time for any US college of pharmacy. Therefore, faculty members should consider the costs and benefits associated with pursuing such certification. This information may assist faculty members in resource use and decision-making with regard to BPS certification.

HEALTH CARE POLICY—Health System Studies

MECHANISMS AND OUTCOMES OF UTILIZATION REVIEW CONDUCTED AMONG PHIC-ACCREDITED HEALTH CARE FACILITIES IN THE PHILIPPINES

Valera MR, Soria FZ, Lavina SMS, Laureta-Barbaza JA, Banting MPC, Calces AAC
Philippine Health Insurance Corporation, Pasig, Rizal, Philippines

OBJECTIVE: To describe the mechanisms and outcomes of utilization review conducted by Philippine Health Insurance Corporation on its health providers. METHODS: Utilization review conducted among PHIC-accredited health providers consisted of three components. First part involved retrospective review of claims database wherein the initial focus was on hospital outliers (i.e. small percentage of hospitals that have utilization rates significantly higher than their counterparts) and identification of utilization patterns of care and medical services rendered. Second portion was an external review process wherein a group of practicing physicians functioned as peer review committee evaluating whether the care provided was medically appropriate and necessary. Third part included assessment of the rationality of drug use in selected regions of the Philippines. RESULTS: Based on bed occupancy rate and number of claims filed, 126 PHIC-accredited facilities nationwide were identified as outliers. Majority of the hospitals identified with extreme utilization rates were privately owned and were categorized as primary hospitals. Forty-eight percent (61/126) of the hospitals identified as outliers had extremely disproportionate reimbursements for acute bronchitis. Among the varied clinical cases deliberated on by the peer review committee, management in 33% was found to be inappropriate and unnecessary. Based on review of prescriptions, the average number of prescriptions per patient encounter in selected hospitals was 3 drugs (SD ± 3). Ninety percent of these prescriptions were written in generics. 31% of these prescriptions were for antibiotics. One drug prescription based on existing data costs about P321.00 (Equivalent to $6 per prescription). CONCLUSION: Unnecessary, inappropriate, or excessive use of medical services was identified through the different mechanisms of utilization review. The data gathered paved the way to a feedback process for health providers that can possibly translate into reduced inappropriate variations in the use of medical health care services and then perhaps cost-savings.

INTENSIVIST PRACTICE CHANGE IN GLUCOSE CONTROL FOR CRITICALLY ILL PATIENTS

Conner T1, Drosu D1, Kristic B1, Rankin S1, Newby C1, Rascati KL1, Flesner K1, Weingarten J1
1Brackenridge Hospital, Austin, TX, USA; 2University of Texas at Austin, Austin, TX, USA

There is increasing evidence that tighter control of glucose levels in critically ill patients improves patient outcomes. OBJECTIVES: To determine if education and implementation of a continuous insulin infusion protocol during 2002 improved glucose control in the intensive care setting. METHODS: A retrospective chart review was conducted on ICU patients during a four-month period in one of three consecutive years. Patients were included if they were in the ICU for a minimum of three days, were ventilated, received care from an intensivist, and had a medical DRG at discharge. Additional information was gathered from electronic charge data. Alpha for all analyses was set at 0.05. RESULTS: The following number of charts was reviewed for each time period: 22 in 2001, 51 in 2002, and 31 in 2003. There were no significant differences in patient age, gender, marital status, race, diabetes as a secondary diagnosis, or hospital or ICU length of stay. Regression analysis demonstrated that median glucose values per patient day were highest in 2001 (164.1 mg/dL), compared to 2002 (136.1 mg/dL) and 2003 (127.7 mg/dL). The number of documented glucose values was lowest in 2001 [2.4 per pt day (sd 2.5)], and highest in 2002 [5.8 per pt day (sd 3.4)], compared to 2003 patients [4.3 per pt day (sd 3.2)]. CONCLUSION: Efforts to manage glucose in the critically ill appear effective as evidenced by a higher number of documented values/day and a decrease in median glucose values per patient day.

THE ASSOCIATION OF RECOMMENDED SURGICAL SITE INFECTION GUIDELINES AND OTHER FACTORS WITH HOSPITAL LENGTH OF STAY (LOS) IN PATIENTS UNDERGOING DIFFERENT CLEAN OR CLEAN-CONTAMINATED PROCEDURES

Bonnet PO1, Barlev A1, Johnson KA1, Hopefl A2
1University of Southern California, Los Angeles, CA, USA; 2AmeriNet, St. Louis, MO, USA

OBJECTIVES: To determine what factors can help to predict if patients undergoing 13 different clean or clean-contaminated procedures will get the recommended antimicrobial prophylaxis and to investigate the association of compliance to published surgical site infection guidelines and other factors with hospital length of stay (LOS). METHODS: Data included 2047 patients undergoing cardiac, gynecologic, gastrointestinal, and arthroplasty procedures, from 47 hospitals during a 3-month period. Data included patient demographic,