gery at age two or older with the ICD-9 procedural code for cleft lip repair. Additional characteristics examined across cohorts include length of stay and Consumer Price Index (CPI) adjusted charges. RESULTS: A total of 8,385 discharges for cleft lip repair were reported. In CL patients secondary surgery represented 16.3% (N=134), 14.2% (N=105), and 15.1% (N=129) of surgeries for 2003, 2006, and 2009, respectively. In CLP patients secondary surgery represented 25.5% (N=506), 25.3% (N=555) for 2003, 2006, and 2009, respectively. From 2003-2009, mean length of stay and CPI-adjusted costs decreased in all cohorts except secondary surgery in CL patients. The proportion of secondary cleft lip surgery did not differ significantly across years. Once adjusted, costs have decreased for the majority of patients, a finding in contrast to previously published studies.

**PND60**

**THE EFFECT OF MEDICARE PART D ON PRESCRIPTION PATTERNS AND DRUG UTILIZATION: THE CASE OF NON-BENZODIAZEPINE SEDATIVE HYPNOTICS**

**CONCLUSION:** Our study investigated the effect of Medicare Part D on prescribing patterns and drug utilization of non-benzodiazepine sedative hypnotics. METHODS: Time-series analyses were conducted using data from National Ambulatory Medical Care Survey (NAMCS). Subjects were derived from US outpatient visits between 2002 and 2009 where the primary payment source was Medicare and at least one non-benzodiazepine sedative hypnotic drug was prescribed. Data trends were graphically plotted and further analyzed using segmented regression to estimate the effects of the Medicare Part D implementation. A segmented multivariate logistic regression was conducted to predict the maximum likelihood of prescribing pattern associated with patient and physician socioeconomic characteristics. All analyses utilized SAS PROC PHREG to adjust for the complex sampling design employed by NAMCS database. RESULTS: An estimated 31.52 million of Medicare beneficiaries received at least one non-benzodiazepine prescription between 2002 and 2009 during their outpatient visits. After Medicare Part D implementation, the odds of using these medications increased (24%) in Medicare outpatient visits between 2006 and 2009. In the same time period, prescribing of non-benzodiazepine sedatives increased significantly by 46.3%. The results from segmented regression indicated that the implementation of Medicare Part D drug benefits has significantly increased the sedative utilization in Medicare population (p=0.0001). Multivariate logistic regression revealed that patient gender, geography, chronic condition, and physician specialty all play an important role in determining the utilization pattern of non-benzodiazepine sedatives. CONCLUSIONS: Our study indicated that the use of non-benzodiazepine hypnotics increased dramatically after Medicare Part D. Increased utilization may also be related to the switching effect from benzodiazepine formulary exclusion and/or off-label use for insomnia pharmacotherapy. These findings show the importance of using data analysis to identify substantial consequences from policy implementation and the need to provide additional guidance to insurers on how to effectively monitor prescribing practices.

**PND61**

**ANALYSIS OF THE BURDEN OF 30-DAY READMISSIONS AMONG PATIENTS WITH EPILEPSY: A RETROSPECTIVE STUDY IN A COMMERCIALLY-INSURED UNITED STATES POPULATION**

**OBJECTIVES:** To evaluate the burden of 30-day readmissions in adjutively-treated patients with epilepsy. METHODS: The MarketScan retrospective database (Jan-2006 to Dec-2011) was used. Selected patients met ≥1 diagnosis code (ICD-9 345.xx), age ≥18, ≥1 hospitalization (index), and received ajudicate AEDs during study period. Eligible patients had 60 days pre- and ≥365 days post-index continuous enrolment. Patients were stratified by type of hospitalization (all-cause or epilepsy-related) and by partial vs. generalized epilepsy diagnosis. Readmissions were defined as any hospitalization occurring <30 days from the preceding hospitalization’s discharge date. RESULTS: Of a total of 504,507 patients, 141,017 (19%; age 51±17.6, 59% female, average follow-up 1,188 days) had ≥1 all-cause hospitalizations, and of these, 91,587 (65%) had an epilepsy-related admission, and 41,453 (29%) had ≥1 all-cause 30-day readmissions. Forty-six percent of patients (8,955) had epilepsy-related readmissions. Among patients with epilepsy-related hospitalizations, 13,115 (21%) had ≥1 all-cause 30-day readmissions, 61,103 (16%) had epilepsy-related readmissions. Partial epilepsy accounted for 9,882 (7%) of the total number of patients hospitalized (all-cause) during the study period, 100% of these patients had one or more epilepsy-related admissions. Among the hospitalized (all-cause) with POS, 1,729 (18%) had ≥1 all-cause readmissions, and of these 1,140 (66%) had ≥1 epilepsy-related readmissions. Among POS patients with epilepsy-related hospitalizations, 1,503 (15%) had ≥1 all-cause readmissions, and of these, 1,105 (70%) had ≥1 epilepsy-related readmissions. CONCLUSIONS: In this study, approximately one in three patients with epilepsy hospitalized for any reason had a 30-day readmission, with approximately half of these patients presenting 30-day readmissions due to epilepsy. Patients from Germany, 60% of patients with epilepsy have a 30-day readmission due to epilepsy. Patients with partial epilepsy had a greater burden of epilepsy-related hospitalizations and readmissions.

