Bridging the Gap:

A provider-targeted approach to increasing awareness of continuous glucose monitors for people with type 2 diabetes

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ABSTRACT

Introduction: Primary care providers may have knowledge gaps regarding CGM use in non-insulin-treated T2DM. This project evaluated that gap at an AHEC in Western North Carolina.

Methods: A QI project using a brief educational handout distributed to 28 AHEC primary care providers, evaluated via an anonymous post-intervention survey.

Results: After reviewing the handout: 79% improved CGM evidence awareness, 82% improved understanding of clinical benefits, 89% increased awareness of OTC CGM options, and 71% reported greater willingness to discuss short-term/intermittent CGM with T2DM patients.

Implications: Brief provider-focused education may improve CGM knowledge and willingness in primary care. Continued education and system-level supports are needed to address persistent access barriers.

INTRO / PURPOSE

Introduction
T2DM affects 37+ million adults in the U.S. and accounts for 90–95% of all diabetes diagnoses (CDC, 2023). CGMs provide real-time glucose data that improve glycemic control and treatment satisfaction (Maiorino et al., 2020; Seidu et al., 2024). Evidence increasingly supports CGM benefit for non-insulin-treated T2DM (Reed et al., 2024; Vigersky et al., 2017). Despite improvements in A1C and time in range, CGM use in this population remains low due to cost, insurance, and limited provider awareness (Maiorino et al., 2020; Mayberry et al., 2023).

Problem Statement
Despite evidence showing CGM improves A1C, time in range, and self-management in non-insulin-treated T2DM (Moon et al., 2022; Reed et al., 2024; Vigersky et al., 2017), many providers remain hesitant due to cost concerns, insurance gaps, and limited familiarity with newer CGM options (Fonda et al., 2023; R. Ferreira, 2024; Mayberry et al., 2023).

Purpose
To evaluate whether a brief educational intervention could improve provider awareness and willingness to discuss CGM use with patients who have non-insulin-treated T2DM.

PROJECT OBJECTIVES

1. To evaluate current evidence regarding current attitudes, beliefs, and practices related to CGM utilization for the treatment of patients with T2DM.

2. To implement a brief educational handout for primary care providers at an AHEC in WNC aimed at assessing and enhancing provider knowledge, attitudes, beliefs around CGMs, and their willingness to recommend CGMs for patients with non-insulin-treated T2DM.

STUDY DESIGN

Methodology: A QI initiative at an AHEC in Western North Carolina. A brief, low-cost educational handout was developed and distributed to AHEC family medicine and primary care providers, summarizing current evidence, benefits, and practical considerations for short-term CGM use.
Following the intervention, providers completed a survey assessing knowledge, attitudes, perceived barriers, and willingness to discuss CGM use in clinical practice.

Setting and Participants: The project was conducted among providers within the AHEC primary care network. Twenty-eight eligible participants were identified, including physicians, nurse practitioners, physician assistants, and resident physicians.

