PHS100
THE QUALITY OF LIFE AND WORK ABILITY IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN URBAN CHINA

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OBJECTIVES: To evaluate the quality of life and work ability of patients with chronic kidney disease in China.

METHODS: We recruited 401 patients diagnosed with chronic kidney disease with the nature of 281 patients in 3-4 stage of CKD and 120 patients in the 5th stage of CKD in Beijing, Shanghai, Guangzhou and Chengdu between November 2012 and December 2012. Patients or their caregivers were interviewed about quality of life by using EQ-5D and absenteeism from work in the past year. We use UK with a visual analog scale (VAS) to evaluate the EQ-5D index score of patients with CKD in urban China.

RESULTS: Among 401 patients with CKD, 56.4% were male and the mean age was 58.0±15.7 years. 94.3% patients in 3-4 stage of CKD and 98.2% patients in the 5th stage of CKD have at least one kind of health insurance. The average EQ-5D index score of patients in 3-4 stage of CKD was 0.8968, 0.7733 and 0.7088 were for patients in the 5th stage of CKD with hemodialysis and for patients with peritoneal dialysis, respectively. For patients under 60 years old, the fulltime work proportion of patients with CKD (31.9%) was lower than that of patients with CKD in urban China. The fulltime work proportion of patients with peritoneal dialysis (20.6%) was higher than those with hemodialysis (8.4%). CONCLUSIONS: The quality of life and work ability for patients in the 5th stage of CKD are rather low. The prevention to delay the time of dialysis could improve patients’ quality of life and work ability.

PHS101
STUDY ON WILLINGNESS TO PAY FOR THE CLINICAL PHARMACY SERVICE FOR DIABETES OUTPATIENTS

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OBJECTIVES: To establish the method and measure the willingness to pay of diabetes outpatients for the clinical pharmacy services provided to them, analyzing the cost-benefit of clinical pharmacy services.

METHODS: A closed-ended willingness to pay questionnaire was designed based on former literature research and explored study. A sample of 120 type II diabetic outpatients who sought treatment in a provincial hospital were interviewed. Patients were questionnaire survey by trained interviewers before and after he received the clinical pharmacy service which including health care education, prescription review, suggestion of medication administration and so on. The average willingness to pay of each item of clinical pharmacy service were calculated and analyzed in accordance with the age, income, educational background, insurance and complications of patients.

RESULTS: 107 valid responses of questionnaires out of 120 type II outpatients were collected. In the case of the clinical pharmacy service fee was covered by the medical insurance, patients maximum willingness payment for clinical pharmacy service was 14.38-18.50 Yuan (2.32-2.98 US $), which included prescription review to avoid adverse reactions: 1.78–2.19 Yuan (0.29–0.35 US $), drug consulting: 1.95–2.42 Yuan (0.31–0.39 US $), health care education to improve the compliance: 1.77–2.15 Yuan (0.29–0.35 US $), personalized medicine administration: 2.65-3.36 Yuan (0.43-0.54 US $). In the case of the clinical pharmacy service fee was not covered by the medical insurance, patients maximum willingness payment for clinical pharmacy service was 8.13–10.06 Yuan (1.31–1.62 US $). The age, health insurance status, education background, complications, knowledge about clinical pharmacy service had no significant influence on the willingness to pay, while the willingness to payment was varied between different income of patients (P = 0.007).

CONCLUSIONS: Whether the clinical pharmacy service fee was covered by the medical insurance decided the willingness payment of type II diabetic outpatient. For the clinical pharmacy service, it indicated clinical pharmacy service should be involved in the medical insurance reimbursement.

PHS102
UTILIZATION TRENDS OF CANCER PREVENTIVE CARE SERVICES IN THE UNITED STATES: A LONGITUDINAL STUDY OF MEDICAL EXPENDITURE PANEL SURVEY DATA FOR YEARS 1996 TO 2010

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OBJECTIVE: To explore the utilization trends of cancer preventive care services in the United States (U.S.) from year 1996 to 2010.

