
population, while also revealing the potential limitations of the model in response to a sudden influx of heavy utilizers.

PHS120 PREVENTING CERVIX-UTERUS CANCER IN ARGENTINA: STRUCTURE, ORGANIZATION AND RESULTS

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OBJECTIVES: In preparation of the self-administered HPV test in Argentina, the goal of this paper is to document the Federal Program for the Prevention of Cervix-Uterus Cancer (PNFCCU) operation at the first level of care and its upstream linkages to the secondary and tertiary levels, identifying process and outputs indicators. METHODS: The project designed and implemented a series of questionnaires distributed to the local Ministry of Health, each one of its four Programmatic Regions, a sample of 111 health care centers (CAPs), cito/colposcopy labs and gynecology physicians in charge of treating cancer. Indicators about cancer: in Papanicolaou samples, submit to labs, receive results and communicate to patients was collected. Descriptive statistics, robust MLS and logistics regressions were used to analyze the dataset. RESULTS: The outreach activities through sanitary guidelines had impacted 15–25% of women (35–60 years old). Although 63.6–70% of CAPs reports systematic mechanisms to submit Pap samples to labs according to norm, strong idiosyncratic-informal criteria prevail, with mix effects on efficacy in outputs. A significant proportion of centers are not able to meet PNFCCU recommendation of a maximum four-week time-span between samples is taken at CAPs and results reach patients. Time gaps (one-to-four weeks) are found across regions between the time abnormal results are identified and treatments are initiated. Besides, coverage of such cases is completely addressed and dropout rates are nil. CONCLUSIONS: The econometric analysis provides insights about the poor influence of context variables on process indicators (Paps performed, and number of women once sample is performed and results reach the patient). Also, the analysis identifies that the reduction of idle-times in identification and communication as well the improvement of equitable results are under the span of action of CAPs and the coordination of the primary level’s health care network.

PHS121 A NOVEL STILLBIRTH AUDIT TOOL IMPLEMENTATION IN GHANA: ASSESSMENT OF DEPLOYMENT AND IMPLEMENTATION CHALLENGES

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OBJECTIVES: Even though stillbirth audit improves healthcare quality, it is invisible in global policy prioritization (UNICEF, 2009) as its not counted in local data collection. This study assessed deployment of novel stillbirth audit tool in Ghana and identified challenges associated with implementation of the Regional audit task group using the Vanotto design, Ghana Maternal death Notification form and Perinatal Society of Australia and New Zealand perinatal death audit kit. Results from this study were used to assist with the design of a tool and protocol development to address the implementation challenges. The tool was deployed from January 2014 in the Greater Accra Region. Census of all audited stillbirths in 2014 was made. Data on total stillbirth and deliveries abstracted from District Health Information Management System 2. Data entered and analyzed in Data entered and analyzed in PASW Statistics 18. RESULTS: Total of 109,187 deliveries with 2087 stillbirths (19.1 stillbirths per 1000 deliveries) was documented. Fifty eight percent were macerated, 42 percent had birth weights greater than or equal to nine percent had birth weights greater than or equal to 2.5 Kg. Birth asphyxia caused 41 percent of the deaths and 26.9 percent unknown causes. Poor management, lack of expertise and inadequate human resources were identified as contributory factors and only 32.2 percent were monitored with partograph. CONCLUSIONS: The importance of introducing the novel stillbirth audit in the Greater Accra Region cannot be overemphasized however, findings underscore the need to enforce implementation since majority (93.6 percent) of stillbirths were not audited.

PHS123 DIFFERENCES IN BREAST CANCER SCREENING RATES IN MEDICARE ADVANTAGE NON-DUAL ELIGIBLE MEMBERS, DUAL ELIGIBLES ENROLLED IN SPECIAL NEED PLANS AND OTHER HEALTHCARE PLANS

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OBJECTIVES: To examine differences in the likelihood of receiving Breast Cancer Screening (BCS) among Medicare Advantage (MA) dual eligibles (DE) enrolled in Special Need Plans (D-SNPs), DE in non-SNPs (non-DE SNPs), DE in non-D-SNPs (non-DE D-SNPs) and non-DE members. METHODS: This study used a large nationally representative administrative claims database supplemented with socioeconomic and community resource data. The sample consisted of female MA enrollees aged 50-74 years in 2013. The outcome was identified as receiving BCS between D-SNPs and non-DEs (OR: 0.76, p-value: 0.0002). CONCLUSIONS: The probability of receiving BCS was lower in dual members than in both non-DEs (OR: 0.81, p-value:<0.0001) and D-SNPs (OR: 0.76, p-value: 0.0002). The probability of receiving BCS was lower in dual members not in a D-SNP plan than in duals enrolled in D-SNP plans and non-DE populations. There was no significant difference in the probability between D-SNP and non-DE populations. This implies that the D-SNP plans included dual members compared to duals not in a SNP plan. This provides evidence of the value of SNP plans in achieving better outcomes for the vulnerable DE MA population.

