between national culture and EQ-SD value sets. Method: Rank correlation analysis is used to explore relationships between the relative values of a set of EQ-SD states and dimensions of national culture. The latter are taken from Hofstede’s framework which operationalizes national culture in 5 dimensions. The analysis is carried out using data from 53 countries for which EQ-SD value sets and scores on Hofstede’s dimensions of culture both exist: Argentina, Denmark, Germany, Japan, Korea, The Netherlands, Poland, Spain, UK, USA. Results: Some relationships among the EQ-SD dimensions and culture are observed. Eg, the culture dimension: Power-Distance correlates strongly with the EQ-SD dimension: Acceptance of Inequality. Discussion Different cultures appear to value EQ-SD dimensions differently. The correlation patterns observed in this study are generally consistent with prior expectations based on the nature of the dimensions of culture and the EQ-SD model. This analysis demonstrates the potential of national culture in providing relative values of EQ-SD dimensions from different countries, and in informing decisions about which EQ-SD value sets to use in situations where one does not exist.

P4

ARE HEALTH STATES “TIMELESS”? A TEST OF THE UTILITY INDEPENDENCE ASSUMPTION: COMPARING A REPEATED MEASURES DESIGN AND LATENT GROWTH MODELING
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OBJECTIVES: Primary study objective was to test whether individuals’ responses to standard gamble (SG) questions do not depend on the duration of time spent in the health scenario presented (“timelessness”). Secondary objective of the study was to test the “timelessness” of VAS responses. METHODS: Face-to-face interviews were conducted in a convenience sample of healthy volunteers (n = 59) aged 20 to 63. Individuals rated their preferences for three health states of varying post chemotherapy nausea and vomiting (PCNV) severity and current health, assuming six different time horizons. Repeated measures analysis of variance (RM-ANOVA) was conducted (SASX4X2) to determine the affect of time (6 levels: 3 days, 3 months, 1-, 5- and 20- year(s) and current health), state (4 levels: mild, moderate and severe PCNV and current health), and method (2 levels: SG and VAS) on preference. RESULTS: Results were analyzed using RM-ANOVA and latent growth modeling (LGM). Both showed that preferences decreased over time for SG and VAS (p < 0.05). For the RM-ANOVA, all effects and interaction terms were significant (p < 0.05). LGM showed acceptable fit and significant slope parameters for all PCNV. The slopes were decreasing over times and significantly different for LGM showed that not all individuals change at the same rate over time (p < 0.05). CONCLUSIONS: There is a clear advantage in the use of LGM over RM-ANOVA because LGM can evaluate group differences in addition to individual changes over time. For the majority of respondents the utility independence assumption for SG and VAS did not hold both at the group and the individual level. Similar to Bala et al. (1999) and Frans et al. (2003) the results of this study indicated preferences as measured by SG and VAS are not timeless. Regardless of the preference measure used: both SG and VAS yield higher preferences for shorter time horizons.

PODIUM SESSION I: RISK MANAGEMENT STUDIES
R1M

COMPARATIVE PERFORMANCE OF RISK ADJUSTMENT MEASURES IN A SAMPLE OF COMMERCIALLY-INSURED PATIENTS UNDER AGE 65—TWO SIMPLE MEASURES OUTPERFORM CURRENT STANDARDS
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OBJECTIVES: Numerous studies have compared risk adjustment measures (RAMs), yet none have done so across various outcomes in multiple acute and chronic conditions in a single database with uniform programmatic operationalization. This study compares the performance of 7 RAMs and highlights practical programming considerations for hands-on data analysts operationalizing RAMs. METHODS: Data were operationalized across the 2006-2008 MarketScan® Commercial Database. Seven RAMs (2 Deyo-Charlson Comorbidity Index variations, Chronic Disease Score [CDS], 2 3-digit ICD-9-CM code count variations, number of unique National Drug Classification [NDC] codes, and number of unique drug molecules) measured over a 1-year baseline period were compared in 7 conditions (acute coronary syndrome, sample N = 14,951; rheumatoid arthritis [RA], N = 27,085; depression, N = 129,206; diabetes, N = 126,087; hypertension, N = 225,080; asthma, N = 36,172; fibromyalgia, N = 52,365) on the bases of 3 outcomes (total health care costs, emergency room [ER] visits, and inappropriate admissions) measured over a 1-year conditions (acute coronary syndrome, sample N = 14,951; rheumatoid arthritis [RA], N = 27,085; depression, N = 129,206; diabetes, N = 126,087; hypertension, N = 225,080; asthma, N = 36,172; fibromyalgia, N = 52,365) on the bases of 3 outcomes (total health care costs, emergency room [ER] visits, and inappropriate admissions) measured over a 1-year. Goodness-of-fit statistics (chi-squared statistic for total health care costs and c-statistic for ER visits and inpatient admissions) were compared across age and sex-adjusted regression models for each individual RAM. RESULTS: A unique 3-digit ICD-9-CM code count that incorporates chronic disease (CVD) risk, sex, age, and race, prior hospitalization, and current comorbidity index, patients who were adherent to statin therapy were 48.7% (OR: 0.513; 95% CI: 0.421-0.624) less likely to have diabetes-specific hospital admissions in comparison to nonadherent patients. Adherence with statin therapy had no statistically significant impact on all-cause mortality (OR: 0.801; 95% CI: 0.454-1.412). CONCLUSIONS: Adherence with statin therapy was poor among patients with diabetes enrolled in a Medicare program. Adherence with statin therapy was associated with significantly less risk for diabetes-specific hospitalization. Greater efforts are needed to facilitate diabetes self-management behaviors to improve patient outcomes.

