T1D Exchange: Improving Access to Continuous Glucose Monitors for Patients with T1D in a Safety Net Hospital Clinic

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Background

Grady Memorial Hospital (GMH) is a safety net hospital in Atlanta, GA.

- 85% Black American.
- Serves 800-900 patients living with Type 1 Diabetes (T1D) (emergency department and other clinics).
- 200 patients of these patients come back for consistent care in the Grady Diabetes Center (DC).
- Most have federal or no insurance coverage.

Current literature shows use of continuous glucose monitors (CGM) is disproportionately low among adults with Type 1 Diabetes (T1D) from historically disadvantage backgrounds[1,2,3,4].

Barriers to CGM use include:

- Restrictive insurance eligibility and limited coverage for public and private insurers.
- Patient preference for certain therapies over others due to perceived side effects.
- Implicit biases influencing clinician–patient communication, diagnosis and treatment decisions.
- Lack of share clinical decision-making.
- Rushed medical visits.
- Distrust in the medical system by minority groups.
- Institutional eligibility and allocation of diabetes technologies.

Among these barriers, the most urgent intervention needed for our clinic was to address the morass of paperwork required to get CGMs approved.

Objective

We aimed to increase CGM access by improving process flow of CGM paperwork

Methods

Through our specialty T1D technology clinic, Glycemic Optimization Clinic (GOC), we ran several PDSA cycles to improve the process for managing CGM paperwork. The PDSA cycle started with having the provider complete, fax, and file CGM paperwork.

Tracking of paper applications, denials/insurer questionnaires required development of a uniform tracking process.

PDSA Cycles:

- Single point of contact (first RD, CDCES then the Social Worker with durable medical equipment (DME) experience) to manage the CGM application process.
- Providers initiated using a system called Parachute to submit CGM orders electronically. This system allows for providers to be directly connected to suppliers. Providers following the patient for care can communicate directly to the supplier to track CGM applications and provide necessary documentation for approval.

We tracked trends in proportion of patients with T1D having a CGM prescription before and after these PDSA cycles.

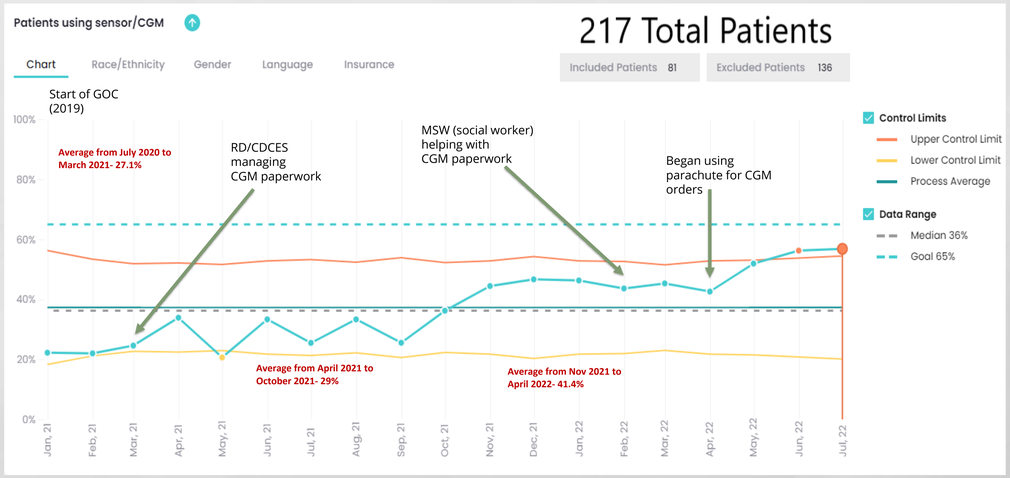
Results

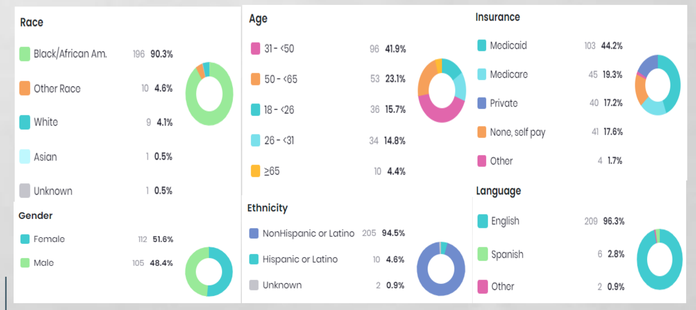
Demographics of Patients Seen in GOC

217 adults with T1D were included during the implementation period (Jan 2021-June 2022). Most patients were English speaking (96%), African American (90%), 51% female, and 72% with ages between 18- 50 years. Most patients had federal or no health insurance coverage (44% Medicaid, 19% Medicare, 17% uninsured, and 17% commercial).

Patients Using Sensor/CGM

Site data mapped in the T1D Exchange QI portal showed an increase in CGM use from 22% to 57% from January 2021 to July 2022.





Conclusions

Improving process flow of CGM paperwork led to increased CGM prescriptions among patients with T1D. Future process improvement interventions will investigate the efficacy of translating these prescriptions into ongoing patient CGM use, health literacy regarding CGM data and improvement in overall glycemic control.

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