

Submission Id: 2745

Title

Relationship of Primary Care Clinician Characteristics with Continuous Glucose Monitoring Use and Confidence

Priority 1 (Research Category)

Clinical research (other)

Presenters

Tristen Hall, MPH, L. Miriam Dickinson, PhD, Elisabeth Callen, PhD, Donald Nease, MD, Jennifer Carroll, MD, MPH, Tamara Oser, MD, Meredith Warman, MPH, LeAnn Michaels, Sean Oser, MD, MPH

Abstract

Context: Continuous glucose monitoring (CGM) provides clearer readings of blood glucose levels than traditional finger-stick glucose tests and is associated with improved diabetes outcomes such as reduced HbA1c. CGM can inform insulin dosing and diet decisions, and alert patients to hypoglycemia. A lack of endocrinologists in the majority of U.S. counties, particularly rural areas, and long wait times in many endocrinologists' offices create disparities in CGM access for patients with diabetes. Expanding use of CGM in primary care can improve care and patient diabetes outcomes. Objective: Understand primary care clinicians' experience with CGM to determine feasibility and resources needed to prescribe CGM. Study Design: Quantitative phase of explanatory sequential mixed methods study using cross-sectional online survey. Setting: Primary care. Population studied: Primary care physicians and advanced practice providers across the U.S. Outcome Measures: Past CGM prescribing behaviors, future likelihood to prescribe, resources needed to prescribe. Results: 632 respondents. Role: 72% attending physicians. Organization: Federally Qualified Health-Center (or similar) (27%), hospital-owned (27%), private practice (22%). Half (47%) had seen patients with CGM but never prescribed; two-fifths (39%) had prescribed CGM. Three-fifths (62%) moderately or very likely to prescribe CGM in the future. Likelihood to have prescribed CGM: Post-training physicians more likely than residents (OR=0.303, CI=.160-.575) or PA/NPs (OR=0.356, CI=.165-.766), part-time practice less likely than full-time (OR=0.546, CI=.305-.978), <75% time delivering primary care less likely than 75%+ (OR=0.595, CI=.371-.955), and location greater than 40 miles from an endocrinologist more likely than endocrinologist within 10 miles (OR=1.941, CI=1.17-3.21). Likelihood to prescribe with access to various resources greatest for consultation on insurance issues (72% moderately/very likely) and CGM education/training (72% moderately/very likely). Conclusions: Primary care clinicians have interest in prescribing CGM for patients with diabetes. Clinician type, percentage of time spent practicing, portion of time delivering primary care, and distance from endocrinologist are related to likelihood to prescribe CGM. Previous experience prescribing CGM may

improve confidence and likelihood of future prescribing. Consultation, education and training on CGM for primary care clinicians may increase access to CGM.