



The 82nd Scientific Sessions of the American Diabetes Association (ADA) was held from June 3-7, 2022, in New Orleans. The following posters presented at the meeting highlight real-world evidence (RWE) on the value of real-time continuous glucose monitoring (rtCGM) pertinent to managed care and payer decision makers.

### Retrospective Claims Analysis

#### Improved Glycemic Control and Continuous Glucose Monitoring (CGM) Utilization: A Comparison of Real-Time CGM and Intermittent Scanning CGM

K. Hannah, P. Nemlekar, D. Price, G. Norman



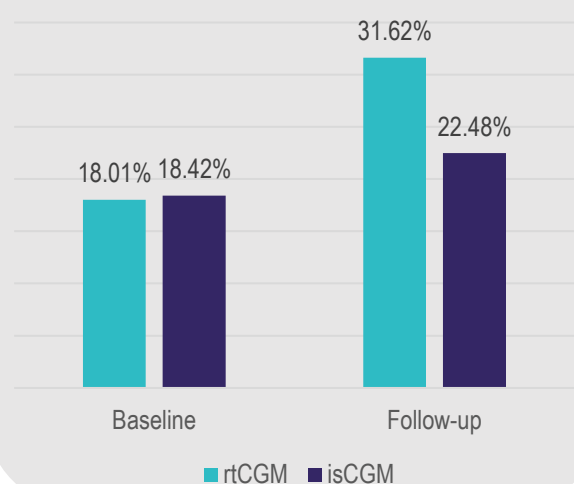
**Study Design:** Retrospective claims analysis of insulin-treated type 1 (T1D) and type 2 diabetes (T2D) 12 months pre- and post-acquisition of rtCGM (Dexcom G6; n=272) and intermittently-scanned CGM (isCGM; FreeStyle Libre; n=467).

#### Results:

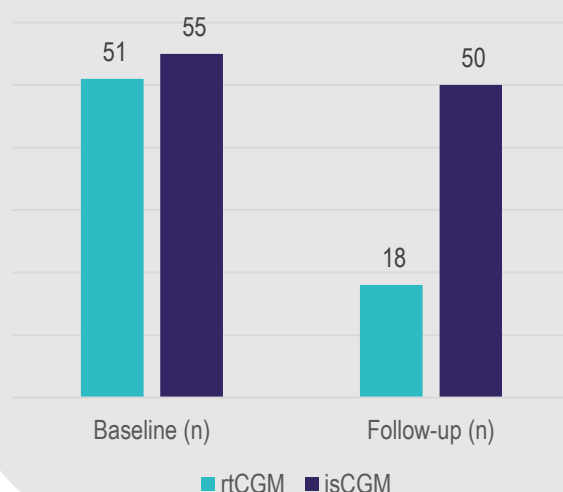
Patients with T1D and T2D using rtCGM were nearly twice as likely to reach an HbA1c <7% than those using isCGM (OR=1.97; P<0.01).

rtCGM users had a -0.12 reduction in ER visits vs -0.01 ER visits among isCGM users, for a difference-in-difference (DiD) estimate of -0.11 (95% CI: -0.21, -0.01; P=0.02).

Proportion of Patients Achieving HbA1c <7%



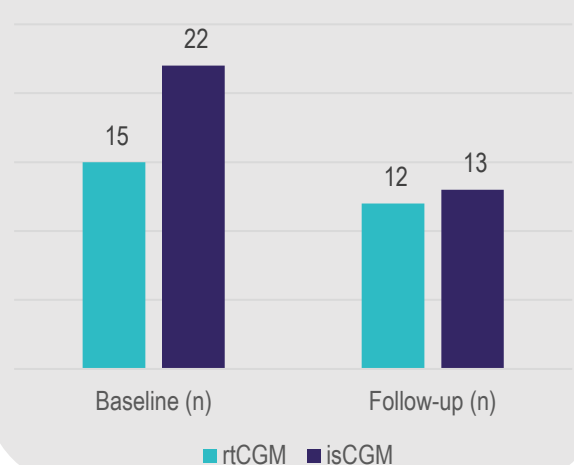
ER Visits Pre- and Post-CGM Initiation



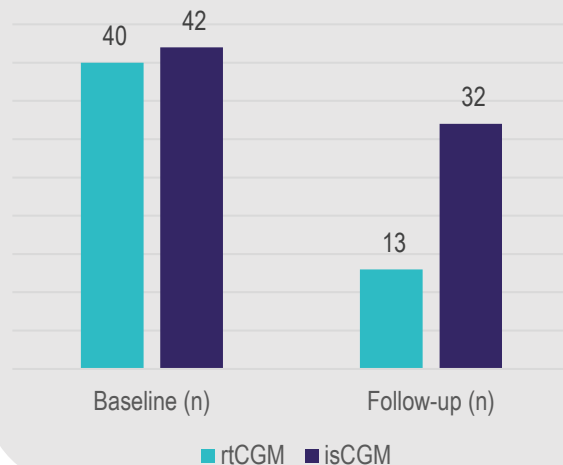
rtCGM and isCGM users showed a -0.02 reduction in DKA related visits (DiD = -0.01 (95% CI: -0.04 - 0.06), P=0.75).

Compared to isCGM users, there was a greater reduction in severe hypoglycemia (SH)-related hospitalizations for rtCGM users (DiD = -0.08, 95% CI, -0.08 to 0.00, P=0.06).

