PHS9
ECONOMIC IMPACT OF PATIENTS WITH TUBERCULOSIS SCLEOROSIS COMPLEX (TSC) IN THE UK: A RETROSPECTIVE DATABASE ANALYSIS IN THE CLINICAL PRACTICE
RESEARCH DATALINK (CPRD)
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OBJECTIVES: TSC is a multi-system genetic disorder that affects up to 8,000 patients in the UK. The aim of this study was to identify high cost sickle cell disease (SCD) patients (HCSPs) and analyze their cost patterns throughout lifetime and as they transition from pediatric to adult care.

METHODS: State Medicaid data from 1997 to 2010 were analyzed. Patients with ≥2 SCD diagnoses and ≥1 blood transfusion were included. HCSPs were defined as the fraction of most expensive patients accounting for 50% of the total yearly costs. Periodic events associated with high costs are likely to be responsible for high total costs. Cost high events (HCEs), defined as quar ters with costs ≥$3,095, corresponding to the amount separating the top 5% most expensive quarters observed in the sample, were analyzed. A longitudinal logistic regression model was used to identify factors associated with HCEs. RESULTS: From a cohort of 3,208 eligible SCD patients, 449 (14%) were identified as HCSPs. The average yearly total cost of HCSFs increased significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion compared to $17,683/year for other patients. The share of the total yearly costs of SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusions was significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion compared to $17,683/year for other patients. The share of the total yearly costs of SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusions was significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusions compared to $17,683/year for other patients. The share of the total yearly costs of SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusions was significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusions compared to $17,683/year for other patients.

PHS71
HIGH COST PATIENTS AND COST PATTERNS: FROM PEDIATRIC TO ADULT CARE IN A COHORT OF MEDICAID PATIENTS WITH SICKLE CELL DISEASE
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OBJECTIVES: The aim of this study was to identify high cost sickle cell disease (SCD) patients (HCSPs) and analyze their cost patterns throughout lifetime and as they transition from pediatric to adult care. METHODS: Medicaid data from 1997 to 2010 were analyzed. Patients with ≥2 SCD diagnoses and ≥1 blood transfusion were included. HCSPs were defined as the fraction of most expensive patients accounting for 50% of the total yearly costs. Periodic events associated with high costs are likely to be responsible for high total costs. Cost high events (HCEs), defined as quarters with costs ≥$3,095, corresponding to the amount separating the top 5% most expensive quarters observed in the sample, were analyzed. A longitudinal logistic regression model was used to identify factors associated with HCEs. RESULTS: From a cohort of 3,208 eligible SCD patients, 449 (14%) were identified as HCSPs. The average yearly total cost of HCSFs increased significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion compared to $17,683/year for other patients. The share of the total yearly costs of SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion was significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion compared to $17,683/year for other patients. The share of the total yearly costs of SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion was significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion compared to $17,683/year for other patients. The share of the total yearly costs of SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion was significantly higher at $108,524/year for SCD patients with ≥2 SCD diagnoses and ≥1 blood transfusion compared to $17,683/year for other patients.
PHS75
UTILIZATION, COSTS AND REIMBURSEMENT OF INPATIENT TREATMENT OF ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS AMONG THE MEXICAN FEE-FOR-SERVICE POPULATION

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OBJECTIVES: This study of hospitalized Medicare beneficiaries with acute bacterial skin and skin structure infections (ABSSSI) diagnoses describes inpatient hospital cost and resource use by patients with primary ABSSSI infections. METHODS: The study used Medicare Provider Analysis and Review (MedPAR) Files from 2011-2012 containing claims for 313,646 patients in 2011 and 317,527 patients in 2012 with a diagnosis of primary ABSSSI with Age 2+ Medicare recipients from 2011-2012. Reimbursements were derived from 2012 MedPAR data and costs were derived from 2010 Premier data, inflated (4.7%) to 2012 using the October 2012 hospital producer price index (PPI) generated by the Bureau of Labor Statistics. RESULTS: Median Charlson Comorbidity Index (CCI) was 3; patients tended to have more comorbidities on the trunk, feet, and toe. The median LOS was 3 days. Sixteen percent of patients used the ICU/CCU. For MS-DRG 603 (Cellulitis without MCC), the most common MS-DRG comprising 61% of admissions, net reimbursement was positive when LOS ≤ 3 days, but 52% of admissions were projected to result in financial losses to the hospital. Non-minority status, Northeast census region, CCI, cellulitis on the leg and traumatic wound infection were correlated with longer LOS; diagnoses of erysipelas, diabetes without complications and drug abuse were correlated with shorter LOS. Median cost was $5,612. CONCLUSIONS: The median length of stay for Medicare patients is shorter than the indicated length of antibiotic drug treat- ment for ABSSSI (7-10 days), implying that most patients complete treatment in ambulatory settings. Hospitalization cost is less than reimbursement for many of the most common type of ABSSSI patients.

