Among the 225 participants who reported CQM parameters, only 29.3% (n = 66) achieved CQM #1, which is a composite measure consisting of HbA1c <8%, BP <140/90 mmHg, and BMI 18.5 to 29.9 kg/m2. From this subsample, 225 (13.2%) participants reported values for each of the 3 CQM components consisting of HbA1c, BP, and BMI.

The NHWS was reviewed and approved by the Essex Institutional Review Board (IRB) in the United States and by the Ethics Committee of Brazil (CEP 445/11). All respondents provided informed consent prior to participating and were only known by a unique identifier.

The diabetes-related CQMs chosen for this study were selected based on literature, clinical expert advice, and considerations that included diabetes-specific guidelines and NHWS reporting from Brazil. The diabetes-related CQMs chosen for this study were selected based on literature, clinical expert advice, and considerations that included diabetes-specific guidelines and NHWS reporting from Brazil.

Table 2. Type of CQM Achievement for Participants With T2DM Reporting CQM (N = 225)

<table>
<thead>
<tr>
<th>CQM</th>
<th>Participants reporting n (%)</th>
<th>Met CQM #1</th>
<th>Met CQM #2</th>
<th>Met CQM #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>66 (29.3%)</td>
<td>28 (42.4%)</td>
<td>17 (25.7%)</td>
<td>7 (3.1%)</td>
</tr>
<tr>
<td>No</td>
<td>159 (70.7%)</td>
<td>38 (24.0%)</td>
<td>108 (68.0%)</td>
<td>72 (45.7%)</td>
</tr>
</tbody>
</table>

This analysis was performed using Stata/SE 14.2, StataCorp LP, College Station, TX, USA. The authors declare no conflicts of interest.

STRENGTHS AND LIMITATIONS

This is the first study to report attainment rates of CQM among Brazilian adults. This study is limited by the use of self-reported data, which may lead to underestimation of the actual rates. Additionally, the sample size and the generalizability of the results to the entire Brazilian population may be limited.

CONCLUSIONS

This is the first study to report attainment rates of CQM among Brazilian adults. This study is limited by the use of self-reported data, which may lead to underestimation of the actual rates. Additionally, the sample size and the generalizability of the results to the entire Brazilian population may be limited.

REFERENCES


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