METHODS: Longitudinal, retrospective study was conducted on a representative, non-institutionalized sample of the U.S. population using the Household Component of the Medical Expenditure Panel Survey (HEP) in 1996, 2001 and 2006. Weighted data were used to examine the total number of U.S. adults who reported the use of cancer preventive care services: for women (Pap smear test), for men (Frostat specific antigen (PSA) test) and for both genders (Sigmoidoscopy, Colonoscopy). The service utilization, response categories were combined according to the standard screening guidelines and graphs were plotted for each service. RESULTS: For Pap smear test, a consistent upward trend was observed for those who had the test ‘within the last year’ and downward trend for those who ‘never’ had the test. For Sigmoidoscopy and/or Colonoscopy, a consistent increase was observed from 1999 to 2007 for those who had the test ‘within past 5 years’. Moreover, from 2008 to 2010, use of Sigmoidoscopy decreased while use of Colonoscopy increased. Lastly, for blood stool test, downward trend was observed for those who had the test ‘within past year’ from 2002 to 2010. CONCLUSIONS: In general, use of Pap smear, PSA, and Colonoscopy tests increased while use of Sigmoidoscopy and blood stool tests decreased over the years. Success rate of cancer treatment can be greatly increased with early screening and detection of cancer. Findings of this study may be used to develop consumer awareness campaigns to promote early screening for cancer.

PHS103
PERCEPTIONS OF ACCESS TO HEALTH CARE AND ITS COMPONENTS AND EXPERIENCES WITH CARE DELIVERY: GLOBAL SURVEY OF CITIZENS/PATIENTS FROM 15 COUNTRIES

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OBJECTIVES: To assess citizen/patient perceptions of access to local health care services and their recent experiences as patients compared to 5years ago, in 15 countries.

METHODS: A multi-country cross-sectional online survey was conducted in 2012 in Argentina, Australia, Belgium, Canada, France, Germany, Great Britain, Hungary, Italy, Japan, Poland, South Korea, Spain, Sweden, and the United States (n = 10,000). Survey was weighted and sample was collected in the survey for 750 respondents in each of the five continents; 1000 individuals participated on a country-by-country basis with the exception of Argentina, Belgium, Hungary, Poland, South Korea, and Sweden, where each have a sample of 500. Weighting was employed to balance demographic data, reflect the adult population. The whole survey was used for analysis. Access to health care services in comparison to 5yrs ago was (much/easier/very much/easier vs. no-change/worse): overall 31% vs. 69%, regional 71% vs. 29%, general 31% vs. 69%, specialist 22% vs. 78%, diagnostic tests 30% vs. 70% and medications 39% vs. 60%. Perception of recent health care encounters in comparison to 5yrs ago was (very-much/somewhat/easier vs. no-change/worse): overall 31% vs. 69%, regional 71% vs. 29%, general 31% vs. 69%, specialist 22% vs. 78%, diagnostic tests 30% vs. 70% and medications 39% vs. 60%. Perception of recent health care encounters in comparison to 5yrs ago was (very-much/somewhat/agree vs. no-change/worse): better level of care: 28% vs. 72%, quality 29% vs. 71%, better coordination 29% vs. 71%, speedier 29% vs. 71%, better information shared: 32% vs. 68%, more treatment options: 32% vs. 68%, more sensitive to personal needs 28% vs. 72%. Some country-specific differences were observed. CONCLUSIONS: Across countries, approximately 30% of individuals respectively noted improvements in access to care and positive experience with facets of care delivery, in comparison to 5yrs ago. There appears to be a significant room for improvement that health care/policy stakeholders could focus on to improve care delivery and eventually, population health.

PHS104
UNDERSTANDING PATTERN OF HEALTH SERVICE UTILIZATION AND ITS PREDICTORS IN ELDERLY PATIENTS IN THAILAND: USING A TWO-PART MODEL

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OBJECTIVES: As elderly people tend to need more health care resources, a better understanding of the pattern of and factors affecting their health care use is needed. This study aimed to explore the utilization of elderly population in a province in Thailand. METHODS: A cross-sectional study was conducted using health insurance standard hospital data set (12 file data set) of the Department of Health, Thailand. The data covered the period from 1st January 2008 to 31st December 2010, and included 112,728 elderly patients living in Phitsanulok province in 2011 were included. The mean age was 70.18 with 55%