

# Continuing improvement of health equity: use of continuous glucose monitoring technology among youth with type 1 diabetes

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#### Aim

Increase insulin pump and CGM equity ratio between T1D black/white patient populations (1:1) from 0.44 to 1 (Pump) and from 0.7 to 1 (CGM) by 12/31/2022 and sustain through 2023.

## Background

- The use of continuous glucose monitors (CGM) has been shown to have improved glycemic control in children and adolescents, and improve diabetes related distress and quality of life
- Disparities exist in access to diabetes technology, in which racial/ethnic minorities have consistently lower CGM utilization, which may affect diabetes outcomes

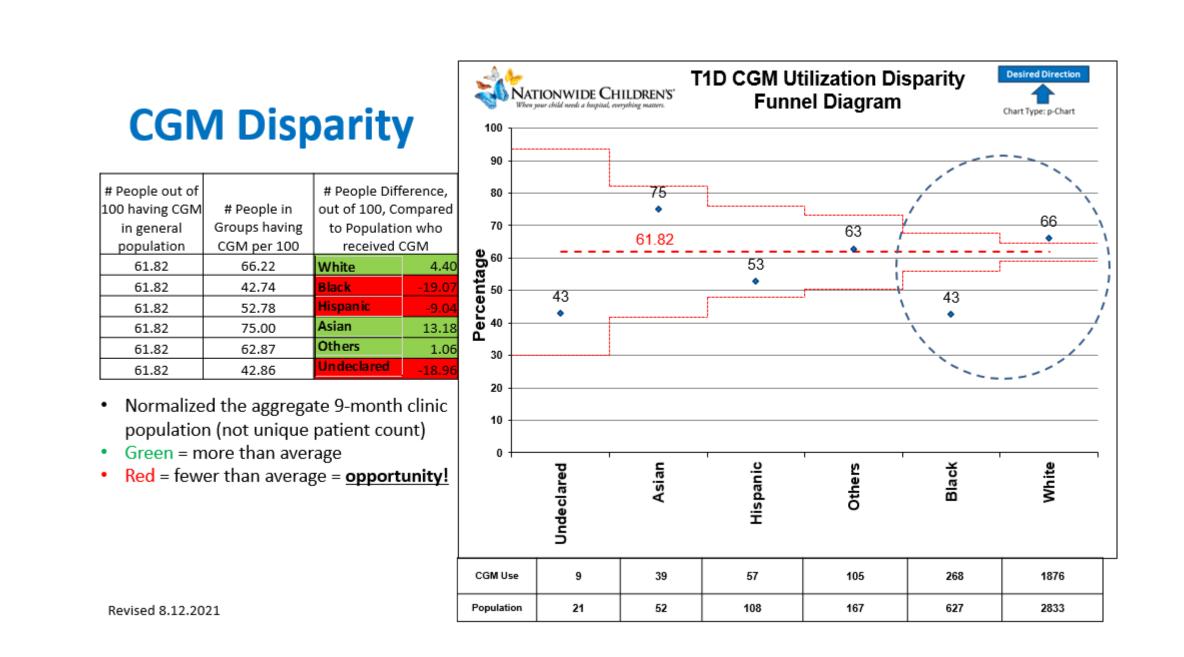
## Methods

- A Key Driver Diagram was established to clarify project goals (see Figure)
- ❖Patient clinic census (among patients with T1D for ≥ 12 months) was evaluated for 22 months:
  - NEW CGM Uptake
  - Continued CGM Utilization

