about concepts and practices of the CHW in some countries of South America. That information will be used to design a questionnaire addressed to healthcare managers in those countries. METHODS: Publications review about CHW. The search- ing has been done through the data bases LILACS and MEDLINE since 1970 till now. The used keywords were: Agente Comunitario de Saúde, Agente Comunitario de Salud, Community Health Aides, Community Health Workers, Lay Health Worker. The countries included were Bolivia, Brazil, Colombia, Ecuador, and Peru. RESULTS: There were founded out 254 articles, 63% are later than 2000 and 62% come from Brazil. Besides that, there were an previous literature review and reports of national and international organizations. The publications raise different issues related to CHW roles and activities (generalist and specialist), recruitment and selec- tion, training, supervision and support, relationships with the formal health services, incentives. The CHW may improve the access and the coverage of the basic public healthcare services. Unlike, Bolivia, Colombia, Ecuador and Peru, where motivation is voluntary and supported by NGO, in Brazil CHW are members of the Nacional Health System through the Family Health Program. CONCLUSIONS: Literature have reported that CHW carry out a variety of health tasks, and that CHW deliver a wide range of interventions in such areas as maternal and child health, primary health care, malaria, tuberculosis and HIV/ AIDS prevention and control.

HEALTH CARE USE & POLICY STUDIES – Prescribing Behavior & Treatment Guidelines

PHP84 TRENDS OF VITAMIN D PRESCRIBING AMONG ELDERLY AMERICANS: RESULTS FROM NATIONAL AMBULATORY MEDICAL CARE SURVEYS 2000 TO 2009 Godwin OP1, Nwachukwu L2, Maneno MK1, Lee E2, Lee S2

OBJECTIVES: To evaluate the current national trends in Vitamin D prescribing among the elderly seeking care in office-based physician provider settings. METHODS: Cross-sectional study was conducted using the National Ambulatory Medical Care Survey (NAMCS) data from 2000 to 2009. All ambulatory office visits made by the elderly aged ≥65 years of age were included in the study. Bivariate association between vitamin D and study variables such as patient demographics, region, physician’s specialty, insurance status, and osteoporosis diagnosis were evaluated using chi square tests. Logistic regression analyses were conducted to determine the predictive factors associated with a vitamin D. All analyses were performed with SAS statistical software, version 9.1, at an alpha of 0.05. RESULTS: Of the 279,819 office-based physician visits made by the NAMCS participants from 2000 through 2009, there were 74,904 (26.7%) visits that met the inclusion criteria. This estimate represented 2.4 billion physician-office visits from the elderly in the United States during the 10-year period. Of the included visits, 1,112 (1.9%) were associated with a vitamin D. Race was a significant predictor in both the adjusted and unadjusted models. Visits from other races were two times more likely to include vitamin D when compared to white race (Adjusted OR = 1.54, 95% CI 1.17-2.03), while visits made by black patients were less likely to include vitamin D (Adjusted OR = 0.43; 95% CI 0.38-0.50). The visits made by osteoporosis patients were five times more likely to be associated with vitamin D than visits by non-osteoporosis patients and 5.2 times more likely to be associated with vitamin D than visits made by non-osteoporosis patients (OR = 0.17, 95% CI 0.14-0.19). CONCLUSIONS: This study indicated that very few patients were prescribed vita- min D. The overall prescribing patterns of vitamin D therapy, however, showed a steady and continuous increase during past decade in the United States.

PHP85 EVALUATION OF PRESCRIBER PERCEPTIONS OF A NEAR-REAL TIME FORMAL AXE PROTOCOL FOR REPORTING VITAMIN D-RELATED DRUG-DRUG INTERACTIONS Armstrong EP1, Maloney DC2, Hines LE1, Wang SM3, Patel BV4

1University of Arizona, Tucson, AZ, USA, 2MedImpact Healthcare Systems, Inc., San Diego, CA, USA

OBJECTIVES: To determine prescribers’ perceptions of near-real time messaging for potential drug-drug interactions (PDDIs) using a fax alert drug utilization review intervention. METHODS: This was a 6-month prospective study where a pharmacy benefit manager (PBM) distributed evidence-based summaries of 18 different PDDIs that included references and suggested management strategies. Fax alerts were individualized letters sent to the prescriber of the 2nd drug of a PDDI for an individualized PDDI evidence-based summary. Fax alerts accompanied each individualized PDDI evidence-based summary. Fax alerts were sent to all prescribers of potential drug-drug interactions (PDDIs) using a fax alert drug utilization review intervention. The countries included were Bolivia, Brazil, Colombia, Ecuador, and Peru. RESULTS: There were founded out 254 articles, 63% are later than 2000 and 62% come from Brazil. Besides that, there were an previous literature review and reports of national and international organizations. The publications raise different issues related to CHW roles and activities (generalist and specialist), recruitment and selec- tion, training, supervision and support, relationships with the formal health services, incentives. The CHW may improve the access and the coverage of the basic public healthcare services. Unlike, Bolivia, Colombia, Ecuador and Peru, where motivation is voluntary and supported by NGO, in Brazil CHW are members of the Nacional Health System through the Family Health Program. CONCLUSIONS: Literature have reported that CHW carry out a variety of health tasks, and that CHW deliver a wide range of interventions in such areas as maternal and child health, primary health care, malaria, tuberculosis and HIV/ AIDS prevention and control.

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