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OBJECTIVES: A pharmacy-based inpatient diabetes management program was evaluated to determine if improved glycemic control could be achieved in a general medicine patient population. METHODS: A retrospective chart review of 151 patients with diabetes and a blood glucose (BG) range of 70-180 mg/dL was conducted. Exclusions for the baseline group (n=84) were derived from July 2010 and for the intervention group (n=67) in October 2010. The odds of poor glycemic control for patients in the intervention group versus baseline groups were assessed by multivariate generalized estimating equations. These methods were also used to assess patient characteristics associated with poor glycemic control. RESULTS: Across all patients, no evidence was observed indicating the pharmacy program decreased the proportion of days spent out of the targeted blood glucose range (OR 0.91 [95% CI: 0.83 – 1.02]; 70-250 mg/dL OR 1.03 [95% CI: 0.88 – 1.24]). However, the subgroup of patients whose admission blood glucose was less than 200 mg/dL in a subset of patients experienced a significant improvement in glycemic control for both ranges [70-180 mg/dL: OR (0.72, 95% CI: 0.61 – 0.88) and 70-250 mg/dL: OR (0.5, 95% CI: 0.33 – 0.71)]. No improvement in glycemic control was observed in patients with an admission BG 200 mg/dL or greater. These patients had more disease- and social-related factors associated with poor glycemic control. CONCLUSIONS: A sub- population, patients whose admission glucose was less than 200 mg/dL, experienced improvement in glycemic control in the pharmacy-based program. The remaining patients were generally more complicated from a disease perspective and experienced no improvement. These patients may require a more intense, multi-disciplinary approach that is better matched to the constellation of factors responsible for their condition.

PD1B47 COMPLIANCE TO HEMOGLOBIN A1C TESTING RECOMMENDATIONS FOLLOWING INITIAL DIAGNOSIS

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OBJECTIVES: The hemoglobin A1c (HbA1c) test is the favored measure of glycemic control for patients with diabetes. Compliance to recommended testing continues to be a challenge. The current analysis evaluates how compliance to HbA1c testing varies based on initial HbA1c results. METHODS: Newly diagnosed patients were identified from data in the Truven Health MarketScan Medical Claims and Lab Database (1/1/2010-10/31/2013). Continuous eligibility for the 6 months prior to admission for an initial HbA1c test (n=17,344) was required. The average time to test, were evaluated for these cohorts. RESULTS: A total of 133,011 patients met the study inclusion criteria, approximately 40% had evidence of an initial HbA1c test in the prior year. Among patients with an initial HbA1c value ≤ 7.0% (controlled), 7.0% (uncontrolled). Mean time to HbA1c testing varies based on initial HbA1c results.

PD1B48 COST-EFFECTIVENESS OF THE INTRODUCTION OF A NATIONAL ADHERENCE PROGRAM FOR TYPE 2 DIABETES IN HUNGARY

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OBJECTIVES: The Syreon health economic model was developed to predict long-term effects of screening, treatment and control of type 2 diabetes, by taking into account baseline patient characteristics, history of complications, changes in physi- logical parameters, diabetes treatment and management strategies and screening programs. The aim of this analysis was to assess the cost-effectiveness of introducing a national public health program in Hungary to improve diabetes patient’s adherence in comparison to not introducing the program. METHODS: According to the guidelines of the Hungarian National Diabetes Association, the target HbA1c level is below 7%, except for special cases, where it is 8% or less. Without an organized patient education program 45% of the patients with known diabetes have higher than the target HbA1c level. In the studied scenario, the education program improves adherence by 30% compared to the program for patients achieving the target HbA1c level to 72%. Patients reaching the target HbA1c level fully enjoy the benefits of efficient treatment. Non-adherent patients have higher risk for micro- and macrovascular complications. This study examines the benefit of the intervention program for patients with diagnosed diabetes. The results of the cost-effectiveness analysis were sensitive to the starting age of the target population and the effectiveness of the training program. CONCLUSIONS: Organized patient education program was predicted to be cost-effective compared with no program in Hungary. The education program contributes to better patient adherence resulting in better health and less disease related complications.

PD1B49 WHICH NEWLY-DIAGNOSED DIABETICS SHOULD RECEIVE DIETARY COUNSELING SERVICES? ESTIMATING INDIVIDUALIZED TREATMENT ALLOCATIONS THAT OPTIMIZE COST-EFFECTIVENESS IN REAL-WORLD DATA

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OBJECTIVES: All people with type 2 diabetes should receive dietary advice. Some people may benefit from additional dietary counseling. This study used recently developed statistical methods to estimate the efficiency frontier for individualized allocation of dietary counseling services. i. e., for each level of total health care expenditure, we estimate the individualized allocation of services that maximizes clinical outcomes. METHODS: People newly diagnosed with type 2 diabetes were identified retrospectively from electronic health records and classified as receiving or not receiving dietary counseling. An individualized effectiveness score was calculated using a decision analysis framework with current practice using the Syreon diabetes model, which should increase the quality of medical care and decrease the costs of it. RESULTS: There was an increase in the number of patients for the management scheme, which were based on analysis of the current state. The type 2 diabetes mellitus was chosen as an appropriate chronic illness and for the management care concept was chosen Patient-Centered Medical Home. The randomized selection of 100 patients was made in ordinary diabetes ambulance. The cost of illness was counted from the direct costs from the perspective of the society, of the payer and of the patient. The cost effectiveness analysis, which was comparing a standard treatment and the new management scheme, was based on randomized selection, studies of Patient-Centered Medical Home and recommended standards of professional society. There were also used methods of value engineering especially Sasty matrix and multicriteria decision making, most of which are to set the scales of criteria and effect. RESULTS: The average costs of one patient are from the perspective of the society 29 531 CZK, the payer 20 976 CZK and of the patient 9 196 CZK. The benefit of Patient-Centered Medical Home is higher than the traditional standard treatment, which was based on the cost of effectiveness analysis. The payer will obtain a 25 7x10^-4 of the effect for Patient-Centered Medical Home according a spent monetary unit. CONCLUSIONS: The costs of the chosen concept can be more effective. The concept would lead to greater prevention, quality and coordinated care and can be used for other chronic diseases.

PD1B51 A COMPARATIVE ANALYSIS ON THE REIMBURSEMENT STATUS OF SENSOR AUGMENTED PUMP THERAPY IN TURKEY AND OTHER SELECTED COUNTRIES

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OBJECTIVES: Sensor augmented therapy (SAP) with automated insulin suspension is the most advanced technology for the treatment of severe and moderate hypoglycemia in patients with type 1 diabetes mellitus. In order to sustain a better uptake of sensor augmented therapy for patients, it is crucial for this technology to be included in the reimbursement scheme of Turkey and in the other countries. Thus, we aimed to study and analyze reimbursement status of this technology in Turkey and across other selected countries of Western Asia, North America and Western Pacific. METHODS: Mainly official web resources such as health authority web pages, direct contact with authority responsible and publishers were used to analyze reimbursement status of SAP across all countries examined. The countries examined have either reimbursement or limited status of SAP. European countries such as Ireland, The Netherlands, Sweden, Estonia, Czech Republic, Israel in Western Asia, Japan in Western Pacific, USA and Australia are the ones where this technology is reimbursed mainly for patients with Type 1 Diabetes. Within these selected countries, Turkey has a position of having reasonably well defined reimbursement status for SAP despite insufficient number of sensors reimbursed - 2 sensors instead of 10 needed. Turkey has a position of having reimbursement status (uncontrolled). The costs of the chosen concept can be more effective. The concept would lead to greater prevention, quality and coordinated care and can be used for other chronic diseases.