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## Background

- CGM could be a transformative diabetes management tool and is likely underutilized in trainee clinics, especially in primary care
- Unique opportunity to start CGM interventions in trainee clinics where practice habits are being developed
- Previously we have used QI methods to increase CGM prescription rates in endocrinology trainee clinic

## Objectives

- Examine baseline CGM prescription rates across endocrinology and primary care trainee clinics and evaluate factors associated with CGM prescriptions
- Plan and test interventions to promote CGM prescriptions in trainee clinics using QI methodology, including in primary care

## Methods

- Inclusion criteria
  - Age  $\geq$  18 years
  - Visit with adult endocrinology or primary care trainee clinic
  - January 1-March 31, 2023
  - Treatment with any multiple daily injection (MDI) insulin
- Data collected from EHR
- Statistical analysis:
  - Primary outcome: CGM prescribed (yes/no)
  - Descriptive statistics
  - Logistic regression

## Results

Table 1. Participant characteristics

Characteristic	All patients (n = 244)	p-value <sup>1</sup>
Age (years)	58.5 $\pm$ 14.7	0.001
Sex (male)	127 (52.0)	0.80
<b>Race/ethnicity</b>		0.30
Hispanic	121 (49.6)	
Nonhispanic Black	58 (23.8)	
Nonhispanic White	11 (4.5)	
Other	54 (22.1)	
<b>Preferred language</b>		0.014
English	173 (70.9)	
Spanish	57 (23.4)	
Other	14 (5.7)	
<b>Diagnosis</b>		<0.001
T2D	87 (75.0)	
T1D	24 (20.7)	
Other	5 (4.3)	
Missing	128 (52)	

<sup>1</sup> Comparisons between primary care and endocrinology were analyzed using t-tests for continuous variables and chi-square or Fisher's exact test for categorical variables

Figure 1. CGM prescription rates among endocrinology vs. primary care trainee clinics

