

POSTER ABSTRACTS

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Pharmacist-Led Telemanagement of Hyperlipidemia Patients With Diabetes: A Study To Measure Outcomes

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Background: The purpose of this study was to measure clinical effectiveness of a telemanagement program serving diabetic patients with dyslipidemia. The pharmacy department at Lovelace Sandia Health System, instituted a pharmacist-led, lipid telemanagement clinic in September of 2002. The clinic received referrals from primary care. The program focused on management of pharmacotherapy, monitoring of lipid levels and referral to other health system resources. Specifically, this study examined differences in lipid outcomes of diabetic patients with hyperlipidemia who were telemanaged vs. matched controls.

Methods: Of the 245 patients receiving telemanagement over a 16 month period, only 87 were continuously enrolled health plan members followed in the clinic for at least six months (Telemanaged). They were randomly matched 1:3 on age, gender and HbA1c to a subset of continuously enrolled health plan members with diabetes. Of the 261 matched members, only 132 had baseline LDL levels > 100 mg/dl (Controls). This left a Telemanaged cohort of 87 vs. 132 Controls. Controls were assigned the clinic start date (Index Date) of their matched Telemanaged member. Baseline lipid levels were compared to the first lipid test performed between 6 and 12 months post Index Date.

Results: Claims analysis revealed that significantly more Telemanaged patients received pharmacotherapy than Controls (59% vs. 27%, $p < .001$) and that the median number of LDL tests performed in the 6-month study window was significantly higher for Telemanaged patients than for Controls (3 vs. 1, $p = .000$). ANCOVA models showed that Telemanaged patients had significantly greater reductions in lipid levels. There was predicted an 8.65 mg/dl greater reduction in LDL and 11.5 mg/dl greater reduction in non-HDL ($p < .001$). The ANCOVA also predicted goal attainment for the Telemanaged group when baseline LDL < 130 or non-HDL < 150. No significant differences were noted in reductions or goal attainment for triglyceride levels.

Conclusions: A pharmacist-led telemanagement program was significantly better in reducing LDL and non-HDL levels in diabetics than standard care. Telemanagement provided more intense lipid management and was more likely to get patients to goal when LDL < 130 or non-HDL < 150.

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