The study used individual level data in 2006, 2008, and 2011. The Generalized Linear Model was adopted to analyze the impact of NCMS policies on inpatient expenditure, the inequality of health care utilization, and the inequality of health care resources utilization in Argentina. METHODS: 1022 face to face surveys were done by the research team during November 2014 across the country in an adult population of Argentina representative of the whole country (SD +/- 4.2%, IC 95%). A probabilistic, multistage and stratified by home quotasions sample design was used. Only one interview per home was done. RESULTS: Sample Demographics: Gender: Female 53.5% / Male 46.5%; education: less than primary 18.4% / 25 - 34: 21.6% / 35 - 49: 25% / 50 - 64: 12% / 65+ 30%. The total number of the 151 different physiotherapy services was 697,896 cases at the shoulder and upper arm injuries in the year of 2006. The number of cases of physiotherapy services per 10,000 persons accounted for 695.54 cases. The average number of cases per 10,000 persons for males and females were 675.69 cases for males and 712.95 cases for females. The number of cases of the shoulder and upper arm injuries were higher than the average age in the 40-44 age groups in males and in the 50-54 age groups in females. The number of cases were the highest in the 55-59 age group in males (1,298.54), and in 65-69 age group (1,897.72) in female. CONCLUSIONS: In case of the shoulder and upper arm injuries the highest demand for physiotherapy services occurred older injured patients. The differences in young males vary with the physical activity and the type of recreation activities, and with the condition of osteoporosis in elderly females.

The aim of our study is to assess the utilization of out-patient care institutes in 2009. The activity list was provided by the rulebook on the application of the activity code list in out-patient care. The adult population of Argentina representative of the whole country (SD +/- 4.2%, IC 95%). A probabilistic, multistage and stratified by home quotations sample design was used. Only one interview per home was done. RESULTS: Sample Demographics: Gender: Female 53.5% / Male 46.5%; education: less than primary 18.4% / 25 - 34: 21.6% / 35 - 49: 25% / 50 - 64: 12% / 65+ 30%. The total number of the 151 different physiotherapy services was 697,896 cases at the shoulder and upper arm injuries in the year of 2006. The number of cases of physiotherapy services per 10,000 persons accounted for 695.54 cases. The average number of cases per 10,000 persons for males and females were 675.69 cases for males and 712.95 cases for females. The number of cases of the shoulder and upper arm injuries were higher than the average age in the 40-44 age groups in males and in the 50-54 age groups in females. The number of cases were the highest in the 55-59 age group in males (1,298.54), and in 65-69 age group (1,897.72) in female. CONCLUSIONS: In case of the shoulder and upper arm injuries the highest demand for physiotherapy services occurred older injured patients. The differences in young males vary with the physical activity and the type of recreation activities, and with the condition of osteoporosis in elderly females.

The amount of money paid for maternal health services increased from GH¢3.9 million (USD6.88m) in July 2008 to GH¢5.4 million in June 2010, an amount of GH¢6.3 million (USD8.24m) had been paid. Antenatal care coverage (at least four visits) increased from 61% to 72% between 2008 and 2012; postnatal care coverage increased from 54% to 58% between 2006 and 2008 and went up to 65% in 2011, skilled delivery saw no improvement between 2006 and 2008 (44%) but went up to 59% in 2012. The institutional maternal mortality ratio (IMMR) recorded a reduction of 7% over the 2005-2008 period and went down considerably by 23% to 155 deaths per 1000 live births over the post 2008 period. Under-five mortality declined from 88.4 to 83 deaths per 1000 live births (5.4%) between 2005 and 2008; it went down to 72 deaths per 1000 live births (11%) over the post 2008 period. CONCLUSIONS: There have been substantial improvement in maternal care utilization in the end-of-life period; 2) possible misuse of chemotherapy resulting in high costs due to underuse of hospice. The increase in the end-of-life period in cancer care is due to late or lack of referral. While several researchers identified an increase in hospice utilization 1 week before death, evidence suggests that only two-thirds of patients with advanced cancers utilized outpatient hospice services in the U.S. between 2002 and 2008.

CONCLUSIONS: Definition of end of life in cancer care is not consistent among identified studies. However, quality benchmarks remain similar across different cancer settings. Future research should focus on cost differences between various cancer sites, as well as differences in resource utilization between hospice and non-hospice patients.
population, while also revealing the potential limitations of the model in response to a sudden influx of heavy utilizers.

