

When evaluating the midpoint of self-reported glucose, there is a positive correlation between respondents' perceptions and the objective measures of their diabetes control ($r = 0.434$, $p < 0.001$). However, based on their midpoint values, most of the patients (92%) overestimated their level of control. Self-reported values for about two-thirds of respondents (62%) differed from laboratory results by a clinically relevant amount of more than 25%. When evaluating respondents' highest reported blood glucose values rather than the midpoint of their range, there was a slightly higher correlation, ($r = 0.467$, $p < 0.001$). More importantly, based on this comparison, fewer respondents (69%) overestimated their level of control. Only about one-third of respondents (36%) misreported their glucose by more than 25%. **CONCLUSION:** Objective measures of diabetes control correlate best with highest self-reported glucose. These findings underscore the importance of obtaining frequent objective measures of average glucose control, and the need to monitor glucose values at times of day when they might be highest, rather than lowest. When it is necessary to utilize self-reported data, researchers should realize that the maximum of a self-reported range may most accurately reflect true blood glucose levels.

DIABETES—Healthcare Policy

PDB 13

REAL WORLD ADHERENCE BENEFITS FROM COMBINATION PRODUCTS UTILIZED IN DIABETICS: SULFONYLUREAS & METFORMIN

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OBJECTIVES: To determine if medication adherence differs when a combination sulfonylurea/metformin is utilized versus each component separately. **METHODS:** Diabetes mellitus (DM) is a chronic and progressive disorder that leads to significant morbidity and mortality and imposes a large economic burden on the health care expenditures in the United States. Although there have been major improvements and modifications in the diagnosis and treatment strategies of diabetes, it estimated that one-third of patients suffering from diabetes are undiagnosed, and hence untreated. The prevalence of diabetes has risen along with disease related complications nationwide. Therefore, we decided to evaluate patient care by analyzing Health Partners' pharmacy and medical claims databases for a period of 12 months to determine our own standard of care by evaluating in-house data on HbA1c and lipid profiles and compare it with the standards set forth by the NCQA required HEDIS measures. A computer database search of pharmacy claims identified diabetic patients taking oral diabetic agents, insulin or a combination therapy from January 2001–December 2001 according to the Universal System Classification (USC) codes indicative of diabetic agents. Patients were eligible for inclusion if in a 12-month period, they

received mono-therapy on Glucovance, or combination therapy of sulfonylureas and metformin for at least three months during the year. Adherence was defined as having received medication for a minimum of 80% of the therapy's duration. Lab claims for HbA1C values on these members were collected as well. Results indicated that members on Glucovance ($n = 562$) were more adherent to therapy (55% vs 52%) than those on combination therapy ($n = 932$). In terms of HbA1C control, 18.9% of members adherent to Glucovance therapy had a HbA1C value of <6.5 mg/dl versus 16.6% of those adherent with combination therapy. We hope to further explore these initial findings.

PDB 14

MEDICAID MANAGED CARE QUALITY AMONG BLACK AND WHITE ADULTS WITH DIABETES MELLITUS

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OBJECTIVE: This study used Georgia Medicaid claims data to evaluate the quality of care among African American (Black) and Caucasian American (White) adults with diabetes mellitus who are enrolled in the mandatory Georgia Better Health Care (GBHC) primary care case management program, a managed care delivery model. **METHODS:** This cohort study evaluated the quality of care in relationship to the risk (i.e. rate) of diabetes-related complications and hospitalization using Georgia Medicaid eligibility and provider claim data for the period 1996–1998 (by Chi square and multivariate logistic regression statistics). Black and White Medicaid beneficiaries with newly diagnosed diabetes in 1996 and 1997 were followed for a 12-month period since diabetes diagnosis through year 1997 and year 1998, respectively, according to claim histories. Diabetes diagnoses are based on physician-reported news claims of type-2 diabetes (ICD-9-CM codes 250.0–250.9). Quality of care was based on adherence to American Diabetes Association (ADA) recommendations. **RESULTS:** The results of this investigation indicated poor adherence to ADA recommendations. Among the 3514 Medicaid beneficiaries with diabetes who were enrolled for the entire 12-month period after the initial diagnosis, only 22%, 11%, 15%, and 2% received the ADA annually recommended HbA1c test, eye exam, lipid profile, or any nephropathy tests, respectively. Although similarly likely to receive HbA1c and nephropathy tests, Blacks were less likely to receive eye exams ($p = 0.0347$) and lipid profiles ($p < 0.0001$), independent of such variables as age, gender, insulin status, number of clinic visits, and health plan option. The results also indicated that the 12-month hospitalization rate among Black beneficiaries was 1.6 times higher than the rate among White beneficiaries. **CONCLUSIONS:** GBHC, currently the only health plan option for Medicaid beneficiaries, has not achieved quality standards or an equitable system of care for Georgia Medicaid beneficiaries with diabetes.