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Patient Suitability and Initial Consultation Guide for CGM Therapy

Diabetes Consultation

During the initial consultation, assess the patient's diabetes type, treatment regimen, lifestyle, and readiness for CGM technology. Personal CGM may be indicated for patients with Type 1 or Type 2 diabetes under the following conditions* (per ADA 2025 standards):

- **Multiple Daily Injections (MDI) of Insulin (Type 1, Type 2, Youth)**
- **Insulin Pump Use (Type 1, Type 2, Youth)**
- **Frequent Hypoglycemia**
- **Hypoglycemia Unawareness**
- **High Glycemic Variability**
- **Failure to Achieve Glucose Targets**

After determining eligibility for CGM, it's important to address common patient concerns to ensure they are fully informed and comfortable with the technology. Key questions may include:

Lifestyle and Technology Comfort

Questions to Consider	Likely Candidates	UnlikelyCandidates
Is the patient comfortable using technology like smartphone apps or wearable devices?	**Tech-Savvy Patients:** Those who are comfortable with mobile apps or wearable devices for monitoring glucose.	**Low Tech Comfort:** Patients who are resistant to learning new technology.
How does the patient feel about wearing a sensor and using a device daily?	**Willing to Use CGM:** Those willing to integrate CGM into their daily routine for better glucose control.	**Unwilling to Adopt Technology:** Patients who are not open to wearing CGM sensors or embrace new technology.

Patient Readiness and Engagement

Questions to Consider	Likely Candidates	Unlikely Candidates
Is the patient ready to engage with their diabetes management actively?	**Ready for CGM Therapy**: Patients who are motivated to track their glucose trends and make necessary adjustments.	**Low Motivation:** Patients not motivated to engage in active changes to support diet, exercise, and mental wellness practices.

Insurance and Cost Considerations

Questions to Consider	Likely Candidates	UnlikelyCandidates
Does the patient have insurance coverage for CGM or are they willing to cover the cost?	**Covered by Insurance:** Patients whose insurance covers CGM therapy or are willing to pay out-of-pocket.	**Lack of Coverage or Affordability:** Patients without insurance coverage for CGM or those concerned about cost.
Has the patient experienced difficulties with insurance authorization for diabetes supplies?	**Insurance Accessible:** Patients with good insurance coverage that includes CGM devices, or who are willing to work on prior authorization.	**Insurance Issues:** Patients with insurance that does not cover CGM or who have had issues with prior authorization.

*Coverage may depend on insurance requirements.

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Patient Readiness Survey for Continuous Glucose Monitoring (CGM)

Please answer the following questions based on your current experience with diabetes management. Choose the answer that best fits your situation.

Question	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I am comfortable with using new medical technology.	☐	☐	☐	☐	☐
I am willing to monitor my glucose levels more frequently.	☐	☐	☐	☐	☐
I feel confident in my ability to manage my diabetes independently.	☐	☐	☐	☐	☐
I struggle to keep track of my blood glucose levels with finger sticks.	☐	☐	☐	☐	☐
I would find it helpful to receive real-time feedback on my glucose levels.	☐	☐	☐	☐	☐
I am interested in technology that can help improve my diabetes management.	☐	☐	☐	☐	☐
I experience fluctuations in my blood glucose that I don't fully understand.	☐	☐	☐	☐	☐
I am open to receiving support from my healthcare team regarding new diabetes management tools.	☐	☐	☐	☐	☐
I have concerns about the cost or insurance coverage for CGM.	☐	☐	☐	☐	☐
I would be motivated to use CGM if it could help me better manage my blood glucose levels.	☐	☐	☐	☐	☐

Scoring and Interpretation: Total Score Range 10-50 Points

Interpretation

- **40-50 points:** Patient may be highly ready to adopt CGM therapy.
- **30-39 points:** Patient may be moderately ready but may need further education or discussion on CGM benefits.
- **20-29 points:** Patient may have reservations or may be about adopting CGM therapy and may need more support.
- **Below 20 points:** Patient may not be ready to adopt CGM therapy.

