were identified by CPT-4 procedure codes. Descriptive statistics were used to charac-
terize the population and estimate unadjusted associations between patient character-
istics and hs-CRP testing. Multivariable logistic regression was used to estimate the
odds of testing, controlling for age, gender, diabetes, statin intensity, prescribing phy-
ician specialty, geographic region, and health plan type. RESULTS: Among 1997 and
March 31, 2003, 33,666 new statin users received lipid tests within 90 days prior
to the index statin prescription. One thousand (3%) also received hs-CRP tests
during this time. Over 80% of these individuals received the tests in 2004 or later.
Those receiving hs-CRP tests were more likely to have a Medicare, Medicaid or
other type of plan, as compared to private insurance (P < .05) and were less likely to reside
in the South, Midwest or West, as compared to the Northeast (P < .01). Individuals
who received hs-CRP tests had higher adjusted odds of receiving a high potency
statin (OR = 1.37, P < .01) and lower odds of having diabetes (OR = 0.56, P < .01).
The receiving hs-CRP tests were more likely to have a cardiologist as their statin-prescrib-
ing physician, rather than a family or general practitioner (OR = 1.31, P = 0.02).
CONCLUSIONS: Rates of hs-CRP testing are very low, but higher among those seeing
a cardiologist or having private insurance. Those who received a high potency
statin had higher rates of testing, suggesting that those with higher cardiovascular risk
may be more likely to receive an hs-CRP test.

THE UTILISATION AND EFFECTIVENESS OF ANTITHROMBOTIC
AGENTS FOR PREVENTING DEEP VEIN THROMBOSIS AFTER TOTAL HIP REPLACEMENT—A CASE STUDY IN SOUTHERN TAIWAN
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OBJECTIVES: Antithrombotic therapy is effective in preventing thromboembolic
diseases, and it has been recommended by several international guidelines to prevent deep vein or orthopedic surgeries under monitor-
ing bleeding risks. To establish Taiwanese local guidance, this case study aims to
evaluate the current utilization and effectiveness of antithrombotic agents for prevent-
ing DVT after total hip replacement (THR). METHODS: This one-year retrospective
cohort study was conducted at a medical center in Southern Taiwan from May 2008
to April 2009. Adult patients (above 18 years) who had undergone primary THR who
were identified by inpatient electronic database. Their medical records were reviewed
from surgery date to three months post-operation for collecting demographic details and
DVT-related clinical symptoms as the surrogate of effectiveness. Descriptive statisti-
cal and time-to-event analysis were then conducted. RESULTS: Medical records of 82
patients (57.32% women) were reviewed. The average age is 59.15 ± 13.43 years and
the mean body mass index is 23.20 ± 4.86 kg/m2. Only 31 out of the 82 patients (37.80%)
had ever received prophylactic antithrombotic agents after surgery and all of
them used aspirin, but only 22 patients used aspirin for more than 10 days. Twelve
patients presented DVT symptoms after surgery but only one is from prophylactic
group. Independent relative risk of DVT for patients without prophylaxis is 8.23 (95% CI)
of patients with prophylaxis (95% confidence interval: 1.48, 54.91). DVT symptoms
mainly (91.67%) occurred within 15 days after THR and the mean duration to
symptoms presentation is 12 days. CONCLUSIONS: Antithrombotic therapy is not
commonly used to prevent DVT after THR in this medical center. Aspirin alone seems
effectively realizable (HF). It is necessary to further investiga-
the effectiveness of prophylactic antithrombotic agents after THR from Taiwan-
ese population-based database and explore the potential genetic factors influencing
the effectiveness of antithrombotic therapy.

COMPARATIVE EFFECTIVENESS ANALYSIS IDENTIFIES A SUPERIOR
POINT OF CARE DEVICE FOR ASSESSING THE INTERNATIONAL
NORMALIZED RATIO
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OBJECTIVES: Comparative effectiveness research identifies superior clinical devices
or treatments through head-to-head comparisons. This study describes the use of an
innovative framework to assess the quality and safety of two INR Point of Care
devices. METHODS: Patients enrolled in the hematology Anticoagulation Manage-
ment System database who provided three INR measurements from one venous sampling
container (considered the standard measure), one fingerstick analyzed by the Hemochron
Signature Elite POC device and another fingerstick by the Coaguchek XS Plus. Agreement
between INR values from each device and the lab was assessed. Agreement was
achieved when the INR measures were predicted by a novel, validated method to lead
to the same clinical decision. Differences in agreement between the POC devices
and the lab were assessed using McNemar’s test of paired proportions. RESULTS: Ninety-
nine subjects were enrolled into the study. There was significantly less difference
between INR values from the Coaguchek XS device and the lab compared to the
Hemochron device (average absolute difference = 0.24 vs 0.41 ± 0.05). The Hemochron
device tended to report both high and low INR values within the target range when the
laboratory said otherwise. Consequently, the Hemochron device was more effective
when the INR measures were predicted by a novel, validated method to lead

