coverage gap period, a considerable proportion of beneficiaries stopped taking medications in both the groups and the proportion of beneficiaries who considered adherence a priority (MAR=0.80) also dropped for both the groups. CONCLUSIONS: Medication Part D beneficiaries face significant barriers to adherence, especially those reaching the coverage gap. Interventions to improve adherence should target all beneficiaries, particularly those using multiple medications.

PIH35

UTILIZATION AND ADHERENCE ONE-YEAR POST CDHP IMPLEMENTATION

Abehukan AB, Martin OS, Levine L
CVS Caremark, Northbrook, IL, USA

OBJECTIVES: To establish any impact of the high deductible Consumer Directed Health Plans (CDHP) on the overall utilization and adherence outcomes for some key therapeutic classes one year post implementation. METHODS: CVS Caremark pharmacy claims data (7/1/2008 – 7/1/2011) was analyzed. This study was designed as a retrospective pre-post cohort study. For the clients who implemented CDHP in 2010, we compared overall utilization and adherence (pre- and post- implementation) between the pre- and post- periods. No significant differences were observed in the 90-day supply distribution (p=0.001) increase in the Traditional cohort between the pre and post periods. Significat differences were observed in the 90-day supply distribution between the two cohorts. Observed (unadjusted) 12-months adherence did not change significantly post CDHP implementation in the 4 key therapeutic classes: STATINS, ACEIs, ARBs, and BISAGUINIDES. The utilization of ACEIs decreased post implementation by 0.34% (p<0.05) in the CDHP cohort, while it increased by 2.5% (p<0.001) in the Traditional cohort. CONCLUSIONS: CDHP members were observed to behave in a cost-effective manner. Post-implementation increase in GDR in the CDHP cohort was 1.2% (p=0.001) higher compared with the members in the Traditional cohort. The CDHP cohort demonstrated decreased utilization of some non-essential medications, but their observed adherence to key therapies was unaffected.

PIH36

A DISCRETE CHOICE EXPERIMENT IN DIFFERENT HEALTH STATES: PATIENT PREFERENCES FOR PATIENT-CENTERED HEALTH CARE DELIVERY SYSTEMS

Mühlbacher AC1, Betteg S2, Schulman K2
1Institute for Health and Society, University of Helsinki, Helsinki, Finland, 2Duke Clinical Research Institute, Durham, NC, USA

OBJECTIVES: Patient-centered care is seen as a critical factor in a high-performance health care system. We considered a randomized decision-situation in which the available information is given by three hypothetical health states (informational condition, patient condition, medication condition) that have been diagnosed as the status quo of the respondent). METHODS: Within a discrete-choice experiment (DCE) 21 characteristics of a healthcare delivery system are being used to construct 4 DCEs based on thematic mapping (patient-involvement, point of care, personnel, organization). Each DCE included six attributes with three specific levels. Furthermore respondents were randomly assigned and asked to make their decisions based on different information sets. RESULTS: For the N=3900 respondents the feature “out-of-pocket costs” was the important attribute across all 4 DCEs. In DCE 1 coefficient, 0.8560; DCE 2 coefficient, 0.8924; DCE 3 coefficient, 0.6991; DCE 4 coefficient, 0.7926. Only “multidisciplinary care” in DCE 3 (Personnel) scored higher than cost with a coefficient of 0.7081. In DCE1 regarding patient-involvement, “trust and respect” (0.6187) and in DCE 2 addressing preferences at the point of care, “shared-decision making” (0.7125) were of greatest importance. In DCE 4 the attribute “treatment guideline” (0.4862) was of high importance. The analysis showed that the relevance of the “out-of-pocket cost” changed when respondents were asked to consider their responses in the context of diabetes or lung cancer diagnosis (status quo: 0.6749; diabetes: 0.8145; lung cancer: 0.5043). Furthermore, the feature “trust and respect” (status quo: 0.7038; diabetes: 0.6555; lung cancer: 0.6369) was also less valuable when participants assumed a worse health state. CONCLUSIONS: The study aimed to close the gap between simplistic received necessity (75.6%), and the differential (88.9%). Two-thirds of the 33 multivariate analyses demonstrated higher effect sizes (odds ratios or standardized regression coefficients) between necessity and adherence than between concern and adherence. Post-implementation increase in GDR in the CDHP cohort was 1.2% (p=0.001) higher compared with the members in the Traditional cohort. The CDHP cohort demonstrated decreased utilization of some non-essential medications, but their observed adherence to key therapies was unaffected.

PH19

ELIGITTING PREFERENCES TO THE EQ-5D-5L HEALTH STATES: DISCRETE CHOICE EXPERIMENT OR MULTITRIPROFILE CASE OF BEST-WORST SCALING

Xie F1, Pullenayegum E1, Gaebel K1, Oppé M1, Krabbe FFM1
1McMaster University, Hamilton, ON, Canada, 1iMTA, Rotterdam, The Netherlands, 2University of Groningen, Groningen, The Netherlands

OBJECTIVES: To compare the feasibility and reliability of the binary discrete choice experiment (DCE) and the multiprofile case of best-worst scaling (BWS) techniques in eliciting preferences for the EQ-5D-5L. METHODS: Forty-eight EQ-5D-5L health states were selected using the following criteria: the number of possible BWS pairs for DCE tasks and eight sets for BWS tasks (each task has three HS). Participants completed 12 pairs and eight sets in random order. Time to complete each task was recorded. Participants were asked to rank each HS using a visual analogue scale (VAS) for both the VAS and the DCE. The VAS was presented from worst to best health. Time to complete each task was recorded. Participants were asked to rank each HS using a visual analogue scale (VAS) for both the VAS and the DCE. The VAS was presented from worst to best health. CONCLUSIONS: Observation: On hundred persons participated (mean age: 45 years, 66% female, 75% well-educated). Mean time to complete 12 DCE tasks was 7.7 minutes and 10.1 minutes for eight BWS tasks. Some level of difficulty imagining the EQ-5D-5L HS was reported by 70% of participants. Only 13% of the participants reported no difficulty when choosing between the HS or from three HS. The intraclass correlation coefficient (ICC) was 0.53 for DCE tasks and 0.45 for BWS tasks. The