

REAL-WORLD COST-UTILITY EVIDENCE SUPPORTING ORAL HEALTH INTEGRATION IN DIABETES CARE IN CHILE

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1. WHY THIS MATTERS + OBJECTIVE

- People with type 2 diabetes mellitus (T2DM) have higher risk of cardiovascular complications.
- Periodontitis is associated with poorer glycemic control and worse cardiometabolic outcomes.
- Economic evidence for integrating oral healthcare into diabetes care in Chile remains limited.

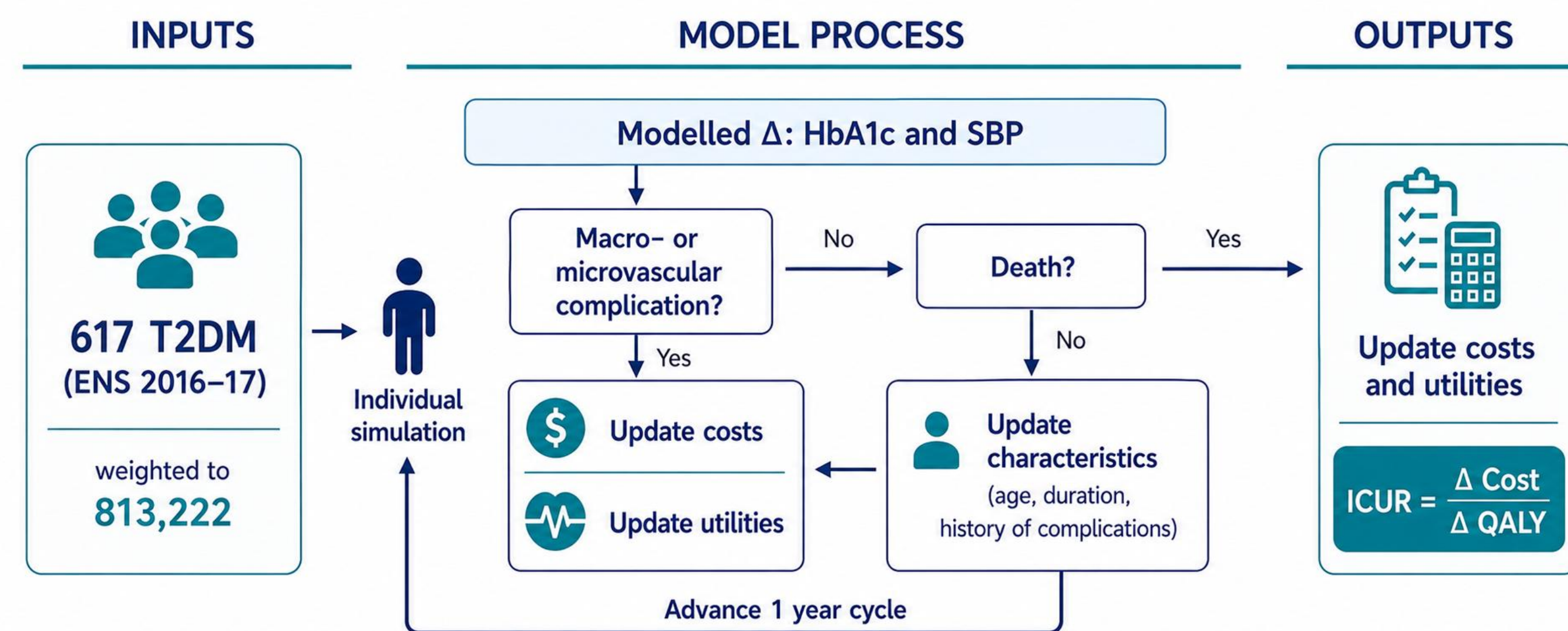
Evaluate the cost-utility of integrating comprehensive oral healthcare into diabetes management in Chile and assess whether cost-effectiveness differs according to baseline metabolic control.

