

Accelerating CGM Access in Medicaid: State Innovations

Engaging Community Members in Michigan to Improve Access to Continuous Glucose Monitors

For Medicaid members with diabetes, continuous glucose monitors (CGMs) offer valuable support in managing the condition. [CGM use is linked to](#) improved health outcomes, quality of life, and clinical quality, as well as reductions in health care costs. By [using a CGM](#), people can prevent or delay serious complications and reduce hospital visits. In Michigan, [Medicaid covers](#) CGMs for enrollees with diabetes if they are diagnosed with type 1 diabetes, insulin-utilizing type 2 diabetes, or gestational diabetes.

Black Americans are [disproportionately impacted](#) by diabetes, yet they are among the [least likely](#) groups to access CGMs, and more so if they are enrolled in Medicaid. Black adults are 1.4 times more likely to be diagnosed with diabetes, four times more likely to be admitted to the hospital, and 40 percent more likely to die from the condition than non-Hispanic white adults. By ensuring this population can access and use CGMs, there is an opportunity to reduce diabetic complications and improve quality of life.

The Michigan Department of Health and Human Services (MDHHS) has sought ways to increase CGM use among underutilizing eligible populations, including Black Medicaid members. Recognizing both underuse and the significant impact of diabetes on Black communities, MDHHS partnered with the [Detroit Association of Black Organizations](#) (DABO) to better understand barriers to CGM use and identify opportunities for improving CGM adoption in the state. This profile highlights the state's work through its participation in the [Continuous Glucose Monitor \(CGM\) Access Accelerator](#), a national initiative led by the Center for Health Care Strategies through support from The Leona M. and Harry B. Helmsley Charitable Trust.

MICHIGAN KEY FACTS

State Population: [10.1 million](#)
Medicaid Enrollees: [1.75 million](#)
Enrollees with Diabetes: [114,000](#)
Estimated Medicaid Spending on Diabetes: [\\$1.18 million](#) (CDC, 2021)



ACCELERATING CGM ACCESS IN MEDICAID: STATE INNOVATIONS

CGMs are the standard of care for people with insulin-treated diabetes. Yet, despite most states offering some level of CGM coverage through Medicaid, policies are inconsistent nationwide, which can limit access to these life-changing devices. This profile is part of a series highlighting state innovations for expanding access to CGMs in Medicaid. The series is a product of *CGM Access Accelerator*, a technical assistance and peer learning initiative that is working with Medicaid agencies in seven states — **Iowa, Kentucky, Michigan, New Jersey, Oklahoma, South Dakota, and Texas** — to expand access to CGMs through Medicaid. The initiative is led by the Center for Health Care Strategies (CHCS) through support from The Leona M. and Harry B. Helmsley Charitable Trust. [LEARN MORE »](#)

Incorporating Community Voice to Gain Perspective

Community input is foundational to MDHHS’ approach to improve access to CGMs. The Michigan team wanted to better understand the underuse of CGMs in the Black community and determined that the best way to obtain these data was to speak to members. DABO, a cornerstone of the Detroit Black community, includes a network of over 130 organizations working to ensure that every Detroiter has the health, housing, education, and economic support they need to thrive. The Michigan team was connected to DABO through an existing relationship with MDHHS’ cardiovascular unit. Through their partnership with DABO, they collected critical qualitative data to better support Black Medicaid members with diabetes in the state.

Focus Group Sessions Captured Valuable and Varying Viewpoints on CGMs

DABO convened members of Michigan’s Black community to explore their experiences, challenges, and perceptions of CGMs during four focus group sessions. While MDHHS prioritized the inclusion of focus group participants with Medicaid coverage, anyone was welcome to participate in the sessions. Approximately 50 individuals participated and were compensated for their time. Discussion questions targeted CGM benefits and barriers to use, reasons for discontinuation, and factors influencing non-use. An overview of focus group findings on CGM benefits, limitations, and recommendations is outlined in Exhibit 1.

Exhibit 1. Focus Group Feedback

CGM Benefits:

Users shared that they...

- Value how CGMs give them access to real-time data and alerts.
- Feel empowered to make better decisions regarding dietary needs and medications.
- Like how CGMs can lead to more immediate action for abnormal glucose readings or increases/decreases.
- Better manage their diabetes and improve their long-term health outcomes with CGMs.
- See CGMs as a more convenient, less painful way to track blood glucose levels versus blood sugar meters.

CGM Limitations:

Some CGM users shared that they...

- Find CGMs confusing and the instructions provided difficult to follow.
- Encounter technical challenges, such as detaching sensor patches, synchronization issues, bent needles, and malfunctions when resetting the device.
- Find audible alerts and visible patches socially stigmatizing and embarrassing in public settings.
- Wish their sensor patches lasted for longer periods of time.
- May experience pain or discomfort from the device.
- Have privacy concerns regarding cloud connectivity and data access.

(continues on next page)



Those who never used CGMs or discontinued use shared that they...

- Find traditional monitoring methods more convenient due to familiarity.
- View CGMs as less accurate than traditional monitoring.
- Would use CGMs but are ineligible for CGMs due to insurance or medical guidelines.
- Are unaware of the benefits of using a CGM.
- See providers who have never recommended or prescribed CGMs.
- Cannot access CGMs due to financial barriers. For those who rely on non-insurance sources, such as through coupon or discount programs, discontinuation or gaps in funding impacts continuity of use.

Recommendations*

- Increase CGM education for patients and providers, preferably through group and community discussions.
- Improve insurance coverage to address coverage gaps and reduce financial barriers for use.
- Encourage providers to play a more active role in promoting CGMs amongst potential users.
- Initiate outreach campaigns that normalize CGM use and reduce stigma.
- Improve user training on how to operate and troubleshoot device challenges.
- Address technical issues with devices, such as sensor adhesion and monitor synchronization reliability.

What's Next

The focus group sessions provided valuable information on Black Michiganders' experience with CGMs that MDHHS can apply to its Medicaid program. Using these findings, along with other data, MDHHS will continue to prioritize their efforts to reduce barriers that prevent fuller adoption. Priority areas include: (1) finding ways to simplify the process of obtaining a CGM for both patients and providers; (2) ensuring health care providers recommend CGMs for all who might benefit; and (3) strengthening data privacy. Moving forward, MDHHS will continue to build partnerships with community organizations to understand challenges and pursue solutions that will improve access and experience of CGMs.

Author: Madeline Steward, Center for Health Care Strategies



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

* While beyond Michigan DHHS' scope, it is important to note that focus group recommendations also included recommendations around improving perceived device-specific flaws, such as: (1) sensor adhesion; (2) synchronization reliability; and (3) privacy settings.