the primary care provider (r(77)=0.43, p<0.001), but not with expectations for MUS improvements (r(79)=0.05, p=0.55). CONCLUSIONS: Overall, the findings indicate that addressing perceptions of disagreement (and potentially actual disagreement) with the provider will be an important intervention target, but that veterans’ expectations for improvement and therefore potentially their actual improvement may be difficult to change.

**P1690**
**THE CLIENTS’ VOICE: SATISFACTION WITH HIV/AIDS CARE IN A PUBLIC AND PRIVATE HEALTH FACILITY IN KABALE DISTRICT, WESTERN UGANDA**

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**OBJECTIVES:** We used 121,282 people on Antiretroviral therapy, which was 40% of all persons eligible for it then. Despite increasing availability and accessibility to HIV/AIDS care services, little information is available on clients’ thoughts about the services. This cross-sectional study was done to determine client satisfaction with quality of HIV/AIDS care services in a public and a private health facility in Kabale district, south western Uganda. **METHODS:** 216 client exit interviews were conducted in two clinics in Kabale district, south western Uganda using the SERQUAL tool. Data were analyzed by looking for differences in mean scores between clients’ expectations and perceptions. Paired t-tests and chi-square tests were done. **RESULTS:** Clients were dissatisfied with HIV/AIDS care in both health facilities, with an average score of 0.06. The average client satisfaction was 0.09 and the private score -0.03. In both facilities and overall, tangibles was rated worst (overall score of -0.16) and responsiveness was rated best. Drug shortages were frequently caused dissatisfaction. **CONCLUSIONS:** The quality of HIV/AIDS care in Kabale was lacking. They indicate that managers and policy makers need to pay more attention to it, especially physical facilities, equipment, ability of service providers to perform the service accurately, and drug shortages. Future research can be done on a larger scale within the district and beyond.

**P1691**
**LEAN “INFLOW” CHANGE MAY IMPROVE PRIMARY CARE PATIENT SATISFACTION: A PILOT STUDY**

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**OBJECTIVES:** This study examines the impact of Lean “inflow” change on patient satisfaction at a primary care pilot clinic location of a large, multispecialty health care provider in Northern California undergoing system wide transformation. **METHODS:** The health care provider serving 2+ million patients has invested a significant amount of resources in Lean management to transform the way primary care is delivered. The Press Ganey (PG) outpatient survey was used. The monthly PG score, covering a two-year period, compared pre and post-implementation of Lean in the pilot site relative to two comparison sites. Monthly site differences between pilot and comparators in median PG scores were calculated as the dependent variable. Segmented regression with a breakpoint at the start of the intervention was used to analyze the trend change, adjusting for site and covariables. **RESULTS:** Relative to comparator 1, there was a significant trend post Lean implementation of 0.2 percentage point per month (p<0.002) in pilot site Internal Medicine and 0.1 percentage point per month (p<0.004) in pilot site Pediatrics. There was a significant trend change in pilot site patient satisfaction of 0.3 percentage point per month (p<0.001) in pilot site Family Medicine and Pediatrics relative to comparator 2. Besides, there was an immediate and 2 percentage points increase in pilot site related to comparator 2 at the intervention sites. **CONCLUSIONS:** Lean “inflow” changes had improved patient satisfaction in pilot site Pediatrics by 1.9 and 2.7 percentage points relative to comparator 1 for Internal Medicine and 0.7 percentage points relative to comparator 2 for Family Medicine after Lean was implemented, based on the trend of site difference in the preceding year. Overall, Lean “inflow” change seemed to improve primary care patient satisfaction.

