OBJECTIVES: To estimate the incremental cost of implementing a diabetes care program for people with type 2 diabetes in Argentina. METHODS: ALAD guidelines were used to identify resources necessary to implement a diabetes care program in two Argentine provinces with opposite socioeconomic characteristics (Cordoba and Misiones). Microcosting techniques were employed to estimate this cost from a public payer perspective, and considering a previously published Markov clinical practice involved considerable use of resources in two Latin American countries.

CONCLUSIONS: These data: a) provide the first objective evaluation of the cost of a diabetes program in Argentina, and b) demonstrate that the implementation of such a program in places with limited resources is possible; although the difference in overall costs was substantial, the model would potentially be less expensive in the long term. The main reasons for this difference were related to human resources and hospital visits.

EX3 INCREMENTAL COST OF IMPLEMENTING A CARE PROGRAM FOR PEOPLE WITH TYPE 2 DIABETES IN ARGENTINA

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