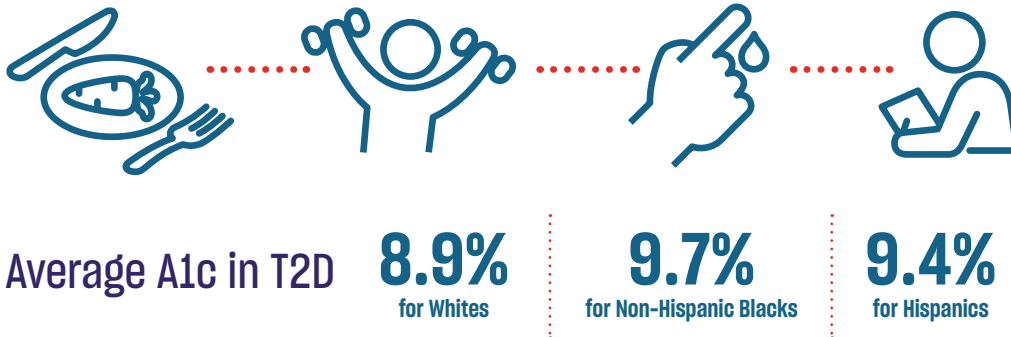


Addressing SDOH and Racial/Ethnic Disparities in Diabetes with Real-Time CGM

A Blueprint for Payer-Led Disease Management and Coverage

- ▶ Identifying a Proven Intervention That Can Improve Diabetes Outcomes in Low-Income and Minority Populations is a Challenge for Payers



“... Self monitoring of blood glucose, while still a standard part of diabetes self-management, has not been shown to result in self adjustments to insulin in primary care settings.”

- Monica Peek, MD, MPH,
Associate Director, Chicago Center for Diabetes Translational Research

REAL-TIME CGM TECHNOLOGY ENHANCES EXISTING MODELS OF CARE AS A MEANS OF ADDRESSING SDOH



- ✓ Diabetes care that relies on quarterly visits with A1C checks neglects the reality of life with diabetes that is continuous
- ✓ The majority of diabetes care transpires between visits, outside of clinic encounters
- ✓ Use of rtCGM allows for remote monitoring by providers and engagement of patients in their own care


FINDINGS FROM THE MOBILE STUDY RECENTLY PUBLISHED IN JAMA SHOW THAT LOW-INCOME AND MINORITY POPULATIONS CAN BE SUCCESSFULLY ENGAGED WITH RTCGM TO ENHANCE SELF-MANAGEMENT AND TO IMPROVE DIABETES CONTROL IN PRIMARY CARE SETTINGS

- ▶ rtCGM improved outcomes across different racial and ethnic backgrounds, age groups, income, numeracy, and education levels

MOBILE TYPE 2 STUDY POPULATION



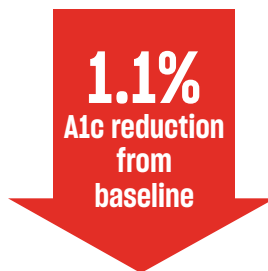
52%
ethnically diverse



55%
HS diploma or less



58%
with non-private insurance



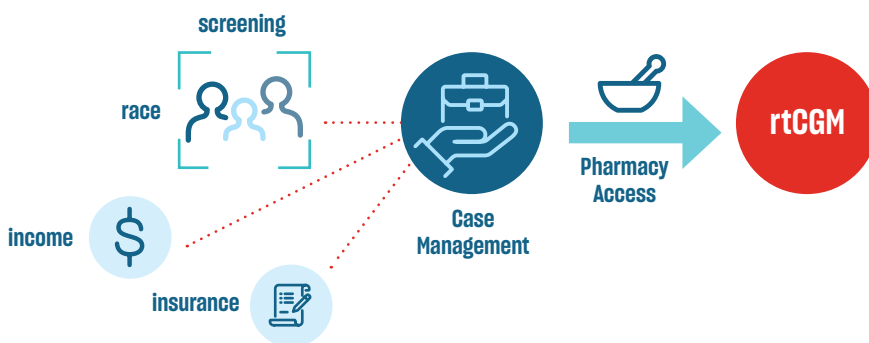
1.1%
A1c reduction
from
baseline

- ▶ rtCGM improved patient engagement with no increase in medication use

Racial disparities in the use of diabetes technology are prevalent and provide a key target for payer intervention across the lifespan



Greater access to rtCGM in underserved populations and programs targeting these demographics for intervention with rtCGM helps meet goals of population health/health equity



**CALL
TO
ACTION**

Payers should use their unique position to address SDOH through disease management and improved access to rtCGM through the pharmacy to engage affected members in their own communities

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