PHS124 DIFFERENCES IN CHARACTERISTICS, HEALTH SERVICE UTILIZATION AND COST BETWEEN OLDER HOSPITALIZED LUNG CANCER PATIENTS WITH OR WITHOUT ASTHMA

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OBJECTIVES: Asthma holds considerable risk for developing lung cancer patients. It can be assumed that asthma has an effect on healthcare and hospitalizations and accounted for lung cancer patients. This study looks at differences in patient characteristics, healthcare utilization and costs. METHODS: The study used 2010 Seer-Medicare registry and hospitalization data for cancer sites lung, bronchus and not otherwise specified lung cancer to look at patient characteristics and measures of health service utilization and costs. Two patient groups were formed based on having any or no asthma diagnosis during hospitalizations. Descriptive statistics like frequency, percentage, mean and standard deviation were used to characterize differences in patient demographics, cancer stage, treatment and service utilization between the two groups. RESULTS: In the prevalence sample of 14373 cases, 506 patients had a diagnosis of asthma. Patient characteristics like gender female (66.34% vs 49.34%), race African American (18.11% vs 10.86%), residence in big metropolis (56.69% vs 51.40%) and histology squamous cell carcinoma (24.41% vs 22.31%) showed differences in presence of asthma in the population. Asthmatics (mean: 7.29 days; SD: 13.70) had a mean length of stay when compared to non-asthmatics (mean: 8.56 days; SD: 16.73). Asthmatics had more intermediate inpatient intensive care use (54.55% vs 52.18%) and had more hospital costs (mean: $4853.53; SD: 11038.30 vs mean: $4167.20; SD: 6132.22) and outpatient costs (mean: $11.59; SD: 237.65 vs mean: $5.26; SD: 40.90) when compared to non-asthmatics. CONCLUSIONS: There are subtle differences in patient characteristics, healthcare utilization and costs between lung cancer with asthma and without asthma. Intuitively, utilizations and costs should be more abundant for asthma patients. However, our study suggests that this variation may not be marked across all utilization and cost measures.

PHS125 POTENTIAL SAVINGS IN HEALTHCARE SPENDING ON “LOW-VALUE” INTERVENTIONS: CASE STUDY OF ARTHROSCOPIC KNEE SURGERY

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OBJECTIVES: Research indicates that waste and inefficiency consumes 10% to 30% of healthcare spending. For this abstract we present results for the use of arthroscopic surgery for knee osteoarthritis. METHODS: We identified a list of low-value services based on published literature, which included arthroscopic debridement/ chondroplasty for knee osteoarthritis (procedure codes: 29877, 29879, and G0289). We specified lung cancer to look at patient characteristics and measures of health care spending. For this abstract we present results for the use of arthroscopic surgery for knee osteoarthritis. CONCLUSIONS: This study looks at differences in patient characteristics, healthcare utilizations and costs between lung cancer patients with and asthma and without asthma. Asthmatics (mean: 7.29 days; SD: 13.70) had a mean length of stay when compared to non-asthmatics (mean: 8.56 days; SD: 16.73). Asthmatics had more intermediate inpatient intensive care use (54.55% vs 52.18%) and had more hospital costs (mean: $4853.53; SD: 11038.30 vs mean: $4167.20; SD: 6132.22) and outpatient costs (mean: $11.59; SD: 237.65 vs mean: $5.26; SD: 40.90) when compared to non-asthmatics. CONCLUSIONS: There are subtle differences in patient characteristics, healthcare utilization and costs between lung cancer with asthma and without asthma. Intuitively, utilizations and costs should be more abundant for asthma patients. However, our study suggests that this variation may not be marked across all utilization and cost measures.

PHS126 VALUE IMPAIRMENT ASSOCIATED WITH INCREASED HOSPITALIZATION: A RETROSPECTIVE COHORT STUDY OF COMMUNITY-DWELLING MEDICARE BENEFICIARIES

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OBJECTIVE: Visual impairment (VI) is related to poor health outcomes such as difficulties with everyday activities, falls, and fracture. However, it is unclear whether VI is associated with increased hospitalization and other healthcare spending. METHODS: We used a retrospective cohort study design. The Medicare Current Beneficiary Survey (MCSB) data covering the 2005 to 2010 time period was used to identify community-dwelling beneficiaries, 65 years old and older who provided

p-value: 0.13); however the likelihood of receiving BCS was lower in non-SNP D-SNPs than in non-DEs (OR: 0.81, p-value:<0.0001) and D-SNPs (OR: 0.76, p-value: 0.0002). CONCLUSIONS: The probability of receiving BCS was lower in dual members than in both non-DEs (OR: 0.81, p-value:<0.0001) and D-SNPs (OR: 0.76, p-value: 0.0002). The probability of receiving BCS was lower in dual members not in a D-SNP plan than in duals enrolled in D-SNP plans and non-DE populations. There was no significant difference in the probability between D-SNP and non-DE populations. This implies that the D-SNP plans included dual members compared to duals not in a SNP plan. This provides evidence of the value of SNP plans in achieving better outcomes for the vulnerable DE MA population.