PHS111 BLOOD PRESSURE TESTING AT COMMUNITY PHARMACIES PROMOTE BETTER HYPERTENSION MANAGEMENT

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OBJECTIVES: Hypertension increases the risk for heart disease and stroke and is a leading cause of death in the United States. In September 2011, the Department of Health and Human Services launched the Million Hearts® initiative to fight heart disease. To support this effort, a large pharmacy chain offered free blood pressure (BP) testing at locations nationwide. This study assesses the clinical impact of administering BP tests at these community pharmacies. METHODS: This retrospective, pre-post, cohort study included 123,427 self-reported hypertension patients, 18 years or older, who in 2012 received one or more BP tests at a Walgreens pharmacy. In addition, measures include BP test results and anti-hypertension medication use 12 months pre and 6 months post BP tests. Chi-square was used to determine significant differences between groups. RESULTS: 72,166 (58.47%) patients had abnormal test results. Patients without or non-adherent to anti-hypertensive medications (P<0.80) prior to testing were more likely to have abnormal test results, 60.02% of patients without or non-adherent to anti-hypertensive medications and 61.36% of non-adherent patients compared with 55.34% of adherent patients had abnormal tests. Patients with abnormal test results were more likely to add anti-hypertensive medications post testing, 10.17% of patients with abnormal results and only 6.27% with normal results added anti-hypertensive medications post testing (P<0.0001). Some patients in both groups discontinued medication. However, after testing, the abnormal BP patient group had 2.99% net increase (P<0.0001) and the normal BP group had 1.32% net decrease (P<0.0001) of antihypertensive medications users. CONCLUSIONS: BP testing at community pharmacies appears to improve appropriate utilization of anti-hypertensive medications. Patients reporting hypertension without anti-hypertensive medications and those non-adherent were more likely to have abnormal BP results. Health care practitioners need to more effectively promote patients to take anti-hypertensive medications. This public/private collaboration promoted better hypertension management and ultimately helped fight heart disease.

PHS112 MAIL ORDER PHARMACY USE AND ASSOCIATED HEALTH EXPENSES IN ADULTS WITH DIABETES

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OBJECTIVES: To identify predictors associated with mail order pharmacy use and investigate whether mail order pharmacy use produces cost savings for patients and payers in diabetes care. METHODS: We conducted a longitudinal cross sectional study covering the years 2006-2010 amongMedicare Expenditure Panel Survey (MEPS) households of insured participants who were diagnosed with diabetes and took antidiabetic medications for treatment. The medications were purchased were measured, including mail-order and community pharmacy purchases. Potential predictors such as socioeconomic and health-need factors, undergoing PCS was significantly associated with those who have never smoked (OR = 1.08, 95% CI 1.08-1.09), being single (OR = 0.78, 95% CI 0.70-0.87), and being Black (OR = 1.17, 95% CI = 1.04-1.33) were significantly associated with undergoing PCS. Among enabling factors, higher income (≥$75,000) (OR = 2.44, 95% CI = 2.08-2.86), and being self-employed (OR = 1.57, 95% CI=1.45-1.70) were significantly associated with undergoing PCS. Among need factors, undergoing PCS was significantly associated with those who have severe periodontitis, gingivitis, xerostomia, dental abscesses, cavities, and subsequent tooth loss. In order to prevent the oral health complications associated with diabetes, guidelines recommend the use of dental care services and retinopathy screening at least annually. This study aim to investigate the relationship among socio-demographic factors related to the use of dental services in adult diabetic population the United States. METHODS: We performed a cross sectional analysis among the 2010 MEPS Medical Expenditure Panel Survey (MEPS) database. All respondents above the age of 18 were used for the analyses. A two part linear regression model was built to analyze the self-reported use of any dental services adjusted for independent variables such as diagnosis of diabetes, age, race, sex, marital status, family income, years of education, and dental insurance status. All analyses incorporated person-level weights and variance adjustment weights (strata and primary sampling unit) provided by MEPS to produce nationally representative estimates. RESULTS: The level of statistical significance was P < 0.05 and all analyses were carried out using the statistical package, STATA IC version 10 (StataCorp, LP). RESULTS: Dental care service use was significantly lower in diabetic women (64%) compared to diabetic men (78%) (P < 0.05). Among those who visited a dentist, the annual number of visits was higher in diabetic population. Utilization was higher in whites, married individuals and in general increased with age. Low and middle income individuals were more likely to obtain no dental care visits compared to high income individuals. Having dental insurance also had a positive effect on the utilization. CONCLUSIONS: Dental care service utilization is higher among diabetics compared to the general population. However, there is lack of use preventive services among this population.