HANDOUT

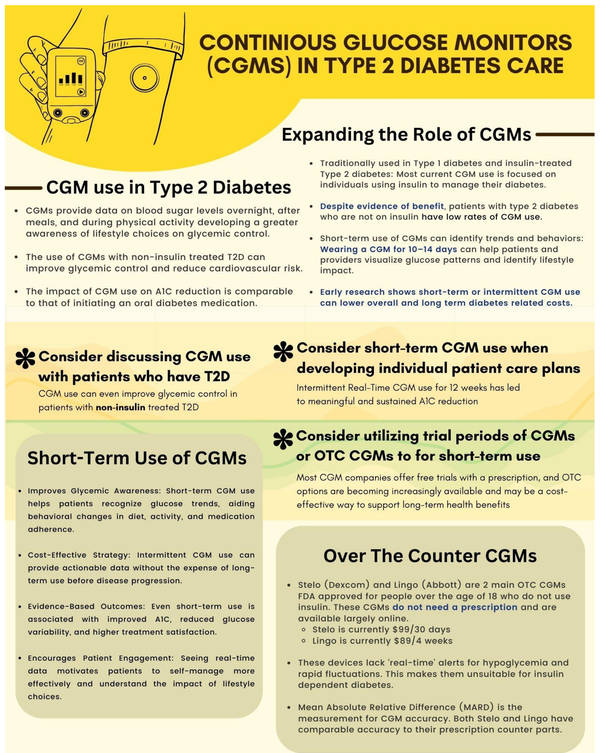


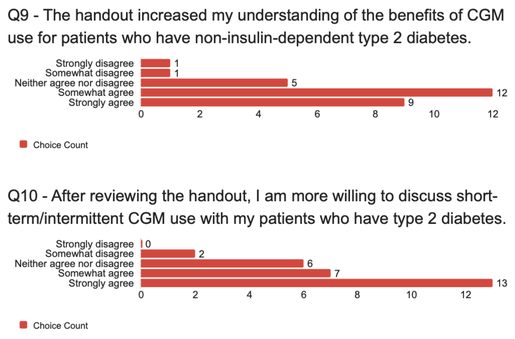
Photo Caption: Handout participants received via email

RESULTS

A total of 28 AHEC family medicine and primary care providers participated in the project. All participants endorsed CGM use as an effective strategy for helping patients with T2DM understand their glucose patterns, with 86% (n = 24) strongly agreeing and 14% (n = 4) somewhat agreeing. CGM discussions in routine care were limited. Most providers reported discussing CGMs with only 25% of their patients with T2DM (54%, n=15).

Following the educational handout, most providers reported improved awareness of CGM evidence (79%) and understanding of clinical benefits (82%). Over half (57%) of participants reported reduced perceived barriers to CGM use for T2DM, and 71% reported increased willingness to discuss short-term CGM use with patients.

Q9 & Q10 Survey Results

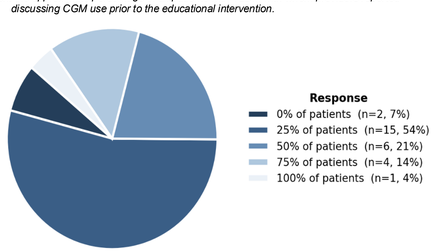


Q9: 75% of providers agreed or strongly agreed that the handout increased their understanding of CGM benefits for non-insulin-treated T2DM.

Q10: 71% agreed or strongly agreed they were more willing to discuss short-term/intermittent CGM use with patients after reviewing the handout.

CGM Discussion Frequency Among Participant's Patients with T2DM (n = 28)

Note. Responses represent the approximate percentage of all patients with T2DM with whom providers reported discussing CGM use prior to the educational intervention.



While some participants report discussing CGM use with patients who have T2DM , the majority of participants (61% n=17) report only discussing CGMs with 0-25% of their patients with T2DM.

These findings suggest that CGM discussions were occurring within this setting but were not routinely integrated into care for most patients with T2DM, indicating opportunities to increase provider awareness and incorporation of CGM.

IMPLICATIONS FOR PRACTICE

Findings suggest that brief, provider-focused educational interventions may be an effective way to improve knowledge, attitudes, and beliefs toward CGM use for patients with T2DM in primary care.

Findings indicate that even simple educational resources may help bridge the gap between emerging evidence and routine clinical practice.

Although provider knowledge and willingness improved after the intervention, the rate of CGM discussion remained lower among patients with non-insulin-dependent T2DM. This suggests that continued provider education may be needed to increase familiarity with the growing evidence supporting CGM use in this population, and particularly for short-term or intermittent use.

Educational interventions such as brief handouts may represent a low-cost and scalable strategy to increase provider awareness of CGM technology in primary care settings. However, education alone do not fully address barriers related to cost, insurance coverage, and access to CGMs.

Future practice efforts may benefit from combining provider education with additional supports, such as electronic health record (EHR) support, patient education materials, and other resources that can assist providers and patients with navigating insurance coverage for CGM devices.

CONCLUSIONS AND RECOMMENDATIONS

This QI project demonstrated that a brief, provider-focused, educational intervention can improve primary care providers' awareness of CGM use and willingness to discuss it with patients with T2DM, particularly those with non-insulin-dependent T2DM. The educational handout increased provider understanding of the supporting evidence and clinical benefits of CGM. These findings suggest that targeted provider education may help bridge the gap between emerging evidence and clinical practice. Continued education and system-level support may be needed to address barriers related to cost, insurance coverage, and access. Future work should evaluate whether improved provider awareness leads to increased CGM recommendations and improved patient glycemic outcomes.

SCAN FOR REFERENCES:

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