**PHS111**

**BLOOD PRESSURE TESTING AT COMMUNITY PHARMACIES PROMOTE BETTER HYPERTENSION MANAGEMENT**

Tipton M., Lou Y., Huang Z., Nadas J.

Walgreens Co., Deerfield, IL, USA

**OBJECTIVES:** Hypertension increases the risk for heart disease and stroke and is a leading cause of death in the United States. In September 2011, the Department of Health and Human Services launched the Million Hearts® initiative to fight heart disease. To support this effort, a large pharmacy chain offered free blood pressure (BP) tests in all the locations nationwide. This study assesses the clinical impact of administering BP tests at these community pharmacies. **METHODS:** This retrospective, pre-post, cohort study included 123,427 self-reported hypertension patients, 18 years or older, who in 2012 received one or more BP tests at a Walgreens pharmacy. Outcome measures include BP test results and anti-hypertension medication use 12 months pre and 6 months post BP tests. Chi-square was used to determine significant differences between groups. **RESULTS:** 72,166 (58.47%) patients had abnormal test results. Patients without or non-adherent to anti-hypertensive medications (PDC<80) prior to testing were more likely to have abnormal test results, 60.02% of patients without or non-adherent to anti-hypertensive medications and 61.36% of non-adherent patients compared with 58.52% of patients who had abnormal BP. Patients with abnormal test results were more likely to add anti-hypertensive medications post testing, 10.17% of patients with abnormal results and only 6.27% with normal results added anti-hypertensive medications post testing (P<0.001). Some patients in both groups discontinued medication. However, after testing, the abnormal BP patient group had 2.99% net increase (P<0.001) and the normal BP patient group had 1.32% net increase (P=0.001) of anti-hypertensive medications users. **CONCLUSIONS:** BP testing at community pharmacies appears to improve appropriate utilization of anti-hypertensive medications. Patients reporting hypertension without anti-hypertensive medications and those non-adherent were more likely to have abnormal BP results.BP abnormal results prompted patients to take anti-hypertensive medications. This public/private collaboration promoted better hypertension management and ultimately helped fight heart disease.

**PHS112**

**MAIL ORDER PHARMACY USE AND ASSOCIATED HEALTH EXPENSES IN ADULTS WITH DIABETES**

Nagendra V.1, Davis Ajami ML1, Wu J2

1South Carolina College of Pharmacy – USC Campus, Columbia, SC, USA, 2University of Maryland, Baltimore, MD, USA, 3University of South Carolina, Greenville, SC, USA

**OBJECTIVES:** To identify predictors associated with mail order pharmacy use and investigate whether mail order pharmacy use produces cost savings for patients and payers in diabetes care. **METHODS:** We conducted a longitudinal cross sectional study covering the years 2006-2010 among the Medicare Expenditure Panel Survey (MEPS) respondents who were 18 years or older, diagnosed with diabetes and took antidiabetic medications for treatment. The types of pharmacy from which the medications were purchased were measured, including mail-order and community pharmacists. All potential predictors such as socioeconomic and health-related variables associated with mail order use were identified using multivariable logistic regression. Annualized average health care expenses per patient including related drug expenses and total health care expenses were assessed by multivariable linear regression. Annualized average health care expenses per patient including related drug expenses and total health care expenses were 35% and 17% higher in mail order users, respectively. **RESULTS:** Among predisposing factors, age (OR=1.57, 95% CI=1.27-2.47). Among the 129,923 men, 63.41% reported that they had a PSA test. Among all who had undergone PCS, most were married (72.16%). Men in the high income (≥ $200,000) group had 2.99% net increase (P<0.001) and the normal BP patient group had 1.32% net increase (P=0.001) of anti-hypertensive medications users. **CONCLUSIONS:** BP testing at community pharmacies appears to improve appropriate utilization of anti-hypertensive medications. Patients reporting hypertension without anti-hypertensive medications and those non-adherent were more likely to have abnormal BP results. BP abnormal results prompted patients to take anti-hypertensive medications. This public/private collaboration promoted better hypertension management and ultimately helped fight heart disease.

**PHS113**

**EVALUATION OF A CHRONIC DISEASE MANAGEMENT SYSTEM FOR THE TREATMENT AND MANAGEMENT OF DIABETES IN PRIMARY HEALTH CARE PRACTICES IN OHIO**


1PATHWays Research Institute, McMaster University, Hamilton, ON, Canada, 2Master University, Hamilton, ON, Canada, 3PathWays Software Incorporated, Hamilton, ON, Canada, 4St Joseph’s Healthcare Hamilton, Hamilton, ON, Canada

