sion analysis was employed to assess impact of socioeconomic, demographic and disease-specific variables on WTP for QALY. RESULTS: Totally, 149 patients with type 1 and 2 diabetes were included in analysis. Types 1 were younger, with higher probability of hospitalization and longer diabetes duration. Foot diabetic disease, eye complications and time of local GDP per capita. According to recommendation of World Health Organization on using 1-3 time GDP per capita as a threshold value and defined cost-effectiveness categories, our findings, although, is closed to one, but do not advocate strongly the proposed ranges of WHO. Thus, in decision making and resource allocation process, WHO recommendation should be employed with cautious and more investigation.

PB111 MOBILE PHONE USE AND WILLINGNESS TO PAY FOR SMS FOR DIABETES IN BANGLADESH

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OBJECTIVES: Mobile phone SMS is increasingly used as a means of communication between patients and their healthcare providers in many countries of the world. We investigated mobile phone use and factors associated with willingness-to-pay (WTP) for diabetes SMS among patients with type 2 diabetes in Bangladesh. METHODS: As part of a randomized controlled study, in 515 patients with type 2 diabetes, socioeconomic status, mobile phone use, WTP for diabetes SMS, anthropometry and HbA1c were measured. Multivariate regression was used to identify factors associated with WTP. RESULTS: The median (interquartile range) [QR] of WTP for diabetes SMS was $10 (6-60). In adjusted analysis at intensification (QRS) time to intensification (58-523), 12 (5-22) and 12 (5-22) months, respectively, Post-intensification, 32%, 52% and 73% of the patients attained an HbA1c ≤53, ≤58 and ≤64 mmol/mol, respectively, with WTP. CONCLUSIONS: The high proportion of mobile phone use and WTP for diabetes SMS are encouraging as possible strategy to use such technologies and deserve further evaluation.

PB111 WILLINGNESS TO PAY FOR QUALITY-ADJUSTED LIFE YEARS IN PATIENTS WITH DIABETES

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OBJECTIVES: The aim of this study was to estimate willingness to pay (WTP) amount for one quality-adjusted life years (QALY) in diabetic patients and identifying factors that associated with it. METHODS: A cross sectional survey with face to face interviews was conducted with diabetic patients in Tehran city between June and August of 2014 to elicit WTP for QALY as following: First, Current health preferences were measured using EuroQol-5D (EQ-5D), visual analogue Scale (VAS) and time trade off (TTO) techniques, then a hypothetical scenario using double bounded dichotomous choice technique was presented to patients to elicit individual's maximum WTP for a treatment that recovering them to full health, contingent to be available. So value of QALY was estimated by combining preferences. A regression analysis was employed to investigate impact of individuals' characteristics and disease specific variables on the WTP for QALY. RESULTS: Totally, 150 patients with type 1 and 2 diabetes were included in analysis. Type 1 were younger, with higher probability of hospitalization and longer diabetes duration. Foot diabetic disease, eye complications and time of local GDP per capita. According to recommendation of World Health Organization on using 1-3 time GDP per capita as a threshold value and defined cost-effectiveness categories, our findings, although, is closed to one, but do not advocate strongly the proposed range by WHO. Thus, in decision making and resource allocation process, WHO recommendation should be employed with cautious and more investigation.

PB112 USING THE TRANSTHEORETICAL MODEL TO ENHANCE SELF-MANAGEMENT ACTIVITIES IN TYPE 2 DIABETIC PATIENTS: A SYSTEMATIC REVIEW

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OBJECTIVES: The objective of this study is to assess the use of transtheoretical model (TTM) in the enhancement of self-management activities in type 2 diabetes patients. The self-management activities include following a healthier diet, exercising more regularly, and an enhanced medication adherence. METHODS: PubMed, Medline, Science direct, and Medscape databases were searched. Studies were categorized according to TTM interventions for type 2 diabetic patients. All study designs were included. The systematic search was conducted in March 2015. Two reviewers independently assessed the relevance of abstracts identified, extracted the data and undertook quality assessment. Then, a full text was done using a quality checklist. RESULTS: Ten studies were included for the inclusion criteria. All studies demonstrated some positive outcomes self-management due to implementing TTM. In six studies the patients switched from action or maintenance stage in their weight control after the TTM intervention. Moreover, TTM was able to help patients follow a healthier diet (n=5), exercise more (n=2), and it caused a reduction in glycosylated hemoglobin (HbA1c) (n=4). CONCLUSIONS: TTM helps type 2 diabetic patients self-manage their condition, and to reach their goals, hence achieving better clinical outcomes, and quality of life.

