HealthyCoin 7. P Cure - ENMBNE, Private, where INMBMedicare is the incremental net mandatory benefit (INMB) to Medicare of a 65-year-old ENMBNE. Private is the average INMB to the private payer for a cure of diabetes across all non-elderly incident population with diabetes, and PCureis the market price for the cure. Using empirical estimates, we explore whether a developing such a cure is feasible. Having discussed that developing such a HealthyCoin may be feasible for a cure of diabetes. Extension of this work would explore how such HealthyCoins can be traded within the private sector and also in other disease areas.

PDB97

BENEFITS OF BREASTFEEDING ON DEVELOPMENT OF DIABETES MELLITUS, IN WOMEN WITH HISTORY OF GESTATIONAL DIABETES MELLITUS USING THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

Uzun SS,1 Chandwani S2

OBJECTIVES: Women with Gestational Diabetes Mellitus (GDM) have six times higher risk of developing Diabetes Mellitus (DM) type 2 compared to women who don’t have GDM. The purpose of this study was to evaluate the protective effects of breastfeeding on development of DM. Model was adjusted for age, BMI, race/ethnicity, income, edu-

PDB98

BREAST FEEDING AND RISK OF DEVELOPMENT OF DIABETES MELLITUS IN WOMEN WITH GESTATIONAL DIABETES MELLITUS: FINDINGS FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION STUDY

Wang X,1 Mao J,2 Qiu Y.3

OBJECTIVES: We analyzed de-identified patient data from observational studies. There were 77,243 visits by 34,492 active

PDB99

RESEARCH ON DEVELOPMENT OF DIABETES MELLITUS, IN WOMEN WITH HISTORY OF GESTATIONAL DIABETES MELLITUS USING THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

Tong Q.,1 Moen D.1, Yang T.1, Balal M.1, Kazemi M.2, Sung J.C.3, Traylor L.4, Sullivan SD4

OBJECTIVES: While change in glycated hemoglobin (A1C) is typically used as the primary measure of efficacy in clinical trials of diabetes medications, quality of care in “real-world” clinical practice is often assessed based on attainment of patient-specific A1C targets, as recommended in HEDIS 2014 performance benchmarks by the National Committee for Quality Assurance. HEDIS measures are used by health plans to measure care and service performance. To assist in the design of pragmatic clinical trials for new insulin glargine 300 Unit (Gla-300), we estimated A1C targets for T2DM patients initiating basal insulin in real-world clinical prac-

PDB100

HEPATIC TARGETS IN OPTIMIZING THERAPY FOR TYPE 2 DIABETES MELLITUS: TARGETS INITIATING BASAL INSULIN USE

Oster G.,1 Moen D.1, Yang T.1, Balal M.1, Kazemi M.2, Sung J.C.3, Traylor L.4, Sullivan SD4

OBJECTIVES: To date, the strain of Gla-300 which is used to treat type 2 diabetes mellitus and is known to cause hypoglycemic events requiring medical assistance (DC ≥ 5.6) is likely to have experienced at least one A1C measurement in the previous year (DC ≥ 4.1). The rate of current patients (DC ≥ 7.4, DT ≥ 4.3%, current 4.8%, p < 0.05).

PDB101

EFFECT OF DIABETES EDUCATION PROGRAM ON TYPE 2 DIABETES MELLITUS (T2DM)\n
Jean A. Jackson, State University, New Orleans, LA, USA

OBJECTIVES: The aim of the study was to measure the effect of diabetes educational program on type 2 diabetic patients. METHODS: In total, a convenient sample of 815 patients from the general population were attended a group-based educational intervention session about diabetes which is conducted by a researcher. Knowledge evaluation questionnaire were evaluated at pre and post test. Anthropometric measurements and lab tests were measured at the same time point. RESULTS: Significant difference in knowledge evaluation test scores were shown after educational intervention (p < 0.001). Moreover, a significant increase in glycosylated hemoglobin after patients initiating basal insulin by A1C target, based on HEDIS performance measures, was similar in both real-world and clinical trial settings. Findings from trials therefore may be useful in the design of pragmatic clinical trials of Gla-300.

PDB102

CHANGES IN BASELINE COMORBIDITIES, MEDICATIONS AND HEALTHCARE COSTS FOR A POPULATION OF PATIENTS WITH NEW-ONSET TYPE 2 DIABETES (T2D) IN 2007 COMPARED WITH 2012


OBJECTIVES: It is important to understand diabetes treatment patterns over time. This study compared changes in comorbidities, treatment patterns, and costs among newly-diagnosed T2D patients in 2007 and 2012. METHODS: Separate cross-sectional analyses of medical treatments, diagnoses, and pharmacy claims in the Truven Health MarketScan® Database were conducted for 2007 and 2012. Criteria for newly-diagnosed T2D were enrollment 6 months prior to index, ≥2 diagnostic codes for T2D (ICD-9-CM codes 250.xx), and ≥1 prescription for hypoglycemic (HE) and weight gain. In this survey, we aimed to identify reasons reported by physi-

A70


9