PHS115 PREDICTORS OF PROSTATE CANCER SCREENING USING ANDERSEN’S BEHAVIORAL MODEL OF HEALTH SERVICES USE

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OBJECTIVES: We identify predictors of prostate cancer screening (PCS) in the United States using Andersen’s Behavioral Model of Health Services Use (ABM). METHODS: We analyzed PCS rates in men (aged ≥ 40 years) from 2012 public use files of the Behavioral Risk Factor Surveillance System (BRFSS) survey using descriptive and as conducted as using sampling weights to determine the prevalence of PCS i.e., had a prostate-specific antigen (PSA) test. Multiple logistic regression, incorporating the sampling weights, within the framework of ABM was used to identify predictors of PCS, the dependent variable. The ABM variables of predisposing (e.g., age, enabling (e.g., insurance), and need (e.g., comorbidities) comprised the independent variables. RESULTS: Among the 129,923 men, 63.41% reported that they had a PSA test. Among those who had undergone PCS, most were married (42.63%) or white (52.81%), and about one-third (31.9%) had a college degree. More than half (55.93%) had been informed about the advantages of the PSA test from a health professional, while fewer (24.10%) were informed about its disadvantages. Among predisposing factors, age (OR = 1.08, 95% CI 1.08-1.09), being single (OR = 0.78, 95% CI 0.70-0.87), and being Black (OR = 1.17, 95% CI = 1.04-1.33) were significantly associated with undergoing PCS. Among enabling factors, higher income (≥$75,000) (OR = 2.44, 95% CI = 2.08-2.86), and being self-employed (OR = 1.57, 95% CI=1.45-1.70) were significantly associated with undergoing PCS. Among need factors, undergoing PCS was significantly associated with those who have severe periodontitis, gingivitis, xerostomia, dental abscesses, cavities, and subsequent tooth loss. In order to prevent the oral health complications associated with diabetes, guidelines recommend the use of dental care services and retinopathy screening at least annually. This study aim to investigate the relationship among socio-demographic factors related to the use of dental services in adult diabetic population the United States. METHODS: We performed a cross sectional analysis among the 2010 MEPS Medical Expenditure Panel Survey (MEPS) database. All respondents above the age of 18 were used for the analyses. A two part linear regression model was built to analyze the self-reported use of any dental services adjusted for independent variables such as diagnosis of diabetes, age, race, sex, marital status, family income, years of education, and dental insurance status. All analyses incorporated person-level weights and variance adjustment weights (strata and primary sampling unit) provided by MEPS to produce nationally representative estimates. RESULTS: The level of statistical significance was P < 0.05 and all analyses were carried out using the statistical package, STATA IC version 10 (StataCorp, LP). RESULTS: Dental care service use was significantly lower in diabetic women (64%) compared to diabetic men (78%) (P < 0.05). Among those who visited a dentist, the annual number of visits was higher in diabetic population. Utilization was higher in whites, married individuals and in general increased with age. Low and middle income individuals were more likely to obtain no dental care visits compared to high income individuals. Having dental insurance also had a positive effect on the utilization. CONCLUSIONS: Dental care service utilization is higher among diabetics compared to the general population. However, there is lack of use preventive services among this population.

PHS116 NURSES’ HEALTH FINANCING SUB-FUNCTIONS IN GHANA: EVALUATION OF THE NATIONAL HEALTH INSURANCE SCHEME

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OBJECTIVES: To evaluate the NHIS in terms of health financing sub-functions of revenue raising, purchasing of health care and risk pooling. Methods: The NHIS scheme was used to collect membership, revenue and expenditure data whilst reviews were conducted on NHIS website, annual reports,