

***[P-567E] Comparison of lipid outcomes in diabetic patients between usual medical management and integrated management***

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***The American Diabetes Association (ADA) and Diabetes Quality Improvement Project (DQIP) have established clinical treatment guidelines and quality improvement measures respectively to reduce morbidity and mortality due to coronary heart disease (CHD) and improve care in patients with diabetes. Our primary objective was to evaluate the management of dyslipidemia in diabetic patients according to ADA recommendations in 2 different practice models: (1) independent management (Usual Care) by primary care practitioner (PCP) or (2) co-management (Integrated Care) with a pharmacist run medication management clinic. Secondary objectives were to evaluate the Primary Care Clinic's performance in treating dyslipidemia using DQIP standards and adherence to lipid lowering medication.***

***All selected subjects had dual ICD-9 coding for diabetes and dyslipidemia. All subjects were assigned to primary care with the general medicine clinics. ICD-9 reports identified 637 subjects: 136 in Usual Care and 61 in Integrated Care were included. Notable differences between the groups at baseline were a significantly higher index LDL and BMI in the Integrated Care group. A similar percentage of subjects attained the ADA lipid goal in Usual (57%) vs Integrated Care (54%). 85% of all subjects met DQIP standards. The rate of medication adherence was no different between Usual and Integrated Care (66% vs 53%). Integrated and Usual Care groups treated dyslipidemia in diabetic patients to reach ADA goals equally. The clinic exceeded DQIP quality performance expectations. This study demonstrates pharmacist co-management may be beneficial in managing lipids in diabetic patients.***