

PDH16**IDENTIFYING PATIENTS WITH PSYCHOSES IN A MEDICAID MANAGED CARE ORGANIZATION WITH CARVED-OUT BEHAVIORAL HEALTH SERVICES**Bachleda MJ¹, Moxey E¹, Goldfarb N¹, Schaffer M²¹Office of Health Policy and Clinical Outcomes, Thomas Jefferson University, Philadelphia, PA, USA; ²Health Partners, Philadelphia, PA, USA

Continuity of care between physical and behavioral health providers is a problem in today's fragmented health care system. Issues of privacy often do not allow sharing of data among providers. For physical health providers and insurers, the ability to identify patients with behavioral health problems is important for care coordination and targeting of disease management resources. **OBJECTIVE:** Compare methods for identification of members with psychoses using medical and pharmacy claims data in a Medicaid HMO with a state-mandated behavioral health carve-out. **METHODS:** Medical and pharmacy claims data were reviewed for members 18 years or older identified by ICD-9CM codes 295–299.x or prescribed 90 days of antipsychotic medications during calendar year 1998. **RESULTS:** Of the 86,004 members with one year's continuous enrollment, 776 had one or more medical claims with a psychosis diagnosis and 2800 had used antipsychotics. The 3166 unique members were categorized into three groups: 410 members identified by both medical and pharmacy claims, 366 identified by medical claims only, and 2390 identified by pharmacy claims only. Identifying psychotic members on either medical or pharmacy claims alone neglected 75% and 12% of the population respectively. **CONCLUSIONS:** These results suggest a majority of psychotic patients have not been recognized by the physical health provider to have psychoses, are not receiving physical as well as behavioral health services, or

physical providers are not coding these diagnoses. This suggests continuity of care between the physical and behavioral health care carve-out providers is lacking. Further data analysis will be performed to assess resource use and patterns of care among these groups.

PDH17**ARE THE BRITISH GOVERNMENT'S HEALTHCARE REFORMS TARGETING PATIENT'S NEEDS?: EVIDENCE FROM A COMPARISON OF TWO GP SURVEYS ON MUSCULOSKELETAL CARE**Dickson DJ¹, Hosie G¹, English J², Dickson AJ¹¹PCR Society, Northallerton, N. Yorks, UK; ²Wokingham, Berks, UK

Clinical governance and Health Improvement Plans (HIPs) targeted to patients' primary healthcare needs are central to the British government's NHS reforms. The reforms obliged Primary Care Groups (PCGs) to heed public concern over poor professional standards in the provision of NHS services. Real data on the impact of the reforms is limited. The data presented here is novel. It provides an annual assessment of the reforms' effects on primary care from the perspective of the patients' doctors, the General Practitioner (GP). **OBJECTIVES:** To determine how PCGs are responding to the needs of GPs' patients, and whether these needs are being attended to better now than previously. **METHODS:** In November 1998, the Primary Care Rheumatology (PCR) society mailed each of its members a questionnaire to assess the impact of the Primary Care Act on musculoskeletal care. A follow-up questionnaire was mailed in November 1999. Using Microsoft Excel, the numerical data was quantified as means, medians or ranges, whilst free text answers were summarised using categories based on the responses. **RESULTS:** In November 1998 few HIPs were concentrating on a prime area of concern to patients, musculoskeletal care. In 1999, a gulf still exists between health authorities' perceptions of patients' needs and what GPs' first-hand experience tells them. GPs' financial pressures are also growing and increasingly affecting PCG drug budgets. **CONCLUSIONS:** GPs are struggling to cope with the speed and scope of the reforms, with patients' needs going unmet. With the current explosion in new musculoskeletal medicines, the growing financial pressures will be of concern to patients, politicians and the pharmaceutical industry.

PDH18**ENTER THE DRAGON: PHARMACOECONOMICS IN ASIA**Pang F¹, Tran G²¹University of York, York, UK; ²The Lewin Group, Bracknell, UK

OBJECTIVES: The South-East Asian region (China, South Korea, Taiwan, the Philippines, Indonesia, Thailand,