the various shortcomings of such programs that were implemented before in order to prepare a good program that has taken into consideration all the factors that are necessary for the economic delivery of healthcare without excluding the quality oriented approach. It will also act as a model for private insurance firms or other organizations to adopt such a model in order to produce better outcomes at lower costs in the future. Therefore, if this model is revised to the average 3 year period it will be an economic solution to this problem of the unsustainable increase in healthcare costs of the U.S.

**PHP50**

**ASSESSING THE AVAILABILITY OF DRUGS MARKETED IN THE US AND SWITZERLAND**

Zeugnig M1, Seoane-Vazquez E2, Szeinbach S3

1University of Geneva, Geneva, Switzerland, 2MCPS University, Boston, MA, USA, 3Ohio State University, Columbus, OH, USA

OBJECTIVES: The availability of drugs in a market may affect patient care, health outcomes and costs. The objective of this study was to assess differences in the availability of human drugs marketed in the US and in Switzerland as of January 1, 2015.

METHODS: Information about all drugs approved in the US and Switzerland was obtained from the National Library of Medicine and Drug Administration (FDA) and the Swiss Agency for Therapeutic Products (Swissmedic) respectively. The list of drugs reimbursed by the Swiss mandatory insurance was extracted from the Federal Office of Public Health. Drugs were classified according to the WHO anatomical therapeutic chemical classification (ATC). Descriptive statistics and the chi-square test were performed. RESULTS: The FDA listed 2,491 different active ingredients and combinations (AICs) approved and marketed in the US, while the Swissmedic listed 2,034 AICs. A total of 138 orphan AICs which were listed by Swissmedic and 63.0% were included in the Swiss reimbursement list. Overall, 75% of the US AICs were listed by Swissmedic and 67% were reimbursed, while 29.8% AICs approved in Switzerland were not approved in the US. A statistically significant (p < 0.05) higher percentage of non-orphan AICs marketed in the US than orphan AICs were listed by Swissmedic: ATC codes were available for 94.8% of non-orphan AICs, while the FDA and 99.1% by Swissmedic. The range of the FMS with better feeding performance based on Average Daily Gain and Dry Matter was the ATC class with the highest proportion of US approved drugs marketed in Switzerland. CONCLUSIONS: Two-thirds of the AICs marketed in the US were marketed in the Swiss market. Orphan drugs have less presence in the Swiss than in the US market. Future research should compare the approval processes in both countries and evaluate the impact of the availability of drugs on patients' outcomes and costs.

**PHP51**

**EVALUATION OF AUDIT SCORING CONSISTENCY IN A COMPREHENSIVE FEEDLOT MANAGEMENT SYSTEM AND CORRELATION WITH FEEDFARM PERFORMANCE BASED ON AVERAGE DAILY GAIN AND DRY FEED CONVERSION IN 11 US FEEDLOTS**

Bauer F1, Walter S2, Holland R3

1Zoetis LLC, Florham Park, NJ, USA, 2PCC Feedlot Investment Services Inc., Hydro, OK, USA, 3Zoetis, Florham Park, NJ, USA

OBJECTIVES: A comprehensive Feedlot Management System (FMS) was developed to optimize feedyard processes. The FMS consists of 43 Standard Operating Procedures (SOPs). The objective of this study was to evaluate consistency complete implementation of the FMS with better feeding performance based on Average Daily Gain and Dry Matter Conversion. METHODS: To evaluate the correlation of audit scoring consistency between different feedlots, two databases were analyzed: an audit covering a 16 month interval which measures compliance with the FMS requirements, and 3 years of feedlot closeout audit. Audit scores from 1/2012-4/2013 were evaluated and a Consistency Index (CI) developed based on four criteria. Audits were converted to the CI, and an LSMeans calculated to rank 11 feedlots. For feedyard performance evaluation, a database of feedlot closeout records from 2011-2013 was used, representing 12,235,158 head and 97 feedlots. An index combining ADG and DMConv was developed utilizing a ratio of the FMS CI and the 16 month database value. To further account for variables outside control of management, a regression model was used with inputs from the database (86,772 lots). The model output was the Performance Index for each feedlot. The inputs were statistically significant at p<0.01. R-squared = 0.443. The corresponding CI and Performance Index for each feedyard were analyzed using the Pearson correlation coefficient. RESULTS: The Feeding Performance Index and CI are highly correlated at 70%. The range of CI scores was larger in the lower scoring feedlots, indicating more variability. The aggregate LSMeans CI improved 20% over time. CONCLUSIONS: There are many factors that affect feeding performance in commercial beef cattle production, and this variability can result in unstable returns. In the study group of feedlots implementing fully the FMS, consistency based on audit scoring was highly correlated to feeding performance. The study supports utilization of a comprehensive FMS, that optimizes processes and incorporates accountability.

