duration of statin therapy were also conducted. All analyses will be conducted using SAS 9.3. The study included beneficiaries with newly-diagnosed COPD, out of whom 30.3% beneficiaries received statins during the 1-year baseline period. Compared to adults without statin therapy, those with statin therapy had significantly lower rates of COPD-specific hospitalizations (4.7% vs. 5.2%, adjusted OR = 0.88, 95% CI: 0.76, 0.98. Emergency room visits (9.8 vs. 11.3%, adjusted OR = 0.81, 95% CI: 0.75; 0.89) and outpatient visits (AOR: 0.86; 95% CI: 0.80, 0.91) compared to those without statin therapy. Adults with multimorbidity and statin therapy were less likely to have COPD-specific outcomes. CONCLUSIONS: Statin therapy was associated with reduced COPD-related medication adherence in COPD-specific outcomes. These findings may suggest beneficial effects of statin among newly diagnosed COPD patients and warrant further clinical trial investigation.

PRS9

SELF-MEDICATION AND ASSOCIATED HEALTH CARE COSTS—A SURVEY IN THE URBAN AND RURAL POPULATION OF A MAJOR CITY IN PAKISTAN

1STatinMED Research, Plano, TX, USA, 1STatinMED Research, The University of Michigan, MEF University, Ann Arbor, MI, USA, 2City University of New York & STatinMED Research, New York, NY, USA

OBJECTIVES: To examine the mortality and rehospitalization rates among hospitalized U.S. Medicare patients diagnosed with pneumonia. METHODS: Using U.S. Medicare data, 30-day and 1-year mortality rates as well as 30-day and 1-year readmission rates were calculated for patients with a primary diagnosis of pneumonia (International Classification of Diseases, 9th Revision, Clinical Modification [ICD-9-CM] codes 480–485, 487, 489 or 485-487) and secondary discharge diagnoses of pneumonia with a primary diagnosis of respiratory failure (ICD-9-CM code 518.81) or sepsis (038.xx). Patients with continuous enrollment in a fee-for-service Medicare health plan throughout the calendar year, and at least 2 years prior, were included in the study. The discharge diagnoses were identified by direct standardization of the U.S. population age ≥65 years in 2010 using gender-specific age groups. RESULTS: The 30-day and 1-year mortality rates increased by 5.9% (17 to 21 per 1,000 person-years) and 13.2% (29 to 64 per 1,000 person-years), respectively, from 2008 to 2012. The overall adjusted readmission rates were 3.82% in 2008, 3.93% in 2009, 3.96% in 2010 and 2011, and 3.17% in 2012. Men had higher readmission rates than women for all study years except 2011. Patients aged 65-69 years had the highest readmission rates in 2008 (4.47%), 2009 (4.74%) and 2010 (4.76%). Among the age groups 70-74 years (4.41%), and in 2012, patients who were age 75-79 years (3.73%) had the highest readmission rates. Black patients had the highest readmission rates in 2008 (5.86%), 2010 (5.32%), and 2011 (5.70%) and American Native in 2011 and 2012 (7.11%). CONCLUSIONS: Among U.S. Medicare beneficiaries diagnosed with pneumonia, mortality rates were higher than readmission rates in 2008. Overall, hospital readmission rates were lower in 2012 than 2008, after adjusting for age and gender. Readmission rates varied across race and age groups.

PSRS13

FACTORS AFFECTING 30-DAY HOSPITAL READMISSIONS AMONG PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Kim M., Asche CV1, Tillo W.2
1University of Illinois College of Medicine at Peoria, Peoria, IL, USA, 2OSF Saint Francis Medical Center, Peoria, IL, USA

OBJECTIVES: Hospital readmissions among patients with COPD have contributed a considerable burden to the healthcare system as measured by increased hospital stays and healthcare expenditures. The objective of this study is to estimate the factors influencing 30-day readmissions among patients with COPD. METHODS: A multivariable logistic regression was conducted for patients with COPD (ICD-9 code(s) 491, 492 or 496) discharged to home or other facilities, utilizing the 2012 Truven MarketScan dataset (un-weighted n=21,771). The outcome variable was a dichotomous 30-day readmission, considering any type of readmission. The covariates included demographic variables, characteristics of index hospitalization and risk factors including prior hospitalization and comorbidities. RESULTS: The 30-day readmission rate among patients with COPD was 6.8%. Elderly patients (65+) were less likely to be readmitted (odds ratio [OR]=0.91, 95% CI: 0.84, 0.97). Men were less likely to be readmitted (OR=0.94, 95% CI: 0.88, 1.00) than women. Multi-racial patients were more likely to be readmitted (OR=1.19, 95% CI: 1.10, 1.29) when compared to white patients. Patients with Medicaid were less likely to be readmitted (OR=0.78, 95% CI: 0.72, 0.85) than those with private insurance. A 1-month increase in the time from the hospital discharge to the next hospitalization increased by 30.9% the likelihood of being readmitted (OR=1.30, 95% CI: 1.16, 1.46). CONCLUSIONS: Patients discharged within 7 days of hospitalization were less likely to be readmitted than those readmitted within 14 days of discharge. Patients with private insurance were more likely to be readmitted than those with Medicaid. Patients with Medicare were 24% more likely to be readmitted than those with Medicaid. Those with Medicaid were 25% less likely to be readmitted than those with private insurance.