CONCLUSIONS: The increased use of mail order pharmacy in diabetes patients might not be cost-effective. Mail order use might not produce cost savings on diabetes-related drug expenses and total health care expenses were 35% and 17% higher in community pharmacy users after adjustment. From the payer perspective, diabetes-related drug expenses paid by the patient themselves was found between mail order and community pharmacy users, respectively.

Besides pharmacy benefit design, enabling (e.g., insurance), and need (e.g., comorbidities) comprised the independent variables associated with PCS. Among those who visited a dentist, the annual number of visits was higher in diabetic population. Utilization was higher in whites, females, married individuals and in general increased with age. Low and middle income individuals were more likely to have no dental care visits compared to high income individuals. Having dental insurance also had a positive effect on the utilization. CONCLUSIONS: Dental care service utilization is higher among diabetics compared to the general population. However, there is lack of use of preventive services among this population.

This real-world evaluation of a web-based CDMS for diabetes failed to impact physician practice due to limited use of the system.

PHS111
DETERMINANTS OF DENTAL CARE UTILIZATION IN ADULT DIABETIC POPULATION
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OBJECTIVES: Diabetes is known to increase the risk for dental and periodontal diseases such as severe periodontitis, gingivitis, keratodermia, and cavitidies and subsequent tooth loss. In order to prevent the oral health complications associated with diabetes, guidelines recommend the use of dental care services and regular screening at least every six months. This study was designed to investigate the relationship among socio-demographic factors related to the use of dental services in adult diabetic population the United States. METHODS: We performed a cross-sectional analysis of the 2010 Medical Expenditure Panel Survey (MEPS) database. All respondents above the age of 18 were used for the analyses. A two part linear regression model was built to analyze the self-reported use of any dental care services adjusted for independent variables such as diagnosis of diabetes, age, race, sex, marital status, family income, years of education, and dental insurance status. All analyses incorporated person-level weights and variance adjustment weights (strata and primary sampling unit) provided by MEPS to produce nationally representative estimates. The level of statistical significance was P < 0.05 and all analyses were carried using the statistical package, STATA IC version 10 (StataCorp, LP). RESULTS: Dental care service use was significantly lower in diabetic individuals (61%) compared to the non-diabetic population (49%). Among those who visited a dentist, the annual number of visits was higher in diabetic population. Utilization was higher in whites, females, married individuals and in general increased with age. Low and middle income individuals were more likely to have no dental care visits compared to high income individuals. Having dental insurance also had a positive effect on the utilization. CONCLUSIONS: Dental care service utilization is higher among diabetics compared to the general population. However, there is lack of use of preventive services among this population.

PHS115
PREDICTORS OF PROSTATE CANCER SCREENING USING ANDERSEN’S BEHAVIORAL MODEL OF HEALTH SERVICES USE
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OBJECTIVES: Self-reported prostate cancer screening in the United States using Andersen’s Behavioral Model of Health Services Use (ABM) - METHODS: We analyzed PCS rates in men (aged ≥ 40 years) from 2012 public use files of the Behavioral Risk Factor Surveillance System. Multiple logistic regression analyses were carried out using sampling weights to determine the prevalence of PCS [i.e., had a prostate-specific antigen (PSA) test]. Multiple logistic regression, incorporating the sampling weights, within the framework of ABM was used to identify predictors of PCS, the dependent variable. The ABM variables of predisposing (e.g., age), enabling (e.g., insurance), and need (e.g., comorbidities) comprised the independent variables.
RESULTS: Among the 129,923 men, 63.41% reported that they had a PSA test. Among all who had undergone PCS, most were married (42.63%) or white (52.81%), and about one-third (31.95%) had a college degree. More than half (55.93%) had been informed about the advantages of the PSA test from a health professional, while fewer (24.10%) were informed about its disadvantages. Among predisposing factors, age (OR = 1.08, 95% CI 1.08-1.09), being single (OR = 0.78, 95% CI = 0.70-0.87), and being Black (OR = 1.17, 95% CI = 1.04-1.33) were significantly associated with undergoing PCS. Among enabling factors, higher income ($<75,000) (OR = 2.44, 95% CI = 2.08-2.86), and being self-employed (OR = 1.57, 95% CI=1.45-1.70) were significantly associated with undergoing PCS. Among need factors, undergoing PCS was significantly associated with those who have unmet needs (OR = 1.77, 95% CI = 1.72-2.47). CONCLUSIONS: The majority of men had previously engaged in PCS. Several ABM variables were predictive of PCS and should be considered when developing future strategies to increase PCS in men aged 40 years and older.

PHS116
EIGHT YEARS OF NATIONAL HEALTH INSURANCE IN GHANA: EVALUATION OF THE HEALTH FINANCING SUB-FUNCTIONS
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OBJECTIVES: To evaluate the NHIS in terms of health financing sub-functions of revenue generation; public health purchasing; and risk pool formation. The study investigated the impact of NHIS on the purchasing of health care using Ashiedu Keteke Mutual Health Insurance as a case study. METHODS: The review and participant observation methods were employed to analyze secondary data of the NHIS. A data collection sheet was used to collect membership, revenue and expenditure data whilst reviews were conducted on NHIS website, annual reports,