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device tended to report both high and low INR values within the target range when the
laboratory said otherwise. Consequently, the Hemochron device was more effective
when the INR measures were predicted by a novel, validated method to lead

be utilized in clinical practice. The analytic framework in this comparative effectiveness analysis demonstrated the Coaguchek XS device to have a significantly higher

PCV15

February 2009, regardless of dyslipidemia therapy, were identified. The casemix-matched method with longitudinal data was used to compare achievement associated with SPC vs. FC over time. Cox proportional hazard models were used to estimate the likelihood of BP goal achievement associated with SPC vs. FC, controlling for demographics, baseline BP, hypertension history, comorbidities, prior and concurrent use of antihypertensive medications, and physician specialty. RESULTS: The chart review included 813 patients: 415 on SPC (210 valsartan+HCTZ, 203 valsartan+HCTZ+PCV18 and 398 on FC (200 ARB+CCB and 198 ARB+HCTZ). In FCs, the most commonly used ARB and CCB were valsartan (29.1%) and amlodipine (81.5%), respectively. The rates of BP goal achievement were higher among SPC vs. FC patients over time (p < 0.007): 30.5% vs. 28.3% at month 3 and 63.4% vs. 53.8% at month 6. Cox regression confirmed that SPC patients were more likely to achieve BP goal (HR = 1.22, p = 0.047). Similar trend was observed in the subgroup analyses comparing valsartan+amlodipine vs. FC ARB+CCB and SPC valsartan+HCTZ vs. FC ARB+HCTZ separately. CONCLUSIONS: Patients using valsartan-based SPC were more likely to achieve BP goal than those treated with ARB-based FC.

PCV16

AN ASSESSMENT OF OPTIMAL LIPID VALUE ATTAINMENT AND ASSOCIATED DYSLIPIDEMIA TREATMENT PATTERNS FROM 2005 TO 2009 IN A COMMERCIALLY INSURED POPULATION

A152

Abstracts

BLOOD PRESSURE GOAL ACHIEVEMENT AMONG HYPERTENSION PATIENTS TREATED WITH VALSARTAN-BASED SINGLE PILL COMBINATION VS. ARB-BASED FREE COMBINATION IN SOUTH CENTRAL REGION

Wu EQ2

OBJECTIVES: To compare blood pressure (BP) goal achievement associated with the use of valsartan-based single pill combination (SPC) vs. ARB-free based combination (FC) among adult hypertension patients in South Central Texas (TX), AL, MS, LA, KS, TN, MO, AR & OK. METHODS: Data were collected from physician-administered chart review of adult hypertension patients. All patients had uncontrolled BP before initiating one of the index therapies: SPC (valsartanamlodipine or valsartan+HCTZ, FC: ARB+CCB or ARB+HCTZ) between 07/2008 and 06/2009. Up to 3 labs were collected starting from 45 days after the therapy initiation. BP goal was <130/80 mmHg for patients with diabetes, chronic renal disease or coronary heart disease; or <140/90 mmHg for patients without these comorbidities. Kaplan-Meier method with log rank test was used to compare achievement associated with SPC vs. FC over time. Cox proportional hazards model was used to estimate the likelihood of BP goal achievement associated with SPC vs. FC, controlling for demographics, baseline BP, hypertension history, comorbidities, prior and concurrent use of antihypertensive medications, and physician specialty. RESULTS: The chart review included 813 patients: 415 on SPC (210 valsartan+amlodipine and 203 valsartan+HCTZ) and 398 on FC (200 ARB+CCB and 198 ARB+HCTZ). In FCs, the most commonly used ARB and CCB were valsartan (29.1%) and amlodipine (81.5%), respectively. The rates of BP goal achievement were higher among SPC vs. FC patients over time (p < 0.007): 30.5% vs. 28.3% at month 3 and 63.4% vs. 53.8% at month 6. Cox regression confirmed that SPC patients were more likely to achieve BP goal (HR = 1.22, p = 0.047). Similar trend was observed in the subgroup analyses comparing valsartan+amlodipine vs. FC ARB+CCB and SPC valsartan+HCTZ vs. FC ARB+HCTZ separately. CONCLUSIONS: Patients using valsartan-based SPC were more likely to achieve BP goal than those treated with ARB-based FC.

