A cohort of 7,106 persons 65 to 85 years of age, newly diagnosed with T2DM (Type 2 diabetes mellitus). The HbA1c value calculated only for patients with an HbA1c score in both the exposure/cadence and outcomes periods. In addition, patients with an HbA1c score in the exposure/cadence and outcomes periods were included in the HbA1c control analysis. Comorbidities were measured using the Charlson Comorbidity Index (CCI) score ≥ 3. Each additional diabetes related PCP encounter increased the likelihood of adherence to NIDM by 12%, for those who were previously non-adherent. Each additional quarter with a diabetes related PCP encounter increased the likelihood of adherence to NIDM by 27%, for those who were previously non-adherent. A directional relationship was observed between PCP encounter cadence and HbA1c control (<8.0%), for those who were previously not in control (≥8.0%). Each additional PCP encounter increased the likelihood of adherence to NIDM by 12%, for those who were previously non-adherent.