PHS110 IMPACT OF HEALTH PLAN DESIGN AND KEY CHARACTERISTICS ON THE CHOICE OF CONTRACEPTIVE METHOD INITIATED AMONG WOMEN IN AN INTEGRATED HEALTH PLAN Postlethwaite D, Armstrong MA, Davidson J, McClellan A, Law AW

OBJECTIVES: Kaiser Permanente, Northern California integrated health plan (KPNC) reimburses women for non-deductible and deductible contraceptive methods and supplies. We examined the impact of deductible status on contraceptive method choice among women with deductible vs. non-deductible plans. METHODS: The KPNC electronic databases were queried for women aged 18-40 years who initiated contraceptive method in 2010 were identified from KPNC electronic databases. Key characteristics, including age, race/ethnicity, marital status, income, comorbidity status, and type of contraceptive method initiated, were determined and compared among women with deductible plans vs. those with non-deductible plans. Multivariable logistic regression analysis was utilized to identify characteristics associated with initiation of LARC methods (intratubal permanent contraception) compared with deductible plans. RESULTS: Of the overall study population, 9,062 eligible women had deductible plans and 59,877 had non-deductible plans. More women with non-deductible plans initiated highly effective methods (LARC, permanent contraception) compared with deductible plans (17.4% vs 16.5%, p<0.001). Lower frequency of LARC method initiation was 14.3% for both study groups and unaffected by plan type. After multivariable regression adjustment, the results were consistent, in that plan type did not influence initiation of a LARC method (deductible vs. non-deductible, odds ratio (OR): 0.97, p=0.36). Characteristics that influenced LARC method initiation included age, with women ≥40 years having greater odds (OR: 1.15, p<0.0001) and those ≤29 years having lesser odds than those aged 30-39 years for initiating LARC. Additionally, Hispanics vs. non-Hispanic whites (OR: 1.10, p<0.001), ≥$100,000 income vs. ≤$1,08, p=0.001, having evidence of a comorbidity (OR: 1.30, p<0.0001), and having a health savings account (HSA) (OR: 1.16, p=0.001) were associated with greater odds of initiating LARC methods. CONCLUSIONS: Among women enrolled in KPNC, the frequency of LARC method initiation was high, primarily influenced by factors including age, race/ethnicity, income level, and comorbidities, rather than differences in deductible versus non-deductible plans.


METHODS: To examine the role of organizational and leadership factors on cultural competency training (CCT) in home health and hospice care (HHHC) agencies. METHODS: This observational study used data from the agency component of the 2007 Home and Hospice Care Survey (NHCHCS). The final analytic sample had 829 agencies representative of 12,107 HHHC agencies when weighted. A summary CCT composite score was created based on three items supported by factor analyses: (range= 0-3, alpha= 0.6): whether the agency provided mandatory training to understand the impact that cultural diversity can affect care. The National Home and Hospice Care Agency Survey is used to collect data. HHHC agencies were weighted to account for the complex sampling design/using finite population correction. The analysis was descriptive, correlational, and ordinal logit regression analyses were conducted, accounting for the complex sampling design/using finite population correction. The weighted estimates were obtained for the overall sample and subpopulations: home health (HH), hospice, and mixed agencies. RESULTS: HH, hospice, and mixed agencies comprised 75%, 15% and 10% of the sample, respectively. The overall mean CCT score was 1.7 (95%CI: 1.6-1.9). Regression results showed that JCAHO accreditation increased CCT odds in HH (OR = 2.1, 95%CI= 1.0-4.2) and hospice (OR = 4.4, 95%CI= 2.1-9.4) settings. In the hospice setting, the number of contracts with outside organizations increased CCT odds (OR=4.0, 95%CI= 1.8-9.0) and non-for-profit status decreased CCT odds (OR=0.2; 95%CI= 0.1-0.5). Administrator’s tenure increased CCT odds in the mixed setting only (OR=1.1, 95%CI= 1.0-1.2). CONCLUSIONS: The results indicated that the influence of organizational and leadership factors on CCT. HHHC agencies need to increase their cultural competency practices to more effectively mitigate health disparities in this important community-based setting.

PHS120 AN EXAMINATION OF DISPARITY IN ACCESS TO MENTAL HEALTH SERVICES AMONG PEOPLE LIVING WITH IMMUNODEFICIENCY VIRUS (HIV) AND CO-MORBID DEPRESSION IN ONTARIO Choi S, Boyle E, Kumar M, Cairney J, Krahn MD, Grootendorst P, Carvalhal A, Collins E, Rourke SG

OBJECTIVES: Depression is a common co-morbidity among people living with HIV. However, many HIV+ individuals are not diagnosed or not treated, which may not only impact their quality of life but their future health outcomes. We aimed to describe barriers and gaps in accessing mental health services among this high-need population in Ontario. METHODS: A retrospective cohort study was conducted at 11 HIV clinics in the province of Ontario (2005-2012) by linking the Ontario HIV Treatment Network (OHTN) Cohort Study (N=3,545) with administrative health databases. Co-morbid depression was identified based on the Center for Epidemiologic Studies Depression Scale (10 or more) or the Keepers Psychological Distress Scale (16). The number of psychiatric and specialist care respectively during a year after they identified with co-morbid depression was identified based on the Center for Epidemiologic Studies Depression Scale (10 or more) or the Keepers Psychological Distress Scale (16). Results: 950(27%) were identified with co-morbid depression at the baseline. Logistic and negative binomial regression models were constructed to examine associations between predisposing, enabling, and need factors and the use and the intensity of the use of mental health services. RESULTS: 950(27%) were identified with co-morbid depression at the baseline. 523(55%) and 444(47%) had used the primary care and specialist care respectively during a year after they identified with co-morbid depression. Mean number of visits to primary and specialist mental health services during a year after they identified with co-morbid depression was 16(95%CI= 2.1-9.4) settings.

PHS121 IMPACT OF STATE CHILD AND ADOLESCENT PSYCHIATRIC WORKFORCE ON CAREGIVER REPORTED DIFFICULTY ACCESSING SERVICES FOR CHILDREN WITH MENTAL HEALTH CONDITIONS Mladenov S, Yuan B, Mihayadin S, Sambamouru T

OBJECTIVES: To examine the impact of state child and adolescent psychiatrists (CAP) workforce on caregiver reported difficulty accessing services for their child aged 3-17 years with any of these mental health conditions: autism spectrum disorders, attention deficit/hyperactivity, anxiety, mood disorder, depression. METHODS: A