FOR WHICH PEOPLE WITH DIABETES DO YOU RECOMMEND CGM?

CGM is appropriate for all people receiving diabetes medication. It allows people with diabetes to play an active role in their diabetes care, which is so important in shared decision-making. CGM teaches people how their medications, specific foods, exercise, stress, work, and other factors influence their daily glucose results.

CGM can help motivate people to make positive lifestyle changes. Identifying the individual’s needs will ensure that appropriate expectations for the team are met.

HOW DO YOU TEACH PEOPLE WITH DIABETES HOW TO USE CGM DEVICES AND WHAT TO DO BASED ON CGM RESULTS?

Most CGM devices have excellent online videos and other materials from the manufacturers to help with a smooth start. However, clinicians have a key role in patient satisfaction and optimal usage.

- After initial CGM sensor placement, people with diabetes should be advised to keep a detailed profile of meals, exercise, medication administration, alcohol consumption, and sleep. They should be given a follow-up appointment to review the data, and they should be advised to continue with any therapy changes until that follow-up.
- At the follow-up visit, the team can work together to recognize hypoglycemia risk, evaluate patterns of low or high readings, uncover any obstacles to monitoring, and consider potential therapy changes.
- For personal-use CGM devices, trend arrows allow people to see the rate and direction of their glucose changes, allowing them to adjust the insulin dose as needed to prevent potentially dangerous glycemic events.

CAN CGM BE OVERWHELMING FOR PEOPLE WITH DIABETES?

Make sure alarms and alerts are set appropriately to avoid alarm fatigue and data overload. Have the alerts go off when it matters most, like during hypoglycemia. Look at the device at key times only, like before meals, before bedtime, and before activities like exercising and driving, and use CGM to determine glycemic trends.

HOW DO YOU EFFICIENTLY INCORPORATE CGM REVIEW INTO YOUR WORKFLOW?

Particularly in primary care, the clinician needs to schedule adequate time to use CGM effectively, making it clear that the focus of the visit is to review CGM data. This makes it a priority over other issues that often are brought up in a primary care visit.

As an active participant, the person with diabetes is urged to scan as much as possible if using a CGM with a reader or wear the CGM consistently for at least 14 days to be able to see trends and ideally to upload the data to an online portal.

Alternatively, the clinician can use professional CGM. To be most efficient, data can be downloaded prior to the clinician entering the room. This allows the person with diabetes to review daily graphs that include ambulatory glucose profile (AGP) and time in range (TIR).

Having more detailed profile sheets also helps save time by making it simpler to recognize patterns.
WHAT IF THE PERSON WITH DIABETES IS CONCERNED ABOUT WEARING A VISIBLE CGM DEVICE?
Let the person see the size of different devices through demonstrations and show possible discreet places on the body where they can be worn.
- Consider starting with a professional CGM, owned by the clinic and borrowed by the individual for up to 14 days, so that he or she can get a feel for what it is like.
- Consider a CGM that can be integrated with a smart insulin pen instead of an insulin pump, so the individual has only 1 device to wear.

HOW CAN CLINICIANS HELP PATIENTS WITH THE COST OF CGM?
Find out insurance requirements to see if the CGM can be covered and what is required for coverage.
- A disposable sensor is a lower-cost option. There are coupons available and some pharmacies sell for lower costs.
- Professional CGM is an underused insurance benefit that is often covered multiple times per year if used on a short-term basis.

WHAT RESOURCES CAN HELP CLINICIANS LEVERAGE CGM IN THEIR PRACTICES?
There are various resources available to help clinicians understand CGM technology and to assist in integrating CGM into their practice settings.
- Online tutorials, industry representatives, and diabetes care and education specialists can help clinicians understand how to start people with diabetes on CGM and how to interpret the data.
- CPT codes are now available to help support the cost of additional staff to train the individual on the devices and cover the cost of review and interpretation.

CONTRIBUTORS:
Carla Cox, PhD, RD, FAADE  
Certified Diabetes Educator and Clinical Dietitian  
Mountain Vista Medicine  
South Jordan, Utah

Vivian A. Fonseca, MD, FRCP  
Tullis-Tulane Alumni Chair in Diabetes  
Professor of Medicine  
Chief, Section of Endocrinology  
Tulane University School of Medicine  
New Orleans, Louisiana

Diana Isaacs, PharmD, BCPS, BCACP, BC-ADM, CDE  
Clinical Pharmacy Specialist/CGM Program Coordinator  
Department of Endocrinology, Diabetes, and Metabolism  
Cleveland Clinic Diabetes Center  
Cleveland, Ohio

Pamela Kushner, MD, FAAFP  
Clinical Professor  
University of California Irvine Medical Center  
Irvine, California  
Director  
Kushner Wellness  
Los Alamitos, California