Abstracts

reminder were 2.15 times (95% CI = 1.73 to 2.61) more likely to have an influenza immunization. CONCLUSIONS: Although influenza immunization rates remain low, IVR reminders produce higher rates of influenza immunizations and increase patient adherence in older adults.

PIN2

RETREATMENT RATES OF ACUTE OTITIS MEDIA IN PATIENTS WITH TYMPANO STOMY TUBES WITHIN THE LOUISIANA MEDICAID PROGRAM
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OBJECTIVES: Retreatment of acute infections can often be high thereby increasing treatment costs. This study examined the retreatment rates of acute otitis media in patients with tympanostomy tubes (AOMT) within the Louisiana Medicaid population. METHODS: Louisiana Medicaid claims data for 2000–2002 were retrospectively reviewed for episodes of AOMT. Tympanostomy tube (t-tube) patients were identified using CPT codes from an index period of January 1, 2000 through June 30, 2000. AOMT patients were followed for 24 months from their respective index dates. Episodes of AOMT were then identified from the t-tube sample group using ICD-9-CM codes. An episode started with the first antibiotic claim between one day before or two days after an ICD-9-CM code for AOMT and ended 21 days later. Retreatment was defined as the presence of another antibiotic claim between days 3 and days 21 of an episode of care. Only antibiotics commonly used in the treatment of AOMT were considered in the retreatment analysis. Retreatment rates were calculated on an overall (per episode) basis and by antibiotic. RESULTS: There were 5934 episodes of AOMT care identified within the dataset of which 1381 required retreatment resulting in an overall retreatment rate of approximately 23%. Some of the antibiotics commonly prescribed in the treatment of AOMT are presented in rank order relative to their retreatment rates: ciprofloxacin HCL and hydrocortisone (12%), cephalexin (17%), ofloxacin (26%), amoxicillin (28%), amoxicillin potassium clavulanate (32%), sulfamethoxazole trimethoprim (32%), azithromycin (32%), clarithromycin (33%), cefdinir (33%), and cefprozil (36%). CONCLUSIONS: The retreatment rate of AOMT in the Louisiana Medicaid population was high with approximately 1 out of 4 episodes requiring retreatment. Retreatment rates also varied considerably between antibiotic therapies. Careful consideration of AOMT antibiotic therapy by clinicians may reduce retreatment rates thereby lowering the associated cost of AOMT treatment in the Louisiana Medicaid program.

PIN3

OUTCOMES FOLLOWING THE USE OF AZITHROMYCIN OR CLARITHROMYCIN FOR RESPIRATORY TRACT INFECTIONS IN A MEDICAID POPULATION
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OBJECTIVE: To better understand the consequences of branded macrolide therapy, we assessed rates of re-treatment following the use of azithromycin or clarithromycin among outpatients diagnosed with common respiratory-tract infections in the California Medicaid ("Medi-Cal") program. METHODS: We employed a retrospective cohort design using administrative claims data for a 20% random sample of California Medicaid recipients. We selected outpatients diagnosed with common upper or lower respiratory-tract infections, including acute otitis media, acute pharyngitis, acute sinusitis, chronic bronchitis, or community-acquired pneumonia during an office visit between February 1, 1997 and May 31, 2002. Patients were prescribed either azithromycin or clarithromycin as treatment following diagnosis. The main study outcome was the filling of another prescription for an antibiotic (i.e., “retreatment”) within 30 days following receipt of branded macrolide therapy. For each infection type, logistic regression was used to estimate the rate of retreatment for the two initial macrolides, adjusting for age. RESULTS: We identified 6196 patients diagnosed with acute otitis media, 3794 with community-acquired pneumonia, 2716 diagnosed with pharyngitis, 1354 with chronic bronchitis, and 1162 with sinusitis who received one of the two macrolides of interest. Sixteen (acute otitis media) to 20% (sinusitis) of patients failed treatment with their initial macrolide. Relative to clarithromycin, azithromycin was associated with a significantly lower retreatment rate when used in patients with acute otitis media (OR: 0.63; 95% CI: 0.50 to 0.80; P < 0.0001) or chronic bronchitis (0.70; 0.50 to 0.98; P = 0.039). The likelihood of retreatment (azithromycin relative to clarithromycin) did not differ for patients with pharyngitis (0.96; 0.74 to 1.26; P = 0.783), sinusitis (1.03; 0.75 to 1.42; P = 0.842), or community-acquired pneumonia (0.93; 0.77 to 1.13; P = 0.450). CONCLUSIONS: Compared to clarithromycin, azithromycin is associated with a lower retreatment rate when used for acute otitis media or chronic bronchitis in this Medicaid population.

PIN4

EXAMINATION OF HEPATITIS C IN THE LOUISIANA MEDICAID POPULATION
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OBJECTIVE: The purpose of this study was to examine the epidemiology of Hepatitis C (HCV) in the Louisiana Medicaid population. HCV is estimated to have infected 170 million people worldwide. In many countries, it is the most common cause of chronic liver disease and is the most common indication for liver transplantation. Progression and complications of the disease may lead to cirrhosis, liver failure, and hepatocellular carcinoma (HCC). HCV affects nearly 4 million people in the U.S. HCV causes an estimated 10,000 to 12,000 deaths annually in the U.S. Approximately 70% of these people develop chronic hepatitis and 20% progress to cirrhosis predisposing them to HCC. METHODS: This study is a retrospective secondary database claims analysis. Medicaid recipients were followed longitudinally for the years 1998, 1999, and 2000, which consequently constitute the study period for this research. Recipients were included in one of two groups based on their diagnosis: Infected (having HCV) and at-risk (having a diagnosis of hemophilia, cocaine addiction, drug abuse, cirrhosis, hepatitis B, and HIV or received hemodialysis). Only recipients who were continuously eligible throughout the 3-year study period were included in the study. RESULTS: The prevalence of HCV in the LA Medicaid population during the study period was 7.08 per 1000. Among the at-risk population, the recipients with a diagnosis hemophilia or drug abuse had the highest prevalence. There were 18,286 recipients in the at-risk group while 2128 recipients were classified in the infected group. The infected group consisted of 1151 females (54%) and racial breakdown showed that 1183 (55%) African Americans had HCV. Similar results were obtained when at-risk groups were analyzed. CONCLUSIONS: Most frequently occurring comorbidities in the infected population, were asthma, chest pain, urinary tract infection and bronchitis. About 30% of the recipients in the at-risk group had been tested for HCV.