2. METHODS

A. Real-world evidence

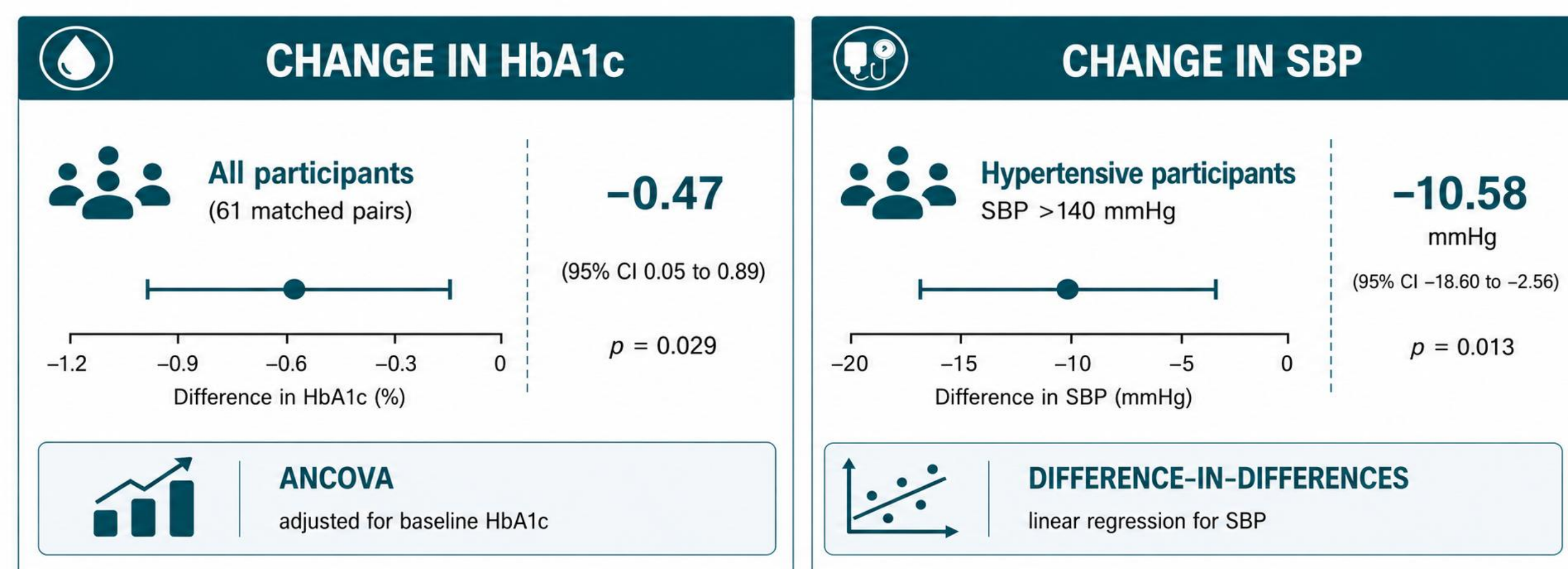


B. Lifetime microsimulation cohort



3. RESULTS

MAIN RESULTS - OVERALL COHORT



LIFETIME COST-UTILITY RESULTS: Overall simulated cohort (n=617)