PHS76
FACTORS RELATED WITH DIRECT COSTS OF RESIDENTIAL MENTAL HEALTH SERVICES IN SÃO PAULO CITY, BRAZIL: DOES RESIDENT PROFILE AFFECT COSTS?

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OBJECTIVES: Residential services costs have been associated with multiple variables such as resident psychiatric status and severity of symptoms, daily living skills, social functioning, and geographic region. This study aimed to assess costs of up to twenty full staffed homes were created in São Paulo city, in order to accommodate people discharged from psychiatric hospitals. Aims of this study were to estimate the direct costs of residential services and also to explore the relationship between resident profile and services costs. METHODS: We used a bottom-up approach for the estimation of direct costs according to public health service provider perspective. Direct costs included costs with accommodation, inpatient, outpatient and emergency health services and treatment received in the previous month, in 147 subjects with mental disorders living in twenty full staffed homes during the year 2011. We evaluated resident profile (quality of life, social behaviour problems, psychiatric diagnosis, severity of symptoms, socio demographic characteristics) and pattern of health service use. Linear regression analysis was employed to verify the effect of resident profile on residential services costs. RESULTS: Residential services costs correlated with total direct costs including accommodation, health care and medicine, and of these, 62% were due to human resources costs, 8% to trans- portation and house repairs and 7% to overhead. Residential costs were associated exclusively with geographic region, length of time living in psychiatric hospital and length of time living in residential service. Median of resident costs per month per capita was US$1,750.00 (1US$ = 2B$-Brazilian currency). One-fourth to one-third of the sample presented good scores of autonomy, social behaviour and psychiatric status. CONCLUSIONS: Direct costs of residential services could be optimized if for many of the most common type of ABSSSI patients.

PHS77
DIFFERENCES IN THE UTILIZATION OF PREVENTIVE SERVICES FOR UNITED STATES VETERANS AND NON-VETERANS

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BACKGROUND: The utilization of cancer preventive care services including mammography, colonoscopy and pap smears in the United States remains low, despite their established success in reducing cancer deaths. Due to the harmful exposures during their service years veterans may have more negative health outcomes compared to nonveterans. The rising costs of cancer treatment and a focus on value in healthcare require the public to understand how VA resources are being used and if they are providing high quality and effective care to our nations. Veterans OBJECTIVES: To understand the difference in the utilization of preventive services between veterans and non-veterans. Veterans have reported reasons for declining preventive services like previous negative results, no time to get tested, no risk factors, getting tested not being a priority, unrelated in knowing, and already infected with cancer. This paper assesses the differences in utilization of preventive services with data from the Household Component (HC) of the Medical Expenditure Panel Survey (MEPS) from 2011. METHODS: We attempted to understand the differences in utilization of cancer related preventive services between veterans and non-veterans in 2011 using regression analyses. RESULTS: For both colonoscopy and mammography, veterans are less likely to have had a mammogram in the past year or controlling for a wide range of socio-demographic variables. There is no significant difference in women veterans and women non-veterans and their utilization of pap smears in the 211 data. CONCLUSIONS: Despite documented evidence in early cancer detection, take up rates for mammography and pap smears appears lower among United States veterans. Visibility may not be accessing the prevention services available to them in the VA and perhaps awareness and education can increase these rates in the future.

PHS78
ASSOCIATION BETWEEN PERSISTENT ANNUAL TO BIENNIAL MAMMOGRAPHY SCREENING AND STAGE AT DIAGNOSIS AMONG ELDERLY WOMEN WITH BREAST CANCER

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OBJECTIVES: Previous studies have demonstrated the benefit of pharmacist interventions to improve adherence. The objective of this study is to evaluate the impact of a community site of care represents a significant savings potential for RA management.

HEALTH SERVICES – Patient-Reported Outcomes & Patient Preference Studies

PHS80
ASSOCIATION BETWEEN PERSISTENT ANNUAL TO BIENNIAL MAMMOGRAPHY SCREENING AND STAGE AT DIAGNOSIS AMONG ELDERLY WOMEN WITH BREAST CANCER

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OBJECTIVES: Previous studies have demonstrated the benefit of pharmacist interventions to improve adherence. The objective of this study is to evaluate the impact of a community site of care represents a significant savings potential for RA management.

HEALTH SERVICES – Patient-Reported Outcomes & Patient Preference Studies

PHS81
Impact of a Pharmacist-Call Intervention Program on New to Therapy Patients’ Medication Adherence

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OBJECTIVES: This study was new to therapy for chronic conditions often have poor medication adherence that can lead to adverse outcomes and higher medical costs. Previous studies have demonstrated the benefit of pharmacist interventions to improve adherence. The objective of this study is to evaluate the impact of a community pharmacist telephone call program on medication adherence in patients new to therapy.