population, while also revealing the potential limitations of the model in response to a sudden influx of heavy utilizers.

**PHS120**

**PREVENTING CERVIX-UTERUS CANCER IN ARGENTINA: STRUCTURE, ORGANIZATION AND RESULTS**

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**OBJECTIVES:** We reviewed the implementation of the self-administered HPV test in Argentina. The goal of this paper is to document the Federal Program for the Prevention of Cervix-Uterus Cancer (PNFCCU) operation at the first level of care and its upstream linkages to the secondary and tertiary levels, identifying process and outputs indicators.

**METHODS:** The project designed and implemented a series of questionnaires distributed to the local Ministry of Health, each one of its four Programmatic Regions, a sample of 111 health care centers (CAPs), cito/colposcopy labs and gynecologists who treat cancer in this region. A survey about cancer. Information about them was collected. Descriptive statistics, robust MLS and logistics regressions were used to analyze the dataset. **RESULTS:** The outreach activities through sanitary guidelines and district audits of the goals (35-60 year olds). Although 63.6-70% of CAPs report systematic mechanisms to submit Pap samples to labs according to norm, strong idiosyncratic-informal criteria preval, with mix effects on efficiency in outputs. A significant proportion of centers are not able to meet PNFCCU recommendation of a maximum four-week time-span between samples is taken at CAPs and results reach patients. Time gaps (one-to-four weeks) are found across regions between the time abnormal results are identified and treatments are initiated. Besides, coverage of such cases is completely addressed and dropout rates are nil. **CONCLUSIONS:** The econometric analysis provides insights about the poor influence of context variables on process indicators (Paps performed, and number of visits). The key to improving outcomes is to identifying process and outputs indicators and only 32.2 percent were monitored with partograph.

**PHS121**

**A NOVEL STILLBIRTH AUDIT TOOL IMPLEMENTATION IN GHANA: ASSESSMENT OF DEPLOYMENT AT THE DISTRICT LEVELS**

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**OBJECTIVES:** Even though stillbirth audit improves healthcare quality, it is invisible in global policy prioritization (UNICEF, 2009) as its not counted in local data collection. This study assessed deployment of novel stillbirth audit tool in Ghana, a pilot program implemented in the Regional audit task group using the Vanotou design, Ghana Maternal death. Notification form and Perinatal Society of Australia and New Zealand perinatal death guidelines. District and audit committees were formed and trained. The tool was deployed from January 2014 in the Greater Accra Region. Census of all audited stillbirths in 2014 was made. Data on total stillbirth and deliveries abstracted from District Health Information Management System 2. Data entered and analyzed in Epi info 7. **RESULTS:** Total of 109,187 deliveries with 2087 stillbirths (19.1 stillbirths per 1000 deliveries) was documented. Fifty eight percent were macerated, 42 percent of the audited deaths and 26.9 percent unknown causes. Poor management, lack of training, and only 32.2 percent were monitored with partograph.

**PHS122**

**DIFFERENCES IN CHARACTERISTICS, HEALTH SERVICE UTILIZATION AND COST BETWEEN OLDER HOSPITALIZED LUNG CANCER PATIENTS WITH OR WITHOUT ASTHMA**

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**OBJECTIVES:** Asthma holds considerable risk for developing lung cancer patients. It can be assumed that asthma has an effect on health services and healthcare costs accrued by lung cancer patients. This study looks at differences in patient characteristics, healthcare service utilization and costs. **METHODS:** The study used 2010 Seer-Medicare registry and hospitalization data for cancer sites lung, bronchus and not otherwise specified lung cancer to look at patient characteristics and measures of health service utilization and costs. Two patient groups were formed based on having any asthma diagnosis during hospitalization. Descriptive statistics like frequency, percentage, and mean standard deviation were used to characterize differences in patient demographics, costs and service utilization. **RESULTS:** The prevalence sample of 14373 cases, 506 patients had a diagnosis of asthma. Patient characteristics like gender female (66.34% vs 49.34%), race white (15.11% vs 18.65%), age (65% vs 61.51%) and histology squamous cell carcinoma (24.41% vs 22.31%) showed differences in presence of asthma in the population. **CONCLUSIONS:** (mean: 7.7 days; SD: 13.7) longer median length of MA enrolles aged 50-74 when compared to non-MA enrolles (mean: 8.56 days; SD: 16.73). Asthematics had more intermediate inpatient intensive care use (54.55% vs 52.18%) and had more hospital costs (mean: $4853.53; SD: 11038.30 vs mean: $4167.20; SD: 6132.22) and outpatient costs (mean: $11.59; SD: 237.65 vs mean: $11.52 to 40.97 wherever the diagnosis is during hospitalization. **CONCLUSIONS:** There are subtle differences in patient characteristics, healthcare utilization and costs between lung cancer with asthma and without asthma. Intuitively, utilizations and costs should be more abundant among asthematics. However, our study suggests that this variation may not be marked across all utilization and cost measures.