Tips for Presenting CGM Therapy to Patients

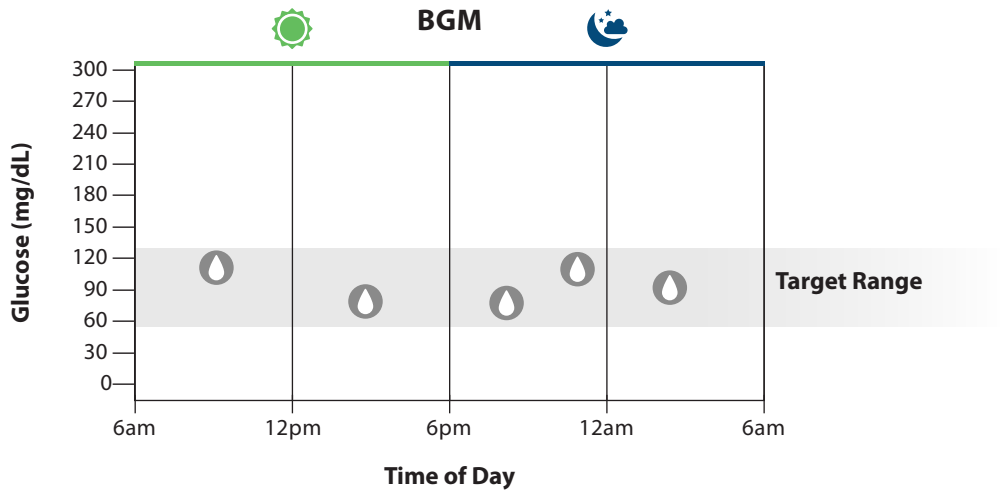
Emphasize Control and Flexibility: CGMs provide continuous glucose data, allowing patients to adjust insulin before experiencing extreme highs or lows. Unlike BGM, which can miss critical moments, CGMs may help capture fluctuations more effectively.

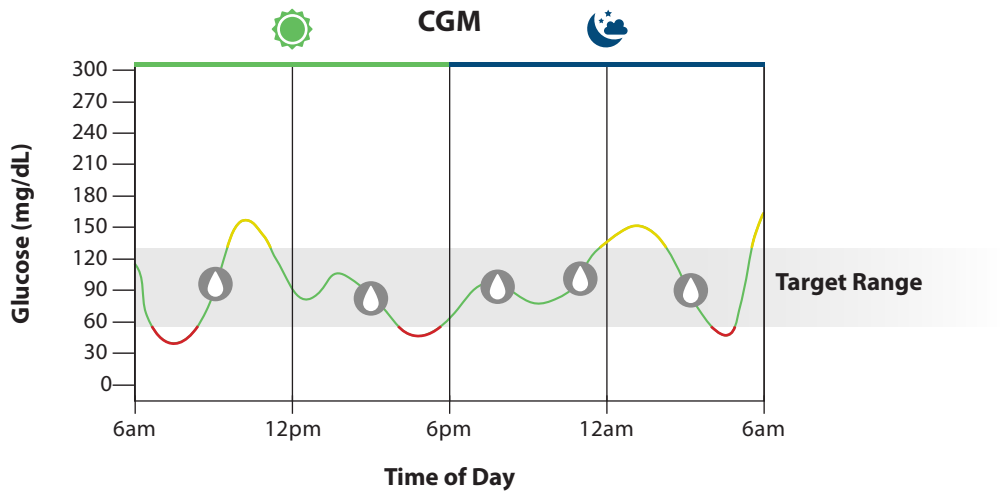
Address Concerns about Technology: Some patients may have concerns about using technology. Reassure them that CGMs can be simple to use, easy to wear, and seamlessly integrate into daily life. Emphasize that CGMs provide real-time alerts during critical moments, helping patients be proactive in adjusting their management before extreme highs or lows occur, rather than reacting once symptoms appear.

Focus on Quality of Life: Stress the long-term benefits this may reduce complications like hypoglycemia and hyperglycemia, which may help patients feel more in control and live a healthier life.

Offer Support and Resources: Provide resources on how the CGM works, its benefits, and instructions on how to use it, ensuring the patient feels confident in adopting this technology.

BGM vs CGM CHARTS
(Illustrative)





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Sample Patient List for CGM Eligibility

Here is a sample of a patient list based on the criteria provided above.