DKA-Related Visits Pre- and Post-CGM Initiation



SH-Related Hospitalizations Pre- and Post-CGM Initiation



**Key Takeaway |** rtCGM initiation in T1D and T2D resulted in a greater likelihood of meeting glycemic targets and a greater reduction in ER visits and SH-related hospitalizations compared with isCGM. rtCGM was also associated with a reduction in the number of DKA-related visits. These findings demonstrate the potential value of rtCGM to improve quality, clinical, and economic outcomes.

For additional study information, please see the full abstract for **Poster 647-P** at:

[https://diabetesjournals.org/diabetes/article/71/Supplement\\_1/647-P/146681/647-P-Improved-Glycemic-Control-and-Continuous](https://diabetesjournals.org/diabetes/article/71/Supplement_1/647-P/146681/647-P-Improved-Glycemic-Control-and-Continuous)



## Retrospective Observational Study

### Changes in HbA1c after Initiating Real-Time Continuous Glucose Monitoring (rtCGM) for Primary Care Patients with Type 2 Diabetes

S. Shields, G. Norman, E. Ciemins



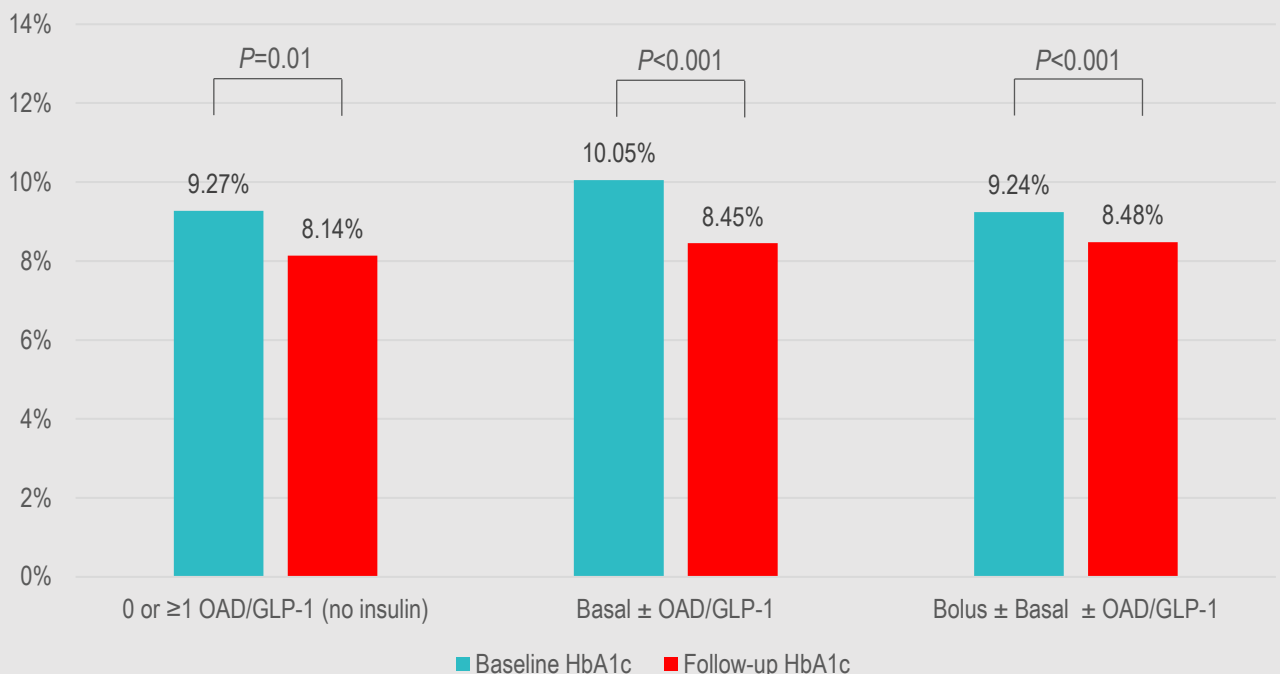
**Study Design:** Retrospective observational study of data from 13 US American Medical Group Association (AMGA) member health systems and medical groups

Study population consisted of T2D patients (n=458; 50% commercial insurance, 43% Medicare):

- Various insulin and non-insulin treatment regimens
- ≥1 outpatient visit with a primary care physician (PCP) in the 18 months prior to rtCGM use

**Results:** For those with a baseline HbA1c >7.5 (n=306, 67%), HbA1c decreased an average of **-0.9%** ( $P<0.001$ ) 3-9 months after rtCGM initiation **regardless of therapeutic regimen.**

HbA1c Pre- and Post-rtCGM Initiation Among Patients with T2D According to Therapeutic Regimen



OAD: oral antidiabetic drug; GLP-1: glucagon-like peptide-1



**Key Takeaway |** Among primary care patients with T2D and suboptimal glycemic control, rtCGM use results in significant HbA1c reduction regardless of therapeutic regimen. This RWE supports the value of rtCGM among commercial and Medicare members with T2D who are not meeting their glycemic goals.

For additional study information, please see the full abstract for **Poster 687-P** at:

[https://diabetesjournals.org/diabetes/article/71/Supplement\\_1/687-P/145210/687-P-Changes-in-HbA1c-after-Initiating-Real-Time](https://diabetesjournals.org/diabetes/article/71/Supplement_1/687-P/145210/687-P-Changes-in-HbA1c-after-Initiating-Real-Time)



**Clinical Outcomes**



**Avoidable Healthcare Utilization**



**Burden of Management**

Further updates on rtCGM-related findings from recent professional meetings can be found at [ManagedCareCGM.com](https://www.managedcarecgm.com/):

<https://www.managedcarecgm.com/wp-content/uploads/2022/07/ATTD-Abstract-Highlights-2022.pdf>