

T2D Outcomes in the Community Setting

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Background

Access to CGM for people with T2D remains limited, especially for those treated in the primary care setting

Aim

To evaluate long-term change in A1c and CGM metrics in people with T2D managed in a primary care setting

Study Design

- Prospective, observational study

Primary Outcomes

- Change in A1c and CGM metrics from baseline to 1 year
- Proportion of participants meeting ADA and HEDIS A1c targets of <7.0% and <8.0%, respectively

Study Population

Participants: (n=177)



T2D
(all treatment regimens)



CGM naïve



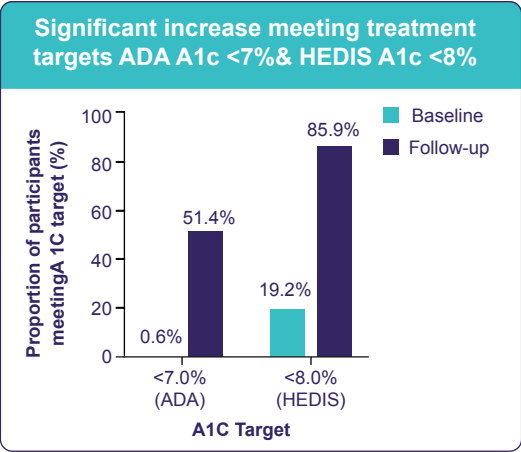
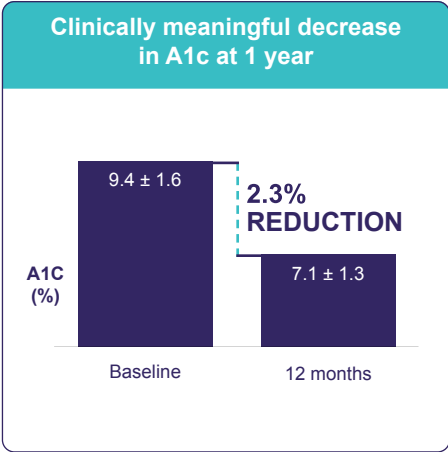
Uninsured or underinsured
adults

Results

After One Year, CGM Use Resulted in a **-2.3%** Reduction in A1c

A1c decreased from 9.4% to 7.1%

50.8%
increase in the number of participants achieving the ADA target of A1c <7.0%



66.7%
increase in the number of participants achieving the HEDIS target of A1c <8.0%

CGM Metrics	Baseline	1 year	Change	P-value
GMI (%)	7.5 ± 0.9	7.2 ± 0.8	-0.3 ± 1.0	<0.001
Percent time (%)				
TIR 70-180 mg/dL	60.4 ± 28.2	70.3 ± 23.1	9.9 ± 29.4	<0.001
TITR 70-140 mg/dL	30.4 ± 24.3	39.9 ± 25.7	8.9 ± 27.4	<0.001

Key Takeaways for Managed Care Decision Makers

- ✓ Self-guided use of Dexcom CGM in people with T2D resulted in clinically significant improvements in A1c and TIR at 12 months, demonstrating that members with T2D can be effectively managed in non-specialist settings.
- ✓ This evidence supports a population-wide approach to coverage and access for all individuals with T2D, regardless of insulin therapy