**PND62**

**NATIONAL ESTIMATES OF PRIMARY AND SECONDARY CLEFT PALATE SURGERY: RESULTS FROM THE KIDS’ INPATIENT DATABASE**

**OBJECTIVES:** Children with a diagnosis of cleft palate only or cleft lip and palate (CLP) may require multiple surgeries to improve their appearance and function. The objective of this study was to estimate the proportion of cleft palate surgeries identified as secondary (or revision) in patients with a diagnosis of cleft palate only or cleft lip and palate. Additional objectives included identification and analysis of patient and hospital level characteristics. METHODS: The Kids’ Inpatient Database (KID), a nationally representative sample of pediatric inpatient visits, was used for this study. Years analyzed included 2003, 2006, and 2009. Subjects were identified by International Classification of Diseases Ninth Revision (ICD-9) diagnosis of cleft palate only or cleft lip and palate. Primary surgery was defined as a surgery before three years of age with the ICD-9 procedural code ‘Correction Cleft Palate.’ Secondary surgery was defined as a surgery at age three or older with any of the following ICD-9 procedural codes: ‘Correction Cleft Palate,’ ‘Revision Cleft Palate Repair,’ ‘Closure Fistula Mouth,’ or ‘Plastic Repair Palate’ Hospital, patient, and clinical characteristics were also examined across cohorts. All costs were adjusted to 2009 dollars using the Consumer Price Index (CPI). RESULTS: For the three years combined, 15,861 discharges for cleft palate repair were reported: 7,856 for CP only patients and 8,055 for CLP patients. Secondary surgery accounted for 28.1% (N=2,193) of palate repairs performed in children with CP only, compared to 43.5% (N=3,505) of palate repairs in children with CLP. Secondary surgery rates did not differ significantly across years. From 2003-2009, CPI-adjusted costs decreased in all cohorts except secondary surgery in CP patients. Secondary surgeries represent a significant portion of cleft palate repairs performed in the United States. Children with cleft palate only have fewer secondary surgeries compared to those with cleft lip and palate.

**PND63**

**PRIORITY DISEASE-MODIFYING DRUG USE AMONG PATIENTS WITH MULTIPLE SCLEROSIS**

**OBJECTIVES:** To evaluate priorities of DMD use among currently treated MS patients. METHODS: A random sample of MS patients (age ≥18 years) from the National Health and Wellness Survey (2011) completed a self-administered survey in December 2012. The survey contained questions related to demographics, disease characteristics, and current and prior DMD use. The number and percentage of patients reporting prior DMD use by current therapy groups (self-injectable DMDs, infusions, other DMDs currently on) were reported. RESULTS: There were 969 patients who completed the survey. Average age was 48.8 years (SD 11.3), 82.9% were female and 737 (76.1%) were currently receiving DMD treatment. Self-injectable (57.8%), infusion (84.1%), oral (77.1%). While 232 (23.9%) were currently untreated. Among patients currently treated with a self-injectable DMD, most patients were either on their first treatment (57.7%) or had prior use of 1 DMD (37.4%). For those currently treated with an infusion DMD, 42.9% had prior use of 1 DMD, 36.5% had prior use of 2 DMDs, 17.9% had prior use of ≥3 DMDs. For patients currently treated with an oral DMD, 27.3% had prior use of 1 DMD, 32.5% had prior use of 2 DMDs, 32.5% had prior use of ≥3 DMDs, and 7.8% were initially treated with an oral DMD. For those not currently on a DMD, 34.9% were untreated, while 33.2%, 18.5%, and 13.4% had prior use of 1, 2, or 3 DMDs, respectively. CONCLUSIONS: In this sample of MS patients, 84.8% had never been treated with a DMD. Most patients initiated therapy with a self-injectable, DMD which patients currently treated with infusion and oral DMDs had prior use of 1 or more DMDs.

**RESEARCH POSTER PRESENTATIONS - SESSION II**

**DISEASE-SPECIFIC STUDIES**

**CANCER – Clinical Outcomes Studies**

**PCN1**

**META-ANALYSIS OF ANASTOMOTIC LEAK RATES FOLLOWING HAND-SEWN SUTURE VERSUS STAPLED ANASTOMOSES DURING RIGHT COLON SURGERY**

**OBJECTIVES:** Ileocolic anastomoses are commonly performed for right-sided colon cancer and Crohn’s disease. Anastomotic leak complications are a significant source of patient morbidity and mortality and have a major impact on health care costs. The objective of this analysis was to compare anastomotic leak rates following ileocolic anastomoses performed using mechanical stapling and hand-sewn suture techniques. METHODS: Pubmed, Embase, Cochrane Library and trial registries were searched for randomized controlled trials comparing hand-sewn and stapled ileocolic anastomoses published between 1990 and December 2013. The odds ratio (OR) for overall anastomotic leak rate was calculated and then weighted and pooled in a meta-analysis with Mantel-Haenszel fixed-effect modeling with Chi square test for heterogeneity. RESULTS: Eight studies with a total of 1,172 patients were included. Two studies included colon polyp and 1 included colon cancer and 2 were for other diagnoses. There were 11 (23.1%) anastomotic leaks reported in 457 patients in the mechanically stapled group, and 46 (6.5%) leaks in 715 patients in the hand-sewn (sutures) group. At study level, the median leak rates in stapled and hand-sewn surgery groups were 17.9% and 7.5%. Overall heterogeneity was moderate. CONCLUSIONS: This meta-analysis of randomized controlled trials comparing hand-sewn with stapled ileocolic anastomoses demonstrates a significantly lower rate of anastomotic leak-