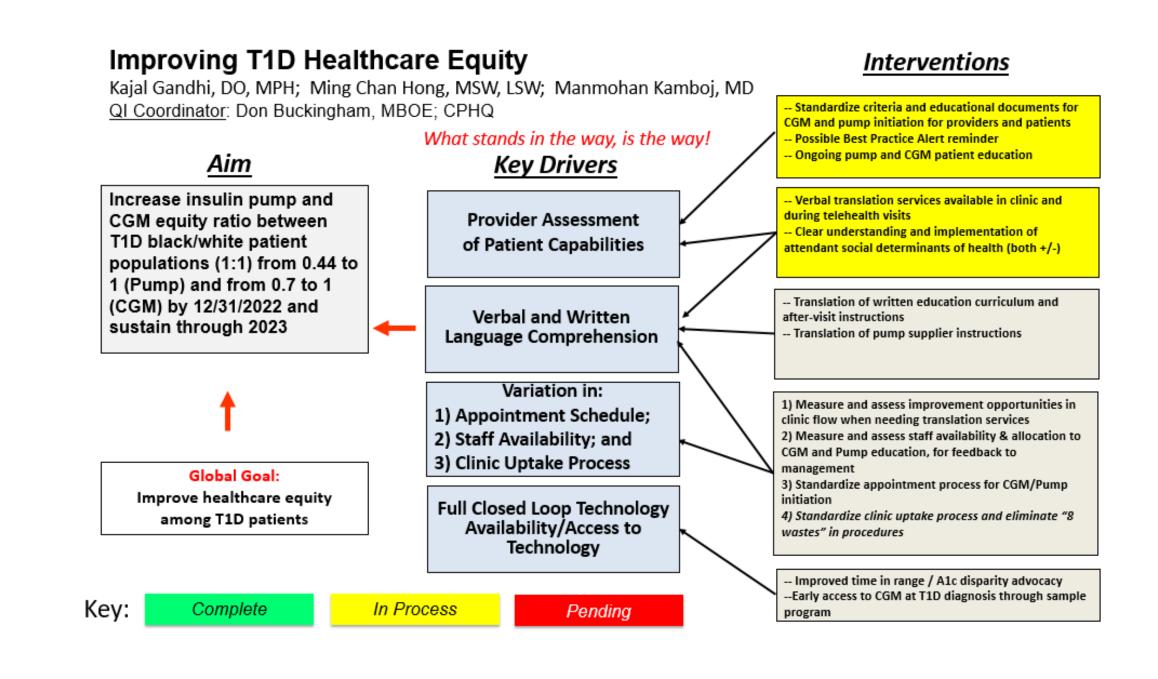
### "CGM Uptake Ratio":

Black T1D Population CGM Use/100 Clinic Visits
White T1D Population CGM Use/100 Clinic Visits
(goal ratio: 1:1)

