PHS91

EVALUATION OF THE QUALITY OF LIFE OF DIABETIC PATIENTS IN MINAS GERAIS STATE.

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OBJECTIVES: To evaluate the quality of life (QoL) of diabetic patients and its associated factors. METHODS: In January to February 2014 patients with diabetes mellitus (DM) were interviewed in cities of Minas Gerais State about sociodemographic data, PSS with graphic, clinical and QoL aspects of QoL was measured by the EuroQol questionnaire (EQ-5D). Descriptive analysis, correlation, linear regression multivariate analyses were performed. RESULTS: We interviewed 2,620 patients. Of these, 69% were women, 84% had type 2 DM and 10% type 1. The mean age was 61 years (σ = 16). The descriptive system EQ-5D scores ranged from -0.186 and 1.000 (μ = 0.715; e = 0.22) and for the visual analog scale from 0 to 100 (μ = 67.5; e = 22). These values are consistent with the usual scores of QoL. (8.089) for the general population of the city of Minas Gerais. The mean QoL of diabetic patients was 0.716 (σ=0.22). Multivariate analysis showed that the following aspects significantly decrease QoL of the patients: (i) not being able to do usual activities; (ii) bedridden for sickness; (iii) worse self-reported health status; (iv) history of arthritis, osteoarthrosis or rheumatism; (v) obesity; (vi) depression; (vii) stroke; (viii) retnopathy; (ix) nephropathy; (x) chronic lung disease; (xi) thrombosis; (xii) need for help to take medicines; (xiii) growing old; (xIV) years on medication; (xiv) living alone; (xv) have been hospitalized in the last 15 days; (xvi) have spent money on diabetes for diabetes and (xvII) not do exercise (p = 0.05). CONCLUSIONS: The interviewed diabetic patients had worse QoL than the general population and the diabetes complications decreases QoL of these patients, which points out to the need for better disease control, monitoring and more educational activities that effectively contribute to the self-care.

PHS92

PREDICTORS OF MAMMOGRAPHY SCREENING AMONG WOMEN AGED 50-74

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OBJECTIVES: Breast cancer is the most common cancer and the second highest cause of death due to cancer among women. The US Preventive Services Task Force and the American Association of Family Physicians recommend biennial mammography screening for women at average risk at determining factors associated with mammography screening among women in this age group. METHODS: Women (50-74 years) who participated in the Behavioral Risk Factor Surveillance System in 2013 were included (n=15,426). Weighted mammogram screening prevalence and the multivariate logistic regression used to assess sociodemographic (age, race, marital status, education, income, healthcare coverage, employment), clinical (time since last routine check-up and pap smear, health status, history of cancer), and lifestyle (physical activity and smoking status) factors associated with mammogram screening. RESULTS: Most participants (77.4%) reported having a mammogram within the past 2 years. Factors associated with mammogram screening within the past 2 years included: older age (OR range: 1.26-1.57), higher education (OR range: 2.13-3.50), having a health plan (OR=2.69;95%CI=2.22-3.12), check-up within past year vs. 2 years or more (OR=5.02;95%CI=4.30-5.86), pap smear within past year vs. 5 years or more (OR=9.25;95%CI=8.01-10.69), history of cancer (OR=12.39;95%CI=9.85-15.19), living alone (OR=2.96;95%CI=2.18-3.90), the patient was a smoker (OR=1.08-1.31;95%CI=1.00-1.93), black women were more likely to screen than Whites (OR=1.69;95%CI=1.40-2.04). Those with less than high school education were less likely to screen associated with those who attended college (OR=0.81;95%CI=0.66-0.999). The retired were more likely to screen than those employed for wages (OR=1.31;95%CI=1.12-1.52) The unmarried were less likely to screen than the married (OR=0.79;95%CI=0.70-0.90). CONCLUSIONS: Mammogram screening prevalence was lower than recommended by Healthy People 2020. Our findings identified population subgroups that may benefit from focused interventions. Policymakers may want to consider ensuring that patients have health insurance, regular check-ups and pap smears.

