EFFECTIVENESS OF COMMUNITY-HOSPITAL-INTEGRATED DIABETES treatment, the policy reduced hospitalization risk and total healthcare cost in the 13-14% lower for enrollees in 2007 and 2008, it was 3% (95% CI: -8%–16%) higher in enrollees and 22,089 non-enrollees. Before matching, enrollees were younger; a

3 Singapore, MELLITUS PATIENTS TREATMENT AND HEALTH CARE UTILIZATION AMONG TYPE 2 DIABETES LIBERALIZATION OF MEDICAL SAVINGS ACCOUNTS FOR OUTPATIENT progression. Culturally relevant diabetes education should be provided in US ge-

OBJECTIVES: To determine the cost of chronic diseases, Singapore allowed individuals to draw on their medical savings accounts to pay for protocol-driven outpatient treatment in October 2006. Previously, only inpatient care was covered. In this study, we evaluated the impact of the Medisave for Chronic Disease Management Program (CDMP) on hospitalization, and healthcare costs for Type 2 Diabetes Mel-

RESULTS: To evaluate the impact of MTM, this study tracked pharmacists’ interventions and cost. In order to enroll in the program, patients were required to have a diagnosis of diabetes mellitus (DM) in a free clinic or at a community health center. The program offered medication therapy management (MTM) by pharmacists for patients with diabetes mellitus (DM) in a free clinic serving a rural uninsured population. METHODS: Data from 5 patients continu-

APPOINTMENT ADHERENCE RATES AND CLINICAL OUTCOMES maintenance. The conversion rates from IGT and IFG to diabetes were both relatively low under the community-hospital-integrated diabetes man-

The diabetes patients managed are mainly T2DM with 46.24% to 45.31%. The percentage of patients who monitored diet completely ac-

2 University of Texas at Austin, Austin, TX, USA, A186 V A L U E I N H E A L T H 1 5 ( 2 0 1 2 ) A 1 - A 2 5 6
OBJECTIVES: Research has shown that a direct suggestion for a patient to schedule an appointment encourages patients to attend their appointments more regularly, which has a direct correlation with improved outcomes. The study's objectives were to determine the relationship between telephone/mail intervention and clinical pharmacist appointment adherence rates; and whether patients who saw a clinical pharmacist ≥3 times had significantly different HbA1c levels compared to those who did not see a clinical pharmacist. RESULTS: From a total of 4,295 patients, 2,141 were included in the final analysis. A total of 1,082 patients (50.2%) were randomized to the telephone/mail (T/M) group, and 1,059 (49.8%) to the control group. The percentage of patients who scheduled an appointment was 83.2% in the T/M group and 80.1% in the control group. CONCLUSIONS: Telephone/mail intervention may be an effective strategy to increase appointment adherence in diabetes patients. Telephone/mail intervention may be a cost-effective strategy to improve medication adherence in patients with type 2 diabetes.}

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SYSTEMATIC REVIEW OF DIABETES DISEASE MANAGEMENT INTERVENTIONS

**METHODS:** A systematic review of the literature was conducted to identify diabetes disease management interventions. A total of 172 studies were included. The majority of these studies were carried out in the United States (n = 74) and the United Kingdom (n = 38). The most common interventions were telephone/mail (n = 67), self-management (n = 49), and educational (n = 46) interventions. Among these interventions, telephone/mail intervention was the most frequently used. The most common outcomes measured were glycemic control, weight loss, and blood pressure control. CONCLUSIONS: Telephone/mail intervention may be an effective strategy to increase appointment adherence in diabetes patients. Telephone/mail intervention may be a cost-effective strategy to improve medication adherence in patients with type 2 diabetes. Further research is needed to evaluate the long-term effects of these interventions and to identify the most effective strategies for diabetes disease management.