Improving CGM Prescribing in Type 2 Diabetes Through Targeted Outreach and Provider Support Tools

Joseph Ginty, MD, FAAFP, [1] Lori Lammert, MA,[2,3] Alexandra Hintz, PharmD, BC-ADH, [1] Sarah Miller-Branam, MTDA,[4] Amber Healy, DO,[2,3,5] Sarah Adkins, PharmD, BCACP, [2,3] Elizabeth A. Beverly, PhD [2,3]

1. OhioHealth Physician Group Riverside Methodist Hospital, Columbus, OH 43214, USA 2. Ohio University Heritage College of Osteopathic Medicine, Athens, OH 45701, USA3. The Diabetes Institute, Ohio University, Athens, OH 45701, USA 4. The Ohio Colleges of Medicine Government Resource Center, Columbus, OH, 43210 USA 5. OhioHealth Physician Group Heritage College Diabetes & Endocrinology, Athens, OH 45701, USA

BACKGROUND

- Continuous Glucose Monitoring (CGM) improves glycemic management in adults with type 2 diabetes.[1]
- While CGM uptake is increasing, uptake remains lower in type 2 diabetes than in type 1 diabetes.[2]
- CGM uptake in type 2 diabetes varies by race, socioeconomic status, and insurance, with lower use among historically marginalized populations.[3]
- Most people with type 2 diabetes are managed in primary care, where CGM adoption remains variable.[4]

METHODS

- **Setting:** Academic family medicine residency clinic.
- **Population:** Adults with type 2 diabetes and HbA1c ≥ 9%.
- **Framework:** Model for Improvement using bundled interventions and Plan-Do-Study-Act (PDSA) cycles.
- **Primary Outcome (process):** Percentage of people with HbA1c ≥ 9% prescribed a CGM.
- **Secondary Outcome (clinical):** Percentage of people with HbA1c ≥ 9%.
- **Data Collection:** Electronic health record (EHR) data during baseline and intervention periods.
- **Analysis:** Control charts based on patient encounter data to assess changes over time.
- **Baseline Period:** Jan 2024 – Feb 2025; **Intervention Period:** March 2025 – July 2025.

Interventions

Bundle 1: Education and Support Tools.
- Provider education on benefits of CGM use and prescribing.
- Electronic Health Record tools: CGM order set, education Dotphrases, and after-visit summary resources.

Bundle 2: Patient Outreach.
- Patient outreach for HbA1c ≥ 9% not on CGM through MyChart.
- Non-English speakers contacted by phone using interpreter.
- Escalation for non-response: two phone calls, mailed letters.

Bundle 3: Provider Support and Pre-visit Planning.
- Provider tip sheet for CGM discussion.
- Internal outreach messages two weeks in advance of appointment in people with A1c ≥ 9% and no CGM.

Bundle 4: Follow-Up Outreach.
- Follow-up outreach via text messaging (Doximity) for non-responders.

Table 1: Demographic Breakdown Family Medicine Residency Clinic for People with Type 2 Diabetes.

Variable	Number of Encounters	Percent of Encounters	Number of Individuals	Percent of Individuals
Race/Ethnicity				
Hispanic/Latino	488	8.7	78	11.2
Non-Hispanic Black	1,974	35.4	242	34.8
Non-Hispanic White	2,816	50.5	340	48.9
Other	303	5.4	36	5.2
Age (years)				
18-34	424	7	49	6.4
35-64	3,213	52.7	412	53.6
65+	2,455	40.3	308	40.1
Insurer				
Medicaid	1,407	23.1	168	21.8
Medicare	2,554	41.9	301	39.1
Other	744	12.2	246	32
Private/Commercial	1,387	22.8	54	7

RESULTS

- The clinic was able to reach and schedule 43% (n=20) of people with diabetes with A1c ≥ 9% (n=46) for CGM-specific appointments after patient outreach.
- After implementation of all four bundled interventions, CGM prescribing increased from 43% to 70% amongst encounters of adults with A1c ≥ 9% (Figure 1).
- During the intervention period, the percent of encounters o people with A1c ≥ 9% remained steady at 18% (Figure 2).

Figure 1: Control Chart Showing Percentage of Encounters of People with Diabetes with HbA1c ≥ 9% who Have Been Prescribed a CGM Seen at the Family Medicine Residency Clinic.

