



Advancing High Performance Health

## AMGA Member Best Practices

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*The Benefit of Dexcom G7  
with the New Expanded  
CGM Medicare Coverage  
to Help Reduce Hypoglycemia*

webinar

# The Benefit of Dexcom G7 with the New Expanded CGM Medicare Coverage to Help Reduce Hypoglycemia

**Davida Kruger, MSN, APN-BC, BC-ADM,**  
Henry Ford Health System

**Webinar – July 12, 2023**

*“I think that we need to think about CGM as a right rather than a privilege. We really have to come to terms that CGM is right for all people with diabetes.”*

— **Davida Kruger, MSN, APN-BC, BC-ADM**  
Henry Ford Health System

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Pauline is 68 years old with type 2 diabetes that she and her provider have brought under control with medication. Yet she’s also experiencing bad dreams and sweating that persist even after changes in her prescription. Her primary care physician is puzzled, and she and her husband are confused. What’s going on?

“It can be a thousand different things, and it’s rarely attributed to but may be low glucose,” said Davida Kruger, a certified nurse practitioner at Henry Ford Health System who’s worked in diabetes care for over four decades.

Kruger presented this hypothetical patient example to introduce a timely subject: expanded Medicare coverage for continuous glucose monitoring (CGM), which can play a critical role in improving A1C and reducing hypoglycemia and glycemic variability,<sup>1</sup> and new offerings by Dexcom, a global manufacturer of diabetes management systems. Under the Medicare expansion, patients who experience hypoglycemia events can qualify for Dexcom CGM coverage—even if they’re not on insulin.\*

## High Stakes for Older Americans

Why is expanded Medicare coverage for continuous glucose monitoring such an urgent priority—and opportunity to improve care?

First of all, hypoglycemia is associated with both type 1 and type 2 diabetes—diseases that affect a sizable population that’s growing. In the United States, more than a quarter of people over age 65 have diabetes.<sup>2</sup> At the same time, many risk factors for hypoglycemia are age-related, such as cognitive decline, food insecurity, taking multiple medications, renal dysfunction, and cognitive decline.<sup>3-5</sup>

Chronic kidney disease (CKD) intersects with diabetes and hypoglycemia on many of these factors. “If a patient has chronic kidney disease, it’s going to change how they use their medication and how the medicine leaves their body,” Kruger said. For example, if a patient with CKD being treated with sulfonylurea for their diabetes has a

\* Medicare covers Dexcom CGM for patients who meet the Medicare coverage criteria.  
For a list of Medicare coverage criteria, please visit the Centers for Medicare and Medicaid Services website.

severe hypoglycemia event, “that individual is going to probably be hospitalized for a while as we try to clear the sulfonylurea,” she said. Over 80% of this care occurs in ambulatory care settings.<sup>6</sup>

To further complicate matters, the effects of glucose fluctuations can be especially problematic for older patients. Hypoglycemia has been shown to increase the risk of frailty,<sup>7</sup> for example, and severe hypoglycemia is associated with more than two times greater risk of falls.<sup>8</sup> Hyperglycemia, as well as hypoglycemia, has also been associated with cognitive changes and dementia.<sup>9</sup> Kruger also cited the risk of cardiovascular disease, for both type 1 or type 2 diabetes, “if we leave those glucose levels high.”

It’s often the case that patients with hypoglycemia aren’t even aware that they have low glucose. Patients may have a diminished or complete loss of symptoms, accompanied by an impaired release of counterregulatory hormones and diminished autonomic response.

*“The most common time patients are having hypoglycemia is usually overnight and they’re totally unaware of it. Why? Because they’re sleeping.”*

— **David Kruger, MSN, APN-BC, BC-ADM**  
**Henry Ford Health System**

Hypoglycemic unawareness is prevalent, occurring in 25%–40% of people with type 1 diabetes<sup>10</sup> and 10%–15% of people with type 2 diabetes who use insulin or sulfonylureas.<sup>11</sup> It’s more common in older adults, as well as patients with recent hypoglycemia or living with diabetes for a longer period of time.<sup>12</sup>

