PHP90
RELATIONSHIP BETWEEN THE DEVELOPMENT OF ELECTRONIC HEALTH RECORDS AND HOSPITAL ACCREDITATION DECISIONS IN FRANCE: RESULTS FROM THE E-SI (PREPS-SIPS) STUDY
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OBJECTIVES: To make eHealth technology more efficient, particularly for the quality and safety of care, the French Ministry of Health (DGOS) launched the national “Hopital numérique 2012-2017” program, a strategy to promote eHealth development, focusing on the modernization of health information technology. The aim of this study was to assess the impact of the development of electronic health records (EHR) on the accreditation results of French hospitals performed by the HAS (French National Authority for Health). METHODS: This retrospective study included all of the 1,116 acute care hospitals accredited between October 2012 and April 2014. Three national databases were used: national accreditation database, SIS (observatoire des systèmes d’information santé et de leur valeur), and IPQOS (indicateurs de qualité et la sécurité des soins–2012). National data were provided by the DGOS and HAS, together with methodological support. We developed an ordered Logit model, where the polytomous dependent variable was ordered according to the following descriptions: full accreditation, recommendation, reservation, or delay in the accreditation decision. The independent variables were the proportion of EHR used (full, partial, or no EHR), type of hospital (teaching, private non-profit, for-profit, or other public hospital); accuracy of the care, with versus without home care hospitalization; and geographic region.
RESULTS: The study included 679 hospitals; 21% had full accreditation, 45% recommendation, 25% reservation, and 9% a delay in accreditation. We found that the higher the number of full EHR used, the better the accreditation decision (p < 0.001). We also observed that the higher the number of partial EHR used, the better the accreditation decision (p = 0.002). Finally, the accreditation decision was also better for for-profit hospitals (p < 0.001), private non-profit hospitals (p < 0.001), and the southeast of France (p = 0.02).
CONCLUSIONS: Our findings suggest that the development of EHR in acute care hospitals is associated with a higher performance in accreditation decisions in France.

PHP92
SERIOUS ADVERSE DRUG EVENTS REPORTED TO THE FOOD AND DRUG ADMINISTRATION (FDA) - ANALYSIS OF THE FDA ADVERSE EVENT REPORTING SYSTEM (FAERS) 2006-2011 DATABASE
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OBJECTIVES: In 1980 the Food and Drug Administration (FDA) Adverse Event Reporting System (FAERS) (formerly AERS) was launched by the FDA as a post-marketing safety surveillance program to capture adverse drug events (ADEs) and medication errors. From 1998 to 2005, it was found that the number of serious and fatal ADEs increased. In 2006, the FDA implemented a 2-year follow-up program and 2.7-fold higher serious ADEs were reported. The purpose of this study was to document current trends in serious and fatal ADE reports.
METHODS: We conducted a retrospective analysis of the 2006-2011 FAERS database. Information on patient demographics, primary suspect drug, outcomes, and other variables were obtained from data files. Non-US reports and reports from clinical trials were excluded. Outcomes were recoded into three categories: death, disability (disability or congenital anomaly), and all other serious outcomes (hospitalization, emergency intervention, or life-threatening, or other serious outcomes). We determined the number of reports by year, the types and sources of reports, and age-wise distribution of serious ADEs. A list of drugs with more than 1,000 reports of serious ADEs was compiled and subsets of important drugs were identified. RESULTS: A total of 245,265 reports of deaths (53,447), disabilities (20,305), and other serious outcomes (171,513) were reported representing 206,087 person-years. The percentage of reports involving death increased from 17.3% in 2006 to 27.0% in 2011. The highest ADE incidence was seen in the elderly patients with a higher performance in accreditation decisions in France.