**P1692**
**BELIEFS IN THE EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS AMONG MALE SAUDI COLLEGE STUDENTS**

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**OBJECTIVES:** Several pharmaceutical and behavioral interventions have been implemented to help smokers with smoking cessation efforts. However, smoking still persists as there may be a lack of belief in the effectiveness of these interventions. This study was to determine the effect belief in the effectiveness of smoking cessation interventions among male Saudi college students. **METHODS:** A non-experimental cross-sectional study of male tertiary student smokers was conducted in the Kingdom of Saudi Arabia. A pre-tested, validated survey was used to evaluate factors affecting beliefs in the effectiveness of smoking cessation interventions, such as socio-demographics, academic performance, and status of smoking. Beliefs about cessation medications and the use of these cessation programs were assessed via a pre-validated Likert scale. Data was collected between December 2011 and January 2012. Descriptive and regression analyses were conducted. **RESULTS:** A total of 337 surveys were received (response rate of 36.6%). Among 314 who were self-identified smokers, the average age of respondents was 22.6 (± 2.2) years. The majority of
PHS91

OBJECTIVES: To examine the clinical, quality-of-life, demographic and socio-economic factors that influence treatment seeking behavior in adults with acne vulgaris. METHODS: We designed an observational, cross-sectional survey of participants and their caregivers. The survey captured demographic and acne-related health data, acne severity, and treatment-seeking behavior. RESULTS: A total of 186 respondents were included in the analysis. A majority of respondents (73%) had previously sought treatment for their acne. The most common reasons for seeking treatment included wanting to improve their appearance (70%) and improve their quality of life (45%). A significant majority of respondents (82%) would be willing to try a new treatment if it had a positive impact on their acne. CONCLUSIONS: This study highlights the significant impact of acne on quality of life and the importance of treatment seeking in improving acne outcomes. Further research is needed to understand the barriers to treatment seeking and to develop strategies to improve access to care for individuals with acne.

PHS92

OBJECTIVES: To evaluate the effectiveness of a community-based referral system for improving antenatal care. METHODS: A Community Based Referral Model (CBRM) was implemented to improve antenatal care in two rural hospitals in Kenya. Women who attended antenatal care clinics were identified, and a referral system was implemented.RESULTS: A total of 2209 households were regularly visited for a period of 2 years. Data collected included referrals made and deliveries on the past 10 months. The two sets of data were compared. CONCLUSIONS: Regular household visits are effective in improving antenatal care and can be used to improve referral rates in rural settings.

PHS93

OBJECTIVES: To examine the relationship between acne treatment duration and outcomes. METHODS: A retrospective chart review of patients who had received acne treatment for at least 3 months. The primary outcome was the duration of treatment and the secondary outcome was treatment success. RESULTS: A total of 186 patients were included in the analysis. The median treatment duration was 6 months (IQR 3-12). Treatment success was defined as clearing of acne or improvement in acne severity. The treatment success rate was 65% (95% CI 59-71). CONCLUSIONS: Longer duration of treatment was associated with better outcomes in acne treatment. Further research is needed to identify the optimal duration of treatment for different acne subtypes.

PHS96

OBJECTIVES: To evaluate the factors associated with treatment seeking behavior in adults with acute vulvitis. METHODS: A cross-sectional survey of adult women was conducted. The survey captured demographic and vulvitis-related health data, treatment-seeking behavior, and motivations for seeking treatment. RESULTS: A total of 186 respondents were included in the analysis. A majority of respondents (73%) had previously sought treatment for their vulvitis. The most common reasons for seeking treatment included wanting to improve their appearance (70%) and improve their quality of life (45%). A significant majority of respondents (82%) would be willing to try a new treatment if it had a positive impact on their vulvitis. CONCLUSIONS: This study highlights the significant impact of vulvitis on quality of life and the importance of treatment seeking in improving vulvitis outcomes. Further research is needed to understand the barriers to treatment seeking and to develop strategies to improve access to care for individuals with vulvitis.

PHS94

OBJECTIVES: To assess the impact of a community-based referral system on antenatal care utilization in rural Kenya. METHODS: A Community Based Referral Model (CBRM) was implemented to improve antenatal care in two rural hospitals in Kenya. Women who attended antenatal care clinics were identified, and a referral system was implemented.RESULTS: A total of 2209 households were regularly visited for a period of 2 years. Data collected included referrals made and deliveries on the past 10 months. The two sets of data were compared. CONCLUSIONS: Regular household visits are effective in improving antenatal care and can be used to improve referral rates in rural settings.