Background/Aims: Primary Care Providers (PCPs) are seeing more complex patients who were previously managed by specialists. PCPs may not have the time or expertise to fully elicit or evaluate all patient complaints, or apply the detailed evidence required to manage these conditions. We describe provider experience with eCVD, a web-based cardiovascular disease (CVD) management system for use in primary care. eCVD incorporated a shared-decision making (SDM) tool linked to a clinical decision support (CDS) tool that, together, were designed to promote the development of preference-sensitive and evidence-based care plans. **Methods:** Prior to a primary care encounter, patients completed a behavioral risk factor questionnaire to calculate their CVD risk. Patients at elevated risk used the eCVD system, which included an SDM tool that informed patients of their CVD risk, educated them on the types and benefits of risk factor-specific treatment options, and allowed them to select their preferred treatment options. Via an alert embedded in the electronic health record (EHR), the provider could access a CDS tool displaying both tailored, guideline-based recommendations and the patient's chosen treatment preferences. We tracked use of the CDS and conducted structured interviews with providers to understand their experience with eCVD. Interview domains included: logistics/workflow, mode of presentation, content, patient preferences, and improving efficiency/effectiveness. **Results:** The CDS alert was presented for 118 patients; only 21.2% were opened by providers. Initial review of interview data showed that providers did not open the CDS alert due to time constraints or because it was indistinguishable from other EHR alerts. Providers stated that they believe discussing a patient's preferences for care is important but difficult to do with complex patients because of the time needed to: 1) review all relevant data; 2) determine additional data needs (e.g., labs); 3) determine the appropriate clinical course of action; and 4) educate the patient. **Conclusions:** Models of technology adoption highlight the importance of usefulness and usability of a tool like eCVD. Our data suggest that, while the SDM/CDS content was useful, usability issues remain. Detailed thematic analysis of how the tool was accessed and the functionality it provided will be completed in December 2010.

Keywords: Shared decision-making, Clinical decision support, Health information technology

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PS2-33:

Patient Characteristics Associated with Medication Adherence

Sharon Rolnick, PhD, MPH¹; Richard Bruzek, PharmD¹; Pamala Pawloski, PharmD¹; Brita Hedblom, BS¹; Stephen Asche, MA¹; Dana Meier, PharmD²; Maren Fustgaard, MA²

¹HealthPartners; ²Novartis Pharmaceuticals Corporation

Objective: To help understand medication adherence within HealthPartners, we developed a study to assess factors associated across eight different conditions. This presentation focuses on associated patient-related characteristics. **Methods:** We identified all members 18+ with a minimum of two prescription fills for >28 days' supply within 1 year between January 2007 and March 2009. Medications of interest (n=128) were identified for the treatment of one of the following eight diseases: depression, hypertension, hyper-cholesterolemia, diabetes, asthma/COPD, multiple sclerosis, cancer or osteoporosis. Diagnosis records were identified by ICD-9 code and merged with the prescription order records. We then examined differences across conditions by age, sex, race, co-morbidity and geo-code. Data were examined first with patients who had only one of the eight conditions and had only one medication (n=15,334). Analyses were then repeated on the population of patients who had any number of conditions and any number of medications (n=31,636 patients). Adherence was calculated by the Medication Possession Ratio. We used an 80% threshold. **Results:** Statistically significant differences were found. Males were generally more adherent than females, although the magnitude was small. Whites were more adherent than patients of other races and older patients were more adherent than those younger. Adherence was higher among patients living in areas having a higher proportion of residents with a high school education, lower poverty, and higher family income. Among patients with any number of conditions drug adherence increased with lower Charlson score, having fewer of the eight conditions we

considered, and being on fewer drugs for those conditions. Substantial variation was found in drug adherence by condition, with multiple sclerosis, hypertension, hyperlipidemia, osteoporosis, and cancer having a high percentage of patients considered adherent (75%+). Whereas adherence rates for depression, diabetes, and asthma/COPD were 62%, 51% and 33% respectively. **Conclusion and Implications:** We expected to find adherence to be higher as pharmacy is a covered benefit and access to medications available through multiple channels. Never-the-less, significant differences were found by sex, age, race, SES and across the multiple conditions studied. There remains great room for improvement specifically related to treatment for diabetes and asthma.

Keywords: Medication adherence, Patient characteristics

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PS2-20:

The Development of Educational Materials to Assist Family and Friend Caregivers and Healthcare Providers in Caring For Persons with Incontinence and Dementia

Jody Jackson, RN, BSN¹; Donna Bliss, PhD, RN²; Kenneth Hepburn, PhD³; Casey Arntson²; Jean Mullins²; Sharon Rolnick, PhD, MPH¹

¹HealthPartners; ²University of Minnesota; ³Emory University

Background/Aims: Incontinence and associated skin damage can occur in Alzheimer's disease or dementia (AD), however few educational programs directly address these problems. Informational needs related to incontinence and skin care in dementia were assessed among informal (family/friend) caregivers and healthcare providers in order to develop educational materials.

Methods: Audiotaped focus groups or interviews were conducted with informal (family/friend) caregivers (goal n=56) and healthcare providers (goal n=10) to assess health literacy content (e.g., knowledge, skills), attitudes and preferences for format of materials. An informational and supportive intervention is currently being developed based on the results of this assessment, as well as review of current literature and recommendations by expert clinical consultants. **Results:** A total of 48 caregivers and 11 healthcare providers participated in focus groups/interviews. Preferred format of materials for both caregivers and providers involved informational brochures or a FAQ sheets; very few preferred electronic materials. Based on needs assessment results, topics have been prioritized for development of caregiver educational materials: (1) Relationship between incontinence and AD (e.g., prevalence, reasons why incontinence occurs in AD, incontinence as a health problem and not a behavioral problem), (2) Managing incontinence (e.g., handling undressing/dressing and toileting, diet/fluid restrictions), (3) Preventing Skin Issues (e.g., skin damage descriptions, guide to absorbent and skin care products, step-by-step instructions for skin care), (4) Talking to a healthcare provider (e.g., when to discuss topic, terms to use), (5) Caring for the caregiver (e.g., importance of self-care, preventing isolation, sharing experiences with other caregivers), and (6) Questions to ask when considering assisted living or long-term care (e.g., how to assess facility's management of incontinence and skin issues among persons with AD). These materials will be shared with healthcare provider subjects. Provider-specific educational materials will also include a short, intake survey that can be administered prior to appointment to prompt inquiry regarding incontinence, and a reference list of key articles related to incontinence and AD. **Conclusions:** Supportive and informational educational materials are being developed regarding incontinence and skin care to meet the needs of caregivers and healthcare providers of persons with AD. Final materials will be presented.

Keywords: Dementia, Incontinence, Information needs

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PS2-13:

Why Patients Fail to Complete Laboratory Monitoring Requests

Shawn Gagne, BA¹; Shira Fischer, BA¹; Peggy Preusse, RN²; Kathleen Mazor, EdD¹; Jennifer Tjia, MD, MSCE¹; Terry Field, DSC¹

¹University of Massachusetts Medical School; ²Fallon Clinic