PHS8
A REVIEW OF FACTORS ASSOCIATED WITH ACCESS TO CARE IN BREAST CANCER PATIENTS
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OBJECTIVES: Health disparities in breast cancer (BC) management are well documented and affect different points in the cancer care continuum. This study aims to examine the timeliness of diagnosis, receipt of treatment, and long-term health outcomes. The study’s objective was to review current knowledge on factors associated with access to care in BC patients.
METHODS: A literature search was conducted using six data bases: PubMed, CINAHL, PsychINFO, Embase, Cochrane Library, and Web of Science. Included studies were published in English between January 1, 2005 and September 30, 2017 and assessed access to care in patients with a confirmed diagnosis of BC. Studies were selected based on the following criteria: 1) presence of an intervention, and 2) data on access to care. Twometric results were used to analyze the impact of care barriers.
RESULTS: Ninety-one studies were included in the review. Factors included: older age, income, race/ethnicity, education level, marital status, region of residence, and number of comorbidities. The most common access barriers were: lack of insurance, lack of transportation, and lack of healthcare providers.
CONCLUSIONS: BC care is affected by many factors, including socioeconomic status, race/ethnicity, and insurance status. These factors influence BC patients' access to care, depending on the aspect of BC care.

PHS9
CONFLICT AND INFANT MORTALITY DUE TO DIARRHEA IN COLOMBIAN CHILDREN
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OBJECTIVES: This study aimed to assess the burden of childhood mortality due to acute gastroenteritis (diarrhea, ADD) and its relationship with the armed conflict in Colombia. METHODS: We extracted mortality data from death certificates of the National Administrative Department of Statistics (DANE, in Spanish) using the codes A00-A09 from ICD-10. We used decomposition methods to evaluate the differences in mortality between groups. RESULTS: We found a significant increase in infant mortality due to diarrea in the study period. The increase was more pronounced in rural areas, where the conflict was more intense. CONCLUSIONS: The armed conflict in Colombia has had a significant impact on infant mortality due to diarrhea. Additional interventions are needed to address this issue.

PHS8
DETERMINANTS AND IMPACT OF CONTINUITY OF CARE IN INDIVIDUALS NEWLY DIAGNOSED WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE
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OBJECTIVES: Continuity of care is important for individuals with chronic obstructive pulmonary disease (COPD), as coordinated and comprehensive care is critical for COPD disease management. Suboptimal and duplicate care can lead to deteriorating conditions and increasing medical costs. Therefore, this study aimed to identify factors associated with continuity of care in the early phase of disease management, and examine the impact of continuity of care on risk of emergency room visit or hospital admission, and medical costs in individuals newly diagnosed with COPD.
METHODS: Adult subjects who were newly diagnosed with COPD and had at least four outpatient visits for COPD were selected from the National Health Insurance claims database. Continuity of care index was calculated based on their outpatient visit patterns during the first year after the initial COPD diagnosis. This index was based on the number of unique providers seen and the frequency of visits with continuity of care.
RESULTS: The results showed that patients with higher continuity of care had significantly lower risk of emergency room visit or hospital admission, and lower medical costs.
CONCLUSIONS: Our results demonstrated that better continuity of care contributed to a lower risk of emergency room visit or hospital admission, and lower medical costs.

PHS9
DO MEDICAL HOMES AFFECT HEALTHCARE UTILIZATION RATES? A LONGITUDINAL EVALUATION OF MEDICAL HOME IMPLEMENTATION IN ITALY
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OBJECTIVES: This study compares healthcare utilization rates between patient populations served by general practitioners (GPs) affiliated with newly established medical homes (MHs) and those not affiliated with MHs. METHODS: This longitudinal study of administrative data from the Local Health Authority of Parma, Emilia Romagna, Italy included residents ≥14 years residing in Parma ≥1 year prior to the survey in the study. During the study period (1/1/2010-12/31/2016), 16 MHs were established at various times, with the first one opening in December 2011. The exposure of interest for analysis was the year in which the MH was assigned to the participant. The outcome was measured as the number of emergency department (ED) visits and hospital admissions, including ambulatory care sensitive conditions (ACSCs). The association between MH assignment and outcomes was evaluated using multivariate regression analysis, with the independent variables being the type of care received, the number of visits to the MH, and the presence of chronic conditions.
RESULTS: The results showed that patients assigned to MHs had significantly lower healthcare utilization rates compared to those not assigned to MHs. The reductions were observed in the number of emergency department visits and hospital admissions, as well as in the number of ACSCs.
CONCLUSIONS: Our results suggest that medical homes can effectively reduce healthcare utilization rates, particularly for those with chronic conditions and high healthcare needs. Further research is needed to identify the specific components of the medical home model that contribute to these outcomes.