

Wisconsin Diabetes Advisory Group

Personal Continuous Glucose Monitoring Survey

Continuous Glucose Monitoring (CGM) automatically tracks blood glucose levels throughout the day and night. People with diabetes can see their glucose level anytime at a glance, and review how glucose changes over a few hours or days to see trends. Seeing glucose levels in real time can help people with diabetes make informed decisions throughout the day about how to balance their food, physical activity, and medicines for optimum control of their blood glucose levels.

The Wisconsin Diabetes Advisory Group (DAG) distributed a Personal Continuous Glucose Monitoring Survey to:

- Document Wisconsin's health system and clinic approaches to personal CGM for patients with diabetes.
- Document clinician barriers to personal CGM use for patients who could benefit.
- Use the results to address identified barriers in Wisconsin.

DAG membership distributed the Personal CGM Survey widely amongst their networks. The survey also was posted on the Association of Diabetes Care & Education Specialists discussion board. Responses were accepted between late June 2021 through the end of July 2021.

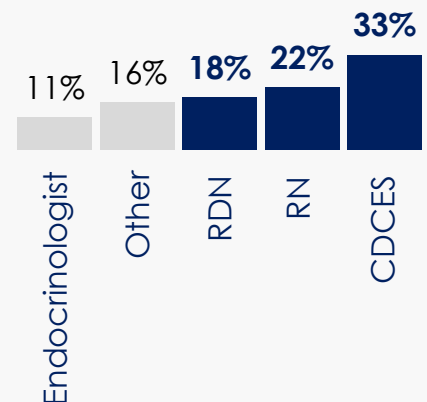
Respondents

83 respondents self-identified their clinical professional status. Respondents' practice locations spanned all regions across Wisconsin.

Certified diabetes care and education specialists (CDCES), registered nurses (RN) and registered dietitian nutritionists (RDN) were the most represented clinician. The "Other" category self-identified primarily as nurse practitioners, but also included other clinical professionals like medical assistants and clinical pharmacists.

Survey Outline

- Professional clinical status and practice region
- Personal CGM promotion
- Ongoing, structured educational protocol when prescribing
- Barriers to successfully prescribing
- BadgerCare Plus and Medicaid



Key Findings

98% of clinicians said they promote personal CGM for patients with diabetes in their practice.

However, there was wide variation in who received focused promotional efforts.



Clinicians also varied in their approach to promoting personal CGM to their patients, but **key themes** emerged:

- Many provide education within first educational sessions, or as soon as possible after diagnosis.
- Clinicians are mindful of who doesn't qualify for CGM insurance coverage.
- Approach to promotion is heavily influenced by a patient's insurance coverage.
- Discussions about personal CGM between clinicians are patient-centered and benefit-focused.

Quotes from Clinicians

"Anyone and everyone with diabetes can see benefits in their diabetes management and health outcomes by using CGM therapy."

"[I promote for] All type 1 patients. I have tried for my pediatric type 2 patients, but the barriers prevent CGM use in this population."

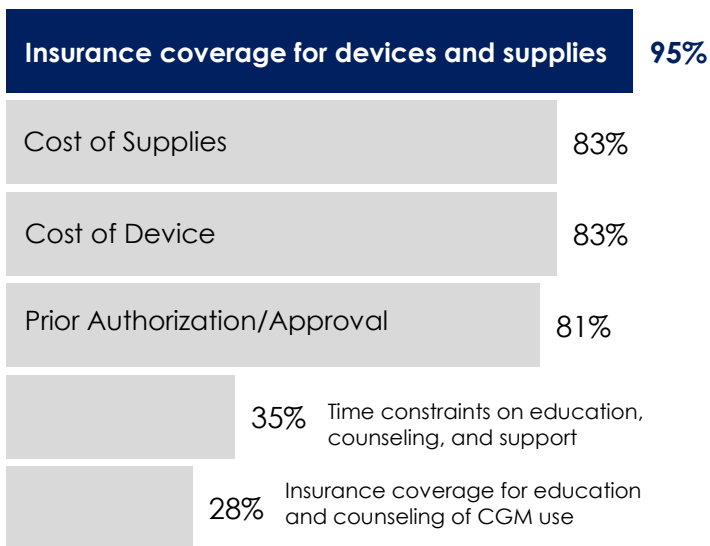
"We support and encourage CGM for all our patients in clinic and education settings—especially children with type 1 diabetes. We would love to promote this for other children (type 2, non-diabetic hypoglycemia), but have cost/insurance barriers."

"We advocate for use for CGM for nearly all of the children we see with diabetes. Those who are particularly active or young (unable to verbalize symptoms of lows) are definitely a priority...We communicate with families about what CGM can do, and support them through decisions about whether CGM is an option for them and how to obtain and use. We do this through in person and telephone counseling."

