strategies to improve the current PF in Pakistan are warranted. Additionally, there is a great need of educational programs regarding polypharmacy and the treatment they receive. Furthermore, additional studies should be undertaken in other provinces of Pakistan in order to understand the country level clinicians’ prescribing practices.

PHP44 PATIENTS’ PERCEPTION AND KNOWLEDGE OF ADVERSE DRUG REACTIONS ASSOCIATED WITH HERBAL MEDICINES
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OBJECTIVES: This study was aimed to know patients’ awareness and knowledge about herbal medicines and their Adverse Drug Reactions (ADR). METHODS: 122 patients were asked to give responses to the questionnaire which was developed, structured and validated. Random convenience sampling method was used for selecting the cases. RESULTS: The study was conducted in Manipal, Karnataka, India. The data was evaluated using SPSS and represented in the form of numbers and percentages. RESULTS: 96 patients who have not used herbal medicines were excluded from the study. Majority of the patients were in the age group of 25-44 (46.3%) and 45-64 (38.8%) years out of which males (54.3%) outnumbered females (45.7%). Majority of them were using ayurvedic medicines (24.5%) and combination (37%), allopatic and herbal medicines. Reasons behind usage of herbal medicines were, more efficacious and lesser side effects (34.07%) and followed by safer than conventional drugs (26.54%). Only 39.39% were having knowledge on dose, duration of therapy, side effects and drug interactions. Main sources of information about herbal medicines were found to be friends (32.74%) and drug advertisements (28.53%). About 45.14% believed that herbal medicines were friends (32.74%) and drug advertisements (28.53%). About 45.14% believed that herbal medicines were.

HEALTH CARE USE & POLICY STUDIES – Equity and Access

PHP45 IMPACT OF MEDICAID MANAGED CARE EXPANSION ON ACCESS TO PROVIDERS IN MISSISSIPPI
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OBJECTIVES: The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the Mississippi Medicaid program. METHODS: A retrospective analysis was conducted using Mississippi Medicaid fee-for-service (FFS) and MC pharmacy claims data in the period before (-12 months) and one-year post the December 2012 Medicaid MC expansion. Beneficiaries had to be enrolled for at least one month during the study period to be included in the analysis. Providers were considered to be participating in a plan if at least one dependent dosage was filled for pharmacy by an enrollee in December of the observation period if at least one pharmacy claim bearing his/her Medicaid provider identifier number was filled during the period. Distance from beneficiary to provider was calculated by computing the distance of the beneficiary from the provider’s address. RESULTS: Overall, the average distance beneficiaries had to travel to see the three closest primary care providers (PCPs) or specialists who accepted either FFS or Medicaid MC plans did not change significantly from the pre- to the post-period (10.2 miles for PCPs and 7.7 miles for specialist). During the post-period in the post-time, beneficiaries in MC had slightly lower distances for PCPs (10.6 miles for MC and 9.4 miles for FFS). Overall, the ratio of the number of enrollees per PCP significantly decreased for FFS (p<0.01) and significantly increased for MC plan A and B (p<0.01). The number of enrollees per PCP significantly decreased for FFS (p<0.01) and significantly increased for MC plan A and B (p<0.01) from the pre- to the post-period. CONCLUSIONS: Expansion of Medicaid MC plans was not associated with a pre-defined post-plan 2012 change in provider access. Medicaid in rural areas has slightly improved access to PCPs and specialists.

PHP46 GEOGRAPHICAL ACCESSIBILITY TO COMMUNITY AND HOSPITAL PHARMACIES IN HAMILTON COUNTY
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OBJECTIVES: It is unknown if timely access to pharmacies differs based on demographic characteristics. The objective of this study was to determine if disparities exist in access to pharmacy services among individuals in Hamilton County. METHODS: The Ohio State Board of Pharmacy provided a list of all the pharmacies in Hamilton County Ohio. The geographic distribution of the pharmacies on each census block group was based on data from Census 2010. The address of each active pharmacy was geocoded using ArcMap. The location of each pharmacy was used to identify the nearest pharmacy to the centroid of each census block group. Independent variables included in the study were age, gender, race, and pharmacy type. RESULTS: The average travel time was to the nearest pharmacy from the centroid of each block group. RESULTS: As of November 2014, there were 173 active community and hospital pharmacies in Hamilton County. Ninety three percent of the population had at least one pharmacy within a 5 minute drive time. Travel time was 2.57 minutes for whites, 1.96 minutes for blacks (p=0.0016). Males and females had almost similar travel time of 2.43 and 2.60 minutes, respectively (p=0.08). Travel time was 2.44 minutes for the patients for 65 years older than 25 years and 2.28 minutes for patients older than 65 years (p=0.25). CONCLUSIONS: There was no major difference in access to pharmacy based on age or gender. Blacks have statistically significantly shorter travel time than whites. Future work will examine other factors like socioeconomic status.