PHS98

HEALTH CARE UTILIZATION AND COSTS ASSOCIATED WITH COMORBID OBESITY IN ADULTS WITH TYPE 2 DIABETES MELLITUS FROM A NATIONALLY REPRESENTATIVE US POPULATION
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OBJECTIVES: To assess health care resource utilization (HRU) and costs associated with comorbid obesity in patients with type 2 diabetes mellitus (T2DM) from a nationally representative US sample. METHODS: The 2009 Medical Expenditure Panel Survey (MEPS) was analyzed to compare medical costs, with P=0.05) and emergency room (21.7% vs. 19.5%, p=0.33) utilization but utilized more outpatient hospital visits (33.3% vs. 27.9%, p=0.03), had more prescription medication fills (48.0 vs. 37.1, p=0.01) and higher total health care costs ($12,009 vs. $10,081, p=0.05) than non-obese T2DM patients. After controlling for age, gender, race, income, insured status and comorbidities, obese T2DM patients had total health care costs of 1.19 times those of the non-obese T2DM patients (p=0.04). CONCLUSIONS: Obesity appears to be associated with higher health care costs in T2DM patients compared to non-obese patients. Physical weight management in T2DM patients may be cost-effective and should be considered in diabetes treatment plans.

PHS99

TO IDENTIFY COMORBID DEPRESSION IN DIABETES PATIENTS AND COMPARING THE DIFFERENCES IN USE OF HEALTH CARE SERVICES IN DIABETIC PATIENTS WITH AND WITHOUT COMORBID DEPRESSION
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OBJECTIVES: To assess the effect of comorbid depression on rates of health care resource utilization (HRU) in diabetic patients with and without depression. METHODS: We carried out a secondary analysis of data from 2008 Medical Expenditure Panel Survey for the year 2008. In contrast to previous research, we identified diabetes and comorbidity depression among the adult population by using their self-report. People with diabetes were identified by examining their own report regarding a diabetes diagnosis. We identified patients diagnosed with and undiagnosed depression by using a score of ≥3 on the two-item Patient Health Questionnaire. This unique method of identifying depression has been validated elsewhere. We calculated odds ratios for having depression in respondents with and without diabetes adjusting for demographic factors. We compared the mean unadjusted health care resource utilization in patients with diabetes with and without depression. RESULTS: In the year 2008, 2381 respondents differed from diabetes while 400 respondents differed from comorbid depression. Diabetic patients were more likely to be females, Hispanic and have a lower poverty level. There were more comorbidities such as depression (Adjusted OR 1.20, 95% CI 1.05–1.37). People suffering from this comorbidity were more likely to be females, married, Hispanic and have a lower poverty level. Diabetic patients were more likely to suffer from depression and the use of health care services. RESULTS: In the year 2008, 2381 respondents differed from diabetes while 400 respondents differed from comorbid depression. Diabetic patients were more likely to be females, Hispanic and have a lower poverty level. There were more comorbidities such as depression (Adjusted OR 1.20, 95% CI 1.05–1.37). People suffering from this comorbidity were more likely to be females, married, Hispanic and have a lower poverty level. Diabetic patients were more likely to suffer from depression and the use of health care services.

PHS100

REDUCING TOTAL HEALTH CARE COSTS BY SHIFTING TO OUTPATIENT (OP) AND INPATIENT (IP) OPTIONS FOR THE MANAGEMENT OF GRAM+ ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS (ABSSSI)
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OBJECTIVES: Rising health care costs and financial penalties have necessitated treatment strategies for ABSSSI that avoid hospital admissions and reduce length of stay (LOS). The cost of care for hospital acquired infections (HAIs), and readmissions. Providing parenteral antibiotic therapy in OP settings provides an opportunity to shift care outside the hospital to free hospital beds and reduce additional LOS from 10. This study estimated, from a US payer perspective, the cost savings of treating gram+ ABSSSIs with varied hospital LOS followed by OP care. METHODS: Economic drivers of care were estimated using a literature-based economic model incorporating inpatient (IP) and OP components. The model incorporated equal inflation rates (1%), resource use projection of 3%-5% for public and non-public sources. Once and twice daily OP infusions to achieve a 14-day treatment regimen were considered. Sensitivity analyses revealed that 14-day treatment strategy was more cost-effective.