PHP93
SENSITIVITY, SPECIFICITY AND LEVEL OF AGREEMENT BETWEEN DIFFERENT CRITERIA USED TO DIAGNOSE THE METABOLIC SYNDROME
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OBJECTIVES: Numerous diagnostic criteria of the metabolic syndrome exist including the recent 2009 World Health Organization definition, criteria for National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III), International Diabetes Federation (IDF) and European Group for Study of Insulin Resistance (EGIR). The multiplicity of definitions makes comparing studies with different criteria very difficult. The objective was to compare the likelihood of being diagnosed with the metabolic syndrome using a large cohort of patients, sheds light on the importance of reducing PIP in developing during hospitalization. The World Health Organization (WHO) causality

PHP94
IN THEIR OWN WORDS: SOCIAL LISTENING FOR “REAL-WORLD BENEFITS” FROM PRESCRIPTION AND OTC PRODUCTS
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OBJECTIVES: The objective of this study was to evaluate “real-world benefit” discussions in our large-scale prescription and non-prescription product. The NCEP criteria displayed best performance relative to WHO criteria and may serve as alternative to the WHO criteria when comparing other definitions used in older studies to current studies.

PHP95
IS THERE AN ASSOCIATION BETWEEN POTENTIALLY INAPPROPRIATE PRESCRIBING IN THE ELDERLY AND HOSPITALIZATION AND MORTALITY? A LONGITUDINAL, LARGE COHORT STUDY
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OBJECTIVES: Prevalence of potentially inappropriate prescribing (PIP) of harmful medications in the elderly has been widely investigated, but it remains unclear whether PIP is predictive of adverse events. Our study objective was to determine whether exposure to PIP is linked to increased rates of hospitalization and mortality.
METHODS: We performed a retrospective analysis using the Italian Regional Longitudinal Administrative Healthcare Database (ILRDB) for elderly patients (≥ 65 years) from 2003 to 2013. The ILRDB database includes de-identified, fully-linkable demographic, hospital, and pharmacy claims data for all residents in the region. PIP exposures were identified using the dispensing of medication that “should always be avoided” based on the Maio criteria. To estimate PIP exposure we computed the number of days supplied for each medication of interest (using Defined Daily Doses) plus 30 days. An exposure period spanned the duration of consecutive dispensings. Adverse events, including hospitalization and mortality, were attributed to PIP if it occurred during an exposure period. Rate ratios and 95% confidence intervals (CI) were estimated by Poisson generalized estimating equations modeling.
RESULTS: During the observation period, 1,471,179 elderly patients were included in the ILRDB. A total of 10,369,120 person-years (PY) of follow-up time and experience a total of 1,973,878 events. The unadjusted event rate was 1.572 (95% CI: 1.562, 1.580) times greater among patients exposed to PIP compared to those not exposed (2.87 events/10 PY vs. 1.82 events/10 PY). The unadjusted mortality rate was 1.473 (95% CI: 1.458, 1.488) times greater with PIP exposure (0.51/10 PY vs. 0.35/10 PY).
CONCLUSIONS: These results indicate that exposure to PIP may be associated with higher hospitalization and mortality rates in elderly patients. This analysis, using a large cohort of patients, sheds light on the importance of reducing PIP in this population.

PHP96
AN INTENSIVE STUDY OF ADVERSE EVENTS IN THE MEDICAL UNIT OF A NIGERIAN TEACHING HOSPITAL
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OBJECTIVES: Adverse Events (AEs) has proven to be a significant cause of hospitalization and mortality in developing countries (Sc. J. Gen. Hosp. Med. 2010) and may constitute a significant problem with serious consequences and a challenge for public health. This intensive study is aimed at determining the prevalence of AAs well as to develop and validate an efficient reporting system for detecting, analyzing, and evaluating AEs in teaching hospital and to determine the class of suspected drugs most commonly implicated in AEs. The study included 679 hospitals; 21% had full accreditation, 45% recommendation, 25% reservation, and 9% a delay in accreditation. We found that the higher the number of full EHR used, the better the accreditation decision (p < 0.001). We also observed that the higher the number of partial EHR used, the better the accreditation decision (p = 0.002). Finally, the accreditation decision was also better for for-profit hospitals (p < 0.001), private non-profit hospitals (p < 0.001), and the southeast of France (p = 0.02).

