Disclosure to Participants

Notice of Requirements For Successful Completion
At the completion of this presentation, the participant will be able to:
1. List two advantages of starting CGM prior to CSII therapy
2. Describe the steps to initiate CGM prior to CSII initiation
3. Describe how CGM can be utilized to optimize basal testing

Conflict of Interest (COI) and Financial Relationship Disclosures:
Presenter: Aimee Jose, RN, CDE, CDTC – Stockholder, Dexcom, Inc
Presenter: Ruth Spirakis, MS, RD, CDE, CDTC – No COI/Financial Relationship to disclose

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Breaking News!
July 21, 2016
“FDA Panel Supports … CGM for Insulin dosing in Diabetes”

“The diabetic who knows the most, lives the longest.”
- Dr. Elliot P. Joslin
“The #1 complication of well controlled Diabetes is... ABSOLUTELY NOTHING!”
- William Polonsky PhD, CDE

Why Should I Change?
- Limited Data to Support Which Technology to Start First
  - Moreno-Fernandez J et al (Diabetes Technology & Therapeutics 2013)
    - RTCGM or CSII, What Goes First?
  - Raccah et al (Diabetes Care 2009)
    - Incremental value of CGM when starting pump therapy
  - Tumminia et al (Diabetes Metab Res Rev 2015)
    - Efficacy of RTCGM on glycemic control and variability in T1 pts treated with CSII or MDI

Why Should I Change?
- I have a process that took a long time to create. It works…I think…

Why Should I Change?
- We ask our patients to make changes every day
- Now it is our turn!

Is this a new concept?
- No. It’s common sense…Just a new approach to an old challenge
- You may already be using this method without realizing it!
Try It. You Might Like It!

Let's Review the Basics

DSME =
• Diabetes Self Management Education
• Enable patients to make better decisions on a daily basis, and hopefully this translates into:
  – Better patient adherence to regimen
  – Improved patient outcomes
  – A more confident and motivated patient!

So What Are We Missing?
• Single-point data is limited
  – Yet we base many of our education decisions on them to achieve better control
  – Traditional methods of basal testing and keeping BG records miss a lot of information – and do not provide much feedback for the patient

So What Are We Missing?
• We need to shift our Paradigm!
  – education now surrounds teaching patients about trending and not getting caught up in the number

Our Patients are Only as Good as the Information They Have
• Better glucose information leads to better management decisions
Continuous Glucose Monitoring
• It’s just data—not medicine!
• Enables one to understand BG levels are not static, but rather constantly in fluctuation
• Trend Information
  – Trending is an easy concept to teach and easy for patients to understand!

Benefits of CGM
• Data, data, data
• Alarms
• Trends
• Ability to be proactive rather than reactive
• Most significant impact on daily decision making for pt.
• Reduces fear of hypoglycemia

• Impacts numerous aspects of insulin therapy including:
  – Basal adjustments
  – Correction dose amount
  – Dose timing
  – Prandial dose amount

Traditional Model

Cart before Horse
TRADITIONAL MODEL
1st = CSII  2nd = CGM
How About Your Practice?
• What is the average time from MD referral to pump start?
• And then the amount of time before you will start someone with CGM?

“Patients that are new to insulin pumping wait 4-6 weeks prior to starting on the integrated system.”
– from Anonymous Practice

Challenges with Traditional Method
• Trouble shooting a very complicated piece of technology with multiple parts
• Basal testing burn out
• Fear
• Tons of work!

Alternative Process
• Impact of approach on clinical outcomes has not been well studied
• Conducted our own retrospective, pilot study
  – Presented at ADA Scientific Session 2015
Conclusions
• Additional data provided by CGM resulted in greater insights into pattern management
  – Ongoing process of adjusting easier for both pt and HCP
  – May reduce the burden of initiating insulin pump therapy
  – Larger studies needed

How to Make the Magic Happen!
• Initiate CGM Therapy
  – Office visit for initial training
  – Follow up visit(s) for MDI optimization
• Initiate Pump Therapy

Schedule for Basal Evaluation

CGM Basal Evaluation
• 57% fewer finger sticks (7 vs 3)
• 94% more data (120 data points vs 7 data points)
Schedule for Carb Ratio Evaluation

- 60% fewer finger sticks (5 vs 2)
- 92% more data (60 data points vs 5 data points)

CGM Carb Ratio Evaluation

Schedule for Correction Evaluation

- 60% fewer finger sticks (5 vs 2)
- 92% more data (60 data points vs 5 data points)
Putting It All Together

- 63yr old male
- MDI x18 years
- Poor control and little motivation
  - A1C never under 9%
  - Believed “no pattern to BGs”
- SMBG x1/day (maybe)
- Great attitude!

Advantages of Alternative Method

- Lower start up costs
- Easier technology to learn 1st
- Improved overnight basal testing
  - More data
  - More sleep
  - Reduced pt burnout
  - Fewer finger sticks → less work
- Enables greater & sooner use of pump features
- Stuff just comes up; no need to search very hard for critical data
- It builds, it’s real time, it’s experiential

Summary

- Diabetes is hard. For everyone. Why make it harder?
- Use available tools to your advantage, and in the right order.
- Don’t put the cart before the horse!
Who Benefits Most?

• Everyone!