**METHODS**: The project designed and implemented a series of questionnaires distributed to the local Ministry of Health, each one of its four Programmatic Regions, a sample of 111 health care centers (CAPs), cito/clopopcas laboratories and gynecologists in the region that are treating cancer. Information about patients Papanicolaou samples, submit them to labs, receive results and communicate them to patients was collected. Descriptive statistics, robust MLS and logistics regressions were used to analyze the dataset. RESULTS: The outreach activities through sanitary guidelines reached women (35-60 years old). Although 63.6-70% of CAPs reports systematic mechanisms to submit Pap samples to labs according to norm, strong idiosyncratic-informal criteria prevail, with mix effects on efficacy in outputs. A significant proportion of centers are not able to meet the objectives. FNPCCU recommends a maximum of four-week time-span between samples is taken at CAPs and results reach patients. Time gaps (one-to-four weeks) are found across regions between the time abnormal results are identified and treatments are initiated. Besides, coverage of such cases is completely addressed and dropout rates are nil. CONCLUSIONS: The econometric analysis provides insights about the poor influence of context variables on process indicators (Paps performed, and number of results and measures reach the patient). Also, the analysis identifies that the reduction of idle-times in identification and communication as well the improvement of equitable results are under the span of action of CAPs and the coordination of the primary level’s health care network.

**A NOVEL STILLBIRTH AUDIT TOOL IMPLEMENTATION IN GHANA: ASSESSMENT OF DEPLOYMENT**

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OBJECTIVES: Even though stillbirth audit improves healthcare quality, it is invisible in global policy prioritization (UNICEF, 2009) as its not counted in local data collection. This study assessed deployment of novel stillbirth audit tool in Ghana. Methodology: A pilot and protocol deployment of the Regional audit task group using the Vanotomo design, Ghana Maternal death Notification form and Perinatal Society of Australia and New Zealand perinatal death service guidelines. District and audit committees were formed and trained. The tool was deployed from January 2014 in the Greater Accra Region. Censure of all audited stillbirths in 2014 was made. Data on total stillbirth and deliveries abstracted from District Health Information Management System 2. Data entered and analyzed in Epi info 7. RESULTS: Total of 109,187 deliveries with 2087 stillbirths (19.1 stillbirths per 1000 deliveries) was documented. Fifty eight percent were macerated, 42 percent were fresh. Only 6.4 percent of documented stillbirths were audited of which 50.0 percent of macerated stillbirth, 46.0 percent were fresh and 62 percent females. Thirty nine percent had ANC attendees’ mothers with 47.7 percent booking by the third trimester. The birth weight ranged 0.5 to 5.0 Kg with mean 2.8±0.9, median 3.0 and modal weight of 3.0 Kg. Nine percent had birth weights greater than 5.25 Kg. Birth asphyxia caused 41 percent of the deaths and 26.9 percent unknown causes. Poor management, lack of experience and inadequate human resources were identified as contributory factors and only 32.2 percent were monitored with paragraph. CONCLUSIONS: The importance of introducing the novel stillbirth audit tool in the Greater Accra region cannot be overemphasized however, findings underscore the need to enforce implementation since majority (93.6 percent) of stillbirths were not audited.

**DIFFERENCES IN BREAST CANCER SCREENING RATES IN MEDICARE ADVANTAGE NON-DUAL ELIGIBLE MEMBERS, DUAL ELIGIBLES ENROLLED IN SPECIAL NEED PLANS AND OTHER HEALTHCARE PLANS**

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OBJECTIVES: To examine differences in the likelihood of receiving Breast Cancer Screening (BCS) among Medicare Advantage (MA) dual eligibles (DE) enrolled in Special Need Plans (D-SPNs), DE in non-SPNs (non-SPN DEs), and non-DE members. METHODS: This study used a large nationally representative administrative claims database supplemented with socioeconomic and community resource data. The study population comprised enrollees in Medicare Advantage plans from 2013 to 2017. The measure of interest was an indicator of receiving BCS based on the measure definition in the Healthcare Effectiveness Data and Information Set. Generalized linear mixed models were fit and the likelihood of receiving BCS was estimated in the three plans after controlling for confounding factors (i.e., demographics, comorbidities, socioeconomic characteristics and community healthcare resources) and accounting for unmeasured plan characteristics as a random component. RESULTS: A total of 252,963,826 records were included in the study of which 244,000,633 (96.6%) were determined to be eligible, 10.1%, D-SPN 13.9%). BCS rates were significantly different across all three groups (p-value<0.0001). The non-DE population had higher rates (77.3%) compared to both non-SPN DE (72.9%) and D-SPN (76.3%). The model revealed there was no significant difference in the likelihood of receiving BCS between D-SPNs and non-DEs (OR: 1.1, p-value=0.33); however the likelihood of receiving BCS was lower in non-SPN DEs than non-DEs (OR: 0.81, p<0.0001) and D-SPNs (OR: 0.76, p<0.0002). CONCLUSIONS: The probability of receiving BCS was lower in dual members than in D-SPN plan and non-DE populations. There was no significant difference in the probability between D-SPN and non-DE populations. The BCS plan enrollment dual members compared to duals not in a SNP plan. This provides evidence of the value of SNP plans in achieving better outcomes for the vulnerable DE MA population.