**PHS125**

**POTENTIAL SAVINGS IN HEALTHCARE SPENDING ON “LOW-VALUE” INTERVENTIONS: CASE STUDY OF ARTHROSCOPIC KNEE SURGERY**

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**OBJECTIVES:** Research indicates that waste and inefficiency consumes 10% to 30% of healthcare spending, but estimates of how much healthcare interventions are contributing the most to this misallocation is poorly understood. Some “low-value” interventions that offer relatively low or no additional health benefits for their costs have been identified in the literature, particularly in areas like arthritis, asthma, and certain low-value interventions. The aim of this study was to quantify the healthcare resources and expenditures spent on low-value interventions in Massachusetts (MA) in an effort to better understand and allocate healthcare services. **RESULTS:** For this abstract we present results for the use of arthroscopic surgery for knee osteoarthritis. **METHODS:** We identified a list of low-value services based on published literature, which included arthroscopic debridement/chondroplasty for knee osteoarthritis (procedure codes: 29877, 28987, and G038). We used the 2012 MA All Payers Claims Database (APCD) to examine the spending and characteristics of the individuals who received these services, and to calculate the state’s associated annual healthcare expenditure. The APCD included medical and pharmacy claims from all commercial payers and certain public programs (Medicare Part C only and Medicaid), including patient out-of-pocket payments. **RESULTS:** From our study population (N=6,549,289), a total of 8,488 individuals were identified as receiving an arthroscopic knee surgery in 2012. Of these patients 52.5% were aged <65 years, and 52% were female. Total state healthcare spending associated with this procedure in 2012 was $8.7 million, 95% of which were spent by private payers. Most (64%) of the resources were utilized in the outpatient setting, followed by other services (non-inpatient and non-ophthalmic, such as surgical and ambulatory surgical center) (27%). **CONCLUSIONS:** Quantifying the resources spent on low value interventions can help decision makers gain insight on the potential healthcare savings that could be accrued if healthcare resources were reallocated away from these interventions.

**PHS126**

**VIRTUAL IMPAIRMENT ASSOCIATED WITH INCREASED HOSPITALIZATION: A RETROSPECTIVE COHORT STUDY OF COMMUNITY-DWELLING MEDICARE BENEFICIARIES**

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**OBJECTIVES:** Visual impairment (VI) is related to poor health outcomes such as difficulty with everyday activities, falls, and fracture. However, it is unclear whether VI as a comorbidity with increased hospitalization is due to VI determining whether higher levels of VI are associated with increased rates of hospitalization. **METHODS:** We used a retrospective cohort study design. The Medicare Current Beneficiary Survey (MCS) data covering the 2005 to 2010 time period were used to identify community-dwelling beneficiaries, 65 years old and older who provided p-value: 0.33; however the likelihood of receiving BCS was lower in non-SEN-DE than in non-SEN-DE (OR: 0.81, p-value<0.0001) and D-SENPs (OR: 0.76, p-value: 0.0002). **CONCLUSIONS:** The probability of receiving BCS was lower in dual members not in a D-SEN plan than in duals enrolled in D-SEN plans and non-DE populations. There was no significant difference in the probability between D-SEN and non-DE populations. The SNP plans insured more dual members compared to duals not in a SNP plan. This provides evidence of the value of SNP plans in achieving better outcomes for the vulnerable DE MA population.