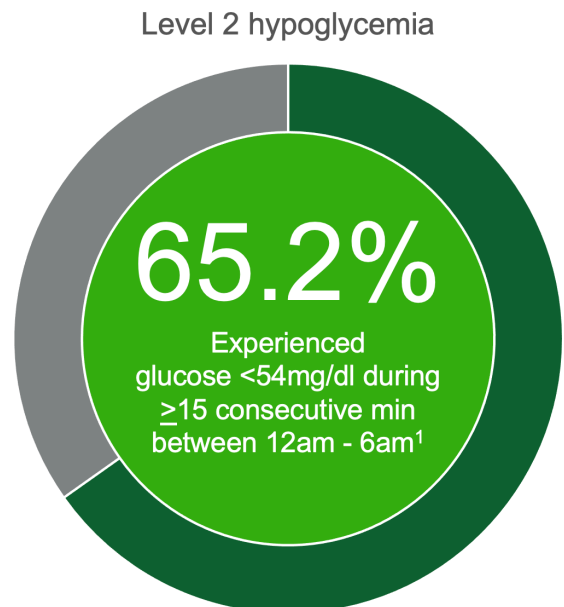
And when low glucose intersects with a lack of awareness, it is dangerous, Kruger noted.

## Nocturnal Hypoglycemia is **Very Common** and largely undiagnosed in older adults with insulin-treated **type 2 diabetes**<sup>1</sup>

### Inclusion criteria:

- 141 patients
  - Mean age of 81.5 ± 5.3 years
  - Mean A1C 7.9% ± 1.0%
- Risk Factors
  - Cognitive impairment
  - Heart failure

### **CGM is a promising tool to better identify hypoglycemia**<sup>1</sup>

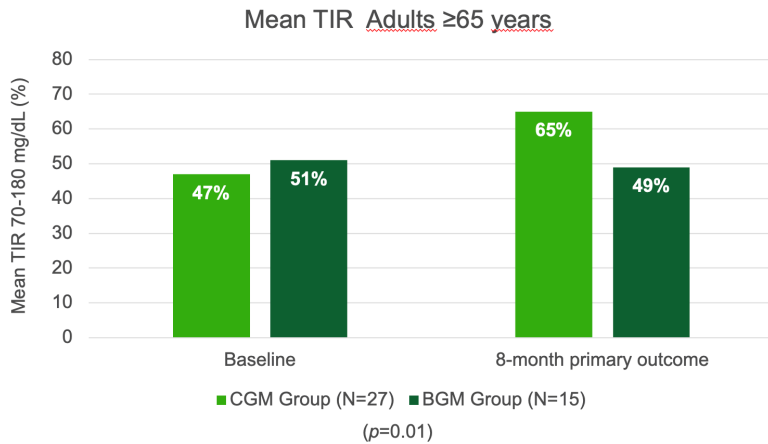


1. Boureau AS, et al. Nocturnal hypoglycemia is underdiagnosed in older people with insulin-treated type 2 diabetes: The HYPOAGE observational study. *J Am Geriatr Soc.* 2023;1–13. DOI: 10.1111/jgs.18341.

# MOBILE Study: Older adults ≥65 years<sup>1</sup>



Significant increase in Mean Time in Range over 8 months with CGM versus BGM monitoring.<sup>1</sup>  
Equal to 4.3 hours per day more TIR 70-180 mg/dL for the CGM group.



1. Bao S et al. *Diabetes Technol Ther.* 2022;24(5):299-306.

- The CGM group reduced mean A1C **1.08%** compared to mean **0.38%** reduction in BGM group ( $p=0.13$ )
- The CGM group spent mean **35%** of time >180 mg/dL vs. mean **50%** for the BGM group ( $p=0.02$ )
- ~4.3 hours less per day >180 mg/dL
- The CGM group spent mean **11%** of time >250 mg/dL vs. Mean **29%** for the BGM ( $p=0.02$ )
- ~2.0 hours less per day >250 mg/dL

“Hypoglycemia undermines our ability to control diabetes. It is the number one rate-limiting factor to getting these people to treatment. Why? Because once you have a hypoglycemic event, guess what? You’re either going to cut your medication, stop taking your medication, or eat to prevent the next hypoglycemic event.”

## Codifying CGM and Expanding Coverage

This is where continuous glucose monitoring comes in, Kruger said. She shared research that favorably compared CGM to baseline glucose monitoring with “fingersticks” and reported fewer hypoglycemia- and hypoglycemia-related hospitalizations for patients with CKD using CGM.

She’s also seen CGM in action in her own work. “People with nocturnal hypoglycemia tell me all the time, ‘I’m not

having any low glucose values,’ and they’re not wearing a sensor,” she said. “I put a sensor on that patient, and I can tell you that almost all of them have had hypoglycemia somewhere that they’ve not been aware of.”

