events (N=9 of 12, 75 %) This may contribute to improved health care utilization, as well as the lower costs of hospitalization or emergency department visits (N=7–78 %). PMAS also resulted in cost-savings in seven of the studies. CONCLUSIONS: Pharmacist-led outpatient anticoagulation services attained better quality of anti-coagulation control, lower bleeding and thromboembolic events, and lower health care utilization.

PHS14
EPIEMIOLOGY OF PSYCHIATRIC HOSPITALIZATIONS PUBLIC HEALTH SYSTEM IN BRAZIL BETWEEN 2010 AND 2012
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OBJECTIVES: This study aims to analyze the profile of psychiatric hospitalizations within the public health service in Brazil between 2010 and 2012, analyzing the main causes of hospitalization, according to the International Classification of Diseases (ICD-10) and the profile of residence of patients. METHODS: A retrospective study was conducted. From the database of the Ministry of Health from January 2010 to December 2012, the database was compiled of the main psychiatric hospitalizations of the Brazilian public health system (SUS). The profile found was 35% of the causes of hospitalization for schizophrenia, 20% are disorders related to alcohol use, 18% are related disorders psychiatric and 18% are mood disorders. Other causes, such as dementia, and others appear much less than 5% of cases each. Regarding the profile of admissions by place of residence, it was observed that the more developed regions of the country had the highest percentage of hospitalizations, Southeast (42%) and South (28%). CONCLUSIONS: This study show that use of secondary data in surveys, from information system health, plus low-cost generated, an important source of epidemiological information, especially in countries with universal coverage of public health services such as Brazil, in which the majority of the population depends on the public health system.

PHS15
PNEUMOCOCCAL VACCINE TARGETING STRATEGY FOR THE OLDER ADULTS: CUSTOMIZED RISK PROFILING
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OBJECTIVES: Current pneumococcal vaccine campaigns take a broad, primarily age-based approach to immunization targeting, overlooking many clinical and administrative considerations necessary in disease prevention and resource planning for specific patient populations. We aim to demonstrate the utility of a population-specific predictive model for prioritizing the initial vaccination targets. METHODS: Data was extracted for 1,053,435 members of an Israeli HMO, age 50 and older, during the study period 2008-2010. We developed and validated a logistic regression model to predict hospital-treated pneumonia using training and test samples, including a set of standard, and population-specific risk factors. The model’s predictive value was tested for prospectively identifying cases of pneumonia and invasive pneumococcal disease (IPD), and was compared to the existing international paradigm for patient immunization targeting. RESULTS: In a multi-variate regression, age, co-morbidity burden and previous pneumonia events were most strongly positively associated with hospital-treated pneumonia. The model predicting hospital-treated pneumonia yielded a c-statistic of 0.80. Utilizing the predictive model, the top 17% highest-risk within the study validation population were targeted to detect 54% of those members who were subsequently treated for hospitalized pneumonia in the follow up period. The high-risk population identified through this model included 46% of the follow-up pneumonia cases, and 27% of community-treated pneumonia cases. These outcomes were compared with international guidelines for risk for pneumococcal diseases that accurately identified only 35% of hospitalized pneumonia, 4% of IPD cases and 21% of community-treated pneumonia. CONCLUSIONS: We demonstrate that a customized model for vaccine targeting performs better than international guidelines, and therefore, risk modeling may allow for more precise vaccine targeting and resource allocation than currently adopted global and international guidelines. Health care managers and policy-makers may consider the strategic potential of utilizing clinical and administrative datasets for creating population-specific risk prediction models to inform vaccination campaigns.