PHP85 HEALTH RELATED QUALITY OF LIFE IN A NATIONAL SAMPLE OF CAREGIVERS – A MULTILEVEL ANALYSIS
Fernando RC1, Santoro MR2
University of Houston, Houston, TX, USA
OBJECTIVES: Individual characteristics along with contextual factors could impact a caregiver's health related quality of life (HRQoL), eventually affecting care recipient’s disease management. This study attempted to identify individual (age, gender, race, education and employment status) and county-level (median household income) predictors of caregiver's HRQoL. METHODS: Data from 2009-2010 Behavioral Risk Factor Surveillance System was used. Only caregivers identified as adults (≥18 years) indicating provision of regular care/assistance to a friend/family member with a health problem during the past month were included in the analyses. Caregiver’s overall HRQoL was measured as the sum of the less than 60 items of mentally and physically unhealthy days and days with activity limitation. Two-level (individuals nested in county) model was tested using proc mixed in SAS 9.3. The model assessed impact of caregiver’s age, gender, race, education and employment status along with contextual effects of age and gender on their HRQoL. Median household income for each county was considered as the level-2 predictor. RESULTS: A total of 29,945 caregivers in 283 counties were analyzed. The intra-class correlation co-efficient of the null model was 0.0063 indicating a very low proportion of variability in observed score attributable to variability across counties. Consequently, median household income (county level) although significant, had a very small impact (β=-0.00002; p=0.0543) did not vary significantly across counties. CONCLUSIONS: Most of the impact on caregiver’s HRQoL can be explained by individual level factors. County specific socioeconomic factors practically did not have an impact on the caregivers, those with increasing age, employed, whites and females had lower HRQoL score.

PHP86 A RETROSPECTIVE, OBSERVATIONAL STUDY OF PATIENT OUTCOMES FOR CRITICALLY ILL PATIENTS RECEIVING PARENTERAL NUTRITION
McAuley S1, Zalogas T2
1Premier, Inc, Charlotte, NC, USA, 2Beachside Healthcare, Deerfield, IL, USA
OBJECTIVES: To evaluate the clinical and economic outcomes for critically ill patients receiving parenteral nutrition (PN) at two US healthcare settings. Methods: A total of 42,631 patients met the inclusion criteria (MCB=5,679; COM=36,952) and the final matched population included 3,559 patients from each cohort. Baseline patient characteristics and length of stay used log transformation techniques. RESULTS: Overall prevalence of visits involving inappropriate anticholinergic medications involved elderly patients. Approximately 13.33 million visits (4.77% of all clinic visits) for elderly patient involved at least one potentially inappropriate anticholinergic medication. The most frequently used anticholinergics were antihistamines followed by antipsychotics and skeletal muscle relaxants. Factors positively associated with inappropriate anticholinergic prescribing were female gender, major reason for visit, number of medications prescribed and specialty. Factors negatively associated with inappropriate anticholinergic prescribing were age, total number of chronic conditions and region. CONCLUSIONS: Nearly one in twenty visits by the elderly involved prescribing of potentially inappropriate anticholinergic medications. These prescribing patterns raise quality of care concerns owing to the significant adverse events associated with their use in the vulnerable population.

PHP88 USING A HA-CMC BARRIER TO AVOID PELVIC OR ABDOMINAL ABDUCTION: COST-BENEFIT ADVANTAGES IN A PRIVATE HEALTH CARE SETTING
Ferreira CN1, Follador W2, Paloni EDP1, Santos CFD1, Bonachela F2
1Orizon - Companhia Brasileira de Gestao de Servicos, Sao Paulo, Brazil, 2Sao Paulo, Brazil, 3Orizon - Companhia Brasileira de Gestao de Servicos, Sao Paulo, Sao Paulo, Brazil, 4Orizon, Sao Paulo, SP, Brazil, 5Orizon, SAO PAULO, SAO PAULO, Brazil
OBJECTIVES: To demonstrate net costs reduction obtained by the prophylactic use of a HA-CMC pellicle during some kinds of abdominal and pelvic surgeries. METHODS: A cost-benefit economic model was developed to compare options of adopting or not the use of HA-CMC barriers during abdominal / pelvic surgeries as a prophylactic way to avoid adhesions in these sites and one of major consequences. Data of costs for the treatment of small bowel obstruction were obtained from a 16-million lives database of private health care providers. Data on probabilities were obtained from scientific literature for gathering risks of adhesion and other outcomes, as to the incidence of the bio-absorbable pellicle to avoid adhesion. RESULTS: In the population and period studied, it was identified 9002 patients submitted to pelvic and abdominal procedures, which showed average costs of US$ 2,607.90 and US$ 5,948, respectively, for each case of intervention. Into this same population, the cost of interventions to treat adhesions has shown an average cost of US$ 3,918.29. It was assumed that the cost of using HA-CMC (1-3 units) varies from US$ 263 – 786, and the efficacy of this kind of prophylaxis varies from 54% to 78% and 47% to 61% for gynaecologic and abdominal procedures, respectively. It was demonstrated that the net savings would be 6% to 17% for gynaecologic procedures and 3% to 7% for abdominal surgeries. CONCLUSIONS: Considering the frequencies of each kind of costs of each treatment, the costs needed to treat the small bowel obstructions due abdominal and pelvic adhesions, as the cost of prophylaxis using biodegradable barriers, it was clearly demonstrated that this prophylaxis results in savings from the perspective of the third party payers. [HA-CMC: hyaluronic acid – carboxymethylcellulose (Seprafilm®), Sanofi]