Over the past two years, both the American Diabetes Association and the American Association of Clinical Endocrinology have incorporated real-time CGM into their recommendations and guidelines. In 2023, a new HEDIS measure by the National Committee for Quality Assurance highlighted the potential role of CGM in hypoglycemia prevention, with a focus on emergency department visits,<sup>13</sup> and the Centers for Medicare and Medicaid Services expanded coverage for any Medicare beneficiary who either uses insulin or has a history of problematic hypoglycemia.

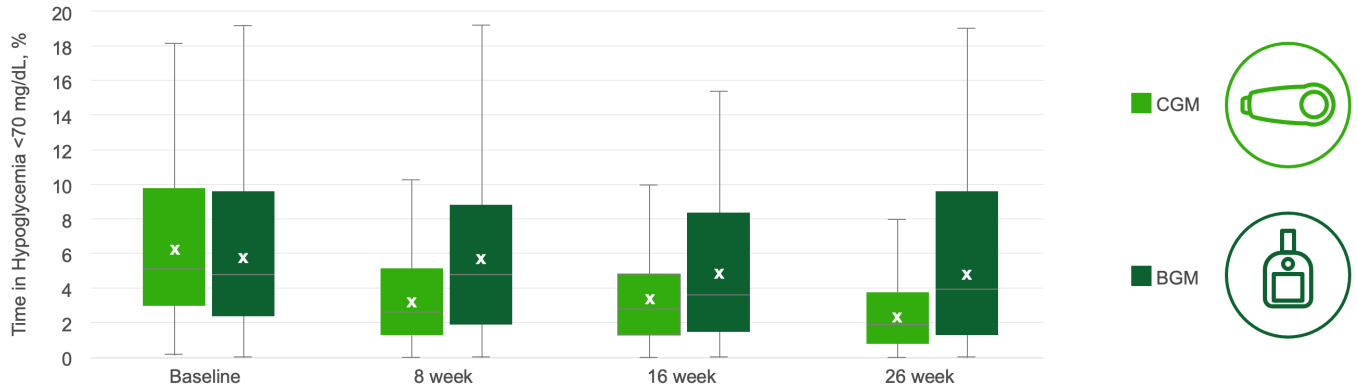
“As Medicare goes, so goes the world, in terms of what’s being offered to the patient,” Kruger said. In short, “please put a sensor on your patient.”

# WISDM Study: across visits<sup>1,2</sup>

Primary Outcome: <70 mg/dL



Adjusted Difference (pooled) -1.9% (-2.8%, -1.1%), P<0.001, ~27 min/d

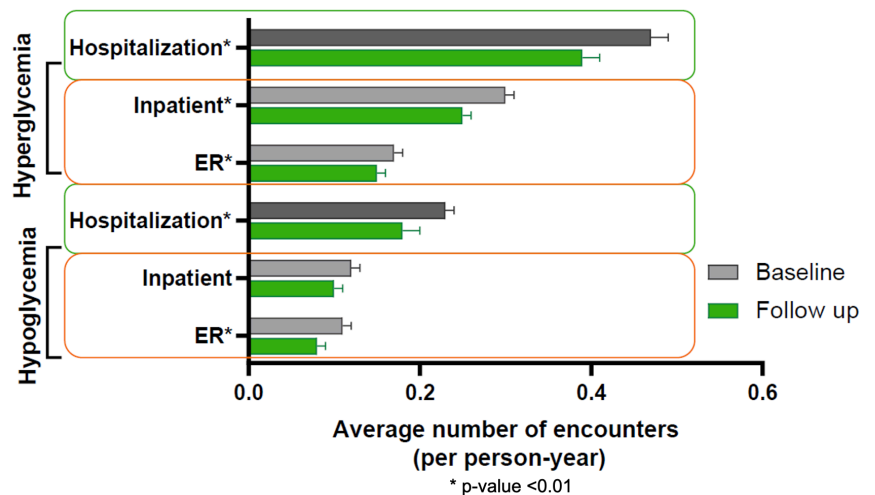


1. Pratley RE et al. JAMA. 2020;323(23):2397-2406. 2. NIH. Wireless Innovation for Seniors With Diabetes Mellitus (WISDM). <https://clinicaltrials.gov/ct2/show/NCT03240432>. Accessed November 19, 2010.