R2M

IMPACT OF ADHERENCE WITH STATIN THERAPY ON HOSPITALIZATION RISK AND MORTALITY AMONG PATIENTS WITH DIABETES
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OBJECTIVES: The objective of this study was to evaluate the impact of adherence with statin therapy on diabetes-specific hospitalization and all-cause mortality among patients with diabetes enrolled in a state Medicaid program. METHODS: The authors conducted a retrospective cohort study of patients with diabetes who were continuously enrolled in a state Medicaid program from January 2002 to December 2004. The date of the first medication claim for statin during the first six months of 2002 was the index date. Adherence to statin was assessed within one year following the index date. Adherence was assessed using the proportion of days covered (PDC) and patients with a PDC of 0.8 or greater considered being adherent. The primary outcomes of interest were diabetes-specific hospitalization and all-cause mortality during the follow-up period (end of adherence measurement to December 31, 2004). Multivariate regression analyses were performed to assess the impact of adherence with statin therapy on outcome measures. RESULTS: A total 10,839 patients were included in the study. Mean age 60.3 ± 10.0 years, 23.8% male, 76.2 female; 31.7%, white, 50.4% black. At 12 months after the index prescription, only 23.9% of patients were adherent with their prescribed statin therapy. During follow-up After controlling for age, gender, race, prior hospitalization, and current comorbidity index, patients who were adherent to statin therapy were 48.7% (OR: 0.513; 95% CI: 0.421-0.624) less likely to have diabetes-specific hospital admissions in comparison to nonadherent patients. Adherence with statin therapy had no statistically significant impact on all-cause mortality (OR: 0.801; 95% CI: 0.454-1.412). CONCLUSIONS: Adherence with statin therapy was poor among patients with diabetes enrolled in a Medicare program. Adherence with statin therapy was associated with significantly less risk for diabetes-specific hospitalization. Greater efforts are needed to facilitate diabetes self-management behaviors to improve patient outcomes.

R3M

RISK OF FALLS AND FRUCTIONS IN OLDER ADULTS USING ATYPICAL ANTI-PYSCHOTIC AGENTS: A PROPENSITY-MATCHED RETROSPECTIVE COHORT STUDY
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OBJECTIVES: To examine the risk of falls/fractures associated with atypical antipsy- chotic use compared to typical antipsychotic use in community dwelling older adults. METHODS: The population based retrospective cohort analysis based on propensity score matching was conducted using IMS LifeLink™ Health Plan claims data. Patients were included in the cohort if they met following criteria: ≥ 50 years of age, new users of atypical or conventional antipsychotics who began taking antipsychotics between July 2000 and December 2007, and continuously enrolled for six months before and at least six months after initiation of antipsychotic treatment. Patients taking atypical antipsychotics were matched with those using typical antipsychotics using propensity score greedy matching technique. Kaplan-Meier survival curves and Cox proportional hazard model stratified on matched pair was employed to examine risk of hospitaliza- tion/emergency visit due to falls or femur fractures within one year. Duration of antipsychotic therapy and exposure to other psychotropic medications were controlled for in the final model. RESULTS: A total of 11,160 older adults (5,580 atypical and 5,580 typical users) were identified as new users of antipsychotics after matching. Within one year of follow up period, 456 patients (8.06 %) in atypical drug group had falls/femur fractures compared to 375 (7.62%) in typical antipsychotic Group. No significant difference was found between atypical users compared to typical users with respect to risk of falls/fractures [Hazard Ratio (HR) 1.01, 95% CI 0.83–1.22]. However, duration of therapy more than 90 days was significantly (HR, 1.81, CI, 1.35–2.43) associated with increased risk of falls/fractures compared to less than 30 days. CONCLUSIONS: The results show no significant differences in the risk of falls/fractures between atypical and typical antipsychotic use among older adults. However, there is a need to be cautious while prescribing atypical and typical anti- psychotics in older adults for longer periods of time.

R4M

CONFOUNING EFFECT OF AGE IN THE ASSOCIATION OF CARDIOVASCULAR RISK AND DIETARY SUPPLEMENT USE AMONG US ADULTS
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OBJECTIVES: Dietary supplement (DS) use has been found to be associated with cardiovascular disease (CVD) risk. This study assessed whether age moderates or confounds the association between CVD risk and DS use. METHODS: Data were taken from the 1999-2004 waves of the National Health and Nutrition Examination Survey. Inferences were restricted to US population members ≥ 20 years of age as...