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Title

Continuous Glucose Monitoring for Primary Care Patients with Diabetes: Barriers, Facilitators, & Resources to Support Access

Priority 1 (Research Category)

Diabetes and endocrine disease

Presenters

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Abstract

Context: Continuous glucose monitoring (CGM) for patients with type 1 and type 2 diabetes is associated with improved patient health outcomes including reduced glycated hemoglobin (A1c) and hypoglycemia and is part of ADA Standards of Medical Care. CGM prescription often takes place in endocrinology practices. With limited access to endocrinologists, many patients could benefit from receiving CGM through primary care. Objective: The overall study aims to understand primary care clinicians' CGM prescribing experience and likelihood to prescribe, and identify resources needed to support prescribing CGM. This qualitative phase examines barriers and facilitators to prescribing, and resources to support prescribing. Study Design: Qualitative phase of an explanatory sequential mixed-methods study following a cross-sectional online survey. Respondents were invited to participate in phone/virtual interviews to understand CGM prescribing attitudes and behaviors. Participants were stratified based on factors related to distance to an endocrinologist and prescribing behavior. Rapid qualitative analysis was used to understand relationships and trends, and identify resources to support CGM prescription in primary care. Setting: Two primary care research networks. Population studied: Primary care physicians and advanced practice providers in the U.S. Outcome Measures: Resources needed, barriers, and facilitators to prescribing CGM. Results: 55 interviews were conducted. The following themes emerged in the analysis: Insurance and cost-related barriers were most commonly cited, as well as distance to endocrinology when > 40 miles away. Facilitators included training and experience with CGM and staff to support patient education and insurance navigation. Resources (e.g., webinars, online guides, conferences) to increase knowledge about CGM use and clinical outcomes and guidance with insurance processes/coverage could support CGM prescription in primary care. Conclusions: Increased understanding among primary care clinicians of the use and benefits of CGM can help with confidence in prescribing. CGM management in primary care could benefit patients with diabetes, especially those with access barriers to endocrinologists. Addressing cost and insurance barriers at a policy level can make CGM more attainable to underserved populations and reduce disparities in diabetes control.