health institutions of Tigray Region, Ethiopia. METHODS: A health institution based cross-sectional survey was conducted in 845 pregnant women and 72 healthcare providers, from March to June 2012. The sample size was divided among twelve health facilities proportional to the total number of pregnant mothers in the facilities and selected by systematic sampling technique. Qualitative data were collected by trained data collectors through face-to-face interview of pregnant mothers using pre-tested, semi-structured questionnaire. In-depth interviews with healthcare providers and 11 focus group discussions of 108 clients were used to collect qualitative data. Logistic regression test was employed to assess determinants of client satisfaction. RESULTS: 702 (83.1%) of the pregnant women were tested for HIV after pre-counseling. 1.6% of which were positive. Average client’s waiting and counseling time were found to be 26 ± 10.7 minutes, respectively, 48% of PMTCT service recipient mothers reported being satisfied with the service. The results of the qualitative study indicated that major barriers for PMTCT implementation were unfavorable attitude toward HIV/AIDS, lack of cervical cancer screening for women older than 50 years, and the maturity of measurement science. A tight focus on producing new metrics and standardizing clinical practice guidelines.

PHS170
QUALITY OF CARE FOR CHILDHOOD ADDITION DEFICIT/HYPERACTIVITY DISORDER: A REACTIVE ANOVE ANALYSIS OF MCDIADD MEDICIPROGRAM Sarpayvani M.1, Ranahan III SF.1, Hardwic9 SP.1, Clark JP.2 1University of Mississippi, Oxford, MS, USA, 2University of Mississippi, University, MS, USA.

OBJECTIVES: The Centers for Medicare and Medicaid (CMS) core set of quality measures for use in Medicaid and the Children’s Health Insurance Program (CHIP) includes a measure for follow-up care within 30 days of a child with initiating treatment with a mental health disorder (ADHD) medical claim. The objective of this study is to document the proportion of children in Mississippi Medicaid who received a follow-up visit within 30 days of initiating a stimulant for ADHD. METHODS: A retrospective analysis was conducted using Mississippi Medicaid medical claims, pharmacy claims and beneficiary eligibility data for the time period July 2012 to December 2013. 2013 was the observation year for initiation of stimulant therapy. Inclusion criteria were age < 21 at time of initiation of therapy, continuously enrolled in Medicaid for 180 days prior to and 30 days post prescription start index date (PSID) and PSID occurred during observation year. Beneficiaries were considered to have received follow-up if a claim for an office visit occurred within 30 days of the PSID. RESULTS: 6,354 children met the inclusion criteria and 3,769 (59.1%) had a follow-up visit within 30 days. The prescribing physicians were primary care physicians (PCPs) for 49.5% of patients, psychiatrists for 2.2%, and other types of prescribers 27.3% of the time. PCPs had the lowest rate of follow up visits; 51.0% compared to 55.6% for psychiatrists and 54.1% for other prescribers. There was no significant difference in follow-up rate between men and women. CONCLUSIONS: Follow-up rates of less than 60% found in this study are worrisome and may result in poor quality of care. Further research is needed to understand the non-adherence. Repeatedly mentioned health professionals related barriers were lack of on job training to update themselves and absence of incentive for the additional workload. After adjusting for independent variables, waiting time of longer than 15 minutes (AOR 5.3-5.8) was found to be associated with less clients satisfaction. CONCLUSIONS: Overall quality of PMTCT service was found to be low in terms of waiting time length, duration of stay with healthcare providers and clients’ satisfaction. Giving trainings and incentivizing healthcare provid- ers, educating clients and improving the accessibility of service would help to minimize PMTCT implementation barriers thereby contributing to better quality service.

PHS171
DISEASE-SPECIFIC DISTRIBUTION OF HEALTH CARE QUALITY MEASURES IN THE UNITED STATES
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OBJECTIVES: Quality improvement initiatives in US health care increasingly focus on physician and hospital performance against rigorous, evidence-based quality measures (QMs). Over the last decade, the universe of QMs has grown exponen- tionally and continues to grow. We examined the landscape of current QMs across multiple diseases to better understand the evolving nature of quality measures. METHODS: Publicly available databases of QMs were searched to identify indicators in a wide range of disease states over a period of 3 years. All identified QMs were bundled by disease area and plotted on a landscape matrix, assessing the maturity of quality science and burden of disease (based on prevalence, pub- lic health impact, and cost). The distribution of QMs in the matrix was validated through in-depth interviews with payers (n=20) and providers (n=7). RESULTS: QMs in disease areas with low disease burden and immature quality science (e.g., schizophrenia) are rare or non-existent. Disease areas with significant disease burden but less developed quality science (e.g., oncology) have relatively few QMs in adoption but are rapidly increasing in QMs as a result of recent large, high quality studies with maturity of quality science (e.g., diabetes) have multiple QMs that are well- established and stable, with relatively less addition or refinement. Findings from the landscape matrix are validated through interviews with payers and provider groups, focusing on their current and future quality improvement agendas, and quality activities linked to incentives. CONCLUSIONS: Implementation of qual- ity measures varies by disease state characteristics, including public health impact and the maturity of measurement science. A tight focus on producing new metrics may not be the best way to advance quality in every area. For some diseases, efforts may be more productive if directed toward strengthening the quality infrastructure. Examples include improving measurement capability, establishing quality domains, or standardizing clinical practice guidelines.

