Contributed Poster Presentations

POSTER SESSION I
HEALTH CARE USE & POLICY STUDIES

PHP1
MEDICATION SAFETY IN COMMUNITY PHARMACY: IMPACT OF SOCIOTECHNICAL FACTORS ON DISPENSING ERRORS
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OBJECTIVES: Consumers expect pharmacists to dispense medication accurately, efficiently, and conveniently. In this environment, opportunities exist to investigate how medication safety may be compromised when cognitive processes interfere with sociotechnical (interaction of the social and technological systems) variables to cause dispensing errors as perceived by pharmacists in community practice. METHODS: Attitudinal items relating to the sociotechnical aspects of pharmacy design, drive through window pick-up service, and automated dispensing system use were evaluated using a five-point Likert-type scale with respect to dispensing errors and communication, prescription processing, prescription volume, and physical mobility in the pharmacy. A response rate of 45% (n = 429) was obtained from a two-page survey that was mailed to a geographically stratified random sample of community pharmacies in the United States. RESULTS: Pharmacists attributed 80.3% of the perceived dispensing errors to cognition and 15.8% of the errors to pharmacy design. Significant differences (p < 0.05) were observed for the sociotechnical variables related to pharmacy design, drive through window pick-up service, and automated dispensing system use. The perceived dispensing error rate averaged among the three pharmacy settings (mass merchant, chain, and independent pharmacies) was 0.057%, and the number of dispensing errors was positively and significantly (p < 0.001) correlated with prescription volume. CONCLUSION: Perceptions of dispensing errors by pharmacists are influenced by pharmacy design, drive through pick-up window service, and automated dispensing system use. From a policy perspective, greater effort is needed to determine how cognitive processes relate to sociotechnical variables in this environment, and how standards for medication safety can be maintained and improved.

PHP2
WASTE OF DRUGS IN TURKEY
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OBJECTIVES: We investigated drug usage in Ankara and estimated the cost of unused medicines to social security agencies. METHODS: A questionnaire was structured to find out the drug storage profile in 329 in 2004, 215 families in 2006, living in central Ankara and compare drug usage behaviour between 2 years. The questionnaire had two parts, the first included the demographic properties of the families. The second part included information for any drug found in their house, the size of the package, the unused amount of the drug and expiry date of drugs. RESULTS: About 90% of the families receive drugs from social security agencies in 2004, 99% in 2006. The mostly found three drugs were Aspirin® (acetylsalicylic acid), Vermidon® (paracetamol), and Mesulide® (nimesulide) in 2004, And Vermidon® (paracetamol), Aspirin® (acetylsalicylic acid), Majezik® (Flurbiprofen) in 2006. When ingredients were analyzed, the three, mostly found, active compounds were paracetamol, multivitamin preparates, and acetyl salislic acid in 2004, and paracetamol, acetyl salislic acid, multivitamin preparates in 2006. The drugs with the largest amount of packaging were found to be the most wasted. In 2006, 53% of drugs were completely or partially unused. Thirty-one percent of them were completely unused. Among the drugs wasted some antibiotics such as sulfamethoxazin and co-amoxilav were higher rate. CONCLUSION: This survey shows that there is a great deal of drug waste (product and $), in Turkey. We estimated that Turkish Social Security Agencies are wasting more than 1 billion US $ just for never used drugs and another 1 billion US $ for partially used drugs (Turkey drug market is about 7 billion US $). Drug expenditure is, by far, the highest proportion of the Turkish health costs expenditure (about 60% total health cost expenditure), and it creates a heavy financial burden on the Turkish government.

PHP3
PRESCRIPTION DRUG COST-SHARING AMONG COMMERCIALLY-INSURED CHILDREN AND ADULTS WITH CHRONIC ILLNESS
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OBJECTIVES: Few studies examine the effects of higher prescription drug cost-sharing on children, although they are subject to the same cost-sharing provisions as adults. Children also are dependent upon parents to act in conjunction with physicians as agents in negotiating the health care delivery system. We examine the effects of prescription drug cost-sharing on prescription drug utilization for children and adults diagnosed with persistent asthma. METHODS: A repeated cross-section design was used to study the effects of prescription drug cost-sharing on asthma drug utilization. Multivariate models were estimated to assess the effects of cost-sharing on asthma drug use (any asthma drug use, number of asthma prescriptions, and number of prescriptions conditional on use). Standard errors were adjusted for clustering by patient for patients appearing in more than one year. The 2000 through 2003 MarketScan database was the data