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 were seen by a clinical pharmacist <3 times. METHODS: This was a retrospective review of a central Texas community health center outpatient electronic medical record from 9/1/2009-1/13/2012. Included patients were adults (18-80 years) with type 2 diabetes mellitus patients with HbA1c >9. Patients with working telephone number were contacted. Those who could not be reached via telephone (e.g., no working number or no answer) or who did not schedule an appointment after the telephone intervention were contacted by mail. RESULTS: There were 43,709 diabetes patients managed during the study period from October 2008 to September 2009, including Type 1 diabetes (T1DM), Type 2 diabetes (T2DM), impaired glucose tolerance (IGT), and impaired fasting glucose (IFG) patients. Based on the last follow-up visit during the study period, 82.9% of managed diabetes patients monitored blood sugar regularly, while only 1.50% did not monitor at all. The percentage of patients who monitored their diet completely according to doctor’s suggestion was 81.37%. 92.91% of type 1 diabetes patients were taking medication and the percentage of patients using insulin was 36.32%. The percentage of type 2 diabetes patients using insulin is 12.37%. Based on the last follow-up visit during the study period, the average fasting plasma glucose (FPG) was 7.05 ± 1.91 mmol/L and the average postprandial plasma glucose (PPG) was 6.4 ± 5.29 mmol/L. The percentage of the patients who had blood sugar level was considered to be ideal, fair, and poor was 36.12%, 32.53% and 31.34% respectively. As with HbA1c level, the number was 67.27%, 20.08% and 12.65%, although the percentage of HbA1c recorded in the system was relatively low. CONCLUSIONS: The best clinical outcomes. It was not possible, however, to determine which intervention was most successful. Categorization of interventions into these groups will allow for better comparison of the results. The present study was able to determine which interventions were associated with significantly improved health outcomes and identify areas that benefit from further investigation. PDB91

CONCLUSIONS: Health programs and activities aiming to motivate patients to follow low diet and exercise plans should be designed with special emphasis on diabetic patients who work.

PDB91

REAL-WORLD MANAGEMENT OF DIABETES IN SHANGHAI MINHANG DISTRICT

OBJECTIVES: The objective was to analyze the disease management of diabetes in Shanghai Minhang district and to provide evidence for improving management practices in the future. METHODS: The program screened for diabetes in 12 community health centers with totally 943 thousands population, built up an information system of Electronic Health Record (EHR), and conducted various forms of follow-up visits and disease management with different time spans according to patients’ diabetes situation. RESULTS: There were 43,709 diabetes patients managed during the study period from October 2008 to September 2009, including Type 1 diabetes (T1DM), Type 2 diabetes (T2DM), impaired glucose tolerance (IGT), and impaired fasting glucose (IFG) patients. Based on the last follow-up visit during the study period, 82.91% of managed diabetes patients monitored blood sugar regularly, while only 1.50% did not monitor at all. The percentage of patients who monitored their diet completely according to doctor’s suggestion was 81.37%. 92.91% of type 1 diabetes patients were taking medication and the percentage of patients using insulin was 36.32%. The percentage of type 2 diabetes patients using insulin is 12.37%. Based on the last follow-up visit during the study period, the average fasting plasma glucose (FPG) was 7.05 ± 1.91 mmol/L and the average postprandial plasma glucose (PPG) was 6.4 ± 5.29 mmol/L. The percentage of the patients who had blood sugar level was considered to be ideal, fair, and poor was 36.12%, 32.53% and 31.34% respectively. As with HbA1c level, the number was 67.27%, 20.08% and 12.65%, although the percentage of HbA1c recorded in the system was relatively low. CONCLUSIONS: The best clinical outcomes. It was not possible, however, to determine which intervention was most successful. Categorization of interventions into these groups will allow for better comparison of the results. The present study was able to determine which interventions were associated with significantly improved health outcomes and identify areas that benefit from further investigation. PDB91

CONCLUSIONS: Health programs and activities aiming to motivate patients to follow low diet and exercise plans should be designed with special emphasis on diabetic patients who work.

PDB91

THE EVOLUTION OF ORAL ANTI-DIABETIC MEDICATION USE IN TAIWAN (1999-2009)

METHODS: We obtained a 0.2% sample of monthly ambulatory claims from Taiwan National Health Insurance. We assessed volume (DDD/patient/quarter) and government reimbursed costs (costs/patient/quarter) for each antidiabetic drug group over 11 years. RESULTS: Between 1999 and 2009, the number of diabetic prescription (patient) increased steadily at an average rate of 12.2% per year. Utilization of oral anti-diabetic drugs increased from 246.05 ddd/patient in 1999_Q1 to 334.28 ddd/patient in 2003_Q3 to 481.06 ddd/patient in 2004_Q3. Then, the utilization growth slowed to 2.2%) which did not visit their pharmacists (-2.2% compared to patients (N=24) who did not visit their pharmacists (-1.5% to 2.3%) CONCLUSIONS: Healthcare practitioners should consider calling or mailing type 2 diabetes patients with uncontrolled diabetes to increase appointment adherence and help patients get better control of their diabetes. Patients who saw their clinical pharmacists ≥3 times had a 2.4% drop in HbA1c. PDB89