and persisted following interventions, and 2) the impact of interventions on quality, and patient drug costs from a payer perspective. METHODS: Before-after study with comparison group design. Medicaid prescription claims data were compared for three months prior to and following the intervention. RESULTS: In total, 253 nursing homes, 110 consultant pharmacists, and 6344 patients participated in the study arm, with 5160 patients remaining at the end of the follow-up period. At baseline, study group patients used an average of 9.7 prescriptions per month, costing the NC Medicaid program $517(USD). There were 5918 recommendations offered for 3262 patients, or an average of 1.8 per patient. At least one profile-related pharmacist intervention was implemented for 72% of patients, about half involving a switch to a lower cost drug. Two of five alert categories had highly significant reductions in alert persistence of 10.8% and 29.7% respectively versus 0.7% and 14.1% in the comparison group. Drug costs for study group patients were $57 lower than comparison group patients at follow-up (p < 0.05). CONCLUSIONS: A supplemental program of medication reviews for targeted NH patients resulted in a reduction in the persistence of PDTP alerts and was cost beneficial based solely on drug cost savings. This intervention may be a model for future medication therapy management services provided by prescription drug plans under Medicare for patients in long-term care settings.

PHYSICIAN PRESCRIBING OF SLEEP DISORDER MEDICATIONS IN UNITED STATES OUTPATIENT SETTINGS: FACTORS AFFECTING PRESCRIPTION OF HIGH ABUSE POTENTIAL AND COSTLY MEDICATIONS
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OBJECTIVE: This research was performed to analyze selected socioeconomic and clinical factors relating to both physicians and patients associated with physicians’ prescribing of expensive medications and medications with abuse potential side effects for treatment of sleep difficulties in a nationally representative sample of outpatient physician visits in the United States.
METHODS: A multivariate logistic regression method was used to analyze the 1996–2001 National Ambulatory Medical Care Survey data to determine the patient and physician factors associated with a prescription for expensive medication and medications with abuse potential side effects in outpatient settings.
RESULTS: From 1996 to 2001, about 94.6 million sleep difficulty related visits were made to outpatient physician offices in the United States. Forty eight percent (45 million) of sleep difficulty related visits received prescription for medication therapy only. Patients over 65 years of age were 44% less likely (OR: 0.56, 95% CI: 0.35–0.90) to receive an expensive medication prescription than patients aged 18–34 years (reference group). Hispanic patients were 56% less likely to receive an expensive medication prescription than Non-Hispanic patients during their visits (OR: 0.44, 95% CI: 0.22–0.88). Male patient visits were 39% less likely than female patient visits to result in receipt of medication with abuse potential among patient visits receiving medication therapy (OR: 0.61, 95% CI: 0.45–0.81). In addition, patients with mental co-morbidities were 80% more likely to be associated with receipt of a prescription of medications with abuse potential than patients with no mental co-morbidities (OR: 1.80, 95% CI: 1.31–2.47). CONCLUSIONS: This study indicated that patient’s age and ethnicity influence physician prescribing of expensive medications for treatment of sleep difficulties. In addition, increased probability of receipt of medication with abuse potentials in female gender is of concern, when safer alternative medications with lower abuse potentials are easily available.

HP4
PRIMARY CARE AND GATEKEEPER MODELS IN GERMANY—WHAT DO THE PATIENTS WANT?
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OBJECTIVES: To understand and quantify the consumers’ choice and preferences for the heavily discussed and politically promoted introduction of gatekeeper models in primary care as a measure of effective cost containment. Furthermore, to explore which of the patients’ segments could be addressed by which value proposition, which design elements to use and what kind of incentive structures to create. METHODS: Applying stochastic methods, a representative sample of 3024 people from the health insured population was taken and segmented according to four basic dimensions (age, gender, income, and insurance status). About 1000 interviews were performed in a telephone survey. Participants were asked 10 questions about their knowledge on primary care and gatekeeper models. Other questions addressed aspects such as design elements of potential gatekeeper models, parameters for the interviewee’s choice on a potential family doctor, demands on the quality of a family doctor, and incentive structures. RESULTS: The participants showed differentiated answer profiles. Older and currently ill people were significantly better informed concerning gate keeper models in primary care. In total, 88% already go to their family doctor and 60% use their family doctor as the primary address and would participate at a gatekeeper model without extra incentives. The demands on family doctors are dependent on age and gender. Neighbourhood and personal experience as well as quality and service level are key factors. CONCLUSIONS: It can be concluded that even without being well informed and without explicit incentive structures, the insured already behave according to the principles of primary care and gatekeeper models, limiting the political effect of reorganising patient streams in ambulatory care. Furthermore, insurance companies should investigate consumers’ choices in primary care before setting up sophisticated incentive systems.

Methods and Concepts in Patient-Oriented Research

PO1
TRAJECTORIES OF EQ-5D QUALITY OF LIFE UTILITY SCORES FOR 10,000 SCHIZOPHRENIA OUTPATIENTS OVER 2 YEARS: A REPORT FROM THE SOHO STUDY
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OBJECTIVES: Extensive longitudinal data are required to characterize the outcomes of serious mental disorders. Statistical methods for profiling individual differences in clinical and social outcomes, and the impact of treatment have expanded over the past decade, are now implemented in user friendly software. Our aim was to characterize individual trajectories in patient-rated quality of life scores recorded over two years. METHODS: The sample comprised 10,000 outpatients with schizophrenia participating in the Schizophrenia Outpatient Health Outcomes (SOHO) observational study of health outcomes of antipsychotic treatment which was conducted in 10 European countries. SOHO enrolled schizophrenia outpatients who were initiating or changing their antipsychotic medication. The outcome was...