ADVERSE DRUG EVENTS AND ELECTRONIC MEDICAL RECORDS: RESULTS FROM THE 2007-2008 NATIONAL AMBULATORY MEDICAL CARE SURVEY

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OBJECTIVES: The goal of this study was to evaluate the impact of electronic medical record (EMR) use on the frequency of visits due to an adverse event as reported in the National Ambulatory Medical Care Survey (NAMCS) 2007-2008 database. The specific objective was to determine the frequency of adverse events in patient visits that included the use of an EMR compared to visits without the use of an EMR. An adverse event was defined as an adverse outcome from medical or surgical care or an adverse drug event.

METHODS: The study design was a retrospective, cross-sectional, observational analysis of the NAMCS database from 2007-2008. Patient visits were included if the result of an adverse event were selected from all established patient visits.

RESULTS: An adverse event occurred in 44,035,493 (2.6%) patient visits. Of these visits, 26,067,600 (1.5%) did not include the use of an EMR, while 17,967,893 (1.1%) included the use of an EMR. The majority of visits including the use of an EMR were by female patients (59.4%), white patients (83.2%), or patients age 45-64 years (29.2%). Only 40.2% of established patient visits included the use of an EMR.

CONCLUSIONS: Adverse event frequency was lower in patient visits that utilized an EMR as compared to patient visits that did not include the use of an EMR. Increasing EMR use will allow healthcare professionals to further prevent adverse events.

PHG48

STATUS OF PHARMACIST AT COMMUNITY LEVEL: AN EXPLORATORY STUDY IN QUETTA, PAKISTAN

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OBJECTIVES: To study the status of pharmacists working at community pharmacies in Quetta city, Pakistan.

METHODS: A cross-sectional survey was designed to conduct this study. A questionnaire about status of pharmacists working at community pharmacies was constructed, content validated and used. Pharmacists were hired for data collection and analyses were done by SPSS 15. RESULTS: All 415 community pharmacies of the city were approached and 392 responded (94.45%). There were only 18.75% pharmacies were a qualified pharmacist possessing community pharmacy degree although the community pharmacies were licensed under a qualified person. People with higher secondary education (31.25%) were found mostly involved in running community pharmacies. The knowledge of medications and therapeutics was present. Only 18.75% had a degree in pharmacy.

CONCLUSIONS: There was no significant difference in the number of community pharmacies of the city were approached and 392 responded (94.45%). There were only 18.75% pharmacies were a qualified pharmacist possessing community pharmacy degree although the community pharmacies were licensed under a qualified person. People with higher secondary education (31.25%) were found mostly involved in running community pharmacies. The knowledge of medications and therapeutics was present. Only 18.75% had a degree in pharmacy.

PHG49

UTILIZATION AND COST OF THE HEALTH PLAN - EFFECTS OF SPousAL BEREAVEMENT

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OBJECTIVES: To evaluate the effects of widowhood on the outpatient and hospital health services used by beneficiaries of a private health care plan in Brazil.

METHODS: Cohort study of beneficiaries listed as married of the health plan in 2007, consisting of 29,932 couples. Thereafter began a follow-up of 36 months for verification of death of either spouse. During this period, entered the study at the date of death of spouse, 308 widows and 180 widowers. The mortality rate observed in the group was compared with expected mortality for the population of reference, according to sex and age. Statistical analysis was considered the Standard Mortality Ratio (SMR), with evaluation of significance by the method of Poisson approximation. RESULTS: The mortality rate was 29.2 deaths per 100,000 person-years, only 40.2% of expected deaths. The sex ratio was 1.05 (p = 0.0026) and at 36 months of 1.85 (p = 0.0018). CONCLUSIONS: This study showed higher than expected mortality to significant levels in people who have experienced the death of a spouse. Measures to support and healthcare for families who lives grief can be an interesting alternative in the social aspect and somehow contribute to reducing the risk of mortality at the expected level for sex and age.

PHG50

MIXED EVIDENCE FOR THE "HEALTHY ADJENDER EFFECT" IN A SAMPLE OF 22,070 ADULTS WITH CHRONIC DISEASE IN THE UNITED STATES

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OBJECTIVES: The “healthy adherer effect” posits that part of the association between non-adherence and suboptimal health outcomes is the possible confounding effect of worse lifestyle behaviors of non-adherers. Our objective was to test the “healthy adherer effect” among US adults with chronic diseases.

METHODS: We conducted a cross-sectional survey of 22,070 adults with asthma, hypertension, diabetes, hyperlipidemia, osteoporosis, GERD, depression, or anxiety from the Harris Chronic Disease Panel. Respondents were classified into one of three mutually-exclusive categories: (1) persisters (i.e., currently taking medication); (2) non-persisters (i.e., discontinued medication in the past year); and (3) non-takers (i.e., did not obtain the first fill for a new prescription in the past year). Respondents also completed items on lifestyle behaviors: weight and height to derive BMI, smoking status, alcohol use, physical exercise, seatbelt use, and receipt of an influenza vaccination in the past year. Linear and logistic regression was used to model individual lifestyle behaviors on self-reported adherence status controlling for demographic characteristics.

RESULTS: Multivariate regressions revealed no statistically-significant associations between adherence status and BMI (continuous), weekly moderate exercise, binge drinking, and obesity as defined by the BMI. Multivariate regressions revealed that non-persisters and non-takers were significantly less likely to report having a flu shot in the past year (OR = 0.76 and 0.73, respectively). Compared to persisters, non-persisters were more likely to be current smokers (OR = 1.19, p = 0.004) and were less likely to always use seatbelts (OR = 0.80, p = 0.009). CONCLUSIONS: We found mixed evidence for a “healthy adherer effect.” Non-persisters and non-takers differed from persisters on some, but not all, lifestyle behaviors. Future research should link both adherence behaviors and life-style behaviors to risk of mortality and hospitalization.