

Technology and Diabetes Management: Insights from Northern Virginia Health Policy Forum

More than one in every ten American has diabetes, a disease that can lead to a wide range of potentially devastating complications – among them cardiovascular disease, nerve and kidney damage, and vision problems. Technology has revolutionized the management of diabetes during the last decade, offering patients increased safety and self-sufficiency. But according to leading researchers and clinicians, the revolution in diabetes self-management - powered by evolving technologies - has just begun.

On November 19, 2024, the Northern Virginia Health Policy Forum hosted three experts on front lines of diabetes care: Davida Kruger, a certified nurse practitioner at Henry Ford Health in Detroit; Dr. Anders Carlson, Associate Executive Director at the International Diabetes Center in Minneapolis; and Julie Heverly from the diaTribe Foundation, headquartered in San Francisco. Heverly was diagnosed with Type 1 diabetes when she was in college and has lived with, and managed, the disease for more than two decades. Jim Scott, the President and CEO of Applied Policy, lead the discussion.

WHAT IS DIABETES AND HOW TO MANAGE IT

Scott kicked off the discussion by asking the panelists to clarify the nature of diabetes, what causes it, and how the disease progresses. Type 1 diabetes involves the body's inability to produce insulin and is not currently preventable. Type 2 diabetes involves insulin resistance and is prevalent in a sedentary population with a high rate of obesity. Both types can lead to complications such as cardiovascular disease, nerve and kidney damage, and vision problems.

Insulin is essential for Type 1 diabetes management, and individuals with Type 1 diabetes need access to insulin every single day according to Dr. Carlson so they don't enter a "dangerous metabolic state called ketoacidosis." Type 2 diabetes care varies depending on the stage of the disease. Diabetes education, lifestyle modifications, and non-insulin therapies are typically the starting point for Type 2 diabetes, but up to 80 percent of individuals with Type 2 diabetes will become insulin dependent. And Ms. Kruger emphasized that "diabetes is a chronic disease that patients manage on their own."



THE REVOLUTION IN DIABETES MANAGEMENT

The panelists describe that continuous glucose monitoring has transformed the way patients with diabetes manage their chronic condition. Continuous glucose monitors (CGMs) provide patients with “real time” glucose readings, and therefore allow patients to adopt behavior changes faster, in some cases even without insulin therapy. The first CGM model was released about 20 years ago and the devices have gotten smaller and more accurate. The panelists underscored that CGM is critical to diabetes management and “access to CGM should be considered a right, not a privilege, for all individuals with diabetes.”

Equally as revolutionary, automated insulin delivery (AID) systems, pair CGM with insulin pumps and use a smart algorithm to automatically adjust insulin delivery based on real-time glucose readings. Future use of these systems will be enhanced by making all components of the systems smaller, more comfortable and more accurate. Dr. Carlson pointed out that the recent SECURE study, which he and Ms. Kruger helped implement, showed that AID systems are becoming more sophisticated and user-friendly, expanding their accessibility to a wider range of patients, including those with Type 2 diabetes.¹ However, Dr. Carlson pointed out that unless primary care providers can be trained in the management of diabetes, many of these innovations will go unused or incorrectly used by patients who need them the most

BARRIERS TO CARE

Barriers to accessing diabetes technology include lack of insurance coverage, mindset that diabetes is not a “serious” disease in its early stages, convenience in accessing care, and resistance to using new technologies. Additionally, especially for Type 2 patients, there is a misguided need to “fail” on other therapies before qualifying patients for the use of advanced treatments like the use of an insulin pump.

Telehealth has also become an essential component of diabetes care, enabling remote access to providers and remote data review. Congress must act to extend expanded telehealth flexibilities from the COVID-19 public health emergency beyond December 31, 2024. Ms. Kruger emphasized the importance of telemedicine in diabetes care and specified that “more than 50 percent of our care is done by health telemedicine” and that they “were begging for this even before the pandemic as this is just how diabetes management should be optimally done.”

CGM TRANSITION TO PHARMACY BENEFITS

Insulin pumps and CGMs have traditionally been covered under what is called the medical benefit and physicians submit orders through durable medical equipment (DME) suppliers, who supply these items to their patients. Recently, CGMs and some insulin pumps have become

¹ https://diabetesjournals.org/diabetes/article/73/Supplement_1/1904-LB/156473/1904-LB-Glycemic-Improvement-with-Use-of-the

available through the pharmacy benefit and plans have started covering these products through the pharmacy. Scott asked the panelists what this transition has meant for patients. Dr. Carlson explained that the move to the pharmacy channel has been “huge” for providers and patients as it streamlines the process of ordering and requires less paperwork. Ms. Heverly then explained that from the patient’s perspective it has expanded access for some and made it to get refills at the pharmacy when they go to pick up their other medication or insulin. She continued that the process “is still very confusing” as her CGM is now under pharmacy benefit, but her insulin pump is still on DME.

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The full Forum video as well as highlights can be found on both [Applied Policy’s website](#) and the [Northern Virginia Health Policy Forum website](#).

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This extract was prepared by Applied Policy®.