PHS101

A COMPARATIVE ANALYSIS OF CVP STRUCTURE OF NONPROFIT TEACHING AND FOR-PROFIT NON-TEACHING HOSPITALS
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OBJECTIVES: To assess health care resource utilization (HRU) and costs asso-
PHS104
EFFECT OF INSURANCE COVERAGE ON HEALTH-CARE EXPENDITURES AMONG PATIENTS WITH ARTHRITIS
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OBJECTIVES: To compare the effect of insurance coverage on health-care related expenditures among patients with arthritis in the United States. METHODS: A cross-sectional analysis was conducted. Subjects were derived from the National Medical Expenditures Panel Survey (MEPS) for those whom reported having any type of arthritis in 2009. A series of weighted univariate statistics were applied to examine factors related to insurance coverage (private, public, and uninsured) for health-care related expenditures. RESULTS: Out of 18,305 elderly individuals in the PHS104 study population, 8.5 million (15.1%) had rheumatoid arthritis; 21.2 million (37.7%) had osteoarthritis; and 26.5 million (47.2%) had unspecified arthritis. It is estimated that there were an estimated 55.9 million arthritis patients from 2009 MEPS, in which 8.5 million (15.1%) had rheumatoid arthritis; 21.2 million (37.7%) had osteoarthritis; and 26.5 million (47.2%) had unspecified arthritis. 85% of the patients were white and 60.4% were females. Female also showed significantly higher of out pocket medical expenditures than male ($8,613 vs. $8,874; p<0.0001). Female also showed significant higher of out pocket medical expenditures than male ($1,327 vs. $1,026; p<0.0001). The results from prescription total expenditures also showed significant difference (p<0.0001) between male ($2,897) and female ($2,597). Finally, the cost of out of pocket prescription expenditures showed a significant difference (p<0.0001) between male ($314) and female ($500). CONCLUSIONS: The study indicates that women had higher health-care service expenditures than men. The findings provide valuable evidence for future implications of women health care services.

PHS107
USING PHONE TRIAGE WITH RISK STRATIFICATION TO INITIATE LOW BACK PAIN CARE WITHIN A HEALTH CARE SYSTEM
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OBJECTIVES: To investigate whether obesity is associated with asthma, asthma-related and total direct medical costs among elderly individuals with asthma. METHODS: A qualitative phone triage that includes risk stratification delivers higher-value LBP care than traditional care models. Physicians were offered better perks compared to community pharmacists and it could control medicine price. The findings in this study also highlighted phenomenon has diminished the profit margin of community pharmacists and company in offering different bonus schemes. The bonus schemes also reported 45-61% in total cost savings to the community. CONCLUSIONS: Phone triaging that includes risk stratification delivers higher-value LBP care than traditional care models.

PHS110
A QUALITATIVE EXPLORATION OF PERCEPTIONS TOWARDS PHARMACEUTICAL PRICE WAR AMONG COMMUNITY PHARMACIES IN THE STATE OF PENANG, MALAYSIA
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OBJECTIVES: To evaluate perceptions of community pharmacists towards medicine price war in the state of Penang, Malaysia. METHODS: A qualitative approach was adopted. Semi structured interviews were conducted by face to face interview. Purposive sampling technique was used to recruit a convenient sample of full time community pharmacists practicing in the State of Penang, Malaysia. All interviews were audio recorded, transcribed verbatim and thematically analyzed. RESULTS: A total of 11 community pharmacists were interviewed. The results of the study highlighted three main factors: causes producing pharmaceutical price war, potential impact of price war, and recommendations to overcome price war. In general, price war phenomenon has diminished the profit margin of community pharmacists and threatened participants. In addition, the results also showed that government could control medicine price. The findings in this study also highlighted participants were dissatisfied with the unethical practice by pharmaceutical company in offering different bonus schemes. The bonus schemes also reported as discriminatory as physicians were offered better perks compared to community pharmacies.