Incremental cost
US\$638
per person

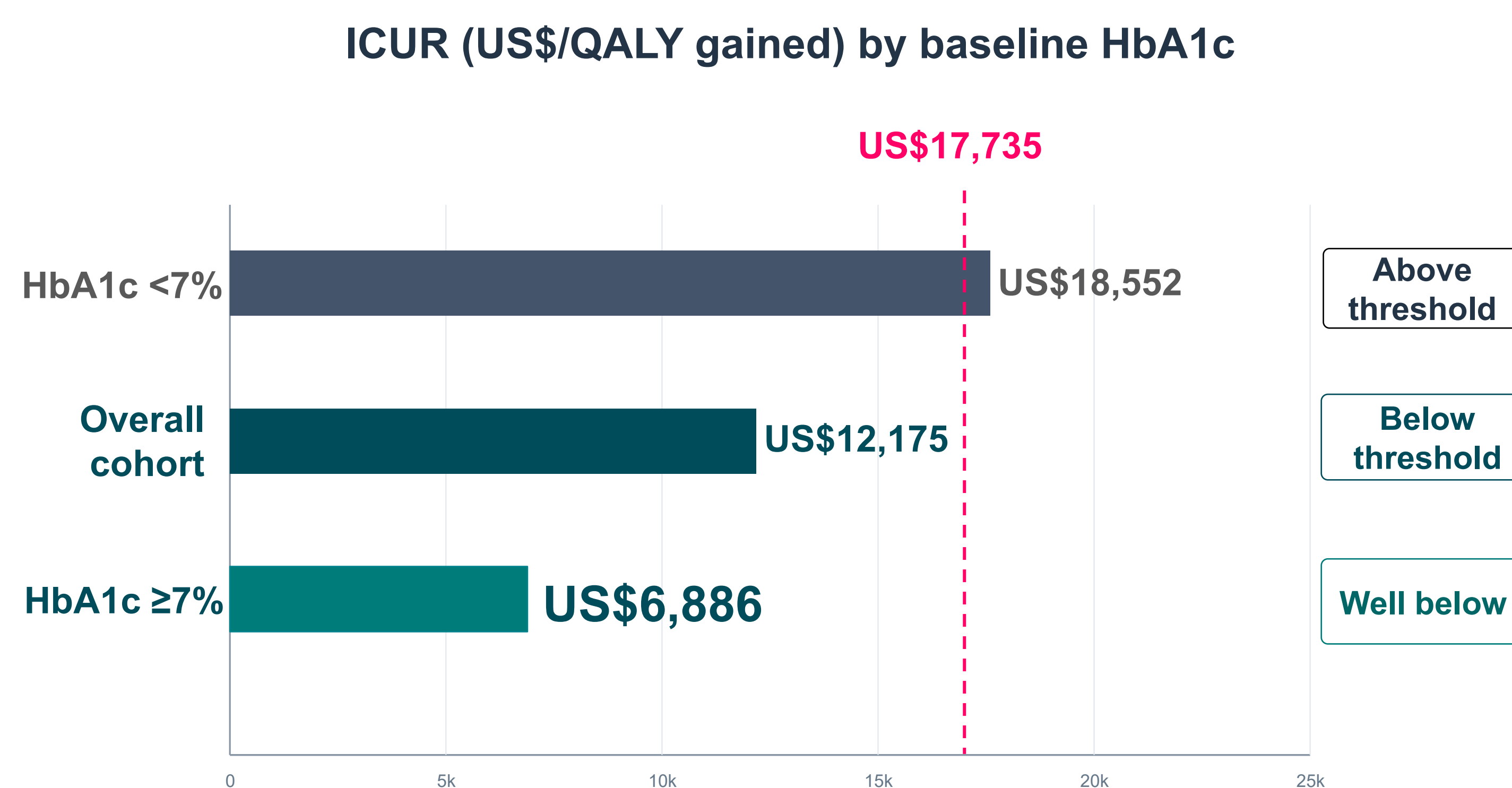
Incremental QALYs
0.052
per person

ICUR
US\$12,175
per QALY gained

WILLINGNESS-TO-PAY THRESHOLD
US\$17,735 / QALY

ICUR is below the Chilean threshold
→ Comprehensive oral healthcare was cost-effective for adults with T2DM in the Chilean health system

