. Physicians should be trained in improving the quality of their referral letters and the availability of care. Researchers should follow up studies to ensure that the findings are sustained.

PHS83 TUBERCULOSIS SCREENING PREFERENCES OF HEALTHCARE WORKERS IN SOUTH AFRICA: A BEST-WORST SCALING STUDY TO ANALYZE VARIATION BY OCCUPATION
Kwira NN1, Loy L1, O’Hara LM1, Spiegel JM2, Lynd LD3, Fitzgerald JM1, Yassi A1, Nophale LE1
1University of British Columbia, Vancouver, BC, Canada, 2University of the Free State, Bloemfontein, South Africa, 3Memorial University, St. John’s, NF, Canada
OBJECTIVES: South Africa has one of the highest incidence rates of tuberculosis (TB) in the world. Healthcare workers (HCWs) are at a particularly high risk of developing active TB compared to the general population due to their occupational exposures. Using a Best-Worst Scaling (BWS) choice experiment, this study aimed to systemat-ically quantify and compare the TB screening preferences of physicians, nurses and healthcare administrators working in the publicly funded healthcare system in South Africa. METHODS: Three focus groups and three key informant interviews were conducted to determine relevant attributes and attribute levels. Participants answered 12 choice tasks. Conditional logit modelling of BWS data allowed the estimation of coefficients for 15 attribute levels relative to a reference level allowing the determination of attribute importance. We compared HCWs’ responses between the questionnaire and the community. RESULTS: One hundred and four HCWs completed the questionnaire, including 65 (62%) nurses, 21 (20%) administrators, and 19 (18%) physicians. Analysis revealed that all HCWs’ preferred testing at their occupational healthcare facility, although the majority stated that they would have the greatest preference for screening at no cost (Mean: 6.20, SE: 0.40). Physicians had the strongest preference to not wait for their testing (4.97, SE: 0.40) compared to all other attribute levels. Administrators and nurses had a strong preference to ensure the confidentiality of their tests (5.91, SE: 0.39, and 5.49, SE: 0.31, respectively), while this was less preferred for physicians (3.54, SE: 0.39). Nurses and physicians were indifferent to the HCW conducting the test, whereas administrators had a strong preference to be tested by their physician (5.58, SE: 0.43). CONCLUSIONS: There is a considerable variation in TB screening preferences amongst physicians, nurses and healthcare administrators in South Africa. Attention to heterogeneity in preferences will optimize utilization of screening programs amongst this high-risk population.

PHS84 SHARED DECISION MAKING DOES NOT IMPROVE ADHERENCE TO PROSTATE CANCER SCREENING: EVIDENCE FROM THE HEALTH INFORMATION NATIONAL TRENDS SURVEY
Haider ML1, Qureshi Z2, Horner BJ3, Bennett C4, Khan MM1
1University of South Carolina, Columbia, SC, USA, 2University of South Carolina College of Pharmacy, Columbia, SC, USA, 3University of South Carolina College of Public Health, Columbia, SC, USA
OBJECTIVES: Shared decision-making (SDM) is rapidly emerging as the preferred model to enhance patient-centered care particularly in oncology due to challenges surrounding informed decision-making. Our study was designed to examine the effectiveness of prostate specific antigen (PSA) screening for prostate cancer (PCa), patients at risk for prostate cancer could greatly benefit from SDM. Our objective was to study the impact of knowledge regarding PSA and SDM on adherence to PSA screening. METHODS: We used the 4th edition of the Health Information National Trends Survey (HINTS), a nationally-representative survey on the use of cancer-related information among Americans conducted by the National Cancer Institute (NCI). The dependent variable was whether the respondent ever underwent PSA testing in his lifetime. Logistic regression was used to study the impact of knowledge regarding the PSA test and SDM on respondents undergoing the test. RESULTS: Majority of the respondents were White, with college or higher education, were married, within age group 51-65 years and had health insurance. Knowledge regarding the PSA and shared decision making greatly increased the chances of undergoing the test in all three cycles (OR: 5.00, 2.71, 2.20). On the other hand, shared decision making, after controlling effects of other covariates, did not show any significant impact on respondents undergoing the PSA test (OR: 0.97, 1.05, 1.1). CONCLUSIONS: Our study demonstrated that while knowledge regarding PSA testing increased the likelihood of patients undergoing the test, SDM had no effect. In light of the recent recommendations advising against screening for PCa, it would seem that fewer patients undergoing screening might be explained by clinicians discussing the trade-offs between risks and benefits of screening with patients, enabling them to make the best decisions regarding their care.