**PHP52**

**ALL-CAUSE 30-DAY READMISSIONS AMONG MEDICAID BENEFICIARIES WITH SELECTED CHRONIC CONDITIONS: A MULTI-LEVEL ANALYSIS**

Choppa T1, Wilkins TL1,2,3, Sambamoorthi U1,2

1West Virginia University, Morgantown, WV, USA, 2Office of the National Coordinator for Health Information Technology, Washington, DC, USA

OBJECTIVES: Hospital readmissions, defined as 30-day post-discharge readmission, are used for assessing the performance of a healthcare system and are quality indicators of patient care. This study examined the relationship between readmissions and patient, hospital, and county-level variables using multi-level analyses. METHODS: A retrospective cohort approach with a baseline and a follow-up period was used. Patient-level data were derived from multi-state Medicaid claims for the period between 2006 and 2008. County-level variables were derived from the Area Health Resource File of 2007. The study cohort consisted of non-elderly (21-64 years) Medicaid beneficiaries with selected chronic conditions, who were alive and had continuous fee-for-service enrollment through the observation period and were not enrolled in Medicare and had at least one inpatient encounter in the follow up period (N=15,806). The dependent variable, 30-day readmission was calculated in the follow-up year as those with an inpatient admission within 30-days from the discharge date of the first observed hospitalization. Multi-level logistic regressions that accounted for beneficiaries nested within counties was used to examine the factors associated with 30-day readmissions.

RESULTS: In this study population 16.7% had all-cause 30-day readmissions. Hospitalization less than to have 30-365 days readmission as compared with Caucasians [AOR=0.80, 95% CI 0.70,0.92]. Adults with asthma [AOR=1.16, 95% CI 1.01,1.32], dementia [AOR=1.44, 95% CI 1.01,1.87], and stroke [AOR=1.38, 95% CI 1.07,1.78] were more likely to have 30-day readmission and those with cardiac arrhythmia [AOR=0.82, 95% CI 0.68,0.99] and hypertension [AOR=0.85, 95% CI 0.76,0.94] were less likely to have 30-day readmissions. Adults with greater lengths of stay during the index hospitalization were more likely to have 30-day readmissions [AOR = 1.03, 95% CI 1.01,1.05]. Individual factors were associated with the risk of 30-day readmissions. Programs designed to reduce the risk of 30-day readmissions may need to focus on appropriate disease management.

**PHP53**

**FACTORS ASSOCIATED WITH ELECTRONIC HEALTH RECORD IMPLEMENTATION AMONG HOSPITALS IN AMERICAL HOSPITAL ASSOCIATION ANNUAL SURVEY DATABASE**

Hu T1, Doshi J.A.2

1University of the Sciences in Philadelphia, Philadelphia, PA, USA, 2University of the Sciences, Philadelphia, PA, USA

OBJECTIVES: (1) To determine the proportion of hospitals with and without implementation of electronic health records. (2) To examine characteristics of hospitals that report implementation of EHR partially or completely versus those hospitals that did not report implementation.

METHODS: Two-thirds of the AICs marketed in the US were marketed in the Swiss market. Orphan drugs have less presence in the Swiss than in the US market. Future research should compare the approval processes in both countries and evaluate the impact of the availability of drugs on patients' outcomes and costs.

**PHP54**

**EFFICIENCY ANALYSIS OF THE HUNGARIAN OUTPATIENT-CARE SYSTEM WITH DATA ENVIRONMENT ANALYSIS**

Bakonyi T1, Tucsiányi K2, György L3, Danku N4, Vajda R5, Ágoston P6, Bencz Z7

1University of Pécs, Zalaegerszeg, Hungary, 2University of Pécs, Pécs, Hungary

OBJECTIVE: The objective of our study was to analyze the efficiency of the Hungarian outpatient-care system (2001-2013) and to discover the technical (TE) and scale efficiency (SE) of them. METHODS: The analysis covered all the Hungarian outpatient care units (N=539 in 2003, N=514 in 2006, N=475 in 2010, N=494 in 2013). We used the Data Envelopment Analysis method for analysis, and chose the following variables: the weekly mean working hours of physicians and non-physicians (inputs), number of medical procedures, number of cases, number of the activity points and the reimbursement paid by the National Health Insurance Fund Administration (outputs). The outpatient units were classified into two groups: integrated with hospitals, or independent outpatient clinics. RESULTS: Technical efficiency of the integrated units was 51.6% in 2003, and it was continuously increasing in the following years. Scale efficiency also improved after 2003 (started from 38%, then +27.7% to 2006, decreased -0.8% to 2010, +8% to 2013). The independent units’ TE in 2003 started from 35.3%, the following years it changed with an average of +1/-1.2% only. SE in 2003 was 39.9%, with average increase of 5% in the following years. In this study we found an optimum capacity of 100-200 hours/week minimum, and 500-600 hours/week maximum limit for the integrated units, and 60-100 hours/week minimum and 500 hours/week maximum for the independent units. CONCLUSIONS: Our study revealed that integrated outpatient units showed better efficiency rate than independent outpatient units. This analysis can give a starting point to the optimization of the Hungarian outpatient-care system. The efficiency scores can give guidelines to the analyzed units in order to become more efficient, but the system also needs a more detailed examination.

**PHP55**

**IMPACT OF COST SHARING INCREASES UNDER PART D SPECIALTY TIER ON LOGIC ADHERENCE AND DISCONTINUATION AMONG MEDICAID BENEFICIARIES WITH MULTIPLE SCLEROSIS OR RHEUMATOID ARTHRITIS**

Hu T1, Xu X2, Chai S3, Dahodwala NA3, Dash J1

1University of Pennsylvania, Philadelphia, PA, USA, 2University of Pennsylvania Health System, Philadelphia, PA, USA

OBJECTIVES: The impact of cost-sharing increases under Part D of Medicare on adherence and discontinuation of medications among Medicaid beneficiaries with multiple sclerosis or rheumatoid arthritis was assessed.