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IDENTIFYING PREDICTORS OF HIV PATIENTS' SATISFACTION WITH MAIL-ORDER AND COMMUNITY PHARMACY SERVICES

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OBJECTIVES: To determine: 1) the satisfaction of HIV/AIDS patients with services provided in a community vs. mail-order pharmacy; 2) the factors predicting patient satisfaction with services provided in a community and mail-order pharmacy. **METHODS:** A prospective, cross-sectional study using a convenience sample of HIV-infected patients receiving care at the HIV clinic at The University of Toledo Medical Center. Patients received their HIV medications from a mail-order pharmacy and medication for their other comorbid conditions were received from an independent and/or chain pharmacy. The survey instrument used for data collection was developed from a previously validated questionnaire. SPSS v16 was used to analyze the data. Satisfaction was measured using Likert scale with 1 being "strongly disagree" and 5 being "strongly agree". Exploratory factor analysis resulted in a two factor solution: Factor 1 and 2 were named as "satisfaction with the efficient functioning of the pharmacy" and "satisfaction with the managing therapy role of the pharmacist" respectively. Multiple linear regression was used to identify the predictors of patient satisfaction. **RESULTS:** One hundred and seventy eight surveys were returned. Patients indicated higher satisfaction with independent pharmacy services (satisfaction score of 5) compared to chain (3.5) and mail order (3.3) pharmacies. Patients who missed their dose due to the delay in receiving medications indicated lower satisfaction with mail order pharmacy (beta = -0.737, p = 0.000). Further, the delay in filling prescriptions after the doctor changed their medication (beta = -0.968, p = 0.017) and unscheduled doctor's visits (beta = -0.835, p = 0.011) affected patient satisfaction with independent pharmacy. Unscheduled emergency room (ER) visits (beta = -0.598, p = 0.007) affected patient satisfaction with chain pharmacy. **CONCLUSIONS:** Results indicate that patients are more satisfied with the services provided at independent and chain pharmacies than the mail order pharmacy. This study identified issues that need to be addressed in order to enhance patient satisfaction with pharmacy services.

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EMPLOYEES' WILLINGNESS TO PAY FOR INFLUENZA VACCINATION OF HOUSEHOLD MEMBERS – RESULTS FROM THE CHILD AND HOUSEHOLD INFLUENZA-ILLNESS AND EMPLOYEE FUNCTION (CHIEF) STUDYRousculp MD¹, Palmer L², Johnston S³, Mahadevia PJ¹, Nichol KL⁴¹MedImmune, Inc., Gaithersburg, MD, USA, ²Thomson Reuters, Ann Arbor, MI, USA,³Thomson Healthcare, Inc, Washington, DC, USA, ⁴Veterans Affairs Medical Center, Minneapolis, MN, USA

OBJECTIVES: Quantify employees' willingness-to-pay (WTP) for prevention of personal and household member (HHM) influenza-like illness (ILI) and evaluate if WTP varies by child vs. adult, prior season ILI, and vaccination beliefs. **METHODS:** The CHIEF Study was a prospective cohort study of 2,295 U.S. employees with children among three Fortune 500 companies. Personal and HHM-ILI was self-reported monthly between 11/07–4/08. The WTP for ILI prevention for employees, adult- and child-HHMs, personal and HHM influenza vaccination status, and reasons for vaccination/non-vaccination were captured. **RESULTS:** For employees with complete monthly survey data (n = 1,990), results show a mean WTP for ILI-prevention of \$72.00 (self), \$81.94 (adult-HHM), and \$140.49 (child-HHM). Employee WTP for ILI prevention was significantly different for adult-HHMs vs. child-HHMs (p < 0.001). Employee WTP for ILI prevention for those who recently experienced ILI was \$71.45 (self), \$80.98 (adult-HHM), and \$143.93 (child-HHM); WTP was \$72.32 (self), \$82.50 (adult-HHM), and \$135.38 (child-HHM) for those not reporting ILI. In comparing the vaccinated vs. non-vaccinated cohorts, WTP to prevent ILI was significantly higher among vaccinated employees than non-vaccinated (\$86.13 vs. \$62.99, respectively; p = 0.003). Employees with ≥1 vaccinated child reported higher WTP to prevent child-HHM ILI than employees without vaccinated children (\$190.06 vs. \$116.58, respectively; p = 0.002). Differences in WTP for vaccinated and non-vaccinated adult-HHM were not significant. Belief that vaccination is an important part of healthy lifestyle and that vaccination is effective was associated with higher WTP, while reporting cost as barrier to vaccination was associated with a lower WTP for personal and child-HHM ILI-prevention. **CONCLUSIONS:** Employees expressed a high WTP for influenza prevention, especially for child-HHM. Recent history of ILI did not change employees' WTP but belief in influenza prevention did. Strategies to improve vaccine coverage should focus on the value of influenza prevention.

