significantly more likely to experience an ER visit or an inpatient stay compared to patients in capitated plans (odds ratio for ER visit: 1.64, p < 0.05; odds ratio for an inpatient stay: 1.11, p < 0.05). CONCLUSIONS: The results of this study confirm that utilization rates are higher in FFS plans; however, the strength of the association was not as robust when the regression models were adjusted for propensity score. Capitated plans seek to reduce resource utilization.

PDB3 COMPARATIVE RESULTS ON EFFECTS OF TYPES OF INSURANCE ON PAYMENT PLANS ON PHYSICIANS’ COST AWARENESS DURING THE PHARMACY VISIT USING THE NAMCS SURVEY IN 1996 AND 2005

Huten C, Wong D

OBJECTIVES: To look into the impact of the drug therapy (N = 10), 23.5% of the patients identified as having type 2 diabetes. Mean age of the patients was 53 years, and 52% were male. Over 70% of the patients with diabetes had cardiovascular risk factors such as hypertension; 4%, 13%, and 11% of the diabetes population had nephropathy, neuropathy, and retinopathy, respectively. Sixty-seven percent of the diabetes patients received HbA1c testing, while 71% of the patients received LDL-C screening within one year. Testing within one year was less than the national HEDIS Medi- caid 25th percentile level (74.4%) for HbA1c and greater for LDL-C screening (66.9%). The RADAR tool evaluated the selected HEDIS comprehensive diabetes care measures in the i3 Innovus database. CONCLUSIONS: In this population, LDL-C screenings within one year for diabetes patients were above the national HEDIS low-performance level, while HbA1c testing within one year for diabetes patients was below the low-performance level, utilizing the RADAR tool for analyses. These findings indicate an opportunity for improvement.

PDB6 COMPARATIVE RESULTS ON EFFECTS OF TYPES OF INSURANCE ON PAYMENT PLANS ON PHYSICIANS’ COST AWARENESS DURING THE PHARMACY VISIT USING THE NAMCS SURVEY IN 1996 AND 2005

Huten C, Wong D

OBJECTIVES: To evaluate selected Healthcare Effectiveness Data and Information set (HEDIS) comprehensive diabetes care measures in the i3 Innovus database by using the Retrospective Analysis for Diabetes Action and Reporting (RADAR) tool. METHODS: i3 Innovus data assets including medical and pharmacy claims from May 2006 to May 2008 were used in the RADAR tool to assess the yearly rate of glyco- sylated hemoglobin (HbA1c) testing and low-density lipoprotein-cholesterol (LDL-C) screening. Other HEDIS comprehensive diabetes care-related measures reported by the RADAR tool included the rate of patients with (a) hypertension; (b) nephropathy; and (c) retinopathy. Variables such as demographic, clinical, pharmacy, and medical utilization patterns along with medication adherence were also reported. RESULTS: A total of 247,195 patients with diabetes were identified, with 92% of the patients identified as having type 2 diabetes. Mean age of the patients was 53 years, and 52% were male. Over 70% of the patients with diabetes had cardiovascular risk factors such as hypertension; 4%, 13%, and 11% of the diabetes population had nephropathy, neuropathy, and retinopathy, respectively. Sixty-seven percent of the diabetes patients received HbA1c testing, while 71% of the patients received LDL-C screening within one year. Testing within one year was less than the national HEDIS Medi- caid 25th percentile level (74.4%) for HbA1c and greater for LDL-C screening (66.9%). The RADAR tool evaluated the selected HEDIS comprehensive diabetes care measures in the i3 Innovus database. CONCLUSIONS: In this population, LDL-C screenings within one year for diabetes patients were above the national HEDIS low-performance level, while HbA1c testing within one year for diabetes patients was below the low-performance level, utilizing the RADAR tool for analyses. These findings indicate an opportunity for improvement.

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