

## Introduction

- There is a gap in provider knowledge on the utilization of Continuous Glucose Monitors in the family care setting.
- CGMs have been around for years but are not prescribed as frequently due to insurance preauthorization issues and coverage difficulties as reported by both physicians from the project site.

## Background & Significance

- Most Diabetics use the traditional Self-monitoring finger stick system which can be inconvenient and painful.
- CGM is less invasive which gives you real time readings of your glucose levels throughout the day/ night via small wire/sensor that is part of the skin adhesive patch that is inserted under the skin to detect glucose levels via interstitial fluid (Russell, 2017).
- Literature review showed CGMs were beneficial in three ways: it improved HbA1c, reduced time spent in hypoglycemia, and increased patient satisfaction.
- Physician verbalized multiple factors that limit the practice from prescribing CGMs.
  - Lack of knowledge of its benefits/usage.
  - Lack of insurance information
  - Delays in acquiring preauthorization.
  - Push backs from pharmacies.

## Purpose

The aim of this project was to **create** a guidebook that provided information such as insurance eligibility criteria, costs, and prescribing process of Continuous Glucose Monitoring systems.

The **goal** was to increase provider knowledge and comfort on CGMs and see increased rate of prescribed CGMs.

## Objectives

- Collected 3-month retrospective data on # of prescribed and utilized CGMs.
- Created guidebook: prescribing instructions, educational material for patients, & information on criteria/coverage requirements
- Held an educational meeting with office staff on the use the guidebook.
- Collected 3-month post implementation data.
- Collected surveys from office staff to assess if guidebook was found to be useful.



## Methods

**Design:** A Quality improvement project.

**Setting:** A family care practice in Central New Jersey, USA.

**Measures:** Survey to assess Physician knowledge and comfort for prescribing CGMs.

Excel sheet with data on amount of CGMs prescribed, utilized, and demographics of those patients.

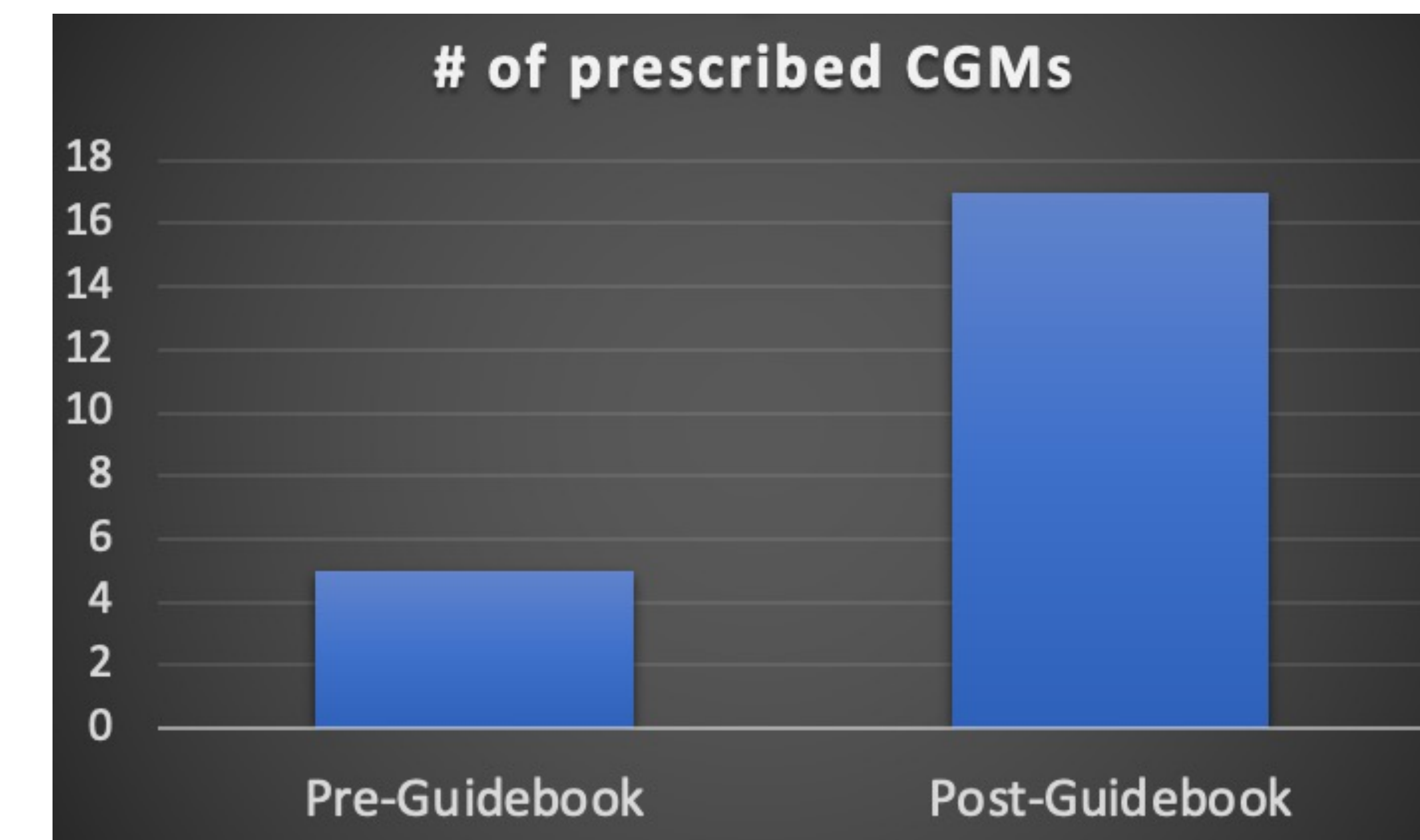
**Analysis:** Descriptive statistics, Chi Square test, Fishers exact test and percentages.

## Results

- Surveys taken from all subjects (2 medical assistants, 2 physicians, and 1 office manager) showed Increase in knowledge and comfort in accurately prescribing CGM.
- Improved workflow of office staff.
- 100% utilization of CGMs post implementation from 80%.
- Pre Guidebook: 5 people were prescribed CGMs over 3 months.
- Post Guidebook: 17 people were prescribed CGMs over 3 months.

### References

Russell. S. (2017). Continuous Glucose Monitoring. National Institute of Diabetes and Digestive and Kidney Diseases. Retrieved from <https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring>



## Discussion

**Conclusion:** Available information on CGMs increased physician knowledge and comfort which results in increased amount of prescribed CGMs.

**Facilitators:** Glucose monitoring systems sales representatives were eager to provide information.

**Barriers:** Getting through to Insurance companies was difficult without specific patient information.

- Time limitation
- Sample size too small

### Implications:

- Clinical practice:** Physician now have the appropriate knowledge on how to prescribe CGMs.
- Quality and safety:** As shown by the review of literature, CGMs improve glycemic control.
- Education:** The office staff has more knowledge on CGM benefits & coverage so they can better direct patient care.