

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6104

Title

CGM in Primary Care: Characteristics and Choice of CGM Implementation Strategy in PREPARE 4 CGM

Priority 1 (Research Category)

Diabetes and endocrine disease

Presenters

Kimberly Wiggins, MA, MEd, Perry Dickinson, MD, Danika Buss, BA, Tristen Hall, PhD, MPH, Tamara Oser, MD, Kristin Crispe, MPH

Abstract

Context

Most diabetes care occurs in primary care (PC). CGM is associated with clinical and psychosocial benefits. While CGM uptake in PC is rising, understanding models to support CGM use in diverse PC practices is needed. The PREPARE 4 CGM study evaluates different strategies to implement CGM into PC practices.

Objective

To compare practice characteristics collected at baseline between those choosing a practice-led, self-paced CGM implementation plan or a referral to a virtual implementation service.

Study Design and Analysis

This study is a cluster randomized trial within a larger quasi-experimental study. Baseline characteristics were examined via cross-sectional descriptive and inferential analyses.

Setting or Dataset

76 Colorado primary care practices.

Population Studied

Primary care practice characteristics.

Intervention/Instrument

Implementation strategies consisted of opting in to a practice-led, self-paced CGM implementation plan or referral to a virtual CGM initiation service created as part of the study and staffed by primary care team members .

Outcome Measures

Approximately 50 practice characteristics such as staffing, size, specialty, payer mix.

Results

Of 76 enrolled practices, 46 chose self-paced implementation, 16 of which (35%) had a DCES in the practice; of the 30 that chose the virtual service, none (0%) had a DCES, $p < .001$. Aside from having a DCES, no differences were seen between groups.

Conclusions

While other practice characteristics were not associated with implementation strategy choice, having a DCES was highly associated: all practices with a DCES chose self-paced implementation. DCES may serve as technology champions in PC practices . Referral to the virtual service allowed access to a DCES and multidisciplinary team for practices without them. As many practices without a DCES also chose self-paced implementation, multiple models may be necessary to increase CGM implementation in primary care.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.