PCV23

EVALUATING THE BENEFITS WITH TELECARE AMONG RESIDENTS IN NURSING HOMES IN TAIWAN

Hsieh SC[1], Chang WY[1], Huang KC[1], Hsiao J[2], Chen SC[3], Hung ST[1], Tang CH[1]
[1]Taipei Medical University, Taipei, Taiwan; [2]Hsiao Chung-Cheng Hospital, Taipei, Taiwan; [3]Taipei County Hospital, Taipei, Taiwan

OBJECTIVES: The skyrocketing cost of health care is a crucial issue in Taiwan. This study aimed to evaluate a demonstration project launched in 2008 whether a telecare management program (T-Care) via internet-based medical tele-consulting, tele-physiological monitoring and health education services, could reduce medical utilization by patients with chronic cardiovascular disease or diabetes mellitus. **METHODS:** Study subjects were 102 patients residing in two nursing homes located in Keelung City and Taoyuan County, Taiwan. These residents received telecare management services from a district hospital in Taipei County during 2008. National Health Insurance (NHI) Claims data in 2007 and 2008 were gathered on medical utilization. The pre- and post- intervention effects were examined by comparing monthly utilization on inpatient care, outpatient care, emergency rooms care using Two-Part models. Unscheduled medical services were defined as utilization of emergency care or inpatient care. **RESULTS:** Significant decreases were found in the monthly probability of seeking any outpatient visit (92.1 vs. 85.6, $P = 0.0035$), but decrease in the monthly probability of seeking any emergency care or any inpatient care were not significant. For users of each specific care, decrease in number of monthly hospitalizations (1.13 vs. 1.10, $P = 0.0987$) and number of monthly emergency room visits (1.25 vs. 1.11, $P = 0.0547$) were found, but decreases in outpatient visits was not significant. Decreases in the total unscheduled NHI resource costs were found (14,548 vs. 14,403). The estimated total annual savings from unscheduled medical services for the study subjects were estimated to be NT$177,627(1 US$ = 31.91 NT$ in 2008). **CONCLUSIONS:** T-Care may reduce medical costs in patients residing in the nursing homes with reduced rates of readmission to the hospital. Larger clinical trials with larger sample size and controls are warranted to determine the benefits of the T-care.

PCV24

THE IMPACT OF METABOLIC SYNDROME ON QUALITY OF LIFE AND RESOURCE USE IN CHINA AND THE UNITED STATES

DiBonaventura MD[1], Liu GG[2], Wagner JS[1], Stankus A[3]
[1]Kantar Health, New York, NY, USA; [2]Peking University, Beijing, China; [3]Kantar Health, Princeton, NJ, USA

OBJECTIVES: The objective of this study was to better understand the health outcomes of patients with metabolic syndrome in China and the United States. **METHODS:** This study utilized data from two large, cross-sectional, Internet-based survey databases: the 2009 US and 2009 China National Health and Wellness Surveys (NHWS). Patients were defined as having metabolic syndrome if they met three of the following conditions: having a body mass index greater or equal to 30, a diagnosis of high cholesterol, hypertension, or diabetes. Patients who met these criteria were then compared with those who did not (controls) on health-related quality of life (physical component summary (PCS) scores of the SF-12v2), the number of emergency room (ER) visits in the last 6 months, and the number of hospitalizations in the last 6 months, controlling for demographics (country, age, gender, ethnicity, income, education) and patient characteristics (BMI and Charlson comorbidity index). **RESULTS:** A total of 10,339 patients (13.68%) in the United States and 79 patients (0.59%) in China were classified as having metabolic syndrome. After controlling for demographics and patient characteristics, those with metabolic syndrome reported significantly lower levels of PCS relative to controls ($M_{adj} = 43.4$ vs. 48.0, $P < 0.0001$). This effect was consistent between the United States and China. Across both countries, control patients reported significantly more ER visits than metabolic syndrome patients ($b = -0.01$, $P = 0.02$). However, this effect was largely due to the effect observed in the United States. Metabolic syndrome patients reported significantly more ER visits than controls in China ($M_{adj} = 1.42$.vs. 0.41, $P < 0.0001$). **CONCLUSIONS:** While patients in the United States were more likely to have metabolic syndrome relative to China, quality of life effects were similar in the two countries and there was a significantly greater disparity in ER visits between metabolic syndrome patients and controls in China than the United States.

PCV25

PATTERN OF LIPID MODIFYING AGENTS PRESCRIPTION AMONG CLUSTERS OF PHYSICIAN IN A THAI TEACHING HOSPITAL, FISCAL YEAR 2009

Kaojarern S, Ongphiphadhanakul B, Pattanaprateep O
Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

OBJECTIVES: Lipid modifying agents (7.63% of total drug expenditure in 2009) were prescribed by several specialists in a Thai teaching hospital. Cluster analysis was applied to group prescribing physicians by drug cost. Pattern of prescription among clusters were studied. **METHODS:** Data of drugs in Anatomical Therapeutic Chemical class C10 (lipid modifying agents) were retrieved from a hospital database, and unidentified physician records (1758 from 205,964) were deleted. Drug cost for each prescribing physician was the summation of C10 drug issued quantity multiplied by unit cost at selling price. Drug costs for each physician were then grouped by hierarchical clustering. Pattern of prescribed drug among clusters was analyzed after classifying lipid lowering agents into four types i.e., brand statins, brand non-statins, generic statins, and generic non-statins. **RESULTS:** Prescribing physicians were grouped into 4 clusters; one gynecologist in the first; two internists in the second; four internists, one family medicine doctor, one gynecologist in the third and the rest in the fourth cluster. Pattern of C10 drugs was 76.2% brand statins, 19.1% brand non-statins, 3.3% generic statins, and 1.4% non-statins. In the first cluster, 97.3% of the 13.3 million Baht was from brand stains. For the second cluster, 9.15 and 9.88 million Baht was each prescribed by two doctors with 65.7% from brand statins and 32.2% from brand non-statins. Distribution of drug type in the third cluster was similar to that in the fourth. However, average drug expenditure was higher in the third cluster than the fourth (6.11 million vs. 0.14 million Baht). **CONCLUSIONS:** Patterns of prescribing behavior of lipid modifying agents can be identified through cluster analysis of prescription database. The result can be helpful for the further study of factors accountable for marked deviation from common patterns.

CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes Studies

PCV27

ADHERENCE TO ANTIHYPERTENSIVE MEDICATIONS: A QUALITATIVE STUDY AMONG OUTPATIENTS VISITING PUBLIC HOSPITALS IN THE CITY OF QUETTA, PAKISTAN

Saleem F[1], Hassali MA[2], Shafie AA[2]
[1]Discipline of Social & Administrative Pharmacy, Universiti Sains Malaysia, Pinang, Palau Pinang, Malaysia; [2]Universiti Sains Malaysia, Minden, Penang, Malaysia

OBJECTIVES: The main aim of this study is to examine the perception of hypertensive patients toward adherence toward their medication in actual practices. **DESIGN:** Qualitative In Depth Interviews. **SETTINGS:** Hypertensive patients visiting public hospitals in Quetta City, Pakistan. **METHODS:** A qualitative approach was used. A purposive sample of patients with known diagnosis of hypertension attending public hospitals in Quetta City, Pakistan were interviewed using a semi-structured interview guide. All the interviews were transcribed verbatim and were thematically analyzed. **RESULTS:** Thematic content analysis yielded five major themes: 1) perceived benefits and risk of drugs; 2) physician attitude and general behavior; 3) perception toward traditional remedies; 4) general ideology toward drugs; and 5) believes toward hypertension and its control. A number of patients had specific and consistent reservations regarding drug usage in general regardless to the nature of disease or condition. Drug usage and adherence was connected to physician's attitude and past experiences, benefits and risk assessment and knowledge related to hypertension and its treatment. Patients expressed multiple reservations against drug usage and non usage that reflected the level of knowledge toward drugs and disease in the community. **CONCLUSIONS:** The findings suggested that, patients interviewed were more focus on alternative treatments for controlling their hypertension and if the initial treatment fails then only they will seek attention at the hospitals. Factors such as physician attitude, past experiences and knowledge related to hypertension also plays a key role in medication adherence. In general, adherence to medication seems to be poor and need to be enhanced. Beside that knowledge toward hypertension causes and treatment is also very poor among patients interviewed and these need to be addressed for a successful treatment outcome.

PCV28

HEALTH-RELATED QUALITY OF LIFE AFTER PERCUTANEOUS CORONARY INTERVENTION IN PATIENTS WITH ACUTE CORONARY SYNDROMES

Kim HS[1], Tahk SJ[2], Oh JJ[3], Ko SK[3], Ham GR[4], Lee YS[4]
[1]Seoul National University Hospital, Seoul, South Korea; [2]Ajou University Hospital, Seoul, South Korea; [3]Pfizer Pharmaceuticals Korea Ltd, Seoul, South Korea; [4]Primecore Consulting Co Ltd, Seoul, South Korea

OBJECTIVES: This study sought to investigate the health status outcomes (health-related quality of life and utility weights) after percutaneous coronary intervention (PCI) in patients with acute coronary syndromes (ACS). **METHODS:** This was a prospective observational study targeted for the patients underwent PCI with ACS in 48 tertiary hospitals. We assessed the ACS-specific health status (with the use of the Seattle Angina Questionnaire [SAQ]) and the general health status (with the use of the EuroQOL Visual Analogue Scale [EQ-VAS] and EuroQOL 5-Dimensional Classification [EQ-5D]) within 1 week after PCI. **RESULTS:** A total number of 349 patients were included; average 63.4 aged, 67.3% male, 82.2% non-ST-segment elevation ACS (NSTE ACS). The mean (±SD) SAQ scores (which range from 0 to 100, with higher scores indicating better health status) were 78 ± 23 for physical limitations, 41 ± 30 for angina stability, 70 ± 24 for angina frequency, 77 ± 14 for treatment satisfaction, and 48 ± 19 for quality of life. Analyzing by diagnosis class, NSTE ACS patients had the significant lower scores in all SAQ domains than STE ACS. The other health status outomes, mean (±SD) EQ-VAS scores (which range from 0 to 100) were 70 ± 19 and mean (±SD) EQ-5D scores (which mean utility weights, and range from 0 to 1) were 0.80 ± 0.28. In utility weights, NSTE ACS patients (0.78 ± 0.29) also revealed the lower scores than STE ACS (0.87 ± 0.23). The utility weights of female (0.82 ± 0.28) is lower than those of male (0.82 ± 0.28), and older patients showed lower utility weights (<55 aged: 0.89 ± 0.24, 55~64: 0.81 ± 0.26, 65~74: 0.76 ± 0.31, 0.71 ± 0.29). **CONCLUSIONS:** The health status outcomes of disease-specific measure and general measure showed similar tendency. Further follow up survey is needed to explore the health-related quality of life among ACS patients underwent PCI. Comment: The results were described based on the interim results of KOREAN MUSTANG study. The final result will be applied and modified before presentation.