

discussion of interventions, communication tools (e.g. written instructions from the physician, a home medication calendar with communication tools such as check boxes to indicate when a dose had been administered, and others) were high priority for parent participants. **Conclusions:** Parents can understand and perform an FMEA. The parent-team identified modifiable failure modes, many communication-related, which could lead to significant patient injury in home medication use. Parents prioritized tools that could lead to system improvements and reduce errors.

Keywords: FMEA, Medication administration, Pediatric cancer
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PS1-17:

H1N1 Flu and Pregnancy: The Kaiser Permanente Experience

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Background/Aims: It is known that seasonal influenza infection disproportionately impacts pregnancy. Based on preliminary information, the pandemic H1N1 virus that first surfaced in spring 2009 appears to cause disproportionate morbidity and mortality among pregnant women - possibly to an even greater degree than that seen from seasonal flu. While it is estimated that over 10% of the pandemic influenza-related deaths in the United States have been in pregnant women-there is little data on the total impact of H1N1 infection upon pregnant women and their developing infants. This study will present a population-based assessment of the impact of H1N1 flu upon pregnancy, maternal, and birth outcomes. **Methods:** This is an open cohort study covering the seasonal (mid 2008-2009) and H1N1 (mid 2009-2010) influenza seasons, with follow-up for pregnancy and infant outcomes up to one month after delivery. All pregnant women in KPNC, KPSC, KPCO, KPMA and KPGA during this period (mid 2008-2010) will be categorized according to their infection status as defined via lab test and/or ICD-9 code for influenza-like-illness. Descriptive and regression analyses will be conducted to examine neonatal and pregnancy outcomes. **Results:** Due to time constraints in relation to availability of the most recent data within Kaiser Permanente, the final data extraction will not be completed until November 2010. Statistical analyses will be conducted on the following outcomes: pregnancy (pre-eclampsia, eclampsia, premature labor, premature delivery, pregnancy-induced hypertension); maternal (hospitalization for respiratory-related conditions, other hospitalizations, death); infant (intra-uterine growth retardation; low birth weight, major congenital anomalies); vaccine use and effect (extent to which pregnant women received H1N1 and seasonal flu vaccine; impact of vaccination upon the risk for adverse pregnancy, maternal and infant outcomes); antiviral use and effect (extent to which pregnant women received antiviral medication for H1N1 or seasonal flu, and the impact of these therapeutics upon the risk for adverse pregnancy, maternal and infant outcomes). **Conclusions:** This study will be both analytic and descriptive, showcase the abilities of CESR and inform the scientific and public health communities with a range of unique information related to H1N1 infection during pregnancy within the combined KP populations. Note: Final analyses and results will be presented at the HMORN Conference.

Keywords: H1N1, Pregnancy, Neonatal
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Chronic Illness Management

PS2-16:

Patient Knowledge and Beliefs Concerning Gout and Its Treatment

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Aim: We sought to examine patients' knowledge and beliefs concerning gout and its treatment in order to identify ways to improve gout care. **Methods:** We identified all members (≥ 18 years of age) of a group-model health maintenance organization (HMO) with documentation of at least one health care encounter associated with a gout diagnosis during the period 2008-2009 (n=1346). From this population a random sample of 500 subjects were sent a questionnaire assessing knowledge with regard to gout, beliefs about prescription medications used to treat gout, satisfaction with physician-patient communication, and trust in the physician. **Results:** Two hundred and forty patients returned surveys and research authorization forms (response rate of 51%). The majority of patients were male (80%), white (94%), and aged 65 and older (66%). Only 14 (6%) patients were cared for by a rheumatologist. Many participants were unaware of foods that may lead to a gout flare. Specifically, more patients reported vegetables (58%), chicken (55%) and legumes (39%) as triggers as compared to seafood (23%), beef (22%) and pork (7%). Only 43% reported beer could increase the chances of a gout flare. Awareness of dietary triggers was not greater among those with more encounters for gout or chronic gout (identified by use of urate-lowering drugs [ULDs]). For the management of acute flares, nonsteroidal anti-inflammatory drugs were considered easy to take (86%) and effective in decreasing pain (78%) with only 22% having side effects to the agents. Among colchicine users, colchicine was considered easy to take (91%) and effective (76%) but 37% reported side effects to the medication. There were 101 patients prescribed a ULD of whom 21% reported forgetting to take their medication in the past month. Only a minority of ULD users (12%) were aware of the risk of flare when initiating treatment with this medication class. **Conclusion:** In this gout patient population cared for mostly by primary care providers, we identified several knowledge deficits that may worsen disease management including lack of knowledge regarding dietary triggers and lack of awareness of the risk of gout flare with initiation of ULDs.

Keywords: Gout, Disease management, Urate-lowering drugs (ULDs)
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PS2-08:

Adherence to Statins and Low-Density Lipoprotein Cholesterol Goal Attainment in Patients with Coronary Artery Disease

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Background/Aims: While it is known that cholesterol control in coronary artery disease (CAD) patients is essential for preventing recurrent coronary events, studies continue to show that adherence to lipid-lowering drugs is suboptimal. The clinical decision on how best to manage a patient with suboptimal adherence and at goal for LDL-c is different than for a patient with optimal adherence and not at goal. **Methods:** We examined the rate of LDL-c goal attainment, defined as < 100 mg/dL, by level of adherence to statins in CAD patients aged ≥ 18 years in a diverse integrated health care delivery system serving over 3.2 million members. Patients in the May 2010 CAD Registry and dispensed ≥ 2 statin prescriptions on two unique dates between June 2009 and May 2010 were identified through electronic medical records. Patients with rhabdomyolysis, creatinine kinase $> 10,000$ IU/L, allergy or intolerance to statins and those without LDL-c results, continuous membership or drug benefits in the previous 12 months were excluded. Medication adherence was calculated as the ratio of the number of days supply to the number of days between the first and last fill over 400 days. Adherent behavior was defined as $\geq 80\%$. **Results:** Altogether, 67,100 CAD patients (63% male) with a mean (SD) age of 71.4 (10.7) years were identified. Over 85.8% were at LDL-c goal attainment and 79.8% had $\geq 80\%$ adherence with 53.1% having 96-100% adherence. LDL-c goal attainment had a positive association with increasing adherence, but goal attainment leveled off once adherence was over 86%. Over 65% of patients not at goal were adherent while 23.9% of patients not at goal were not adherent (26.9% in women and 21.8% in men). Patients aged ≥ 65 years had the highest rates of adherence (81.6%) and men had consistently higher rates of adherence compared with women in all age groups. **Conclusions:** Although overall LDL-c goal attainment was high in this population, there is still a substantial