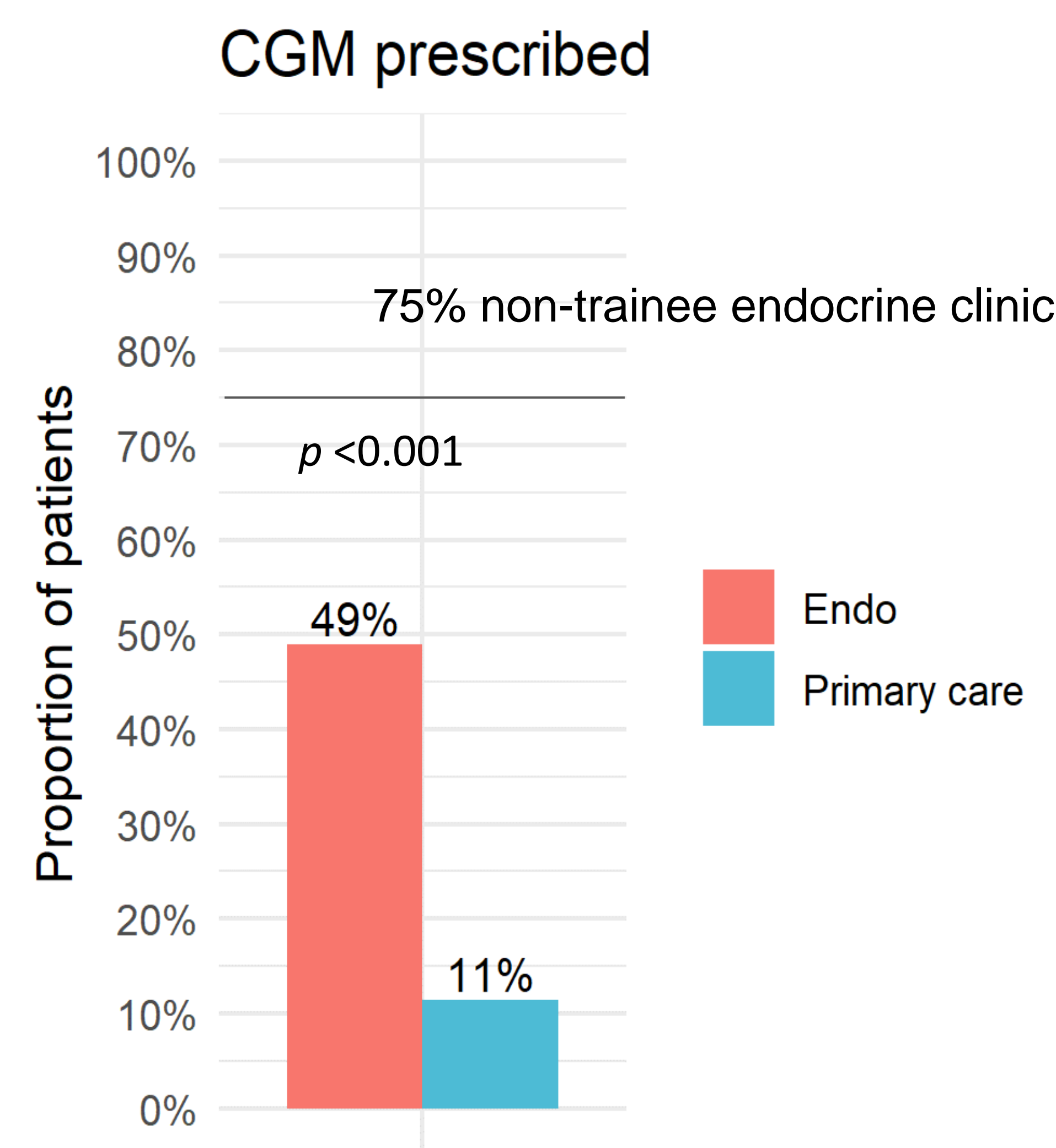
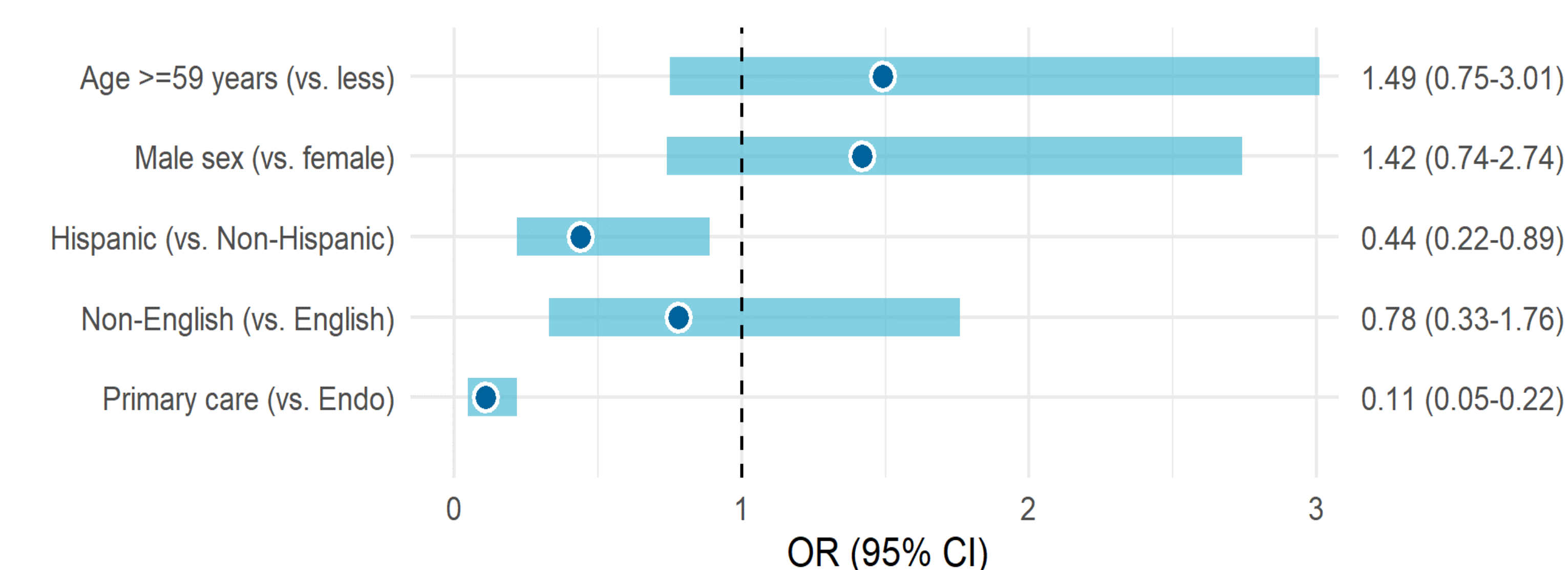


Figure 2. Factors associated with CGM prescription



- CGM was 89% less likely to be prescribed in primary care versus endocrinology (OR 0.11 [0.05-0.22],  $p < 0.001$ ) (Fig. 2)
- 56% less likely if Hispanic race-ethnicity (OR 0.44 [0.22-0.89],  $p = 0.02$ ), despite no difference in preferred language (Fig. 2)
- There were no significant association between age, sex and CGM prescription status

## Conclusions

- CGM prescription rates overall were low, expected in primary care, unexpected in endocrinology
- CGM was less likely to be prescribed for patients of Hispanic race-ethnicity regardless of Spanish language
- Efforts need to be ongoing in endocrinology trainee clinic, with new focus has to be in primary care

## Future directions

- Continue QI project to increase CGM prescription rates in endocrinology trainee clinic
- Start new QI project to promote CGM prescription rates in academic primary care trainee clinic
- SMART AIM:** To increase CGM prescription rates among eligible DM patients in primary care trainee clinic by 10% by April 2024