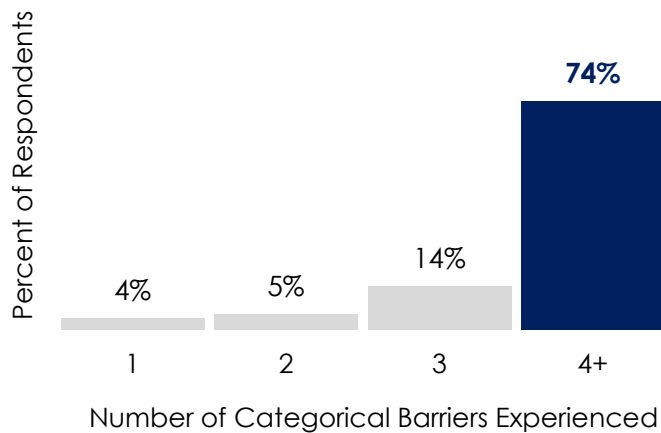
Key Findings Continued

Clinicians reported that barriers to successfully prescribing CGM for newly diagnosed patients are common.

The most commonly experienced barrier to successfully prescribing CGM was **insurance coverage for devices and supplies**.



Across the six categorical barriers listed in the figure above, **74% of clinicians experienced four or more barriers during their career.**



Quotes from Clinicians

"In pediatrics there is so much variability in coverage and we do not have insurance specialists to help sort out...we don't have enough nurses to staff clinics required to figure out coverage...."

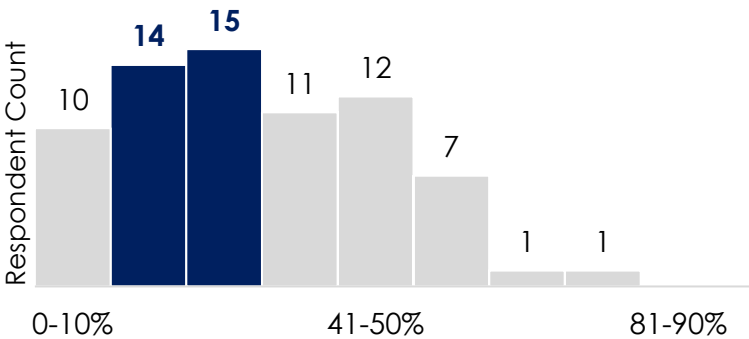
"Insurance coverage varies widely and changes all the time; additionally, using durable medical equipment companies drain my time and energy...I find I spend more time doing paperwork than actually meeting with patients..."

"My patients experience suboptimal care because they have insurance barriers to receiving a CGM despite interest in one. It often leads to frustration for the patient and providers as staff must go through extensive leg work to get paperwork through to insurance companies, which in the end often still results in coverage denial."

Key Findings Continued

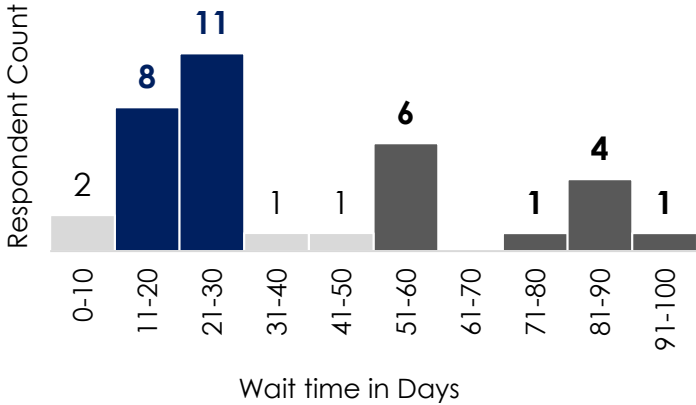
Nearly all clinicians (96%) said they provide care for patients with diabetes who could benefit from personal CGM, but do not qualify for coverage under current BadgerCare Plus and Medicaid’s Disposable Medical Supplies (DMS) policy eligibility.

On average, clinicians said that **30% of their patients** were impacted by the BadgerCare Plus and Medicaid DMS eligibility qualifications for personal CGM.



Estimated percent of clinicians' BadgerCare Plus patients who could benefit from personal CGM, but do not currently qualify for coverage

Most clinicians estimated it took between **11 and 30 days** from requesting to receiving prior approval for newly prescribed CGM for BadgerCare Plus patients who qualify for coverage. However, some report waiting **50 or more days**.



Quotes from Clinicians

“My pediatric patients with type 2 diabetes who are mostly on Medicaid are missing out on an opportunity to understand their diabetes and monitor outcomes.”

“Generally unable to get CGMs for Medicaid patients. The requirement to have average of 4 tests/day for 30 days is the most frequent deal-breaker in the PA process. The process is also very difficult for people with lower socioeconomic/educational status [(SES)] to navigate. This skews devices towards those with private insurance and higher SES, which is not fair and perpetuates health disparities.”

“Children with state-funded insurance have a lot of difficulty getting coverage... If they do get coverage, they often have to wait 30-60 days before submitting for coverage.”

Next Steps

The Department of Health Services' Chronic Disease Prevention Program shared the Personal Continuous Glucose Monitoring Survey with the Bureau of Benefits and Policy in the Division of Medicaid Services. Survey results document barriers experienced by Wisconsin clinicians to personal CGM use for patients who could benefit, such as BadgerCare Plus members.

The Division of Medicaid Services is working to eliminate health care barriers by aligning Medicaid diabetes-related policies with current evidence-based best practices.

The Chronic Disease Prevention Program and Wisconsin Diabetes Advisory Group will continue to collaborate with the Division of Medicaid Services during policy development to help Wisconsinites with diabetes lead happier, healthier lives.