## **Baseline Analysis**



## Key Driver Diagram



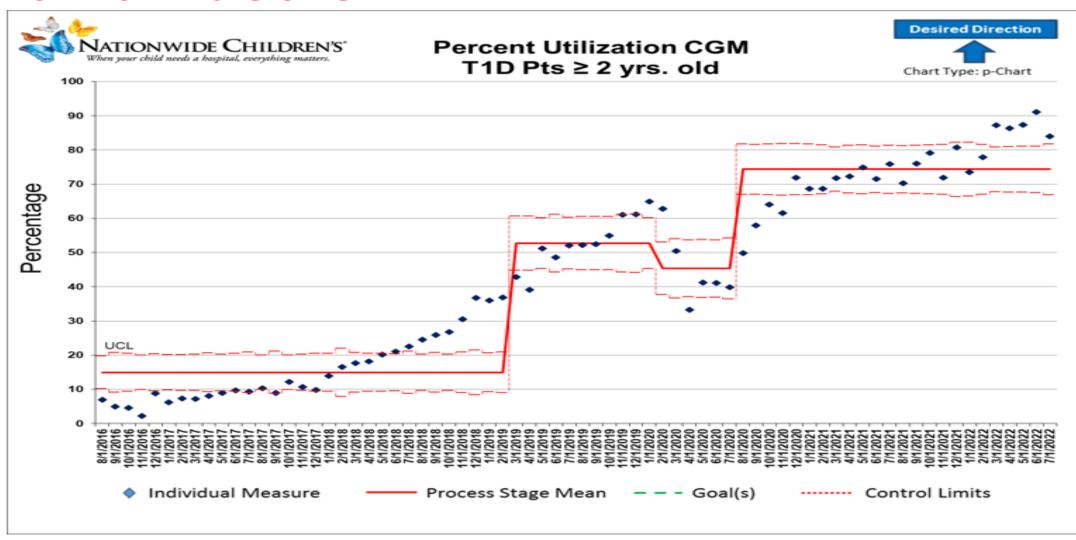
## References

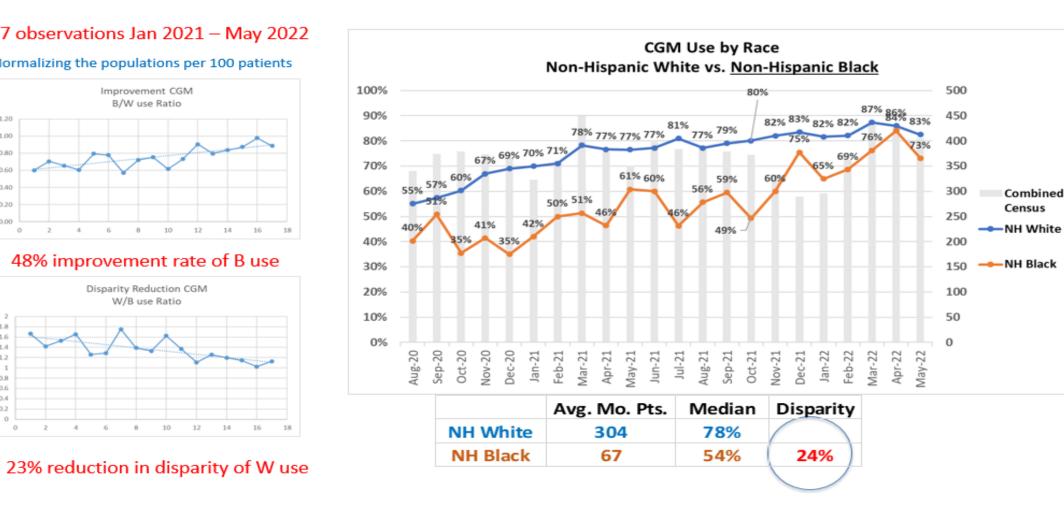
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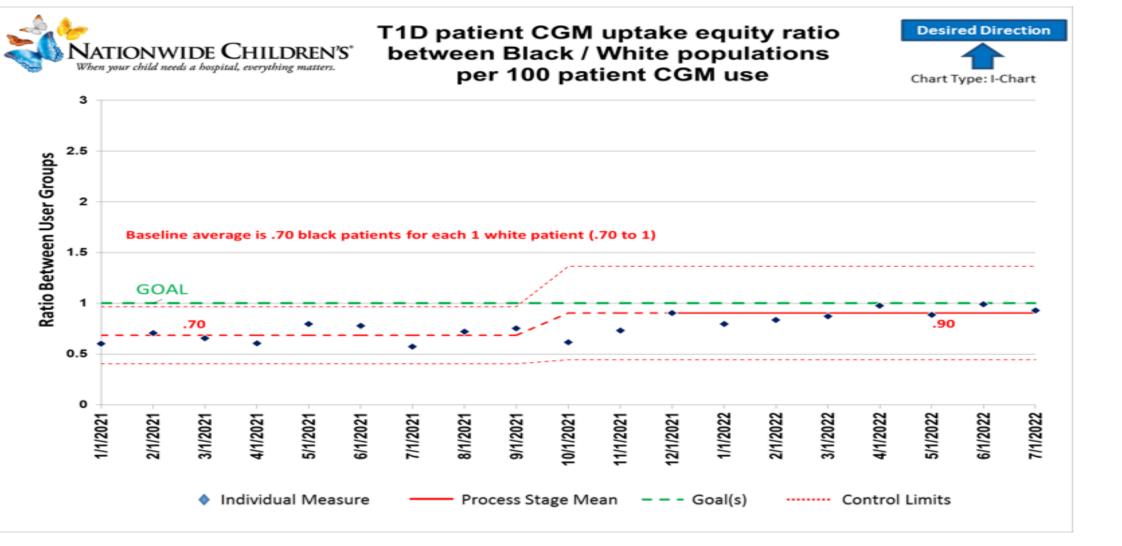
#### Results

❖Data showed: 1) overall increase of CGM use across all T1D populations; 2) approximate 50% equity uptake improvement between Black and White new users

- August 2017: Initiation of electronic LMN (letter of medical necessity)
- •September 2018:
  Implementation of billing codes for CGM placement and interpretation in EMR
- April 2020: Standardized
   CGM Education and
   Assessment Tools for
   diabetes providers
- •November 2019September 2020:
  Advocated for expanded
  CGM coverage with
  ODM; successful
  coverage expansion in
  Sept 2020
- January 2021: T1D Family Focus Groups on DM Technology
- November 2021:
   Identifying biases and addressing SDOH







## Conclusion

- This Project improved CGM utilization across all users and reduced disparity for CGM Utilization between Black and White T1D patients
- Future work will be directed at continuing to promote health equity among Black/White T1D population and expanding to other ethnic minority populations with T1D to improve diabetes outcomes.