

Submission Id: 6491

Title

Outcomes of a virtual CGM initiation service (virCIS) for primary care patients with diabetes

Priority 1 (Research Category)

Diabetes and endocrine disease

Presenters

Bonnie Jortberg, PhD, CDE, RD, CDE, Chelsea Sobczak, MPH, Tamara Oser, MD, Sara Wettergreen, PharmD, Ashley Daffron, Danika Buss, BA, Jessica Parascando, MPH, Sean Oser, MD, MPH

Abstract

Context: Continuous glucose monitoring (CGM) is now considered a standard treatment option in diabetes care. However, its adoption has been slower in primary care settings compared to endocrinology practices, resulting in unequal access for patients with diabetes. Implementation of a virtual CGM initiation service can be valuable for enhancing CGM access to primary care patients with diabetes. Objective: Assess the feasibility of implementing a virtual CGM initiation service (virCIS) for primary care patients with diabetes. Study Design and Analysis: virCIS was a non-randomized arm that was part of a larger cluster randomized trial. Setting: Primary care practices in Colorado. Population studied: Patients with diabetes referred by practices enrolled in virCIS. Intervention: Primary care providers were invited to attend a webinar that focused on identifying patients who may benefit from CGM use, best practices for prescribing, and CGM interpretation. Practices referred patients to virCIS for CGM initiation and management for 6 months. Patients attended a virtual CGM initiation visit and three 1-on-1 interpretation visits with a diabetes care and education specialist and pharmacist, completed on Zoom. Patients were provided a CGM, received education on medication, diet and exercise, and completed surveys at baseline, 3, 6, and 12 months. Outcome Measures: Number of practices enrolled, patients referred and enrolled, and completed study visits. Secondary outcomes include practice characteristics, patient demographics, and patient satisfaction. Results: 23 practices enrolled in virCIS (21 referred patients; 19 had patients enroll in the study). Most practices were clinician owned solo or group practice (n=13), followed by hospital or health system owned (n=6). Two practices were FQHCs. 145 patients were referred and 73 patients enrolled in the study (~50% enrollment rate). 61 patients completed a virtual CGM initiation visit and 50 completed at least one interpretation visit. Patients will

complete all visits by August 2024 and completed patient data, including satisfaction data, will be presented. Conclusions: Practice improvement through provider education and implementation of a virtual CGM initiation service can lead to improved diabetes care for patients, through initiation and interpretation of CGM. Lessons learned from this service may aid in the creation of a toolkit to support the replication of the virtual CGM service in other primary care settings.

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.