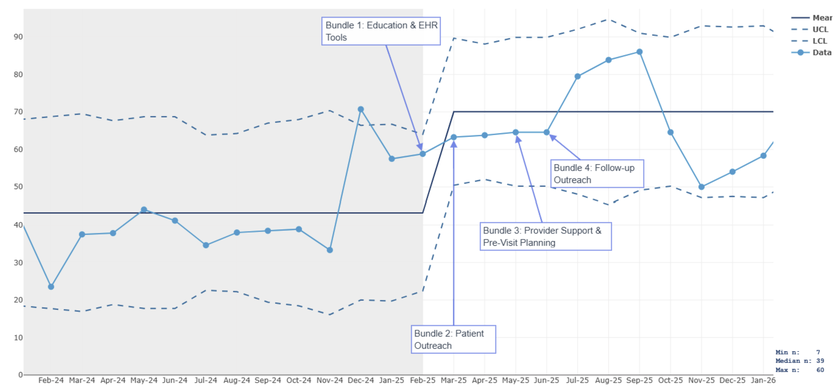
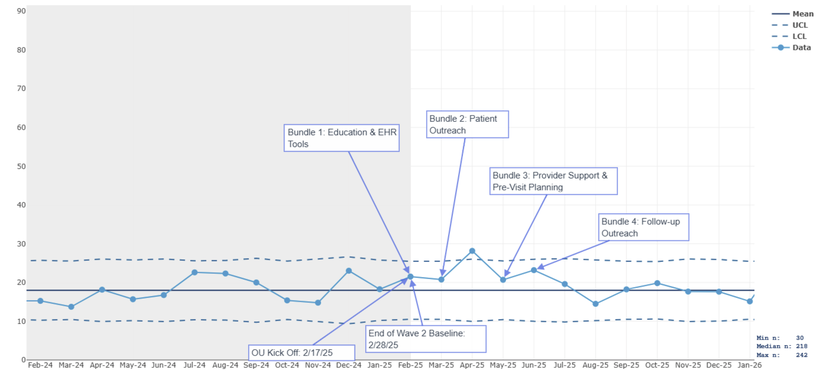


Figure 2: Control Chart Showing Percentage of Encounters of People with Type 2 Diabetes with HbA1c ≥ 9% Seen at the Family Medicine Residency Clinic.



SUMMARY & CONCLUSIONS

- A bundled, clinic-based intervention incorporating provider education, EHR tools, and targeted outreach were associated with improved engagement and a substantial increase in CGM prescribing among adults with type 2 diabetes with A1c ≥ 9%.
- Despite improved CGM uptake, no change in the percentage of people with A1c ≥ 9% was observed during the study period, likely reflecting the complexity of diabetes management as well as the need for additional clinical and behavioral support to translate CGM use into improved outcomes.
- These findings suggest that targeted, low-cost interventions can improve adoption of diabetes technology in primary care. Future efforts should focus on sustaining gains and pairing CGM with complementary strategies, such as medication optimization and lifestyle interventions, to achieve meaningful clinical impact.

REFERENCES

1. Jancev, M., Vissers, T. A., Visseren, F. L., van Bon, A. C., Serné, E. H., DeVries, J. H., ... & van Sloten, T. T. (2024). Continuous glucose monitoring in adults with type 2 diabetes: a systematic review and meta-analysis. *Diabetologia*, *67*(5), 798-810.

2. Martens, T., Beck, R. W., Bailey, R., Ruedy, K. J., Calhoun, P., Peters, A. L., ... & Bergenstal, R. M. (2021). Effect of continuous glucose monitoring on glycemic control in patients with type 2 diabetes treated with basal insulin: a randomized clinical trial. *Jama*, *325*(22), 2262-2272.

3. Wallia, A., Agarwal, S., Owen, A. L., Lam, E. L., Davis, K. D., Bailey, S. C., ... & O'Brien, M. J. (2024). Disparities in continuous glucose monitoring among patients receiving care in federally qualified health centers. *JAMA network open*, *7*(11), e2445316.

4, Brunton, S. (2017). Who Cares for People With Diabetes? We Do!. Clinical Diabetes, 35(1), 3-4.

Funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center; Osteopathic Heritage Foundation Ralph S. Licklider, D.O. Endowed Professorship in Behavioral Diabetes