Current Meds	Age	Diabetes Type	HbA1C	Hypoglycemia History	Glucose Testing Frequency	Insurance For CGM	Patient Engagement	Eligible For CGM
Metformin, Insulin	58	Type 2	8.2%	Occasional hypoglycemia	2-3 times a day	Yes	High interest in tech	Yes
Insulin pump	42	Type 1	7.9%	Frequent evening lows	4-5 times a day	Yes	Interested in CGM	Yes
GLP-1 Agonist	70	Type 2	8.5%	No hypoglycemia reported	1-2 times a day	No	Low interest	No
Insulin (MDI)	35	Type 1	7.3%	Rare hypoglycemia	3-4 times a day	Yes	Moderate interest	Yes
SGLT2 Inhibitor	55	Type 2	9.0%	No hypoglycemia	1-2 times a day	Yes	High interest in CGM	Yes
Insulin	45	Type 1	7.6%	Severe hypoglycemia	3-4 times a day	Yes	Interested in CGM	Yes

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How to Use this Report

- **Criteria Review:** Healthcare providers can use these criteria to filter and identify patients who might benefit from CGM therapy during regular visits.
- **Patient List:** The sample list allows prescribers to quickly review eligible patients based on their medical history, medications, and other important factors, making it easier to discuss CGM adoption during visits.
- **Scoring System:** You could also add a scoring system (e.g., point for each criterion met) to easily help determine patient eligibility for CGM.

This approach may help identify patients who are likely to benefit from CGM therapy based on clinical factors, medication regimens, and patient engagement.

Insurance coverage may vary by health plan.

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Patient Scenarios – How could CGM Benefit this Patient?

This section presents real-world diabetes management scenarios[†], highlighting common challenges like glucose variability, hypoglycemia, and insulin management. These examples show how continuous glucose monitoring (CGM) can provide valuable insights to optimize treatment and improve patient outcomes.
Use these scenarios to understand how CGM can be tailored to individual care plans.

Scenario 1

Glucose Spikes, Increased Thirst, and Blurred Vision in Type 2 Diabetes.

A 58-year-old patient with type 2 diabetes is managing their condition with metformin and a once-daily GLP-1 receptor agonist. Their most recent HbA1C is 8.0%, and their fasting glucose levels typically range from 120-160 mg/dL. After meals, their glucose levels can rise to 180-210 mg/dL. The patient has recently started experiencing increased thirst, frequent urination, and occasional blurred vision, which they attribute to aging. They are not currently tracking their glucose levels at home and have no specific meal or activity routine.

Discussion: *The patient's symptoms, such as increased thirst and blurred vision, may be signs of poorly controlled blood glucose, but they have not been actively monitoring their glucose levels. Using a CGM could provide valuable real-time data on glucose patterns, helping the patient and their healthcare provider identify postprandial spikes and other fluctuations in glucose levels. This data could inform adjustments to their medication regimen, meal timing, or activity levels. The patient would benefit from the alerts provided by CGM, enabling them to take action before their glucose rises too high. Additionally, the patient might gain a clearer understanding of how specific foods, portions, and activity levels affect their glucose, improving overall management and helping prevent further complications.*

Scenario 2

Managing Hypoglycemia and Post-Meal Glucose Spikes in Type 1 Diabetes.

A 62-year-old patient with type 1 diabetes has been using an insulin pump with basal and bolus therapy. Their most recent HbA1C level is 7.5%, but they frequently experience hypoglycemic episodes, particularly in the evenings. Their insulin-to-carbohydrate ratio is adjusted, but the patient often experiences high glucose levels after meals, despite consistent bolus dosing. Morning fasting glucose levels are typically around 130 mg/dL, and their post-meal glucose readings range from 180-250 mg/dL.

Discussion: *The patient is on an insulin pump, but their glucose control is still suboptimal, with frequent hypoglycemia and postprandial hyperglycemia. A CGM could provide real-time data on glucose trends and fluctuations, allowing for better adjustments to insulin delivery, especially around meal times. By analyzing the data, the patient and their healthcare provider can identify patterns that might be leading to these fluctuations, such as insulin absorption issues or timing of insulin doses. The use of CGM could also help the patient avoid hypoglycemia during the evenings by offering alerts and trend data to make timely adjustments.*

[†]These are hypothetical case studies for informational purposes only. They are not intended to be a substitute for professional medical advice, diagnosis, or treatment.