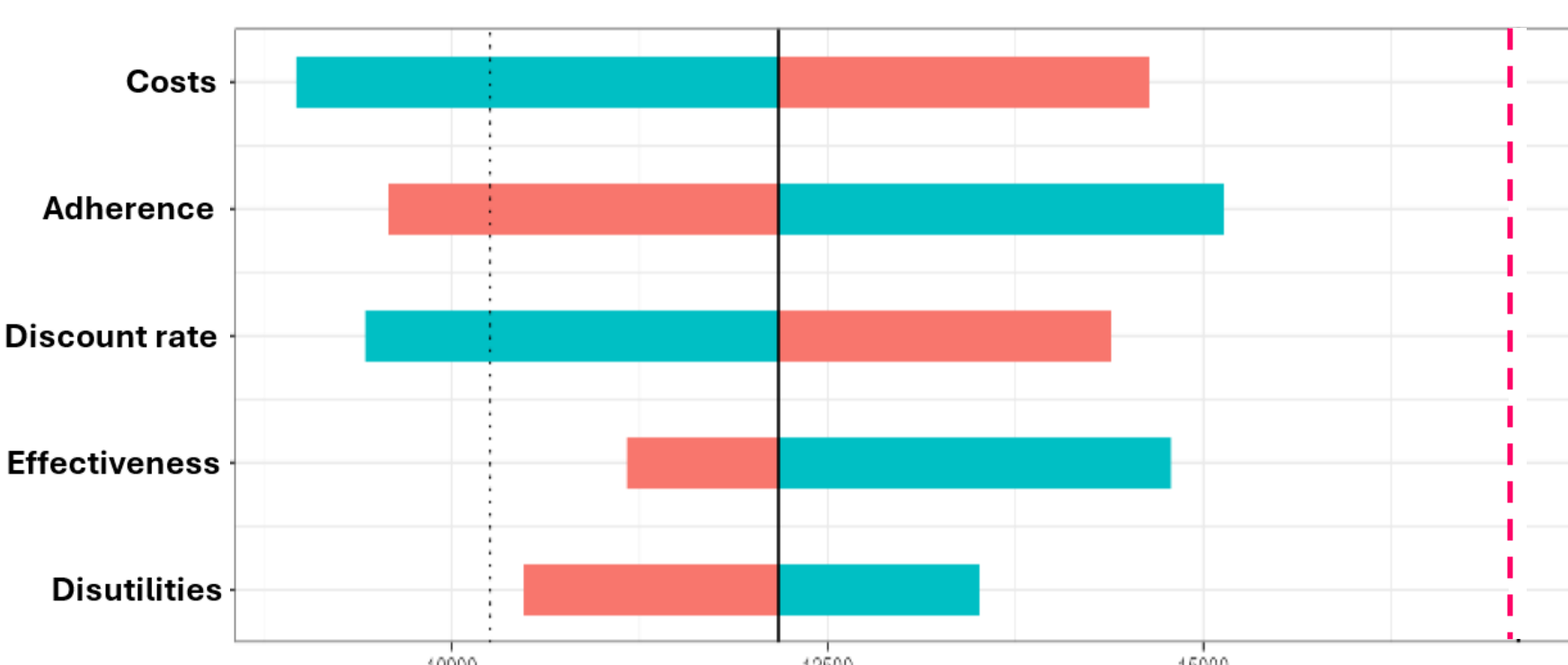
SUBGROUP ANALYSIS BY BASELINE METABOLIC CONTROL



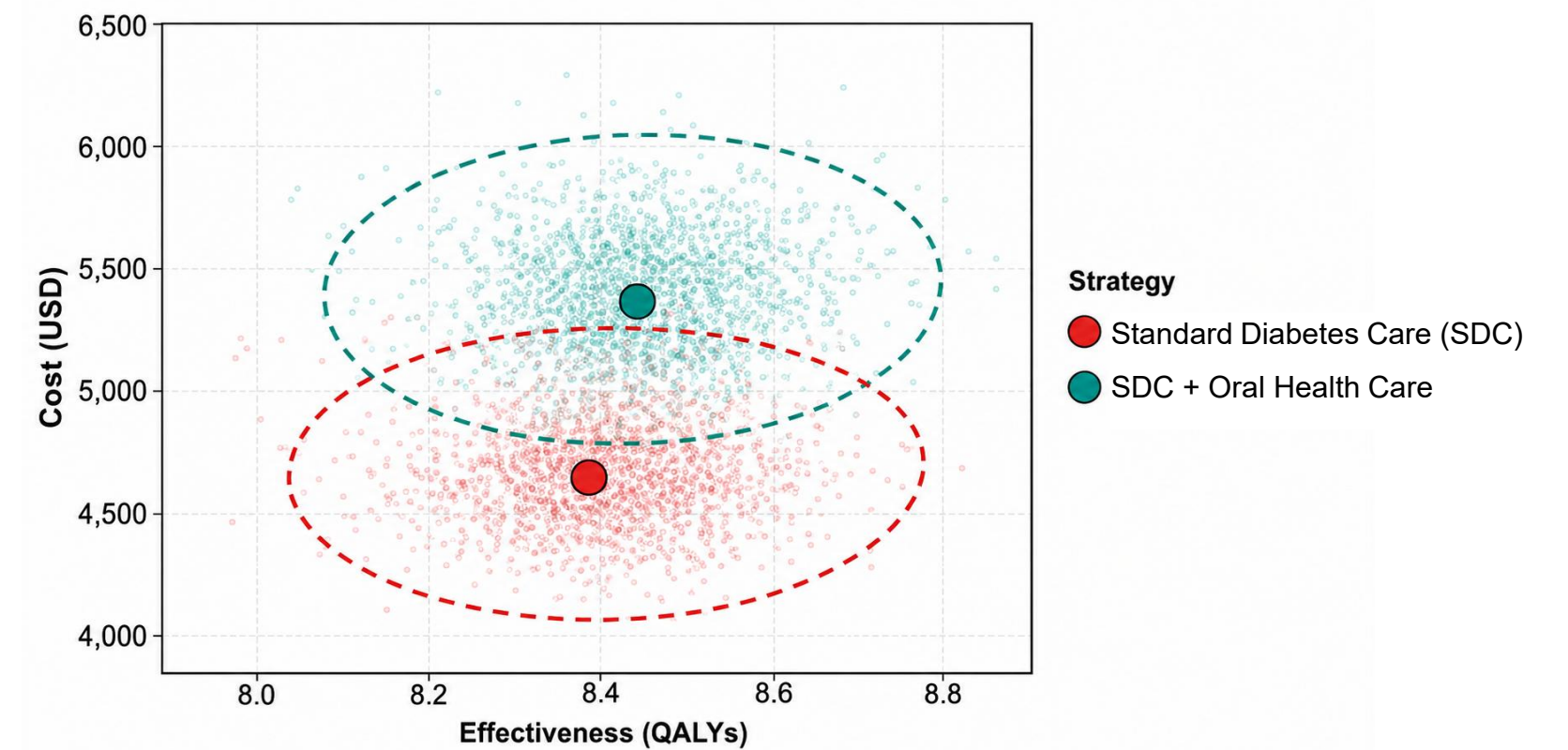
Baseline metabolic control strongly modifies value: the greatest economic value occurs among patients with HbA1c ≥7%