PHS172
ADULTS RECEIVING LOW-VALUE HEALTH SERVICES USING HEALTH INSURANCE CLAIMS DATA
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OBJECTIVES: Overuse of health services is increasingly recognized as a problem that affects both quality and costs of health care. An important next step to measuring overuse is to assess the utilization of appropriate datasets. Our study evaluated the potential of using health insurance claims data to document the use and associated spend- ing of services identified by clinical guidelines as having low-value. METHODS: Claims data from a non-for-profit Upper Midwest health insurance plan serving 1.6 million enrollees in 2011 were analyzed to determine the potential for quantifying the inappropriate use of four low-value services endorsed by the Choosing Wisely initiative. The services included: 1) Imaging studies for acute non-specific low back pain, 2) Catheterization for women older than 50 years, 3) Prostate-specific antigen screening for prostate cancer for men older than 75 years, and 4) Screening colonoscopy for adults older than 75 years. RESULTS: Only 4% of the patients with low back pain received an MRI within six weeks of diagnosis. FSA

PHS173
INITIATION AND EVALUATION OF CLINICAL PHARMACY SERVICES TO SURGICAL WARD IN A SOUTH INDIAN TERTIARY CARE TEACHING HOSPITAL
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OBJECTIVES: To assess the usefulness of clinical pharmacy services in surgery department of a tertiary care teaching hospital in South India. METHODS: With initial briefing about clinical pharmacy services and consent from the Chair, Surgery department, Clinical Pharmacy Services were offered for a period of six months. The services offered were drug information, detection, monitoring and reporting of adverse drug reactions, patient counseling and therapeutic interven- tions. The usefulness of the service was evaluated at the end of the study period using descriptive statistics. RESULTS: During the study period, a total of 526 clinical pharmacy services were provided to the surgery department. Among them 38.02% account for adverse drug reactions followed by 27.19% drug information, 22.05% patient counseling and 12.73% of pharmacist interventions for rationalizing drug therapy. Among the ADRs, vomiting (29.50%), diarrhea (17.50%), neutropenia (16.50%) were the major ADRs detected. Majority drug information provided was chemo-therapy. Among the ADRs, vomiting (29.50%), diarrhea (17.50%), neutropenia (16.50%) were the major ADRs detected. Majority drug information provided was chemotherapy. Counseling services was offered to patients with diabetic foot infections (27.58%), cellulitis (21.55%), appendicitis (12.93%), and pancreatitis (10.34%). Pharmacist interventions for rationalizing drug therapy were offered for 12.73% of cases. The usefulness of the services was evaluated at the end of the study period using descriptive statistics. The overall satisfaction rate was found to be 8 out of 10 scale. CONCLUSIONS: Clinical pharmacy services offered to surgery department help in improving overall patient care and clinician satisfaction.

PHS174
OUTPATIENT FOLLOW-UP VISITS AFTER HOSPITAL DISCHARGE FOR MENTAL ILLNESS AND IMPLICATIONS FOR RE-ADMISSIONS
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OBJECTIVES: Follow-up after hospitalization for mental illness is a standard HEDIS (Healthcare Effectiveness Data and Information Set) quality indicator that may affect risk of relapse. This study evaluated rates of follow-up visits and implications for re-admissions for patients with schizophrenia or bipolar disorder using adminis- trative claims data. METHODS: A cross-sectional analysis of Optum Clinifomatics data (1/1/2013-12/31/2013) was completed for two cohorts - schizophrenia (with or without bipolar) and bipolar only. Schizophrenia patients were required to have ≥1 inpatient or ≥2 outpatient claims for schizophrenia and ≥1 antipsychotic medica- tion claim. Bipolar patients were required to meet the same criteria and also ≥18 years old. Patients were identified as having follow-up after a psychiatric-related hospitalization if they had an outpatient visit with a psychiatric diagnosis within 7 days of discharge of each psychiatric hospitalization they had in the analysis period. Results: High risk individuals who received follow-up within 7 days of discharge were more likely to have outpatient follow-up visits on likelihood of readmission, controlling for age, sex, substance abuse, other psychosis, antipsychotic MPR, and use of antidepressants, antidepressants, and mood stabilizers. RESULTS: The lower-risk schizophrenia cohort (N=4,164) had mean (SD) age of 36.9 years (15.6), 51.2% had other psychosis, and 43.2% had a psychiatric hospitalization. The bipolar cohort (N=2,768) had mean (SD) age of 40.0 years (13.3), 40.0% had other psychosis, and 28.0% had a psychiat- ric hospitalization. Among patients with ≥1 psychiatric hospitalization, 30.3% and 42.9% had outpatient follow-up visits within 7 days in the schizophrenia and bipolar cohorts, respectively. Using multivariate analysis, patients with follow-up within 7 days of discharge had a ≥50% reduction in likelihood of 30-day re-admissions in both cohorts (Schizophrenia: OR=0.40, 95% CI=0.31-0.51; p<0.0001 and Bipolar: OR=0.46;
ACOs experienced a 1.95% increase in cost per discharge between 2011 and 2012, while cost per discharge among jointly-led ACOs fell by only 1.27%. Analysis of inpatient mortality rates did not reveal persistent trend differences.

