METHODS: The study was based on information collected in physicians’ practices, obtained from medical records and physician visits. The analysis used simple and ordinal logistic regressions. Special attention was given to Medicare patients due to the lack of coverage for prescription drugs in this program. Two samples of individuals were extracted from the 1996 US National Ambulatory Survey, 1 of 1844 individuals diagnosed with hypertension and 1 of 694 individuals diagnosed with diabetes. RESULTS: There was a significant reduction in likelihood of access to drug therapy for patients with Medicare only compared to those patients with other types of insurance. Patients with Medicare only that were in a Health Maintenance Organization or had a prepaid type of payment were more likely to get prescribed drug therapy than patients with Medicare cover only and whom had other forms of payment such as fee for service or payment with a preferred prescriber organization. However, strong differences on the impact of different insurance plans exist between the two conditions. CONCLUSIONS: Results on both samples suggest that patients’ health insurance status does have some influence on physician prescribing decisions, especially for patients covered with Medicare. This research provides evidence at the stage of a physician’s visit, that the lack of additional coverage for prescription drugs may limit access to both prescribed drug therapies during the visit.

HEALTHCARE POLICY—Healthcare Management Studies

CHARACTERISTICS AND RISK FACTORS FOR HOSPITAL READMISSION IN MEDICAID POPULATION
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OBJECTIVES: To identify the risk factors for hospital readmission among the Medicaid population, and describe the characteristics of readmitted Medicaid recipients and their drug utilization patterns before, during and after the initial hospitalization. METHODS: A retrospective cohort research design was used for Medicaid patients hospitalized in 1999 or 2000. Hospital readmission was defined as one or more hospital readmissions to the same hospital within 30, 60, 90 days. Using the Ohio Medicaid database, 37,312 recipients with at least one hospitalization were selected for this study, including 18,882 readmitted recipients and 18,430 recipients non-readmitted comparison recipients. Logistic regression analysis was conducted to assess the risk factors.