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PREVALENCE AND TRENDS IN UTILIZATION OF CERVICAL CANCER PREVENTIVE CARE SERVICES IN THE U.S.
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OBJECTIVES: To examine the predictors and trends in utilization of cervical cancer screening (CCS) in U.S. from 2006 to 2011. METHODS: A cross-sectional study was conducted using Medical Expenditure Panel Survey (MEPS) 2006 to 2011. The study included women eligible for CCS belonging to the age category 21-65 years according to the USPSTF prescribed guidelines. The use of Pap smear test was the outcome of interest. The independent variables were categorized into predisposing, enabling, and need characteristics according to the Andersen Behavioral Model of Health Services Utilization. Descriptive statistics and chi-square tests were performed to examine group differences. Multivariate logistic regression and trend analysis were performed to investigate the predictors of CCS use and the yearly change in the rate of CCS, respectively. RESULTS: A total of 547,749,778 women with an average age of 42.6 years constituted the study cohort of which 80.39% received screening. Most of them were Whites (65.61%), followed by Blacks (13.18%) and Hispanics (14.57%). Result from the logistic regression indicated that women who were married (OR: 3.53, 95%CI: 2.97-4.20) and divorced (OR: 3.98, 95%CI: 2.88-5.50) were more likely to receive screening compared to unmarried ones. Older women (OR: 1.05, 95%CI: 1.04-1.05), and those with public insurance (OR: 1.97, 95%CI: 1.96-2.31) were more likely to receive CCS compared to their younger and uninsured peers. Additionally, education level, income, usual source of health care, region, smoking status and BMI were all significant predictors of CCS. There were no significant changes in the rate of screening across the years assessed. CONCLUSIONS: Various predisposing, enabling, and need characteristics were identified as important predictors of CCS in women. Knowledge of these factors could be helpful in improving access to CCS and consequently achieving the goals of Healthy People 2020 initiative.

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PATIENT RACE/ETHNICITY, PERCEIVED QUALITY OF HEALTHCARE AND HOSPITALIZATIONS: AN INVESTIGATION USING THE MEDICAL EXPENDITURE PANEL SURVEY
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OBJECTIVES: There is limited evidence regarding the relationship between race/ethnicity, health care quality, and hospital stays while the perceived quality of healthcare can impact health services utilization. We investigate race/ethnic differences in the perceived quality of healthcare and the relationship with hospitalizations. RESULTS: We reported covariate-adjusted marginal effects. In 2012, we analyzed data for adults aged 18 years and older, with at least one hospital stay and an evaluation using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) quality measures. We defined healthcare quality using the CAHPS question that asked about the quality (10-best; 0-worst) of the health care received over the past 12 months. A probit regression model identified predictors of a high quality rating (8-10 vs. 0-7) and investigated the relationship between a high quality rating, race, and hospitalizations. We reported covariate-adjusted marginal effects. RESULTS: Application of inclusion criteria resulted in a sample of 10,892 patients. The median age was 60 years and the race distribution was: 55% Caucasian, 24% African American (AA), 16% Hispanic, and 5% Other. Hispanics were less likely (9%) than Whites to give high ratings to their providers while AA respondents were no more or less likely than Whites. The following factors were statistically significantly associated with a high quality rating: high income, female gender, married status, and surgery patient. Following covariate adjustment, Whites and AA who rated their providers highly were more likely to be hospitalized (4% and 5% higher probability, p<0.05) than those who did not rate their providers highly. Hispanics providing a high rating were less likely to be hospitalized (34% lower probability, p<0.05) compared to those who did not give a high rating. CONCLUSIONS: We found significant differences between Hispanics and Whites in the perceived quality of health care with implications for the likelihood of a hospitalization.

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POINT-OF-CARE, REAL-TIME DECISION SUPPORT TOOLS: A PATHWAY COMPLIANCE SOLUTION BUT ONLY WHEN THEY ARE USED
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OBJECTIVES: Evidence-based, consensus-driven clinical pathways are increasingly recognized as a critical component of new delivery models and reimbursement methodologies including medical homes, accountable care organizations, episode-of-care payment, and bundled payment. Providers may also have to negotiate multiple payer-specific pathways that are increasingly complex as a result of targeted precision medicine. Decision support tools (DST) have been considered one solution to navigate this complex disease management and optimize patient outcomes in MTM services that have a collaborative practice agreement in place. Few studies have explored the outcomes of MTM services, where the resolution of the drug therapy problem (DTP) is dependent upon the DST. METHODS: Retrospective review of electronic medical records and prescription claims data were conducted in patients with one MTM consult between January 1stand May 31st. Estimates and respective 95% confidence intervals were provided for the average number of DTPs, and for the percentages of each type of DTP by payer. RESULTS: Variables were collected from January 1st to 6/30/14. Physician chemotherapy regimen selections over the study period were reviewed for compliance to the consensus pathways. A 2-proportion z-test was used for data analysis. RESULTS: Of the 798 physician-generated chemotherapy selections ordered during the study period, 31% were registered in the point-of-care DST.