

Evaluation of a Community-Based Diabetes Management Program among HMO Enrollees

Abstract of Proposal

Diabetes mellitus and its complications are costly to the U.S. healthcare system. Healthcare delivery systems typically spend up to four times more on the care of patients with diabetes compared to the general population. Glycemic control is negatively related to healthcare costs in adults with diabetes, with lower glycemic control in patients with diabetes being associated with higher costs due to use of healthcare services such as physician visits, emergency room visits, and hospitalizations. The primary goal of this study is to evaluate the effect of a community-based pharmacist-run diabetes management program on diabetes-related health outcomes among HMO enrollees with diabetes. Random assignment of participants to either an intervention or control group will permit evaluation of the effect of the diabetes management program on health outcomes. A secondary goal of this study is to assess the quality of patient care delivered by community pharmacists in the intervention group. The central hypothesis of this study is that HMO enrollees with diabetes who participate in a community-based diabetes management program will have greater improvements in health outcomes over a nine-month period than those who do not participate in such a program.