COMPARATIVE RESULTS ON EFFECTS OF TYPES OF INSURANCE AND REIMBURSEMENT REFORMS

ECONOMIC EVALUATION OF TYPE 2 DIABETES - IMPACT OF PRICING AND REIMBURSEMENT REFORMS

EVALUATION OF SELECTED COMPREHENSIVE DIABETES CARE MEASURES IN A MANAGED CARE DATABASE BY USING THE RETROSPECTIVE ANALYSIS FOR DIABETES ACTION AND REPORTING TOOL

USING DECISION MODELING TO DETERMINE COST-EFFECTIVENESS OF PHARMACIST INTERVENTIONS FOR PATIENTS WITH DIABETES

EVALUATION OF THE ECONOMIC IMPACT OF GLICLITAZONE ON TYPE 2 DIABETES PATIENTS FROM A HEALTHCARE PROVIDER'S PERSPECTIVE

IMPROVED PATIENT OUTCOMES RESULTING FROM PHYSICIANS' THERAPY DECISIONS BASED ON PHARMACIST'S RECOMMENDATIONS

ECONOMIC EVALUATION OF TYPE 2 DIABETES - IMPACT OF PRICING AND REIMBURSEMENT REFORMS

OBJECTIVES: Literature suggests that while pharmacists may be viewed as the most trusted health care professionals by patients, other health care professionals may often fail to trust them with making decisions regarding drug therapy regimens. Limited information is available regarding physicians' therapy decisions based on pharmacist's recommendations and the resulting patient clinical outcomes. This study aimed at finding if physicians' therapy decisions based on pharmacist's recommendations lead to optimal patient outcomes. METHODS: Approximately 700 employees from 2 employer groups have participated in an employer-supported pharmacist provided disease state management program. The program is provided at seven independent pharmacies across Northwest Ohio. A team of clinical pharmacists and researchers classified and created code sets for specific pharmacist interventions. The resultant physician and/or patient responses, and consequent outcomes. Data was extracted from patient charts and entered into Microsoft Excel. Frequencies and percentages of pharmacists' interventions, physicians' responses and outcomes were calculated using SPSS ver. 17.0. A decision tree was created using TreeAge Pro Suite 2008 to map interventions to responses to improved/unimproved outcomes. RESULTS: A total of 446 pharmacist interventions with corresponding physician responses and patient outcomes were made. The most frequent interventions involved TZD (N = 183, 31%) and new insulin analogs (N = 105, 24%). The most frequent responses by physicians were "physician acknowledged recommendation, monitoring added" (N = 58, 13%) and "physician added a medication" (N = 51, 11.4%). Physicians responded favorably to the pharmacists' interventions 51.4% of the time. When physicians responded favorably, an improvement was seen in 91.2% of patient outcomes compared to only 64% when physicians declined or did not respond to pharmacists' interventions. CONCLUSIONS: Positive health outcomes result from therapy decisions made by physicians following pharmacists' recommendations. In an effort to save costs and improve care, pharmacist-physician collaboration is essential.
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probability of prescribing brand name antidiabetics. CONCLUSIONS: DM diagnosis implies a relevant economic impact, has a high cost to society. The price regulation in 2006 to 2009 was able to generate the profit and decrease the share of pharmaceutical expenditure in total health expenditure while increasing access to new drugs, and keeping the copayments low.

OLDER PATIENTS WITH NEWLY DIAGNOSED TYPE 2 DIABETES (T2DM) EXPERIENCE MORE DELAYED TREATMENT WITH ORAL ANTIHYPERGLYCEMIC AGENTS COMPARED WITH YOUNGER PATIENTS

