Length of stay (LOS) prolongation for patients who developed SSIs after hip arthroplasty—compared to non-infected patients—ranged from 5.4 to 54 days. Differences in costs due to SSIs were also reported.

In a real-world setting, adherence to antiviral therapies is often suboptimal. In a recent study, the adherence rate to HCV therapy in a Medicaid population was 60%, which is lower than what is recommended by public health authorities.

INFECTION – Patient-Reported Outcomes & Patient Preference Studies

PIN71

POOR ADHERENCE TO HCV MEDICATION IN A MEDICAID POPULATION

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OBJECTIVES: In real-world setting, adherence to antiviral therapies is often suboptimal. This study evaluated the adherence rate to HCV therapy in a Medicaid population.

METHODS: Patients eligible for this study were Texas Medicaid patients ≥18 years who had evidence of chronic HCV infection during the identification period (1/1/07 – 9/30/11) and were continuously enrolled throughout the assessment period. Primary outcome was adherence to peginterferon (PEG IFN) and telaprevir (TVR) or boceprevir (BOC) as measured by proportion of days covered (PDC) using refills history. Multivariate logistic regression analysis evaluated predictors for adherence, such as age, sex, Charlson comorbidity index (CCI), race (Whites vs. Non-Whites), presence of medical/psychosocial comorbidities, number of prescription drugs and office visits (intervals of 10), and evidence of adherence to other chronic medications and diabetes.

RESULTS: A total of 24,032 patients were identified as having chronic HCV, 9.4% with evidence of receiving HCV treatment. Of those treated, 11.2% were initiated on therapy with either TVR or BOC in 2011. The average HCV medication PDC was 70% with a significant difference between the first 12 weeks of therapy (50%) and the following 8 weeks of therapy (70%) (p<0.001). Significant positive independent predictors of HCV medication PDC greater than 70% included male gender (OR: 1.42, 95% CI: 1.08-1.86), higher number of outpatient visits (OR: 1.09, 95% CI: 1.08-1.31) and higher number of office visits (OR: 1.19, 95% CI: 1.08-1.31). Age, CCI, race and adherence levels to other chronic medications were not significant independent predictors for HCV medication PDC.

CONCLUSIONS: Overall adherence for HCV therapy was poor (70%) especially after the initial 12 weeks of therapy (50%). Closer follow-up and management of other comorbidities may improve readiness to HCV therapy and improve treatment adherence.

PIN72

PNEUMOCOCCAL VACCINATION COVERAGE IN IMMUNOCOMPROMISED ADULTS IN THE UNITED STATES

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OBJECTIVES: Adults with immunocompromising conditions have higher chances of developing pneumococcal disease and should receive pneumococcal vaccination. This study examined pneumococcal vaccination in immunocompromised adults, including patients with chronic lung disease (CLD), cancer, HIV infection, and patients who underwent transplant.

METHODS: A large national claims database was used to assess the pneumococcal vaccination among adults aged 19-64 years who were newly diagnosed with CLD, cancer, HIV, or patients underwent organ transplant procedure during 2007-2010. These patients were followed until the end of enrollment to identify whether they received pneumococcal vaccination after the diagnosis or procedure. Multivariate logistic regression was used to examine patients characteristics associated with pneumococcal vaccination coverage.

RESULTS: We identified 22,862 patients with CRD, 216,658 with cancer, 2,576 with HIV infection, and 41,889 patients underwent transplant procedure during the study period. The pneumococcal vaccination coverage were 7.3% among patients with newly diagnosed with CRD, 4.8% among cancer patients, 31.0% among HIV patients, and 5.2% among patients underwent transplant. Immunocompromised patients with more hospitalizations during the follow-up period had higher coverage, except for HIV patients. Coverage was consistently higher with shorter distance to visit to doctor office and pharmacy across all immunocompromising conditions. The majority of immunocompromised patients received their vaccines at the primary care physician’s (PCP) office (68% among patients with CRD, 57% among cancer, and 75.0% among transplant) except for HIV patients (45.2% at PCP office vs. 45.7% at specialist office). Vaccination out-of-pocket costs ranged from $3.41 (HIV) to $11.06 (CRD) for immunocompromised patients.

CONCLUSIONS: Pneumococcal vaccination coverage was highest in HIV patients and lowest in cancer patients among all immunocompromising conditions. However, even HIV population did not meet Healthy people 2020 target for immunocompromised patients (60%). A more efficient immunization strategy should be developed to improve pneumococcal vaccination coverage for the immunocompromised adults.

PIN74

PATIENT MANAGEMENT PROGRAMS LEAD TO IMPROVED ADHERENCE FOR PATIENTS WITH HEPATITIS C USING DRUG DUAL THERAPY IN BOTH RETAIL AND CENTRAL PHARMACIES

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OBJECTIVES: To determine the impact of different patient management programs on adherence to HCV therapy.

METHODS: A comprehensive search was conducted to identify the epidemiology and burden of SSIs associated with hip arthroplasty published between 2003 and 2013.

RESULTS: The median SSI infection rate as a percent of those enrolled was 1.8% (range 0.0-6%). Median 44% (10.5%) of SSIs after hip arthroplasty were attributed to S. aureus. Methicillin-resistant S. aureus (MRSA) infection rates (% all S. aureus infections) from three studies were calculated as 16%, 31% and 50%, respectively, in the range likely due to small sample size.

Length of stay (LOS) prolongation for patients who developed SSIs after hip arthroplasty—compared to non-infected patients—ranged from 5.4 to 54 days. Differences in costs due to SSIs were also reported.