PB113 INTENSIFICATION OF BASAL INSULIN TREATMENT AMONG PATIENTS WITH DIABETES MELLITUS TYPE 2 IN THE NETHERLANDS

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OBJECTIVES: To characterise type 2 diabetes (T2DM) patients in the Netherlands initiating basal insulin and those intensifying treatment. METHODS: Antidiabetic prescribing records were obtained from records from the Out-patient Pharmacy Database. New users, i.e., first-time dispensing, of basal insulin only were selected between 2007-2012. Treatment intensification was defined as either add-on of GLP-1, bolus insulin or DFP-4i or switch to premixed insulin. RESULTS: A total of 15,986 T2DM patients initiating basal insulin only (median IQ) age at start basal insulin: 65 (55-74) years, 52% male, 87%, 75% and 51% had a pre-insulin HbA1c >53, >58 and >64 mmol/mol, respectively. Overall, 4,945 patients (31%) intensified treatment during a median follow-up of 14 months (median IQ) age at start basal insulin: 63 (53-73) years, 50% male, 88%, 78% and 54% had an HbA1c at intensification >53, >58 and >64 mmol/mol, respectively. Intensification mostly was add-on of bolus insulin (58%) or switch to premixed insulin (39%). Median (IQ) time to intensification was 8 (2-15) months. Among patients with an HbA1c >53, >58 and >64 mmol/mol, 34%, 43% and 40% showed a reduction in HbA1c >53, >58 and >64 mmol/mol, respectively, with the current model (PCM) in 6 mmol/mol. CONCLUSIONS: About three forth of T2DM patients initiating basal insulin intensified their treatment leading to glycemic goal attainments of HbA1c ≤53, ≤58 and ≤64 mmol/mol in 32%, 52% and 73% of patients, respectively. Further research might provide more information on the underlying reasons and potential barriers for intensifying versus not intensifying, such as patient characteristics, co-medication, treatment complexity and occurrence of hypoglycaemic events.

PB114 EFFICIENCY OF A PERSONALIZED CARE MODEL IN DIABETES AS AN EXAMPLE OF CHRONIC DISEASE WITH INFORMATION AND COMMUNICATION TECHNOLOGY SUPPORT

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OBJECTIVES: To evaluate the clinical and the economic outcomes of a personalized care model (PCM) in diabetes mellitus (DM) supported by information and communications technology (ICT) in the Spanish National Health System (NHS). METHODS: We evaluated a PCM in DM proposed by a group of European experts based on 6 steps: structured documentation; 4 Structured data analysis; 5 Personalized treatment; 6 Evaluation of results. A literature review was made to assess the results of interventions carried out in the NHS that used the PCM described. Interventions evaluating a patient type 2 DM (T2DM), type 1 DM (T1DM) and gestational DM were included. The health outcomes were measured in the variation in HbA1c, the percentage of controlled patients, and the body mass index and the glycosylated hemoglobin. RESULTS: The analysis was made from the payer’s perspective, considering the direct costs related to the pathology (€ 2015). Costs evaluated were: hospital costs, outpatient visit costs, primary care costs, emergency care costs and SMBG costs. RESULTS: The review carried out showed that the introduction of this PCM in T1DM would result in an increase of up to 18% in controlled patients (HbA1c ≤7%) compared with the current model (follow up of 12 months). The expected reduction in HbA1c would be about -0.5%. The implementation of the PCM proposed would reduce the cost of T2DM by about 12% compared with the current model with reductions of up to 30% in the cost for outpatient visits. The expected reduction in total direct costs was approximately 12% in T1DM and around 14% in gestational DM. CONCLUSIONS: The implementation of a PCM in DM with ICT support improved self-monitoring and disease control (SMBG), compared with conventional care and reduced the high costs associated with diabetes. ICT enables adaption and changes in the current model of care and potentialize self-management strategies.

PB115 VIRTUAL CONVERSATION MAPS AND HEALTH OUTCOMES: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To identify, describe in detail, and assess the evidence regarding the effects of Diabetes Conversation Maps™, an educational tool that engages diabetic patients in group discussions about diabetes-related topics. METHODS: We conducted a systematic literature review of articles published since 2005 that evaluated the Maps™ since 2005 using five electronic databases, and the reference lists of relevant papers. Non-English languages, non- English abstracts, and studies that did not include a description of the Maps™ were excluded. A quality assessment of relevant studies was performed. Outcomes were grouped into: objective (e.g., HbA1c levels), subjective (e.g., self-efficacy), and health behaviors (e.g., medication adherence). RESULTS: Of 626, 626 titles originally identified, 13 were included in the final sample. The overall methodological quality of the