

Pay for performance cuts mortality in diabetes patients

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CI, 0.73 to 1.00), and diabetes-related mortality (aSHR, 0.54; 95 percent CI, 0.49 to 0.60). There were lower risks of [cancer incidence](#) and cancer-specific mortality associated with metformin, thiazolidinediones, and α -glucosidase inhibitors.

"Our findings provide evidence of the potential benefit of diabetes P4P programs in reducing risks of all-cause mortality and competing causes of death attributable to cancer-specific and diabetes-related [mortality](#) among type 2 [diabetes](#) patients," the authors write.

More information: [Abstract/Full Text](#)

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(HealthDay)—Diabetes disease management through a pay-for-performance (P4P) program cuts diabetes-related, cancer-related, and all-cause mortality, according to a Taiwanese study published online Oct. 5 in the U.S. Centers for Disease Control and Prevention's *Preventing Chronic Disease*.

Hui-Min Hsieh, Ph.D., from Kaohsiung Medical University in Taiwan, and colleagues used three population-based databases to compare patients with type 2 diabetes who enrolled in a P4P program with a similar group of propensity-matched patients who did not enroll in the P4P program.

The researchers found that the diabetes P4P program was not significantly associated with lower risks of cancer incidence, but it was associated with lower risks of all-cause mortality (adjusted subdistribution hazard ratio [aSHR], 0.59; 95 percent confidence interval [CI], 0.55 to 0.63), cancer-specific mortality (aSHR, 0.85; 95 percent

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