patients using CSII and CGM, and 5) Results are more sensitive to reimbursement for routine physician care and lifestyle modification services. CONCLUSIONS: 1) Seven American professional societies comprising the Diabetes Working Group (DWG) concur delivering high-quality, guideline-based diabetes care unrealistic given current care and payment paradigms; 2) DWG recommends alternative approaches in 36.5% of patients; 3) Further research, and hence more accurate reimbursement, is needed to improve and manage diabetes care. A453

PDB124 IMPACT OF VALUE COMMUNICATION IN DECISION MAKING: AN APPROACH TO THE TREATMENT OF TYPE 2 DIABETES IN PORTUGAL

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The increasing budgetary constraints faced by health care payers, and the need for reimbursement access decision increasingly complex and decentralized processes a growing trend. Thus, demonstration of new health technologies value has become critical to ensure patient access. OBJECTIVES: To identify the most important value messages within decision making process in the treatment of Type 2 Diabetes Mellitus (T2DM) among General Practitioners (GP) coordinating Primary Care Centers. METHODS: Regional meetings based on Health Economics training held (during 2013) with the aim of developing the presented value messages (vldap) vs sulphonylurea (SUS) and a budget impact tool that enables the estimation of meaningful impacts of T2DM. Two surveys were developed to be applied at beginning and end of meeting to characterize the in-depth understanding insights of the factors considered in the decision process. RESULTS: Partial results based on a 51 GPs sample are presented. The positive impact of the training in HE concepts was statistically significant (p=0.001) with an 89.4% average rate of correct answers. More than 60% of GPs considered the increasing prevalence of T2DM, cost of macrovascular and microvascular complications and the impact of hyperglycemia in patients' quality of life (Qol) and costs, as the most important factors in the decision process. The key decision factor to use vldap is the improvement of patients' Qol. The use of SUS is explained due to its fast response, mainly in patients with HbA1c level above 7.5%. Majority of GPs (87.5%) chose vldap as the preferred therapeutic for T2DM patients not controlled with metformin. CONCLUSIONS: This analysis demonstrated that both medical and economic factors are important at local decision process. Clinically, patients' Qol is the most relevant achievement. Most GPs prefer vldap to control T2DM, considering Qol improvements its greatest benefit.

PDB125 QUALITY OF CARE FOR TYPE 2 DIABETES MELLITUS PATIENTS IN DUBAI

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OBJECTIVES: Despite the high prevalence (25%) of type 2 diabetes mellitus (T2DM) in the United Arab Emirates (UAE), few data are available on the types and quality of care administered. Quality of care is an important determinant of whether clinical targets can be met, and serious complications avoided. The objective was to estimate the proportion of T2DM patients receiving recommended monitoring of clinical measures in Dubai. METHODS: Charts of 195 T2DM patients aged 14 years or older who visited the Dubai Hospital between October 2009 and March 2010 (enrollment period) were systematically sampled until the target (n=250) was reached. Quality of care was assessed from April 2010 to March 2011, adapted from the United States (US) benchmarks for HbA1c and LDL monitoring. Greater understanding of the factors conducted for most patients; rates of compliance were comparable to or higher than control (> 43% had BP control; 32% had retinopathy screening; and 16% had attention was assessed from April 2010 to March 2011, adapted from the United States (US) benchmarks for HbA1c and LDL monitoring. Greater understanding of the factors conducted for most patients; rates of compliance were comparable to or higher than control (> 43% had BP control; 32% had retinopathy screening; and 16% had attention to index therapy class and had ≥ 180 days pre- and ≥ 360 days post-index data (180 post-index exQW only). Treatment modification was evaluated over 180-day and total post-index period. Patients were required to have non-missing prescription data. RESULTS: 6,171 GE (300 exBD/174 exQW/906 LIRA/A, 791 glargine) and 1,042 UK (249 exBD/306 LIRA/A, 487 glargine) patients were included. Approximately half were male (GE/UK%: 57.6/57% and glargine initiators. Incidence of treatment modification (discontinuation, switch or augmentation) over 180-day post-index varied by treatment and country (GE/UK%): exBID 58/0.414, LIRA 54/1.392, exQW 48.0/8.2, glargine 32.9/2.8. Augmentation as first modification was rare among exBID and LIRA patients (GE/UK% of those with modification; 11.5/6.8 and 10.0/7.5, respectively, compared to exQW (26.8/NA) and glargine (66.1/45.1). Discontinuation rates (≥ 360 days post-index therapy class switch to a new or discontinued therapy) were lowest exBID 8.9/9.6, LIRA 15.8/19.1, exQW 25.7/35.5, and glargine 32.9/52.8 discontinuation rate was 1/12.1/switch. Using all available post-index data, mean follow-up was (GE/UK, months): exBID 24.6/7.6, LIRA 24.0/7.6, exQW 10.6/7.6, NA and glargine 24.4/5.4, proportions with treatment modification were (GE/UK%): exBID 91.0/81.8, LIRA 80/71.6, exQW 57/56.4, glargine 69.6/87.2. CONCLUSIONS: Treatment data are consistent with GLP1 and glargine classes. Long-term data would be useful to further elucidate practice patterns associated with these medicines, particularly exQW.

PDB128 TREATMENT PATTERNS AMONG TYPE 2 DIABETES MELLITUS PATIENTS IN DUBAI

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OBJECTIVES: The United Arab Emirates (UAE) has among the highest prevalence (25%) of type 2 diabetes mellitus (T2DM) globally, however, few data are available on how T2DM therapy is managed. OBJECTIVES: The United Arab Emirates (UAE) has among the highest prevalence (25%) of type 2 diabetes mellitus (T2DM) globally, however, few data are available on how T2DM therapy is managed. METHODS: Charts of 195 T2DM patients aged ≥18 years that visited the Dubai Hospital between October 2009 and March 2010 (enrollment period) were systematically sampled until the target (n=250) was reached. Treatment regimens were those commonly received between 1 October 2009 and 31 March 2010 (enrollment period) and were systematically sampled until the target (n=250) was reached. Treatment regimens, their frequency of use, and the number of switches (drug replacement/removal/addition) over the study period were calculated. Analysis was stratified by T2DM duration, and data for those recently-diagnosed (<5 years, n=29) and with longstanding disease (≥20 years, n=67) were presented. RESULTS: Mean age at enrolment was 58 years (SD: 12 years), 33% were male, and mean T2DM duration was 14 years (SD: 8 years). At enrolment, 74% of patients had received prior insulin treatment (recently-diagnosed: 55%; longstanding disease: 84%). During the study period, the most common regimens were insulin-aspart combination therapy (35%) and oral combination therapy (39%). Overall, 67% received any insulin therapy during the study period (recently-diagnosed: 45%; longstanding disease: 87%). By study end, 78% had received insulin therapy at any time (recently-diagnosed: 62%; longstanding disease: 87%). On average, 72% of T2DM patients had two treatment switches; little variation was seen by T2DM duration and T2DM control. Novel therapies may improve clinical outcomes among T2DM patients and this study provides valuable baseline data with which to compare the effectiveness of new T2DM treatments in Dubai.

RESEARCH EDITORIALS – SESSION III HEALTH CARE USE & POLICY STUDIES

HEALTH CARE USE & POLICY STUDIES – Consumer Role in Health Care

PHP1 HOW CO-PAYMENT MECHANISM HAS CHANGED PATIENTS’ PERCEPTION TOWARDS OTC-TYPE PRODUCTS

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