culated. Per patient per month (PPPM) utilization rates were calculated based on inpatient, outpatient and prescription data, and were estimated using Medicare care costs, wholesale rates and Average Wholesale Price. RESULTS: A total of 5,741 patients met the inclusion criteria. At least one HF re-hospitalization was observed in 25% of patients, representing ≥85% of all-cause hospitalizations. Mean HF hospital stay of length was 6.7 days at IH and 7.2 days at fourth HF re-hospitalization. IH was most costly ($12,426) relative to the mean cost per subsequent HF re-hospitalization ($9,832). HF re-hospitalization rates peaked at 0.062 PPPM 3-6 months post IH. All-cause and HF-related outpatient visit rates peaked at 4.1 and 0.65 visits PPPM, respectively, within three months after IH. Mean outpatient visit cost ranged from $668 (+0.3 months post IH) to $224 (18-24 months post IH). Total pharmacy costs calculated from $593 PPPM (baseline period) to $848 PPPM (0-3 months post IH), of these, cardiovascular drugs accounted for about one third ranging from $162 (baseline) to $221 PPPM (0-3 months post IH). CONCLUSIONS: Treating elderly chronic HF patients is costly and complex. Utilization and cost peak in the first months post IH. New interventions to improve health outcomes in the elderly HF population hold the potential to decrease post IH resource utilization and save costs.

PCV103
VIP BRAZIL: RESOURCE USE AND ASSOCIATED COSTS OF THROMBOTIC EVENTS AFTER TOTAL KNEE REPLACEMENT (TKR) SURGERY IN BRAZILIAN PUBLIC HEALTH CARE SYSTEM (SUS)
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OBJECTIVES: Patients undergoing total knee or hip replacement are at high risk of experiencing venous thromboembolism (VTE) - deep vein thrombosis (DVT) and pulmonary embolism (PE), therefore, the aim of this study was to estimate resource utilization and associated costs of VTE following TKR under SUS perspective. METHODS: Resource use and costs were estimated using a retrospective review of a government claims database (DATASUS). A cohort of patients who underwent TKR surgery in the public healthcare system was defined (1/2010 - 9/2010) and followed for 6 months after surgery. Data related to total hospitalization costs were compared for patients who didn’t present complications with patients who presented VTE episodes (VTE+). A total of 4736 patients were included between January 2010 to September 2010 with average age of 66.5 years (SD 10.3), being 72.1% female. Mean hospitalization costs per patient were $841,036 (SD 2,063) for the population analyzed. VTE episodes were experienced by 42 patients (0.89%, 32 cases of DVT and 10 cases of PE). Mean hospitalization costs associated with the other hospitalizations costs than patients without any complication were $881,919 (SD 1,811), $881,581 (SD 2,962) and $871,715 (SD 6,777) for patients without complication, DVT and PE respectively.

CONCLUSIONS: Patients experiencing VTE following TKR surgery represents a significant economic burden for the Brazilian public health care system. Our study suggests that a patient who presents PE following TKR surgery can cost twice more than a patient without complications.

PCV104
ANALYSIS OF ARB AND ACEI CONSUMPTION, BUDGET AND PRICE CHANCE IN YEARS FOR TURKEY
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OBJECTIVES: Hypertension is the most important risk factor in the prevalent cardiovascular diseases. In this study, consumption analysis of the products containing ARB and ACEI was performed and factors effecting the budget chance was calculated with a regression analysis for assessment the current situations. METHODS: A computer base analysis was conducted depending on consumption data of ARB and ACEI which were taken from Information Medical Statistics – Health (IMS) in 2005-2010 years by using Windows Office Excel 2007. Regression analysis was performed with the results of conducted analysis by using SPSS 15.0.