**DIFFERENCES IN CHARACTERISTICS, HEALTH SERVICE UTILIZATION AND COST BETWEEN OLDER HOSPITALIZED LUNG CANCER PATIENTS WITH OR WITHOUT ASTHMA**

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OBJECTIVES: Asthma holds considerable risk for developing lung cancer. It can be assumed that asthma has an effect on healthcare and healthcare costs accrued by lung cancer patients. This study looks at differences in patient characteristics, healthcare utilization and costs between lung cancer patients with asthma and without asthma. METHODS: The study used 2010 Seer-Medicare registry and hospitalization data for cancer sites lung, bronchus and not otherwise specified lung cancer to look at patient characteristics and measures of health service utilization and costs. Two patient groups were formed based on having any or no asthma diagnosis during hospitalization. Descriptive statistics like frequency, percentage, mean and standard deviation were used to characterize differences in patient demographics, cancer characteristics and service utilization and costs between the two groups. RESULTS: In the prevalence sample of 14371 cases, 506 patients had a diagnosis of asthma. Patient characteristics like gender female (66.34% vs 49.34%), race African-American (18.11% vs 10.86%), residence in big metropolitan (56.60% vs 51.40%) and histology squamous cell carcinoma (24.41% vs 22.31%) showed differences in presence of asthma in the population. Asthmatics (mean: 7.39 days; SD: 5.86) stayed a shorter length mean compared to non-asthmatics (mean: 7.56 days; SD: 6.73). Asthmatics had more intermediate inpatient intensive care use (54.55% vs 52.18%) and had more hospital charges (mean: $4853.53; SD: 11038.30 vs mean: $4167.20; SD: 6132.22) and outpatient costs (mean: $11.59; SD: 237.65 vs mean: $55.24 0d 49.00 when compared to non-asthmatics (mean: $56.21; SD: 25.63). There are subtle differences in patient characteristics, healthcare utilization and costs between lung cancer with asthma and without asthma. Intuitively, utilizations and costs should be more abundant among asthmatics. However our study suggests that this variation may not be marked across all utilization and cost measures.

**POTENTIAL SAVINGS IN HEALTHCARE SPENDING ON "LOW-VALUE" INTERVENTIONS: CASE STUDY OF ARTHROSCOPIC KNEE SURGERY**

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OBJECTIVES: Research indicates that waste and inefficiency consumes 10% to 30% of expenditures in the U.S. healthcare system and that waste is not only a challenge for payers, but also for health care providers. Our study aims to quantify the healthcare resources and expenditures spent on low-value interventions in Massachusetts (MA) in an effort to better understand and allocate healthcare resources. METHODS: This study used administrative data to identify low-value interventions for knee arthroscopy surgery in MA in 2012. We defined a list of low-value services based on published literature, which included arthroscopic debridement/condroplasty for knee osteoarthritis (procedure codes: 29877, 29879, and G0289). We used the 2012 MA All Payers Claims Database (APCD). We calculated the proportion and characteristics of the individuals who received these services, and to calculate the state’s associated annual healthcare expenditure. The APCD included medicare and medicaid claims from all commercial payers and certain public programs (Medicare Part C only and Medicaid), including patient out-of-pocket payments. RESULTS: From our study population (N=6,549,289), a total of 8,488 individuals were identified as receiving arthroscopic knee surgery in 2012. Of these patients 52.5% were aged <50 years, and 52% were female. Total state healthcare spending associated with this procedure in 2012 was $8.7 million, 9% of which were spent by private payers. Most (64%) of the resources were utilized in the outpatient setting, followed by other expenses (non-inpatient or outpatient, such as swing-bed and ambulatory surgical center) (27%). CONCLUSIONS: Quantifying the resources spent on low value interventions can help decision makers gain insight on the potential healthcare savings that could be accrued if healthcare resources were reallocated away from these interventions.

**VIRTUAL IMPAIRMENT ASSOCIATED WITH INCREASED HOSPITALIZATION: A RETROSPECTIVE COHORT STUDY OF COMMUNITY-DWELLING MEDICARE BENEFICIARIES**

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OBJECTIVES: Visual impairment (VI) is related to poor health outcomes such as difficulty with everyday activities, falls, and fracture. However, it is unclear whether VI as assessed by self-reported vision impairment may be associated with increased rates of hospitalization. METHODS: We used a retrospective cohort study design. The Medicare Current Beneficiary Survey (MCBS) data covering the 2005 to 2010 time period were used to identify community-dwelling beneficiaries, 65 years old and older who were