

Improving Quality Metrics and Reducing Cost of Care with Access to **Real-Time** CONTINUOUS GLUCOSE MONITORING



Outlined below are the key findings and recommendations presented by the multidisciplinary faculty.



Improving Outcomes and Reducing Resource Utilization with rtCGM Among Older Adult Member Populations

Janet B. McGill, MD, MA, FACE, FAGP
Professor of Medicine
Washington University School of Medicine

Summary: Continuous glucose monitoring (CGM) is the new standard of care for the management of insulin-treated T1 and T2 diabetes, regardless of regimen¹, but current payer CGM coverage criteria can be overly restrictive.

Q: *What are the advantages of CGM?*

A: *“The micromanagement that occurs once a patient with T2D is on **CGM is worth one entire medication**. In T1D, it is all about safety. Once they feel safe, they are better able to adjust to lower blood sugars, greater time in range, and play the game of ‘Let me see if I can eat something and not go up more than 80 points.’ **The difference is just astounding.**”*

Key Take Away from Dr. McGill:



All insulin treated members, particularly high-risk older adults, should have streamlined access to real-time CGM, and payers should reconsider coverage criteria, such as removing intensive insulin eligibility criteria for T2D and streamlining the documentation requirements.

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Pharmacy Benefit Integration of rtCGM: Real-World Experience and Cost Savings from a Regional Health System

Vanita Pindolia, PharmD, BCPS, MBA
Vice President, Ambulatory Clinical Pharmacy Programs_PCM
Henry Ford Health System/Health Alliance Plan of Michigan

Summary: HAP/HFHS increased access to CGM by moving coverage for certain CGM systems to the pharmacy in August 2020. They incentivized patients (\$0 copay) and providers (no prior authorization & automatic adjudication through a step edit for prandial insulin). This **resulted in immediate cost savings** via channel efficiencies and lower acquisition costs.

Q: *For payer organizations that are concerned about the costs of CGM, what can help improve the utilization of CGM?*

A: *“At first, a simple supply change, moving it from DME to pharmacy, garnered a tremendous savings, then added rebates by going to pharmacy added even more [savings]. Because of the cost savings, even with the increase in volume [moving to pharmacy], the **health plan is still saving money overall**. Coupling this with the population that might be having costly issues [ER, hospitalization, hypoglycemia] and targeting them for who is not using it, that’s been our approach to help do the cost justification while we are waiting for those quality results.”*

Key Take Away from Dr. Pindolia:



“Pharmacy coverage and access for appropriate subpopulations can confer immediate cost savings, and that’s really good when you speak with the employer groups. A lot of times the diabetes cost savings is 10 years from now, so this is something they can see immediately, and further savings can be realized.”

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New Horizons in rtCGM and Diabetes Management Programming Across At-Risk Populations: High-Quality, Cost-Effective Care in Gestational and Neonatal Settings

Maria Lopes, MD, MS

Former Chief Medical Officer at Magellan Health
Former Practicing Obstetrician and Gynecologist

Summary: rtCGM data on time in range (TIR) and reduced time above range is critical in understanding the link between maternal glycemic control and neonatal outcomes. A modest (5%-7%) increase in TIR during the 2nd and 3rd trimesters is associated with decreased risk of LGA and neonatal outcomes including neonatal hypoglycemia and NICU admissions.⁴

rtCGM use in pregnancy:

- reduced incidences of LGA, hypoglycemia, and NICU admissions and is **associated with significant economic benefits**.⁵
- resulted in a 50% reduction in NICU costs driven by fewer admissions *and* shortened length of stay.^{6,6}

Early screening and timely intervention drive high-quality perinatal care, and consensus guidelines recommend the use of rtCGM in pregnant women with pre-existing T1 and T2D and GDM.

Key Take Away from Dr. Lopes:



Payers can improve clinical and economic outcomes by providing streamlined coverage of rtCGM for all pregnant women using insulin therapy. A delay in access to CGM can have adverse consequences in terms of both maternal and neonatal outcomes. “The potential **cost savings are quite significant** in terms of what this can represent for a payer.”

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Opportunities for Improvement

The American College of Obstetricians and Gynecologists (ACOG) issued a call to action to address health care disparities and social determinants of health (SDOH), especially in underserved populations. **rtCGM may help overcome management challenges in populations at risk due to SDOH.**^{7,8,9}



Telemedicine and Digital Health Interventions Integrating rtCGM in the Future of Patient-Centered Diabetes Care

Jeffrey Dunn, PharmD, MBA

Head of Clinical Pharmacy at Berkshire Hathaway/Geico

Summary: Optimal diabetes management is largely **patient driven**, with complex and demanding self-care routines (at least 42 factors can affect blood glucose in T1 and T2D), making it primed for quality improvement via telemedicine. rtCGM allows for a **new frontier of diabetes management** through remote monitoring and innovative patient engagement in telemedicine initiatives, expanding the care circle beyond providers to friends and family through cloud-based data sharing.

Key Take Away from Dr. Dunn:

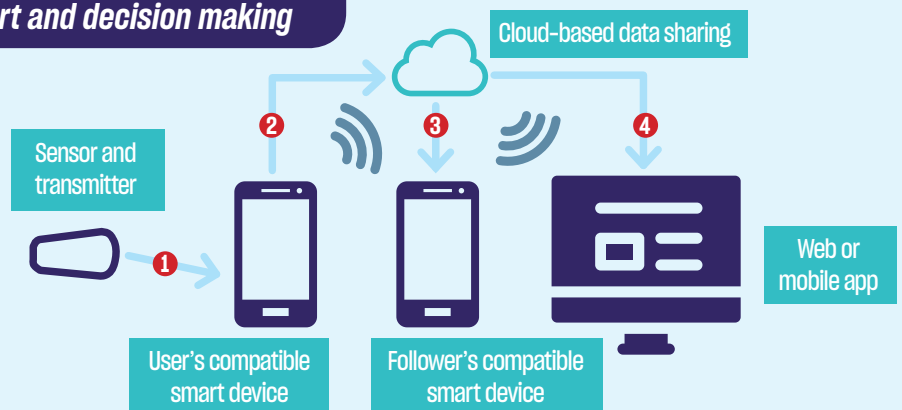


“Payers struggle a lot with valuing quality of life, but I can’t reinforce this enough – quality of life in this particular disease state will translate into better outcomes through better adherence and better patient engagement.”

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rtCGM creates data sharing capabilities, promotes patient engagement, and expands the care circle to facilitate support and decision making

Accurate continuous glucose data, streamed to software with advanced analytics, automatically translates into real-time insights and biofeedback for behavior change and data-driven management interventions.



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