PHS100
THE QUALITY OF LIFE AND WORK ABILITY IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN URBAN CHINA
Wu Jx, Yang L.
Peking University, Beijing, China
OBJECTIVES: To identify the predictors of self-reported quality of life (QoL) of nursing home residents in China. METHODS: We conducted a cross-sectional survey of residents in six nursing homes operated by voluntary warfare organizations in Singapore. In face-to-face interviews, trained medical students assessed each consenting resident using a modified Minnesota QoL questionnaire for nursing home residents, a modified Katz index for independence in activities of daily living (ADL), the Abbreviated Mental Test for cognitive function, the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) criteria for depression, and questions assessing communication with staff. RESULTS: Of the 433 consented residents, 375 residents (mean age: 77 years, range: 55-101 years, female: 53.9%) completed the interviews, representing an overall response rate of 59.8%. Reporting of pain was associated with depression, reporting of feeling respected was associated with lower ADL, and reporting of enjoyment of food was negatively associated with depression; reporting of autonomy in getting up in the morning was positively associated with communication with staff, greater ADL independence and higher cognitive function, and negatively associated with history of falls, and reporting of feeling safe and secure was positively associated with communication with staff and poorer cognitive function. No association was found between QoL and demographic or other clinical characteristics such as medication and comorbid conditions. CONCLUSIONS: It appears that an insufficient level of communication with staff are the two main modifiable risk factors of poor quality of life of nursing home residents in Singapore. The findings of our study may be used to guide interventions to improve the quality of care of nursing homes in Singapore.

PHS101
STUDY ON WILLINGNESS TO PAY FOR THE CLINICAL PHARMACY SERVICE FOR DIABETES OUTPATIENTS
Luo Lx1, Hu Mx, Tong Kx, Liu Jx, Zhang Zx
1Shenzhen People’s Hospital, Shenzhen, China; 2Sichuan University, Chengdu, China
OBJECTIVES: To establish the method and measure the willingness to pay of diabetes outpatients for the clinical pharmacy services provided to them, analyzing the cost-benefit of clinical pharmacy services. METHODS: A close-ended willingness to pay questionnaire was designed based on former literature research and explored study. A sample of 120 type II diabetic outpatients who sought treatment in a provincial hospital were involved. Patients were questionnaire surveyed by trained surveyors before and after he received the clinical pharmacy service which including personalized medicine administration: 29%vs.71%, speedier: 29%vs.71%, better information shared: 32%vs.68%, which had a positive impact on the willingness to pay of diabetes outpatients. Patients were questionnaire surveyed by trained surveyors before and after he received the clinical pharmacy service which including personalized medicine administration: 29%vs.71%, speedier: 29%vs.71%, better information shared: 32%vs.68%, which had a positive impact on the willingness to pay of diabetes outpatients.

PHS102
UTILIZATION TRENDS OF CANCER PREVENTIVE CARE SERVICES IN THE UNITED STATES: A LONGBUD STUDY OF MEDICAL EXPENDITURE PANEL SURVEY DATA FOR YEARS 1996 TO 2010
Shah A, Bhandari NR, Hwang M
St. John’s University, Queens, NY, USA
OBJECTIVES: To explore the utilization trends of cancer preventive care services in the United States (U.S) from year 1996 to 2010. METHODS: Longitudinal, retrospective study was conducted on a representative, non-institutionalized sample of the U.S. population using the Household Component of the Medical Expenditure Panel Surveys (MEPS) conducted from year 1996 to 2010. Weighted data were used to examine the total number of U.S. adults who reported the use of cancer preventive care services: for women (Pap smear test), for men (Frost specific antigen (PSA) test), and for both genders: sigmoidoscopy and/or colonoscopy. RESULTS: Reporting of multiple and Blood specific preventive care service, response categories were combined according to the standard screening guidelines and graphs were plotted for each service. For Pap smear test, a consistent upward trend was observed for those who had the test ‘within the past year’ and downward trend for those who ‘never’ had the test. For Sigmoidoscopy and/or Colonoscopy, a consistent increase was observed from 1999 to 2007 for those who had the test ‘within past 5 years’. Moreover, from 2008 to 2010, use of Sigmoidoscopy decreased while use of Colonoscopy increased. Lastly, for blood stool test, downward trend was observed for those who had the test ‘within past 1 year’ from 2002 to 2010. CONCLUSIONS: In general, use of Pap smear, PSA, and Colonoscopy tests increased while use of Sigmoidoscopy and blood stool tests decreased over the years. Success rate of cancer treatment can be greatly increased with early screening and detection of cancer. Finding of this study may be used to developing consumer awareness campaigns to promote early screening for cancer.

PHS103
PERCEPTIONS OF ACCESS TO HEALTH CARE AND ITS COMPONENTS AND EXPERIENCES WITH CARE DELIVERY: GLOBAL SURVEY OF CITIZENS/PATIENTS FROM 15 COUNTRIES
Harmanan S, Wright P
1Agaps Healthcare, Columbia, MD, USA; 2Agaps Public Affairs, Toronto, Canada
OBJECTIVES: To assess citizen/patient perceptions of access to local health care services and the nature of their recent experiences as patients compared to 5 years ago, in 15 countries. METHODS: A multi-country cross-sectional online survey was conducted in 2012 in Argentina, Australia, Belgium, Canada, France, Germany, Great Britain, Hungary, India, Japan, Poland, South Korea, Spain, Sweden, and the United States. Participants were recruited using snowball sampling techniques in 15 countries. RESULTS: 1000 individuals participated on a country-by-country basis with the exception of Argentina, Belgium, Hungary, Poland, South Korea, and Sweden, where each have a sample of ~500. Weighting was employed to balance demographic differences, reflect the adult population per most recent country census data and reflect equal proportion of patients across countries (500/country). Surveys assessed the individual’s perceptions of access to health care services (overall & specific components) and their recent experiences (level of care, quality, coordination, speed of care, information shared, treatment options and sensitive to personal needs) compared to 5 years ago. Descriptive statistics from weighted sample is reported. RESULTS: 12% of 500 people who responded the survey and the remaining 7500 were used for analysis. Access to health care services in comparison to 5yrs ago was (much-easier/somewhat-easier vs. no-change/worse): overall:31% vs.69%, hearing:94%/4% vs.76%, general doctor:31%/69%, specialist:22%/78%, diabetes: tests 30%/70% and medications:30%/70%. Perception of recent health care encounters in comparison to 5yrs ago was (very-much/somewhat agree vs. no-change/worse): better level of care: 28%/72%, better quality:29%/71%, better coordination:29%/71%, speedier:29%/71%, which included health information shared:29%/71%, treatment options:32%/68%, more treatment options:32%/68%, more sensitive to personal needs:28%/72%. Some country-specific differences were observed. CONCLUSIONS: Across countries, approximately 30% of individuals respectively not improvements in access to care and positive experience with facets of care delivery, in comparison to 5yrs ago. There appears to be a significant room for improvement that health care/policy stakeholders could focus on to improve care delivery and eventually, population health.