PCV18

COST-UTILITY ANALYSIS OF TWO KINDS OF THERAPY FOR ACUTE ISCHEMIC STROKE

Shenyang Pharmaceutical University, Shenyang, Liaoning Province, China

OBJECTIVES: Mortality of Stroke in China is highest in the world, having brought a heavy financial burden to society. And the number of acute Ischemic Stroke accounted for 75% of the total cases. This study wants to evaluate the treatment program to find a better cost effectiveness treatment to offer reference for patients and clinicians choosing the right treatment. METHODS: A total of 145 cases with acute Ischemic Stroke during a period of 2007~2008 admitted in 21 hospitals in China were divided randomly into two groups. One group of 69 patients was treated by Butylphthalide sodium chloride infusion and Aspirin, another group of 76 patients were treated by Ozagrel injection and Aspirin. Two kinds of therapy were evaluated by double-blind, double-dummy trial from patients’ perspective. Utility of patients was investigated with EQ-SD. Direct costs were collected from HIS and questionnaires, indirect costs were estimated based on the opportunity cost of the time spent on caring. Probabilistic sensitivity analysis using nonparametric Bootstrapping was done. RESULTS: From the EQ-SD score we can learn that the improved values of Butylphthalide group score during 8~14 days and 15~90 days are higher than that of Ozagrel group, the average cost per QALY Qualify-Adjusted Life-year (QALY) for Butylphthalide group (RMB 225,753.4) was lower, with RMB 117,063.3, than Ozagrel group (RMB 237,459.7), and incremental costs were RMB 451,710.5(95%CI, RMB 218,689.53~1080.31, 313.03). The acceptability curve generated from the ICUR can be seen the possibility of Ozagrel therapy as long as the willingness to pay per QALY is lower than RMB 192,000. CONCLUSIONS: Switching from the current programmed to Butylphthalide group is more cost-effective as compared to Ozagrel group.

PCV19

CLINICAL AND ECONOMIC IMPACT OF A PROGRAM COMBINING COMPREHENSIVE LIPID PROFILING WITH A HEART DISEASE TREATMENT PROTOCOL

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OBJECTIVES: To evaluate the effectiveness of a comprehensive lipid profile (VAP) test coupled with an aggravative treatment protocol when compared to a standard lipid profile test in patients with coronary heart disease (CHD) and/or chronic kidney disease (CKD) and/or cancer failure (CFH). METHODS: All WellMed health plan enrollees with a diagnosis of IHD or CHF who had continuous enrollment between July 1, 2006 and June 30, 2008 were identified. The case group (n = 1176) having at least one VAP test during this period was compared with the control group (n = 2489) having no lipid testing or traditional lipid testing only. Univariate statistics were analyzed to describe the groups, and bivariate statistical tests (t-test or chi-square) examined differences between the two cohorts. RESULTS: Use of a treatment protocol in conjunction with a VAP test resulted in a significant decrease in LDL (−6.64 mg/dL, <0.0001) as well as a significant decrease in HDL (−1.21 mg/dL, 0.078). Combination drug therapy was more commonly used for cases when compared to controls (average drug types 2.1 vs. 1.9, 0.0005), and the use of niacin containing products was considerably higher in the case group when compared to the control group (36% vs. 14.4%, <0.0001). Mean total costs in year 1 ($4,308 vs. $5,141, 0.1157) and year 2 ($4,853 vs. $7,413, 0.0255) were lower for cases. CONCLUSIONS: Greater utilization of combination therapy guided by the VAP test appears to better manage IHD and CHF patients to NHLBI ATP III HDL and LDL targets than controls receiving usual care guided by traditional lipid testing. Advanced lipid profile test results appear to offer clinicians better information about their patients’ lipid abnormalities when compared to traditional testing.

PCV20

VENOUS THROMBOEMBOLIC COMPLICATIONS IN BURN PATIENTS RECEIVING HEPARIN OR ENOXAPARIN AS PROPHYLAXIS

Barnes-Jewish Hospital, St. Louis, MO, USA, 2Stands at the University of Florida, Gainesville, FL, USA, 3University of Florida, Gainesville, FL, USA

OBJECTIVES: To examine the comparative effectiveness of heparin 5000 units given subcutaneously twice a day or three times a day, enoxaparin 30 mg given subcutaneously twice a day and enoxaparin 40 mg given subcutaneously daily for the prevention of venous thromboembolism in burn patients. METHODS: A retrospective cohort study was conducted by using the hospital claims database. All adult patients were included if they were admitted to Shands hospital between January 1, 1998 and September 30, 2008, had primary diagnoses of burn, and received either subcutaneous heparin or enoxaparin for VTE prophylaxis. The primary outcome was a VTE event, which was identified by using a previously validated ICD-9 coding algorithm and further confirmed by chart review for radiographic evidence. RESULTS: A total of 1111 patients were included. Seven patients (0.63%) experienced VTE events: 5 (0.83%) received heparin, 1 (0.92%) received enoxaparin 30 mg, and 1 (0.25%) received enoxaparin 40 mg. There were no incidences of heparin-induced thrombocytopathy identified in any group. CONCLUSIONS: The VTE incidence is low in burn patients receiving pharmacological prophylaxis. Both heparin and enoxaparin appear to be equally effective in preventing VTE complications in this patient population.