PHS93

DISCUSSION BETWEEN PROVIDERS AND PATIENTS ABOUT PROSTATE SPECIFIC ANTIGEN TESTING, USA

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OBJECTIVES: Objectives of this study were to explore a) the effect of socio-demographic and personal characteristics on extent of discussions between men and healthcare providers about prostate specific antigen (PSA) testing and b) effect of discussions on PSA testing. METHODS: This retrospective cross-sectional study analyzed data collected in 2012 from the Behavioral Risk Factor Surveillance System (BRFSS). A discussion with providers about PSA testing was considered as a dependent variable. Baseline category logit model was used to measure effect of sociodemographic variables, personal variables (history of diagnosis with prostate cancer, and patient willingness of discussing PSA with providers) and partial and none). Logistic regression was used to test association between levels of discussion and whether a person had PSA test. RESULTS: Among 133,040 males, 8649 (63.9%) said their providers discussed the need for PSA test within past year and 78% (94,818 (71.3%) said providers never discussed disadvantages of PSA testing. For 46,971 (35.3%), neither advantages nor disadvantages were discussed. Highest level of education, age, recommendation for having a PSA test by provider and having a unique personal provider were more likely to have discussed about PSA testing. Odds of not having a PSA test was at least 6.67 times (OR = 7.14, 95% CI = 6.67-7.69) more for those who had no discussion compared to those who had discussed advantages or disadvantages and was less by at least 81% (OR = 0.18, 95% CI = 0.17-0.19) for those who discussed both advantages and disadvantages compared to those who discussed nothing. CONCLUSIONS: Most men and providers did not discuss PSA testing. Men with higher education, being single and having a unique personal provider were more likely to have discussed about PSA testing with their providers. Discussions with providers had a significant positive impact on PSA testing. Providers should discuss completely about PSA testing with men to help them in decision making.

PHS94

LONG-TERM IMPACT OF A PHARMACIST-LED DIABETES MEDICATION MANAGEMENT PROGRAM ON GLYCEMIC CONTROL.

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OBJECTIVES: Due to its chronic nature and the severity of its complications, diabetes has major clinical and financial impacts on patients and health care. Evidence suggests that community-based disease management models have the ability to improve outcomes for patients with diabetes. Scott & White Health Plan (SWHP) offers a medication management program on long-term glycemic control in diabetic patients who are enrolled in the MMP to those not enrolled. METHODS: Diabetic patients aged 18 to 61 at time of MMP enrollment (index) with continuous enrollment in SWHP one year prior and four years post-index were included. Patients in MMP must be enrolled for four years, with control subjects receiving standard diabetes care during this time. Control subjects were matched 2:1 on age, gender, diabetes type (1 or II), insulin use, and physical comorbidity. HbA1c data were obtained from medical records. Bivariate analysis identified differences in characteristics and outcomes for diabetic patients in the MMP demonstrated an improvement in glycemic control, supporting the idea that ambulatory pharmaceuti- cists can be effective in community-based diabetes management.

PHS95

ASSESSING A PHYSICIAN VISIT FOR HEPATITIS DISEASE BASED ON DATABASE MERGING CLAIMS AND ANNUAL HEALTH CHECKUP DATA IN JAPAN

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OBJECTIVES: Objective of this study is to assess a trend of physician visit among individuals who were detected as hepatic dysfunction by the annual health checkup (Kenshin) which is implemented in Japan. METHODS: This is a retrospective cohort study using Japan Medical Data Center (JMDC) database. Annual health checkup data in 2012 and the associated claims data were merged by unique identifiers (individuals with long-term enjoinders) and hepatitis status was identified. The proportion of individuals who visited a physician office after the annual health checkup for liver related diagnosis up to month 3,6,9 and 12 from the date of the annual health checkup was evaluated. The number of visits associated with liver related diagnosis and non-diagnosed with liver related diagnosis with liver related disease and liver disease was assessed. The proportion of patients who received hepatlic function tests at the annual health checkup in 2012 57,059 individuals were identified ALT>30(U/l) without any liver related diagnosis in preceding 12 months of the annual health checkup. Among them, the cumulative proportion of individuals who visited physician office was 4.9%(month 3), 7.0%(month 6), 9,(month 12). 4,379(8%) of individuals were confirmed with liver related diagnosis at month 12. Fatty liver was major diagnosis followed by alcoholic hepatic disease, virus hepatitis, hepatic fibrosis or cirrhosis and liver cancer. Individuals with higher ALT values, older age, and female are more likely to visit physician’s office after the annual health checkup. CONCLUSIONS: One in six individuals was newly detected with hepatic dysfunction at the annual checkup. Despite of the serious consequence of liver related diseases, small number of individuals with hepatic dysfunctions detected by the annual health checkup visited physician office for further evaluation of the diagnosis.

PHS96

RELATIVE AGE IN CLASS AND ADHD IN SCHOOL CHILDREN &" DIAGNOSIS AND MEDICATION PATTERNS &" INTRA-ANNUAL AND INTER-ANNUAL DISPARITY.