**OBJECTIVES:** The objective was to measure the difference between optimal patient care in actual patient care in family practices before and after the introduction of a computer decision support chronic disease management system (CDMS) for diabetes. **METHODS:** This 1-year, prospective, observational, pre/post-study evaluated the use of a CDMS with a diabetes patient registry and tracker in family practice in patient enrolment models. Aggregate group practice-level data from all rostered diabetes patients were analyzed. The primary outcome was the change in the proportion of patients with up-to-date ABC testing. Median age (78%, 95% CI 72% - 85%), HbA1c (8.5%), diabetes drug cost (86%, 95% CI 79% - 93%), total drug cost (98%, 95% CI 95% - 100%), and CDMS use (90%, 95% CI 85% - 95%). Changes in practice care and treatment elements (e.g., retinopathy screening) were also determined. Usability and satisfaction with the CDMS were measured. **RESULTS:** Nine sites, 38 health care providers and 2,350 diabetic patients were included. The proportions of patients with HbA1c, blood pressure, and cholesterol monitoring did not change. The proportion of patients with up-to-date blood pressure monitoring improved, from 16% to 26%. Retinopathy screening patients with diabetes was 120% (95% CI 106% - 136%). **CONCLUSIONS:** This real-world evaluation of a web-based CDMS for diabetes failed to impact physician practice due to limited use of the system.

**PHS114**

**DETERMINANTS OF DENTAL CARE UTILIZATION IN ADULT DIABETIC POPULATION**

Burse MS, Holemens M

UNC Gilling’s School of Public Health, Chapel Hill, NC, USA

**OBJECTIVES:** Diabetes is known to increase the risk for dental and periodontal diseases such as severe periodontitis, gingivostomatitis, dental abscesses, cavities and subsequent tooth loss. In order to prevent the oral health complications associated with diabetes, guidelines recommend the use of dental care services and regular screening at least once every six months. This study is to investigate the relationship among socio-demographic factors related to the use of dental services in adult diabetic population the United States. **METHODS:** We performed a cross sectional analysis using the 2011 Medical Expenditure Panel Survey (MEPS) database. All respondents above the age of 18 were used for the analyses. A two part linear regression model was built to analyze the self-reported use of any dental care services adjusted for independent variables such as diagnosis of diabetes, age, race, sex, marital status, family income, years of education, and dental insurance status. All analyses incorporated person-level weights and variance adjustment weights (strata and primary sampling unit) provided by MEPS to produce population estimates. The level of statistical significance was P<0.05 and all analyses were carried out using the statistical package, STATA IC version 10 (StataCorp, LP). **RESULTS:** Dental care service use was significantly lower in diabetic individuals (63%) compared to non-diabetic patients (96%). Among those who visited a dentist, the annual number of visits was higher in diabetic population. Utilization was higher in whites, females, married individuals and in general increased with age. Low and middle income individuals were more likely to have no dental care visits compared to high income individuals. Having dental insurance also had a positive effect on the utilization. **CONCLUSIONS:** Dental care service utilization is higher among diabetics compared to the general population. However, there is lack of use of preventive services among this population.

**PHS115**

**PREDICTORS OF PROSTATE CANCER SCREENING USING ANDERSEN’S BEHAVIORAL MODEL OF HEALTH SERVICES USE**

Pompanava ME, Jiang S, Thach AV, Ramhaje B, Brown C

The University of Texas at Austin, College of Pharmacy, Austin, TX, USA

**OBJECTIVES:** The objectives were to develop a real-world evaluation of a web-based CDMS for diabetes. Among predisposing factors, age (OR = 1.08, 95% CI, 1.08-1.09), being single (OR = 0.78, 95% CI = 0.70-0.87), and being Black (OR = 1.17, 95% CI = 1.04-1.33) were more likely to undergo PSA testing. Among all who had undergone PCS, most were married (72.16%). Men in the high income (≥ $200,000) group had 2.99% net increase (P<0.001) and the normal BP patient group had 1.32% net increase (P=0.001) of anti-hypertensive medications users. **CONCLUSIONS:** BP testing at community pharmacies appears to improve appropriate utilization of anti-hypertensive medications. Patients reporting hypertension without anti-hypertensive medications and those non-adherent were more likely to have abnormal BP results. BP abnormal results prompted patients to take anti-hypertensive medications. This public/private collaboration promoted better hypertension management and ultimately helped fight heart disease.

**PHS116**

**EIGHT YEARS OF NATIONAL HEALTH INSURANCE IN GHANA: EVALUATION OF THE HEALTH FINANCING SUB-FUNCTIONS**

Nbuah Bejo@ C, Keteke Mutal Health Insurance as a case study.

National Health Insurance Scheme, Accra, Ghana

**OBJECTIVES:** To evaluate the NHIS in terms of health financing sub-functions of revenue generation, risk pooling, and cost containment, using a sample of 37 districts in Ashenedo Keteke Mutal Health Insurance as a case study. **METHODS:** The review and participant observation methods were employed to analyze secondary data of the NHIS. A data collection sheet was used to collect membership, revenue and expenditure data whilst reviews were conducted on NHIS website, annual reports,