

Implementation Strategies for Continuous Glucose Monitoring in Primary Care: PREPARE 4 CGM Study Lessons Learned



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Background

- Continuous glucose monitoring (CGM) can help improve glycemic outcomes.
- Part of American Diabetes Association Standards of Care.
- Primary care physicians (PCPs) and care teams want to offer CGM to patients with diabetes.
- Need training/knowledge to use CGM to optimize diabetes care.
- Most diabetes care takes place in primary care settings.
- o Implementing CGM can decrease diabetes care disparities.
- PREPARE 4 CGM compares three implementation strategies for CGM in primary care.



Objective

Describe **challenges**, **successes**, and lessons learned across 3 strategies for **CGM implementation** in primary care.

Methods

- CGM implementation strategies:
 - Practice Choice: Virtual CGM initiation service or AAFP TIPS online educational modules
 - Within AAFP TIPS, <u>randomized</u> to implement <u>with</u> or <u>without</u> practice facilitation

Randomization Practice choice **AAFP TIPS online education: Arm 2:** AAFP TIPS online Web-based educational modules: education without practice identification of patients, clinical use, facilitation and integration into practice. or **Arm 1: Virtual CGM initiation** Arm 3: AAFP TIPS online service: education with 6 sessions of Patients referred for prescription practice facilitation to guidance and initial pharmacological support implementation and nutrition education. Patients followed for ~6 months.

 76 Colorado primary care practices enrolled; 63 practices completed the project.

Results

| Practice Characteristics | Overall | | Virtual CGM Initiation Service | | AAFP TIPS | | AAFP TIPS + Practice Facilitation | |
|------------------------------|------------|----------|--------------------------------------|----------|-----------|----------|-----------------------------------|----------|
| | % | n | % | n | % | n | % | n |
| Organization Type | | 76 | | 30 | | 22 | | 24 |
| Clinician-owned/Independent | 50% | 38 | 43% | 13 | 59% | 13 | 50% | 12 |
| FQHC or Rural Health | 32% | 24 | 37% | 11 | 27% | 6 | 29% | 7 |
| Center Hospital-owned | 18% | 14 | 20% | 6 | 14% | 3 | 21% | 5 |
| Specialty | | 76 | | 30 | | 22 | | 24 |
| Family Medicine | 61% | 46 | 67% | 20 | 50% | 11 | 63% | 15 |
| Multi-specialty primary care | 26% | 20 | 17% | 5 | 27% | 6 | 38% | 9 |
| Internal Medicine | 8% | 6 | 10% | 3 | 14% | 3 | 0% | 0 |
| NP-led | 5% | 4 | 7% | 2 | 9% | 2 | 0% | 0 |
| Size | | 63 | | 22 | | 18 | | 23 |
| 5+ clinicians | 43% | 27 | 41% | 9 | 44% | 8 | 43% | 10 |
| Geographic Location Metro | 62% | 76 47 | 57% | 30 17 | 73% | 22 16 | 58% | 24 14 |

Preliminary Practice Member

Interview Results

AAFP TIPS modules helped practices understand how to interpret and act on

"I wrote notes about what the individual things meant, what you're getting off

• Practice facilitators helped practices apply AAFP TIPS modules through policy development, successful documentation and processes for prior authorization.

know how to do it, what to do correctly... Before the study we had only two or

the personal CGM, and now since the study helped us to understand that it's

not difficult; it's not a lot of work involved, and now that we're confident, we're

Helped practices get patients started on CGM by alleviating time burden,

• "I don't think I've referred anyone for at least 6 months or so, and I think that's

• "I think the most useful is for our practice not having to deal with the insurance

and make sure all the criteria were met and to get that lined up, so the patients

a reflection that we're actually doing a lot of that on our own now as far as

patients who are wanting to do the continuous glucose monitoring." -

three patients and the coverage was not good, so had just very few patients on

"The study helped enormously because, as I said, I was so scared. I didn't

on with the patient. To me, that was the most important thing."-Physician

the monitors, and how to utilize that information to figure out what's really going

AAFP TIPS

AAFP TIPS + Practice Facilitation

Virtual CGM Initiation Service

helping understand documentation for insurance authorization.

CGM data (time in range, etc.).

doing it much more often." -Physician

could do it." -Physician

Preliminary Patient

CGM **cost is challenging** for many patients, especially withou

Patients

study:

388

Patients

study:

192

Practices

patients to

referred

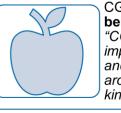
study:

41

enrolled in

referred to

"It wasn't covered. I can't afford \$200 or however much it was



CGM helps patients understand effect of foods and health behaviors on glucose levels. "CGM really helped me understand how your blood sugar is impacted by high carb and high fat hours after you've eaten, and so it's really helped me make different lifestyle choices around late-night eating, but also it helped me understand what kind of exercises either raise or lower my blood sugar." -Patient



Most had positive feedback about CGM; some described difficulties with device adherence, technology, pain when

"It took me a while to figure out... the sensor was pulling away from my body part, and only intermittently then connected or reconnecting, and reconnecting badly. Once they kinda pull away a little bit, there's just no way to get 'em back in."



Patients benefitted when PCP could view CGM data, but many PCPs did not have access to data. "I can share it with my PCP, so she sees my data and she can look back at it and say, "Hey. What were you doing here? Why did this spike, or what is this drop?" So, it's pretty convenient when you can say, well, yeah, I splurged and had an ice cream



Virtual CGM Initiation Service helped patients apply CGM sensors and interpret readings.

"They both [nutritionist and pharmacist] had good suggestions on what to eat and how to monitor and see what spiked my sugars, and I got a better understanding of what did increase my sugars and what to avoid." -Patient

Lessons Learned

Challenges

Solutions

PCPs may not feel confident prescribing **CGM** and/or interpreting **CGM** data.

- Free educational & training resources for providers (e.g., AAFP TIPS)
- Partner with external entity to provide services to patients (perhaps via telehealth, as in Virtual CGM Initiation Service).

Even if PCPs feel confident prescribing CGM, insurance coverage is limited, often depends on insulin usage. Patients may also struggle with costs.

- Professional CGM or samples.
- Intermittent CGM use.
- Evidence demonstrating value of expanded

CGM data is not integrated into EHR for most practices.

- Review CGM data online through most brands.
- Loan CGM readers to patients, review data in appointments.
- Consider data review before visit.

Conclusions

- Virtual CGM initiation service may expand access to CGM in primary care, reduce workload.
- Cost, insurance, and prior authorization (for both patients and clinicians) can be barriers and change rapidly.
- Online education and collaboration with virtual CGM initiation service may help improve understanding of insurance documentation requirements.
- Important for PCPs to stay up-to-date with frequently updated insurance requirements.

Future Directions

- Patient, practice, and health economics outcomes across three strategies (analysis in progress).
- Build support for expanded coverage and affordability.
- OTC FDA-cleared biosensors (CGM) may increase access.
- Explore interaction of practice context and effective CGM implementation.
- Policy changes are needed to expand CGM access, reduce burden of obtaining CGM.

Interview Results