RESULTS: Losartan consumption in unit, however, was risen 40% in year 2005. The other ARBs decreased (-2.95%). Consumption in unit, however, was rised 40%, consumption in other types decreased (-2.95%). The pre-visit SOAK scores were similar between newly referred naïve patients, yet total patient volume of knowledge measured were: 26%/pre 75.8%/post 75.8% (P = 0.001); Method II pre 60.4%/post 75.8%/ (P = 0.030). Mean changes in pre-post SOAK scores were significantly different between the two intervention groups and other methods (p = 0.011). CONCLUSIONS: The new education program (Method II) resulted in increased communities via increased community visits while maintaining clinic efficiency and quality education. This study aimed to compare operational revenues, clinical outcomes and patient satisfaction knowledge levels in patients receiving two anticoagulation education methods. METHODS: This IRB-approved study employed a parallel-group, pre-post design. Knowledge levels were evaluated using the previously validated Short-form Oral Anticoagulation Knowledge Test (SOAK) before and after education. Revenues and clinical outcomes were measured during the implementation of Method I or II. A sample size of 106 patients was required to detect a 15% change in knowledge with 80% power and alpha of 0.05. RESULTS: There were 108 patients (Method I = 54/54) with similar baseline demographics: female (52.3%), 65 years-old (52.8%) and < high school education (67.5%). Clinical measures reanalyzed between two methods: for bleeding rate (2.3% vs. 3.3%) and for non-CV reasons. Average yearly cost/patient for total ACS population was € 1,848, for hospitalizations: 11,492, diagnostic: 4,960. Hospitalization costs of patients with a relapse were at least 49% higher than for patients without events. Patients died for a CV event during follow-up had an average cost of 19,198/patient. CONCLUSIONS: Patients with ACS had relevant costs of management being the need for a new hospitalization the major cost driver.

PCV106
EVALUATION OF TWO PATIENT EDUCATION METHODS FOR ANTICOAGULATION KNOWLEDGE, CLINICAL OUTCOMES AND OPERATIONAL REVENUES IN PATIENTS RECENTLY STARTED ON WARFARIN
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OBJECTIVES: Traditionally, newly referred naïve anticoagulation patients (warfarin use <2 months) received anticoagulation education via 30-min face-to-face pharmacist counseling (Method I). We hypothesized that a new education program with 15-min video education plus 15-min face-to-face pharmacist counseling (Method II) would maximize operational revenues, clinical outcomes and patient satisfaction knowledge levels in patients receiving two anticoagulation education methods. METHODS: This IRB-approved study employed a parallel-group, pre-post design. Knowledge levels were evaluated using the previously validated Short-form Oral Anticoagulation Knowledge Test (SOAK) before and after education. Revenues and clinical outcomes were measured during the implementation of Method I or II. A sample size of 106 patients was required to detect a 15% change in knowledge with 80% power and alpha of 0.05. RESULTS: There were 108 patients (Method I = 54/54) with similar baseline demographics: female (52.3%), 65 years-old (52.8%) and < high school education (67.5%). Clinical measures reanalyzed between two methods: for bleeding rate (2.3% vs. 3.3%) and for non-CV reasons. Average yearly cost/patient for total ACS population was € 1,848, for hospitalizations: 11,492, diagnostic: 4,960. Hospitalization costs of patients with a relapse were at least 49% higher than for patients without events. Patients died for a CV event during follow-up had an average cost of 19,198/patient. CONCLUSIONS: Patients with ACS had relevant costs of management being the need for a new hospitalization the major cost driver.

PCV107
IMPACT OF MEDICATION THERAPY MANAGEMENT (MTM) ON IMPROVING DIABETES CARE: A DIFFERENCE-IN-DIFFERENCES APPROACH
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OBJECTIVES: Pharmacists play an integral role in quality improvement programs through medication therapy management services (MTM). This study estimates the effect of a pharmacist-led and delivered MTM program on achieving Diabetes Care (DC). METHODS: The study included patients with diabetes who received MTM services at Fairview Clinics during a 2007 demonstration project (n = 121) and those invited to receive MTM services but opted out (n = 103). Baseline characteristics were compared between the two groups. Rates of ODC for 2006, 2007 and 2008 were compared using McNemar’s test based on Minnesota Community Measurement all-or-none 5-component (DS) ODC measure (hBAc <7%, LDL-100mg/dl, blood pressure >140/90mmHg; tobacco free, and daily aspirin use). Linear and nonlinear multivariate difference-in-differences (DID) estimation were performed with the results of conducted analysis by using SPSS 15.00 for Windows Office Excel 2007. Regression analysis was performed with the results of conducted analysis by using SPSS 15.0.

RESULTS: The MTM group had more co-morbidities, more complex medication regimens and a higher percentage of diabetes with complications (p<0.05). There was significant improvement in ODC rates for the MTM group in 2007 compared to 2006 (45.45% vs 21.49%, p<0.001) and a significant decline in 2008 (45.45% vs. 25.62%, p<0.0002). The control group showed a significant improve-