

to therapy for any of nine therapeutics classes. **METHODS:** This prospective randomized trial used claims data from a large pharmacy chain beginning in February 2013. Patients were randomly assigned to an intervention group that received pharmacist phone calls to discuss their newly prescribed medication within three days after dispensing (n=219,611) or a control group that received no calls (n=225,497). We tracked patients' claims data for 180 days to evaluate their medication adherence. Baseline demographic characteristics and therapeutic class distribution were compared between groups. Medication adherence was measured by Patient Days on Therapy (PDOT) within 180 days for every targeted therapeutic class (anti-anginal agents, betablockers, diuretics, anti-asthmatic and bronchodilator agents, genitourinary agents, anti-depressants, anti-Parkinson, anti-coagulants, and hematological agents) and overall. Significance was determined using χ^2 and t tests between intervention and control groups. **RESULTS:** Both intervention and control groups had similar baseline demographic and therapeutic class distributions ($P>0.05$). Comparison by therapeutic class found large variations of adherence with hematological agents having the greatest adherence (PDOT=105.57) while anti-angina agents had the lowest (PDOT=47.06). The intervention group had greater adherence than the control group in every therapeutic class with the PDOT differences ranging from 0.48 days for anti-angina agents to 2.63 days for anti-Parkinson agents ($P<0.05$). Overall, the intervention group was more adherent than the control group (PDOT 86.27 vs. 84.79, $P<0.01$). **CONCLUSIONS:** A community pharmacist telephone call program improved medication adherence across multiple therapeutic classes.

PHS82

SYSTEMATIC LITERATURE REVIEW OF COMPLIANCE AND PERSISTENCE PROGRAMS IN INFLAMMATION AND IMMUNOLOGY

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OBJECTIVES: Patient compliance and persistence to pharmacotherapies is important, especially in chronic conditions in inflammation and immunology (I&I) therapeutic area, to improve patient outcomes. Programs/interventions that aim at improving medication compliance and persistence play an important role in optimizing care. Since there is a lack of relevant systematic reviews in I&I, the objective of this study is to provide a comprehensive understanding of the effectiveness of compliance and persistence programs in the I&I therapeutic area. **METHODS:** A systematic literature search was conducted and studies were identified from PubMed, conference proceedings and grey literature. Selection criteria included studies published in English, German, Spanish, Italian and French languages between January 2008 and September 2013, that evaluated the impact of programs on medication compliance and/or persistence in I&I. Abstracts were screened by two researchers for inclusion, and discrepancy was resolved by a third researcher. Selected publications underwent full review and abstraction. **RESULTS:** A total of 3,637 abstracts were screened, of which 29 evaluated the effectiveness of compliance and persistence programs. Studies reviewed covered different countries: the US (n = 19); Italy and the UK (n = 2 each); Australia, Denmark, Malaysia, and Poland (n = 1 each); multicenter (n = 1) and unreported/no country mentioned (n = 1). The majority of patient programs were conducted in the osteoporosis disease area (n = 9), followed by inflammatory bowel disease (n = 4), and multiple sclerosis and ulcerative colitis (n = 3 each). The most effective interventions were one-on-one tailored counseling and web-based education/communications that improved medication compliance by 44% and 31%, respectively. Additionally, group-based motivational and problem-solving support resulted in improvement of 12% at 24 months. **CONCLUSIONS:** A well-developed compliance program can have a significant impact on improving patient compliance as well as persistence to therapies. This, in turn may improve patient outcomes.

PHS83

THE REACH OF ADEQUATE PHARMACOLOGICAL ADHERENCE AND THE TIME NECESSARY TO IMPROVE IT AFTER PERFORMING A PHARMACOTHERAPEUTIC FOLLOW UP TO A COHORT OF PATIENTS WITH HIV. FEBRUARY 2012-JUNE 2013

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OBJECTIVES: Determine the proportion of patients who improve adherence subsequent evaluated pharmacotherapeutic follow-up (PF), also, identify the factors that explain the improvement of bond and the time necessary to achieve that result. **METHODS:** A dynamic cohort study was performed on patients classified as non-adherent (205 patients). Two questionnaires were used (The use of questionnaires was authorized by the authors), the Simplified Medication Adherence Questionnaire developed by Hernando Knobel et al, and the Simplified Medication Adherence Scale developed by Ventura-Cerdá et al. The questionnaires were administered by a pharmacist during consultations of PF in which education was provided about the importance of adherence (the number of PF was defined at pharmacist's discretion). The patient left the study when they were cataloged as adherent by both questionnaires. For the qualitative variables, absolute and relative frequencies were used, and for quantitative variables summary measures were used. For bivariate analysis, Log-rank test, T-Student and U-Mann Whitney were used. We worked with a confidence interval of 95% and alpha <0.05. To adjust the association measures the Cox Proportional Hazards Model was applied. SPSS® version 21 for Windows (SPSS Inc. Chicago, Illinois, USA), covered by CES university was used. **RESULTS:** The 61.5% of patients improved adherence, were required 206 days or less to achieve this result (interquartile range: 88-460). The number of PF queries performed (p: 0,012), the city (p: 0,003) and area of residence (p: <0,000), showed statistical association with improved adherence, of which only the city (HR for Bogota 0.39, IC 0.17-0.87; Cali 1.34, IC 0.75-2.4, compared with Medellin) and the number of PF (HR 0.87 IC 0.79-0.95) maintained their relation for the multivariate analysis. **CONCLUSIONS:** The city of residence and the number of PF consultations conducted were associated with improved adherence. The education provided by the PF improves adherence in patients diagnosed with HIV, classified as non-adherent.