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OBJECTIVES: This study compared older (≥65 yrs) and younger patients with newly diagnosed T2DM, and evaluated factors associated with oral antihyperglycemic agent (OAH A) initiation. METHODS: This retrospective cohort study used U.S. General Electric (GE) Centricity electronic medical record database. Patients aged ≥20 yrs with newly-diagnosed T2DM (January-2003 to December-2005) were included. There was no diabetes diagnosis or treatment within 2 years prior to the first recorded T2DM diagnosis. Medical records 1 year prior to (baseline) and 2 years after (follow-up) diagnosis were extracted. OAH A initiation was estimated based on the first OAH A prescription during follow-up. Multivariable Cox proportional hazards regression model was fitted. Untreated patients were censored at complete 2 years follow-up. RESULTS: Among 10,760 newly diagnosed T2DM patients, 55% were female. Mean age at T2DM diagnosis was 61.3 ± 12.5, with 4,617 (43%) ≥65 yrs. At baseline, older patients had lower HbA1c (6.7 ± 1.2% vs. 7.2%, p < 0.05) and lower BMI (30.6 vs. 35.2), higher rates of acute myocardial infarction (MI) (2.1% vs. 0.9%), heart failure (5.1% vs. 1.8%), and renal disease (2.5% vs. 1.8%), and diabetes (2.2% vs. 0.9%). Within 2 years after T2DM diagnosis, 56% older and 40% younger patients (P < 0.001) did not receive OAH A. Older patients were less likely to be treated than younger patients (adjusted hazard ratio 0.84, p < 0.001). Additionally, patients with baseline MI or renal disease were less likely to be treated (p < 0.05). Higher BMI or HbA1c at baseline, and heart failure, initiating antihypertensive or lipid lowering drugs after T2DM diagnosis were factors associated with increased likelihood of OAH A treatment (p < 0.05). CONCLUSIONS: Older patients with newly diagnosed T2DM had milder hyperglycemia but more comorbidities, and experienced more delayed OAH A therapy than younger patients.

QUALITY OF CARE FOR DIABETICS IN KARACHI PAKISTAN

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BACKGROUND AND OBJECTIVES: Diabetes is a chronic, potentially disabling and life-threatening disease. The International Diabetes Federation estimates that more than 245 million people around the world are living with diabetes. Around 3.2 million deaths are attributable to complication of diabetes every year; six deaths every minute. Pakistan is in the top ten countries in the number of sufferers from diabetes. This disease requires continuing proper medical care and patient self-management education to prevent complications. Current study aims to observe the current standard in the management of diabetic at a private tertiary care hospital in Karachi, Pakistan. METHODS: A retrospective health record review was done at a private tertiary care hospital at Karachi, Pakistan. Health records for all the persons with diabetes, who visited general physician or family physician during the months of April and May 2007, were included in this study. Two indicators including foot examination and advice for HbA1C diagnostic test for this cross sectional survey were identified. Data was analyzed using descriptive statistics. RESULTS: Total 350 health records were reviewed and of these, 40% were males and 60 females. Majority of the diabetics (80%) were over the age of 50 years. We found that only 40% of the patients were physically checked for foot examination and advised for HbA1C lab investigation by their general physician or family physician. About 44% were not even checked for foot examination or advised for HbA1C. CONCLUSIONS: Diabetes is a devastating chronic disease and can result in death very early if not managed properly. Current study suggest that adherence to the current screening guidelines was inadequate in this practice setting. Adherence to the current diabetes management guidelines and diabetes care quality improvement initiatives can result in significant improvements in the provision and documentation of diabetes care.

TREATMENT OF TYPE 2 DIABETES VS. CLINICAL GUIDELINES

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OBJECTIVES: Determined how treatment of type 2 diabetes with drug therapy mirrors the accepted published clinical guidelines (for example those provided by the American Association of Clinical Endocrinologists). This included both initial drug therapy as well as therapies added over time. METHODS: Catalina Health Resource receives data from a nationally representative sample of pharmacy chains, representing approximately 40% of all national retail prescription volume, and comprised of over 130 million unique patients. Data are captured daily from the pharmacies, are fully HIPAA compliant, longitudinal, and not projected. Patient cohort included all patients who initiated type 2 diabetes treatment January-March 2006. Look-back period was 180 days and look-forward period was through December 2008. RESULTS: Patient cohort consisted of 77,302 new type 2 diabetes patients. Metformin is the recommended initial therapy, but only 61% of patients were prescribed as their initial therapy. The remaining patients began on a sulfonylurea (23%) or a thiazolidinedione (15%). 62% of patients who started on metformin did not add other drugs during the study, as compared to 48% of patients who started therapy on an SFD and 43% of patients who started therapy on a TZD. 1% of patients who started on metformin added a switch to basal insulin as their second drug, and 3% of patients added a glucagon-like peptide-1 receptor agonist. Patients who initiated therapy on metformin had a lower rate of switching to adding basal insulin as their second drug than patients who initiated therapy on an SFD.