CONCLUSIONS: Hospitals that adopted the ACO model had more favorable cost trends between 2008 and 2011 than hospitals that did not adopt the model, which suggests non-random selection of providers opting to participate in ACO initiatives. In the post-ACO adoption period, hospitals that were part of jointly-led ACOs had the lowest cost growth, suggesting that this ACO structure may be the most effective.

PHS179

READMISSION PATTERNS IN MEDICARE BENEFICIARIES HOSPITALIZED FOR HEART FAILURE

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OBJECTIVES: Determine 30-day, 60-day and 90-day readmission pattern in patients hospitalized for heart failure (HF). METHODS: A 5% (n=3,493,434) national sample of Medicare beneficiaries was used to assess the frequency of all-cause readmission following an HF hospitalization. The data were restricted to individuals enrolled in fee-for-service Medicare under Medicare Advantage (n=1,675,252) and Medicare Traditional (n=2,818,182) from the pre-ACO period (2008-2010) and the post-ACO period (2011-2013). Outcomes assessed included health services utilization, hospital costs, and the cost of readmissions. RESULTS: During the study period, 20,825 individuals experienced a total of 134,328 HF hospitalizations. For those 134,328 episodes, 29,958 (22.3%) experienced all-cause readmission within 30 days of discharge. The median time to readmission was 14 days. The 60-day readmission rate increased to 33.3% (n=44,720). The results indicated that 40.2% of the episodes experienced readmission within 90 days.

CONCLUSIONS: Individuals hospitalized for HF are frequently readmitted. Approximately 1 in 4 hospitalizations will be followed by a readmission within 30 days, of which half would occur within 2 weeks.

DISEASE-SPECIFIC STUDIES

NEUROLOGICAL DISORDERS – Clinical Outcomes Studies

PND1

EFFECTIVENESS OF PHARMACOTHERAPY IN CHILDREN WITH SYMPTOMATIC EPILEPSY

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OBJECTIVES: Majority of the studies on epilepsy have been done on adults and few studies are available on children with symptomatic epilepsy (SE). This study aims to fill this gap by analyzing the effectiveness of anti epileptic drug (AED) therapy in children with SE. METHODS: Study was conducted in pediatric outpatient neurology clinic at the tertiary care hospital where 75 children aged 2-18 undergoing AED treatment between 2008 and 2011 were followed by subsequent admissions, the median time to readmission was 37 days. CONCLUSIONS: Individuals hospitalized for HF are frequently readmitted. Approximately 1 in 4 hospitalizations will be followed by a readmission within 30 days, of which half would occur within 2 weeks.

PND2

COMPARATIVE STUDY OF THE INFLUENCE OF BIAPENEM AND MEROPENEM ON VALPROIC ACID BLOOD CONCENTRATION

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OBJECTIVES: Several studies have described a remarkable interaction between Meropenem and Valproic acid (VPA). However, there’s no analysis has been conducted to either determine a similar interaction on VPA blood level. We sought to analyze the influence of Biapenem on VPA blood concentration and the risk of seizures. METHODS: We retrospectively collected the patients allowed to take Biapenem and Meropenem, Meropenem at the control group: Biapenem 37 cases and Meropenem 48 cases. Recorded the information as follows: general clinical data, medication, VPA concentration, seizures and treatment and so on. RESULTS: Both of Biapenem and Meropenem significantly increased the risk of seizures. The lowest concentrations in Biapenem group were higher than Meropenem group (P= 0.046). The mean decrease of VPA level in Biapenem group was also less than Meropenem group (70.65±7.6% vs 78.8±7.8%, P=0.01). There were six patients treated with Biapenem and Meropenem at different times of infection during taken the VPA. The low-