PHS84

FACTORS AFFECTING ACCESS AND ADHERENCE TO THE RECOMMENDED LEVEL OF DIABETES CARE IN TYPE II DIABETES ADULTS

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OBJECTIVES: The objective of this study was to assess realized access, determine the existence of equitable or inequitable access and find the factors affecting the adherence to the three diabetes care components. **METHODS:** Behavioral Risk Factor Surveillance System (BRFSS) 2010 was used as the data source. Hierarchical logistic regression was used to determine equitable or inequitable access to the recommended levels of diabetes care. Data analysis was performed using SAS® version 9.2. **RESULTS:** Realized access was highest for biannual glycosylated hemoglobin testing (80.30%) followed by annual dilated eye examination (70.39%) and daily self-monitoring of blood glucose (SMBG) (63.00%). Hierarchical logistic regression revealed, enabling resources drove access to recommended level of SMBG and HbA1c testing, while recommended level of eye exams were driven by predisposing characteristics. Uninsured individuals and those who did not receive diabetes education were less likely to adhere to diabetes care. **CONCLUSIONS:** Realized access of daily SMBG needs to be increased by appropriate measures. The results suggest that inequitable access exists for all the three diabetes care components. Thus, measures for increasing equitable access are recommended. Knowing the factors affecting adherence to diabetes care may assist intervention planners, diabetes educators and health care professionals in attempting to improve diabetes management.

PHS85

DETERMINING PATIENT SATISFACTION, PERCEPTION OF VALUE, AND MONETARY WORTH ASSOCIATED WITH ADHERENCE PACKAGING AND PHARMACY SERVICES

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OBJECTIVES: Pharmacists can impact the medication adherence problem by offering adherence packaging and specialized services. Evaluating products and services that alleviate this dilemma is beneficial for improving patients' health outcomes. Understanding consumer perspectives are important to determine continued use and expansion of such products and services. Objectives include to: (1) evaluate patients' satisfaction with the services, (2) assess patients' perceptions of the value of adherence packaging on their medication taking behavior, and (3) determine a dollar amount patients' view as a worthy investment for services. **METHODS:** Patients and caregivers >18 years of age with at least six medications, three chronic conditions, and six months of adherence packaging utilization at a community pharmacy in Toledo, Ohio were studied. Services included pharmacist-provided counseling, refill synchronization, follow-up phone calls, and delivery services. Three structured focus group sessions were conducted. Satisfaction was assessed using a survey with a Likert-type scale. Show of hands and discussion were used to determine the value/impact on medication taking behavior and outcomes. Monetary worth/dollar amounts were obtained through written responses to open-ended questions. Responses analyzed using percentages and frequency distributions. **RESULTS:** Thirty patients and caregivers participated and 93% (28/30) were satisfied with services provided. Participants reported adherence packaging and services led to fewer ER visits/hospitalizations and assisted in bringing blood sugar and blood pressure closer to goal. Two participants felt adherence packaging was priceless and could not put a monetary value on the product or services. Participants reported the following monetary values: up to \$50 per month (adherence packaging only), \$75 (adherence packaging with delivery), \$100 (adherence packaging with counseling), and \$120 (adherence packaging, delivery, and counseling). **CONCLUSIONS:** Overall, individuals were satisfied and saw value in the adherence packaging system and services. Evidence suggests these services positively impacted health outcomes. Payers and health plans should consider offering such products/services to their customers.

PHS86

MILITARY VETERANS' PERCEPTIONS OF DISAGREEMENT WITH THEIR PROVIDER REGARDING THEIR MEDICALLY UNEXPLAINED SYMPTOMS ARE ASSOCIATED WITH LOWER SATISFACTION AND INTENTIONS TO ADHERE TO TREATMENT AND POORER HEALTH-OUTCOME EXPECTATIONS

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OBJECTIVES: Medically unexplained symptoms (MUS) are pervasive amongst returning veterans from military operations abroad. Veteran perceptions of MUS predict adherence and improvement, but little is known about patients' perceptions of disagreement with their providers about MUS and its effect on adherence and outcome expectations. Given the inherent uncertainty on both the patient's and the provider's part regarding MUS, it is likely that there is much room for disagreement, particularly perceived disagreement on the part of the patient, and a patient who disagrees with the provider is less likely to adhere to the providers' recommendations for treatment and therefore less likely to see improvement in his/her condition. This study evaluated the degree to which veterans perceive disagreement with their primary care providers regarding the MUS overall and the relationship of these perceptions to behaviors and outcomes of interest. We hypothesized that perceived disagreement would significantly predict intentions to adhere, satisfaction with care, and expectations for MUS-improvement. **METHODS:** Veterans (n=180) experiencing MUS reported on perceived disagreement with their provider regarding the MUS, intentions to adhere, expectations for MUS improvement, and satisfaction. **RESULTS:** 33% of veterans perceived no disagreement with their provider, 22% perceived slight/minor disagreement, 26% perceived moderate disagreement, 10% perceived quite a bit of disagreement, and 9% perceived complete disagreement. Results were as expected with significant relationships between perceived disagreement and intentions to adhere ($r(174)=-0.21, p<0.01$) and satisfaction with