PHP89 MINIMALLY INVASIVE COSMETIC PROCEDURES: PATIENT MOTIVATION AND SATISFACTION
Dildorward CA1, O’Brien JA2
1CosMed CosMed Center, Lexington, MA, USA, 2Independent Consultant, Lincoln, MA, USA
OBJECTIVES: Cosmetic surgery has decreased in the recent economic downturn; however, some minimally-invasive cosmetic procedures saw an increase in the same period. Studies show that work environment behavior, treatment and surgery type is people’s physical appearance. The purpose of this study is to assess the motivations of patients for obtaining these procedures, types of procedures obtained and satisfaction with outcome. METHODS: Self-report data on frequencies of each type of treatment needed to treat small bowel obstructions due abdominal and pelvic adhesions, as the cost of prophylaxis using biodegradable barriers, it was clearly demonstrated that this prophylaxis results in savings from the perspective of the third party payers. [HA-CMC: hyaluronic acid – carboxymethylcellulose (Seprafilm®), Sanofi]

PHP90 PREVALENCE AND PREDICTORS OF PRESCRIBING POTENTIALLY INAPPROPRIATE ANTIChOLINERGIC MEDICATIONS IN THE ELDERLY
Medhekar RA1, Kuchin N2, Aparasu RR1
1University of Houston, Houston, TX, USA, 2University of Houston, College of Pharmacy, Houston, TX, USA
OBJECTIVES: Medications with anticholinergic properties are frequently associated with severe adverse events in the elderly, and therefore highly anticholinergic medications are considered for the vulnerable elderly population. The objectives of this study were to determine the prevalence and predictors of potentially inappropriate anticholinergic medications among elderly patients presenting for ambulatory surgery. METHODS: This study used an analysis of surgical visits by elderly patients (>65 years) in office-based settings from 2009 public use data files of the National Ambulatory Medical Care Survey (NAMCS). The revised 2012 American Geriatrics Society (AGS) Beers criteria were used to identify potentially inappropriate anticholinergic medications. Descriptive analysis was conducted using sampling weights to determine the prevalence of visits involving inappropriate anticholinergic medications irrespective of diagnosis. Multiple logistic regression within the framework of Andersen Behavioral Model (ABM) was used to predict the determinants of potentially inappropriate anticholinergic medications in the elderly. RESULTS: A total of 279.5 million visits (26.93% of all clinic visits) to physician offices in 2009 involved elderly patients. Approximately 13.33 million visits (4.77% of all clinic visits) to physician offices at the elderly patients were associated with potentially inappropriate anticholinergic medication. The most frequently used anticholinergics were antihistamines followed by antipsychotics and skeletal muscle relaxants. Factors positively associated with inappropriate anticholinergic prescribing were female gender, major reason for visit, number of medications prescribed and specialty. Factors negatively associated with inappropriate anticholinergic prescribing were age, total number of chronic conditions and region. CONCLUSIONS: Nearly one in twenty visits by the elderly involved prescribing of potentially inappropriate anticholinergic medications. These prescribing patterns raise quality of care concerns owing to the significant adverse events associated with their use in the vulnerable population.

PHP92 A COMPARISON OF THE COST-EFFECTIVENESS OF LOW-COST UNREIMBURSED HEALTH TECHNOLOGIES AND COMMONLY REIMBURSED DRUG THERAPIES
Stevens W1, Henkhaus LE2, Snider JT1, Lakdawalla DN1
1Precision Health Economics, Boston, CA, USA, 2Precision Health Economics, Los Angeles, CA, USA
OBJECTIVES: To compare the cost-effectiveness of low-cost technologies and commonly reimbursed drug therapies. METHODS: A cost-effectiveness analysis was conducted using published studies to determine the cost-effectiveness of low-cost technologies. CONCLUSIONS: Low-cost technologies are often more cost-effective than commonly reimbursed drug therapies.