## CGM use in T2D with moderate-severe kidney disease reduced average number of hospitalizations<sup>1</sup>

### Real-World Evidence

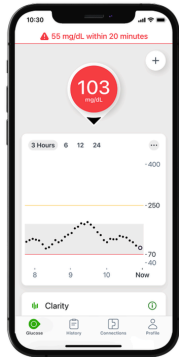
- 10,122 CGM users
- Average age: 67 years
- Results:
  - Severe hypoglycemia hospitalization events decreased 11%
  - Hyperglycemia related hospitalizations decreased 13%



The Official Journal of ATTD Advanced Technologies & Treatments for Diabetes Conference 22-25 February 2023 | Berlin & Online. Diabetes Technology & Therapeutics.Feb 2023.A-1-A-269.<http://doi.org/10.1089/dia.2023.2525.abstracts>

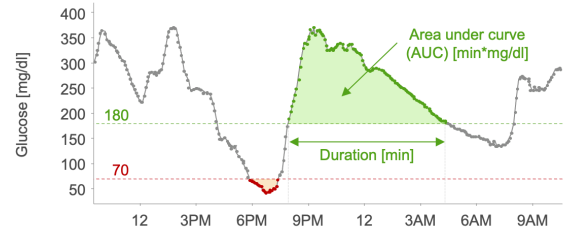
# 52 million ULS alerts from Dexcom CGM systems, 11 million of those occurred overnight<sup>1</sup>

## Dexcom Urgent Low Soon Alert:



- > Tells you when your glucose is expected to reach 55 mg/dL within the next 20 minutes<sup>2</sup>
- > Provides actionable alert in advance of predicted hypoglycemia<sup>2</sup>
- > Patients who utilized Urgent Low Soon alerts spent **less time in hypoglycemia**<sup>\*,†,3</sup>

**RH = any series of sensor glucose values >180 mg/dL occurring within 2 hours of a low sensor glucose value (<70 or <54 mg/dL)<sup>4</sup>**



**Patients spent less time in rebound hyperglycemia<sup>†,‡,4</sup>**

- **33 percent** less frequent (per week)
- **22 percent** shorter duration (min)
- **27 percent** reduction AUC >180 mg/dL (mg/dL x min)

<sup>\*</sup><70 mg/dL. <sup>†</sup>P<0.001. <sup>‡</sup>Rebound hyperglycemia events were defined as series of one or more sensor glucose values >180 mg/dL starting within 2 hours of a sensor glucose value <55 mg/dL. AUC=area under the curve.

1. Dexcom data on file, 2023. 2. Dexcom G6 User Guide. 3. Puhr S et al. *Diabetes Technol Ther*. 2019;21(4):155-158. 4. Acciaroli G et al. *J Diabetes Sci Technol*. 2022;16(3):677-682.

## The Dexcom G7

Older adults are more likely to adopt technology that’s easy to use and learn, affordable, widely available, and backed by professional support.<sup>14</sup> The Dexcom G7 meets all these criteria, with a 12.6-minute average total setup time and 92.8 usability score (on a scale from 1–100).<sup>15</sup> Four out of five Medicare patients were still using it after 12 months.<sup>16</sup>

Delivering both real-time and retrospective data, the cloud-based Dexcom Clarity diabetes management software helps patients and providers understand

and analyze glucose patterns. Patients can share CGM data—such as glucose patterns, trends, and statistics—with their healthcare providers and receive daily or weekly progress reports on their smartphone. Providers in turn can view patterns of hypoglycemia and hyperglycemia.

“With the new apps and on the reader, my patients can see exactly what I see,” Kruger said. “If they call me and say, ‘I’m having problems,’ they can tell me where.”

Significantly more patients who enabled Dexcom Clarity push notifications achieved the consensus goal for time in range<sup>‡</sup> than those who did not use Clarity.<sup>17</sup>

**Q:** *How would you discuss CGM with an older adult with diabetes, especially if they have limited knowledge of the concept or experience with technology?*

**A:** Kruger suggests having the conversation with the patient first. Then, if the patient is hesitant or not comfortable with technology, bringing in a family member or other member of their support system. Virtual visits can make it easier for a family member to join in the conversation.

These conversations are often easier than you think, she said. More and more patients are coming in saying they saw the ad on TV and that they don't want to have to prick their fingers anymore. "Even our older patients have good cell phones because their family members want to get in touch with them."

Whatever the level of openness and tech savvy, she said, "Meet the patient where they are, with shared decision-making and a team approach," she said.

*"I try to make sure there's at least another person listening to the conversation, if at all possible. In a virtual visit, when a family member jumps on the call to hear the conversation, I find that to be very, very helpful."*

— **David Kruger, MSN, APN-BC, BC-ADM**  
**Henry Ford Health System**

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