CONCLUSIONS: Our findings suggest that the development of EHR in acute care hospitals is associated with a higher performance in accreditation decisions in France.
**PHP9**

**RACIAL/ETHNIC DISPARITIES IN DISABILITY PREVALENCE**

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OBJECTIVES: Worldwide, the number of disabled individuals is used as a marker for population health status because of high morbidity and mortality burden associated with disability. Prior studies, which analyzed racial/ethnic disparities in individuals with disability, have limitations in regards to population, scope or were limited to individuals with chronic condition. The purpose of this study is to determine prevalence of disability in different racial/ethnic groups using a standard framework for disability.

METHODS: A retrospective cross-sectional study design with data from 7,993 individuals aged above 21 years from 2012 National Health Interview Survey. The race/ethnicity was categorized in 4 groups: African American, 3) Latino and 4) other. Disability was defined based on the WHO ICF model and included the following domains: (1) mobility, (2) self-care, (3) communication, (4) daily activities, (5) work, (6) home life, (7) major life activities, and (8) participation. After adjusting for age and gender, the prevalence of disability was calculated.

RESULTS: Among the four race/ethnicity groups, the Latino group had the highest prevalence of disability (21.9%) followed by African American (9.1%), other (2.5%), and White (2.1%). The prevalence of disability among African American was almost 10 times higher than the other three groups.

CONCLUSIONS: The study indicates a significant racial disparity in disability prevalence among different racial/ethnic groups.

**PHP98**

**COMPARATIVE EFFECTIVENESS RESEARCH (CER) AND ITS EFFECT ON THE HEALTH CARE DECISION-MAKING ENVIRONMENT**

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OBJECTIVES: Track the perceptions of key CER stakeholders about the current and future effects of CER on evidence generation and application for health care decisions.

METHODS: A national survey of mail surveys. The respondents included government, health plans, researchers, human resource specialists, employers, and trade organizations, which are influential or affected by CER. The respondents were asked about the impact of CER on decision-making processes.

RESULTS: The majority of respondents believed that CER had a positive impact on decision-making processes. However, there were some concerns about the availability of high-quality evidence and the integration of CER into clinical practice.

CONCLUSIONS: CER has the potential to improve health care decision-making, but more efforts are needed to ensure the effective use of evidence.

**PHP100**

**KEY TRENDS IN HEALTHCARE SPENDING IN BRAZIL IN 2015**

Agapito M, Augusto P, Paulo, Brazil

OBJECTIVES: To identify the key trends in healthcare spending in Brazil in 2015.

METHODS: Review of the Ministry of Health (for programs), Ministry of Planning (for budget) and World Bank (for GDP growth) reports as well as recently published financial information on Bloomberg and Valor (Brazilian newspaper) on Federal and States spending.

RESULTS: The economic program established by the Brazilian government forecasts growth will return only in 2016. It is worth remembering that in 2014 the GDP growth in Brazil was very close to nil. In 2015, economists expect a 1% increase.

CONCLUSIONS: The Federal and State governments are facing significant budget constraints, which may affect healthcare spending in the future.

**REFERENCES:**


**PHP102**

**THE VALUE OF OTC MEDICINES IN BRAZILIAN PUBLIC HEALTH SYSTEM (SUS)**

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OBJECTIVES: Demonstrate the potential savings by expanding the use of OTCs (over-the-counter or nonprescription drugs) in Brazil in the public perspective.

METHODS: The study analyzed the use of OTC medicine in Brazil using a database of 1,000,000 patients. The study also compared the use of OTC medicine with the use of prescription medicine in the SUS system.

RESULTS: The study showed that the use of OTC medicine could save approximately 30% of the cost of prescription medicine in the SUS system. The study also found that the use of OTC medicine could reduce the burden on the SUS system by approximately 30%.

CONCLUSIONS: The use of OTC medicine could significantly reduce the cost of healthcare in Brazil and improve the efficiency of the SUS system.