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OBJECTIVES: Diagnosis of children with attention-deficit/hyperactivity disorder (ADHD) is increasing. Recent studies have shown a tendency for younger children being diagnosed with ADHD. OBJECTIVE: To study the prevalence of ADHD in school children with a focus on medication and medication discontinuation. METHOD: 884 children were received hepatic function tests at the annual health checkup in 2012 57,059 indi-

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diagnosis (2003-2011) and months of drug purchases (2010-2011) were compared by month of birth. CHF diagnosis and treatment were determined for the various sub-cohorts, and population sector differences were compared. RESULTS: Of total population (400,828 children, 51% male, 40467 (10.1%) were diagnosed with ADHD and 33188 (8.3%) were treated (usually methylphenidate). Diagnosis levels for younger (Y: Age Nov children (10.9%) were lower than older (O: Dec-Jan-March) children (9.2%). RR 1.18 CI 1.16 to 1.21. The rate disparity was higher beginning school-year (September-December; RR 1.21 CI 1.17-1.26). Any purchase dispensing RR was 1.19 (CI 1.16 to 1.22), while monthly RR was 1.18 (CI 1.17-1.19). RR for dispensing was stable between age-cohorts (1.17-1.22) without trend. Among children purchasing drugs, the seasonal variation in drug purchases (adherence) is similar to YO. CONCLUSIONS: ADHD diagnosis and medication are common in the primary school age population. The increased incidence and prevalence among younger children in a cohort questions the appropriateness of both diagnosis and medication, suggesting behavioral treatment may often be more suitable to avoid long term costs and deleterious effects, than pharmacological intervention.

PHS97
SPECIALTY PHARMACY MEDICATION COMPLIANCE AND PERSISTENCE PROGRAM FOR PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION
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OBJECTIVES: Past experience using third party vendors to administer clinical programs for patients with chronic, progressive conditions resulted in low opt-in rates. A direct approach, using the Specialty Pharmacy (SP) may have a better opt-in rate and compliance and persistence (C&P) with medication regimens. The objective of this interventional program administered by a specialty pharmacy (SP) [Accredo Specialty Pharmacy, Memphis, TN] was to evaluate a C&P program for bosentan (Actelion Pharmaceuticals Ltd., Allschwil, Switzerland) by comparing Pulmonary Arterial Hypertension (PAH) patients in the C&P program to a historical control group.

METHODS: A pharmacist-based C&P program was administered directly by the SP that provided the medication and counseling, and patients were initially ranked using Morisky medication adherence scale to assess risk of non-adherence. Retrospective analysis was performed to measure program opt-in rate and C&P. Claims for a historical group (controls) and from the intervention group (patients) that received the SP-based C&P program between 04/29/2013 through 11/30/2013 were analyzed. Claims for naive users of bosentan were reviewed at 120 days and 180 days for both persistent (bosentan claims not spaced > 45 days apart) and compliance (number of calendar days supplied with bosentan divided by 120 or 180 days). Early refills were adjusted when considering days covered. Opt-in rates were also measured. RESULTS: Opt-in rate for the enhanced SP-based C&P program was approximately 97%. The persistency and compliance rates were significantly different between the control and case groups for persistence or compliance. Use of the Morisky scale to drive the number of pharmacist interventions did not impact outcomes in the case group. CONCLUSIONS: SP-based programs can achieve high participation that may drive medication compliance, which is essential in progressive diseases like PAH. Future programs should be SP-based to replicate the high opt-in rate while establishing new interventions to drive compliance and persistence.

PHS98
DO PHARMACISTS’ BARRIERS*—“INCLUDING NON-REIMBURSEMENT FOR NON-DISCONTINUATION SERVICES” INFLUENCE THE LEVEL OF ADHERENCE PROMOTION ACTIVITIES FOR PERSONS LIVING WITH HIV?
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OBJECTIVES: Despite significant advancements in antiretroviral therapy (ART), long-term consistent adherence to therapy remains a challenge for many persons living with HIV (PLWH). Pharmacists are well-positioned to promote adherence to ART beyond mandated dispensing services, but face many barriers, including non-reimbursement for adherence promotion activities (APA). Our study examines the extent to which pharmacists’ barriers (e.g., inadequate staff, no space) influence the level of APA in different pharmacy settings. METHODS: We test the hypothesis that pharmacists with fewer barriers provide fewer APA to PLWH, using generalized linear modelling (GLM). We use factor analysis to generate the APA index based on 38 APA (e.g., adherence assessment, customized interventions, monitoring activities). RESULTS: We surveyed 225 pharmacists from 41 U.S. states: (22% North East; 23% Midwest; 28% West; 27% South). The sample was mostly female (63%) Caucasian (66%), and > 30 years (67%). Most pharmacists had a HIV certification (68%), 31% worked in specialty-only and 21% in traditional-only pharmacies. Only 26% of pharmacists reported APA-related reimbursements. Despite most pharmacists (95%) reporting > 5 barriers, the barriers index odds ratio (OR) was insignificant (OR: 1.007; p > 0.05) for insurance status [public vs. none (OR: 1.76; 95% CI 0.52 to 5.74) and private vs. none (OR: 1.90; 95% CI 0.34 to 10.6)], pharmacy type [specialty vs. traditional (OR: 2.24; p < 0.001)], and HIV certification vs. none (OR: 3.65; p < 0.001) were significant predictors of APA. Interestingly, the OR of high volume (> 500 scripts/day) was significant only at 10% level (OR: 1.03; p = 0.07). CONCLUSIONS: The choice of pharmacy largely determines PLWH access to adherence promotion services from certified pharmacists. Our finding that pharmacies that invest in HIV certification training are more likely to have higher levels of APA suggests that implications for the pharmacy leaders interested in adherence promotion as a cost containment strategy. Despite lack of reimbursement for adherence promotion, many pharmacists are providing these important services to PLWH.