INFECTION – Health Care Use & Policy Studies

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EVALUATING SOCIETAL PREFERENCES FOR THE HUMAN PAPILLOMAVIRUS VACCINES USING DISCRETE CHOICE EXPERIMENTOteng B¹, Marra CA¹, Lynd LD¹, Marra F²¹University of British Columbia, Vancouver, BC, Canada, ²University of British Columbia, Vancouver, BC, Canada

OBJECTIVES: Cervical cancer (CC) and genital warts (GW) are diseases associated with HPV infections. Two vaccines have been developed for the prevention of HPV infections. A quadrivalent vaccine which contains HPV types 6, 11, 16 and 18 and prevents both cervical cancer and genital warts and a bivalent vaccine (HPV types 16

and 18) which prevents only cervical cancer. The aim of this study was to determine public preferences for the two different vaccine characteristics and frequency of testing for Pap screening. **METHODS:** Participants from across Canada completed the choice-based questionnaire for the following attributes: risk of cervical cancer and genital warts, frequency of Pap smear testing, need for a booster dose, target group (girls only or girls and boys), frequency of side effects and cost. Conditional logistic regression was used to determine the relative preferences and the willingness-to-pay (WTP) for each component in the vaccination strategy. **RESULTS:** Of the 328 respondents, 51% were between the ages of 36–55 years, 58% were females, 46% had children, and 29% had some community college. With respect to HPV vaccination, 86% had fully vaccinated their children and 68% were considering the HPV vaccine. Respondents had a strong preference for a vaccine which provided protection against GW. Respondents also had a preference to avoid a yearly Pap smear and most preferred testing every 3 years. Respondents preferred lifetime protection from HPV vaccine and thus valued a booster dose every 10 years for their children. To reduce the risk of CC and GW by 1%, respondents had a WTP of \$39 and \$36, respectively for the vaccine. Respondents also preferred to vaccinate both boys and girls at a WTP of \$23. **CONCLUSIONS:** An HPV vaccine which provides protection against both CC and GW, and vaccinating both boys and girls appeared to be strongly associated with respondent preferences.

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IMPROVING PHYSICIAN ADHERENCE TO GUIDELINES FOR DRUG THERAPY: A RANDOMIZED CONTROLLED TRIAL OF EDUCATIONAL INTERVENTIONS IN A MANAGED CARE SETTING IN ISRAELKahan NR¹, Kahan E², Waitman DA¹, Vardy DA¹, Kitai E¹, Chinitz DP³¹Leumit Health Fund, Tel-Aviv, Israel, ²Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel, ³The Hebrew University of Jerusalem School of Public Health, Jerusalem, Israel

OBJECTIVES: Although clinical-practice-guidelines (CPGs) are implemented to improve the quality, efficiency, and consistency of health care, CPGs generally have limited effect in changing physician behavior. The objective of this study was to design, implement and evaluate an intervention for CPG implementation tailored to fit the organizational culture of an Israeli HMO. The test-case for this intervention was implementation of CPGs for empiric antibiotic treatment of uncomplicated cystitis in adult women. **METHODS:** Personalized feedback containing data on individual prescribing patterns sent by specialists in family practice and infectious diseases, and an academic lecture at a HMO sponsored conference were designed. These two educational interventions were implemented both separately and combined amongst HMO primary care physicians. Steps were taken to ensure that the interventions were carried out with an eye to preserving the atmosphere of mutual professional respect between HMO management and the physicians. The objective of the interventions was to improve rate of prescribing of the first line drug nitrofurantoin or adherence to the three day recommended duration of treatment with ofloxacin if prescribed. Pre and Post intervention prescribing patterns in the three intervention groups and the control group were calculated. **RESULTS:** The lecture alone improved rate of adherence to the guidelines by -7% (95% CI = 1.3, 13.6), but a short duration of effect was observed. Feedback alone was sufficient to improve the rate of adherence to the guidelines by 19.4% (95% CI = 16.7, 22.1) and was not observed to be inferior to the combined intervention strategy. No significant change in prescribing patterns was observed amongst physicians in the control group. **CONCLUSIONS:** This model may be useful for promoting other evidence-based messages via a mechanism for presenting individual data to physicians while being sensitive to professional respect.

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RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS, DENIALS, AND HOSPITALIZATIONS IN A COMMERCIAL INSURED POPULATIONBowen KL¹, Jay M²¹Excelsus BlueCross BlueShield, Rochester, NY, USA, ²Excelsus BlueCross BlueShield, Williamsville, NY, USA

OBJECTIVES: To estimate the proportion of a population receiving RSV prophylaxis, proportion selected for prophylaxis but not meeting American Academy of Pediatrics guidelines (AAP), and fractions of these and the total population hospitalized for RSV bronchiolitis or pneumonia. **METHODS:** The study sample consists of all neonates born into a geographically defined subset of a commercially insured population who had medical claims extending from birth through one or two of five RSV seasons between Fall 2003 and Spring 2008. An AAP-based coverage policy was in effect throughout but prior authorization (PA) required only during the latest seasons. Patients with/without claims for prophylaxis and/or RSV-coded hospitalization are categorized by birth weight, age, and information from PA and claims. **RESULTS:** A total of 44841 neonates were followed through one (10.6%) or two (89.4%) seasons (79253 child-seasons of administrative claims). Counting each once per season, there were 939 cases that received RSV prophylaxis of which 51% had PA approval and 49% had not required PA. Another 216 cases were denied coverage after PA. Additional patients had partial denials for requests for palivizumab starting before or continuing after the RSV season. There were 481 hospitalizations coded for RSV; 20 cases that received palivizumab, 3 of the denied cases, plus another 458 that had not received prophylaxis (of which 93% had normal and 5% moderately low birth weight, and none had claims evidence of chronic lung or congenital heart disease). Estimated population RSV hospitalization rate per season was 18.4, 3.6, and 1.7 per thousand age < 6, 6–12, and 12–24 months, respectively. **CONCLUSIONS:** In this population, a substantial fraction of patients selected for palivizumab, and most patients hospitalized for RSV, do not meet AAP criteria for prophylaxis.