**Impact of Telephone and Mail Intervention on Appointment Adherence Rates and Clinical Outcomes**

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**Background**

- Diabetes affects 22.6 million people in the U.S. [1]  
- 3% have poor general control  
- 8% have poor blood pressure control  
- 8% have poor LDL cholesterol control  
- Poor diabetes management leads to higher mortality rates. [2]

**Objective**

- Determine whether a telephone and mail intervention could lower appointment adherence rates for patients who have a history of high adherence rates.

**Methods**

- Study setting: Community Care Health Centers, a primary care health services organization.
- Community Care practices a collaborative practice agreement with physicians to improve clinical, administrative, and financial outcomes for patients with diabetes.
- Interventions:
  - Adult, male patient
  - Diagnosis: type 2 diabetes mellitus
  - HbA1c > 6.0% at registration
- Study outcomes:
  - Independent variables: HbA1c change, visit adherence
  - Dependent variables: HbA1c, number of clinic visits, HbA1c levels at 2-year follow-up

**Results**

**Figure 1.** Appointment adherence rates by contact method

- **Objective (1/1)**: Overall, appointment adherence rate: 52.7%
- **Table 2**: Baseline HbA1c was 7.1 ± 3.2
- **ANOVA**: showed no differences in baseline or visit HbA1c among groups
- **ANOVA** showed no significant difference in HbA1c values at 2-year follow-up compared to the other groups

**Figure 2.** Number of clinic visits by clinical pharmacist visits

- **Objective (2/2)**: Patients who visited the pharmacist visited 1.7 times more than patients who did not.

**Conclusions**

- Healthcare practitioners should consider analyzing factors such as diabetes status to improve overall adherence and help patients better control their diabetes.

**References**