PHS99
REGISTRY ADOPTED AS PUBLIC POLICY FOR PROPER RISK MANAGEMENT IN CHRONIC KIDNEY DISEASE IN COLOMBIA
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OBJECTIVES: This article presents results about risk management indicators performed to HIC (Health Insurance Companies) for CKD (chronic kidney disease) and its precursor diseases based on the analysis of large databases achieved through the implementation of registry as public policy in Colombia. Also presents the economic incentives perceived by them thanks to the good results in risk management. METHODS: CAC (Cuenta de Alto Costo) collects information from HIC in Colombia. By law, they report all patients diagnosed with HTA (hypertension), DM (diabetes) or CKD in a structure with 81 variables. After the data collection there is an audit process and finally, a database of approximately 3.050.000 records is obtained which is analyzed and allows the measurement of risk management indicators including: early diagnosis of CKD, effectiveness in clinical management, progression detection of CKD (less incidence) and calculating the prevalence of CKD5. RESULTS: The early diagnosis of CKD is the number of patients with HTA or DM studied for CKD corresponding to 38.25%. The incidence of CKD5 corresponds to 11.01 per 100.000 affiliates. The effectiveness in clinical treatment corresponding to the proportion of patient with controlled HTA is 66.54% and finally, the calculation of ECRG prevalence correlates to 668 ppm. With these results we can determine the economic incentives for risk management which is distributed among the country’s HIC corresponding to USD 44,284,255. CONCLUSIONS: Quality record information as public policy, allows results based evaluation which improves attention quality. Of the 52 health insurance companies existing in Colombia, 25% exceed country risk management goals for all indicators and receive a larger sum of money for risk management. Risk management as a public policy in Colombia encourages results based competence and contributes to achieve savings in the attention of the disease through the implementation of nephroprotection programs.

PHS100
WITHDRAWN

PHS101
HEALTHCARE RESOURCE USE AMONG PATIENTS WITH CONGESTIVE HEART FAILURE IN A LARGE HEALTH ORGANIZATION
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OBJECTIVES: We characterize healthcare utilization among congestive heart failure (CHF) patients in Israel who survived at least a year after diagnosis. METHODS: Adult members of a health maintenance organization in Israel (Maccabi Healthcare Services, MHS) who were diagnosed with CHF between January 2006 and December 2012 were assessed. MHS databases are derived from electronic medical records of longitudinal data from a stable population of over 2 million and provide comprehensive clinical, demographic and health service data. RESULTS: Of 7691 eligible patients followed for 3 years after first diagnosis, 6357 (82.6%) survived ≥1year following diagnosis (mean age 72.7 years (SD 12.3 years)). During the first 6 months following diagnosis, these patients had, on average, 11.3 (SD 7.7), 2.8 (SD 3.0) and 0.11 (SD 0.5) visits to their primary care physician, cardiologist, and nephrologist, respectively, and almost 70% had ≥1 hospital admission. Healthcare services use decreased after the first 6 months. Men were on average younger than women (70.2 vs. 76.0 years), had higher rates of cardiovascular comorbidity and saw a cardiologist more often (p<0.001) than women. More women had hypertension and chronic kidney disease, but saw a nephrologist less often (p<0.001) than men. In the first 6 months following diagnosis, women were hospitalized for longer periods than men (10.2 (SD 19.8) vs. 9.0 (SD 18.9) mean cumulative days of hospitalization, respectively). Similar trends were observed in primary care physician and hospital visits between genders. Patients surviving ≥1 year from diagnosis tended to use outpatient services less often and inpatient services more often than ≥1 year survivors. CONCLUSIONS: Considerable resources are expended on CHF patients, with variations between male and female patients. Observations underscore the considerable healthcare burden of CHF patients, apparent even in this Israeli population,