SENSITIVITY ANALYSES

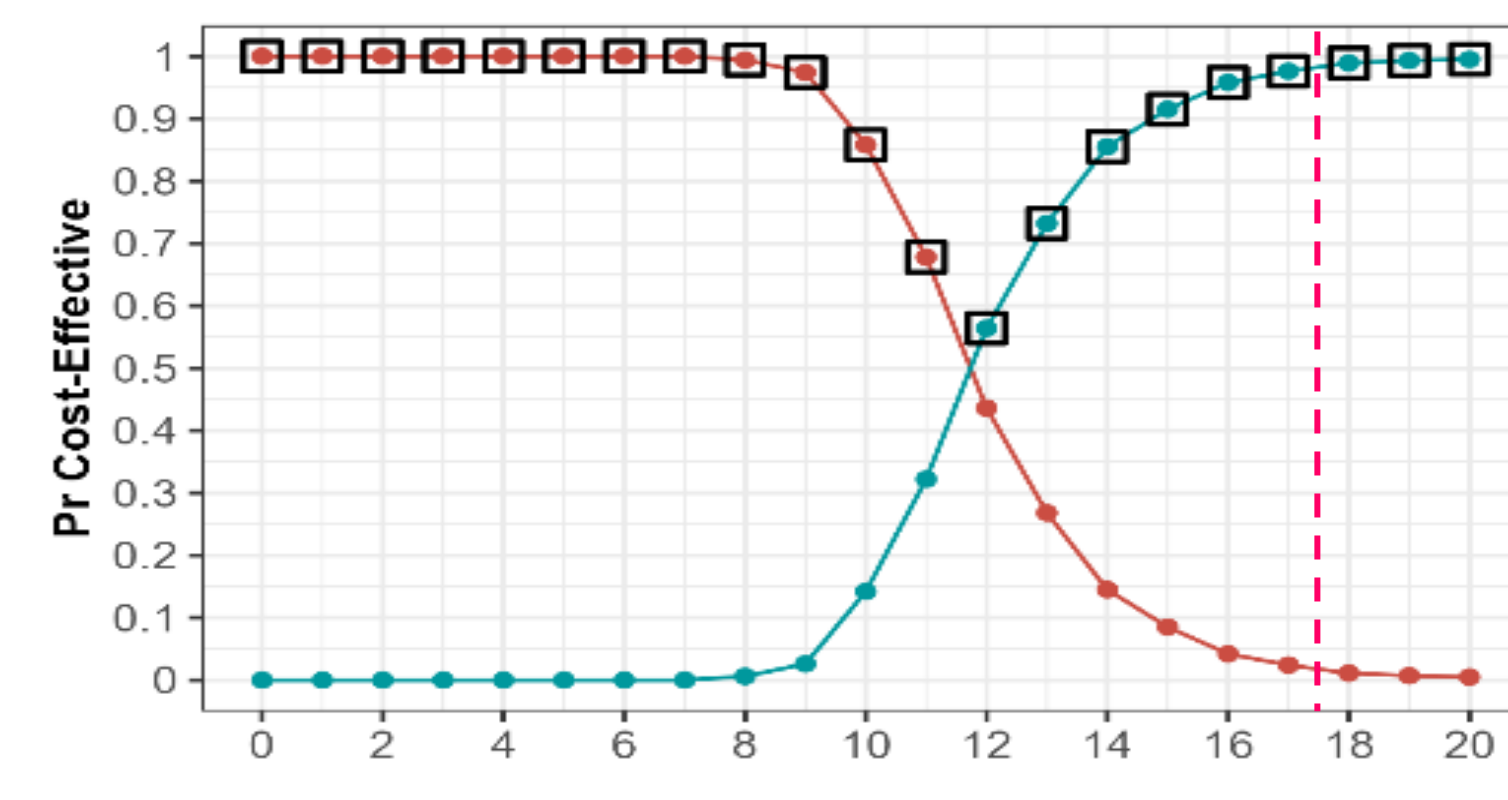
TORNADO PLOT (DETERMINISTIC)



COST-EFFECTIVENESS PLANE (PROBABILISTIC)



COST-EFFECTIVENESS ACCEPTABILITY CURVE



4. CONCLUSIONS & POLICY IMPLICATIONS

Integrating comprehensive oral healthcare into diabetes management is cost-effective in Chile's public health system

Prioritizing people with HbA1c ≥7% maximizes health gains and economic value

These findings support incorporating oral healthcare into integrated chronic disease care policies

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