Center for Health Care Strategies

Using Provider Surveys to Expand Continuous Glucose Monitor Access in Medicaid

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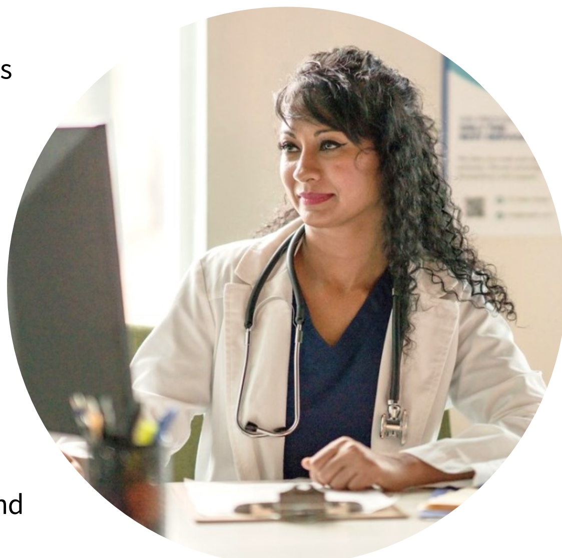
Continuous glucose monitors (CGMs), wearable devices that provide real-time tracking of blood glucose levels, are a standard of care for individuals with diabetes. While endocrinologists traditionally prescribe CGMs, Medicaid members with diabetes may face difficulties accessing these specialists due to long wait times or the need to travel long distances. Notably, approximately 90 percent of adults with diabetes manage their condition within a primary care setting. Expanding the role of primary care providers in prescribing CGMs could enable Medicaid members to receive these devices more quickly and in a more accessible setting.

To improve access to CGMs for Medicaid members, state Medicaid programs can seek to understand how their provider network engages in CGM prescribing and monitoring practices. As part of the *Continuous Glucose Monitor 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, state teams in **Kentucky**, **New Jersey**, and **Texas** developed survey tools to identify barriers encountered by their states' primary care workforce in prescribing CGMs for Medicaid members.

This tool explores how these three states conducted provider surveys to assess opportunities related to CGM usage, providing insights that can support other states in gathering feedback from their primary care networks.

Survey Development Considerations

To support states in better understanding the Medicaid primary care workforce's experience with prescribing and interpreting CGM data, this section provides guidance on key areas for CGM-specific data collection. It includes strategies for collecting information on: (1) provider and patient demographics; (2) provider attitudes toward CGMs; (3) provider interactions with CGM data and its interpretation; (4) connections to diabetes specialists (e.g., Certified Diabetes Care and Education Specialists [CDCES]); and (5) preferences for educational materials. An example survey is included in the **Appendix**. Of note, **New Jersey** and **Texas** based their surveys on a web-based instrument developed by Oser et. al for a primary care clinician study focused on identifying barriers and facilitators to CGM monitoring in primary care settings.



Provider Demographics

States can use surveys to capture key demographic information on their provider network and customize the survey to address specific needs. For example, when surveying a specific provider type online, states can target outreach to that group and program the survey to end

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automatically if the respondent does not meet provider-type criteria based on demographic responses. **New Jersey** and **Texas**, for instance, designed their surveys to end if the respondent indicated they were an endocrinologist, as they were specifically interested in hearing from primary care providers.

Provider demographic questions can be used to collect data on providers' role, specialty, tenure, location, and Medicaid participation. For the *Access Accelerator* states, provider demographic data offered key insights about the audience the survey reached. Although all participating states cast a wide net, respondents for **Kentucky's** survey were predominantly nurse practitioners (76%), whereas **New Jersey** and **Texas** saw higher participation rates from physicians (NJ: 76%; TX: 31%).[*] **New Jersey** and **Texas** also collected information on provider tenure and found that most respondents (NJ: 65%; TX: 85%) had been in practice for 10 years or more. Understanding which providers the survey results represent can help states tailor solutions more effectively and identify where additional outreach may be needed to engage priority provider groups.

Patient Demographics

Surveys can also help states understand the types of CGM-eligible patients served by responding providers. In gathering this information, states can learn about which patient populations with diabetes are most likely to interact with the primary care workforce. Patient demographic questions could collect data on patient populations' ages, diagnoses (e.g., type 1, type 2, or gestational diabetes), use of medicines (e.g., insulin, oral medication), and use of devices (e.g., CGMs, insulin pump).

In **New Jersey**, **Kentucky**, and **Texas**, responding providers interacted with patients of all ages and types of diabetes. However, they were most likely to serve individuals with type 2 diabetes — a population many states have prioritized in recent years for expanded CGM access.

Provider Attitudes Toward CGMs and Prescribing

States can also use the survey to gather insights into provider perception of CGMs. Understanding provider experience allows states to customize solutions to best support providers interested in, or actively engaged in, prescribing and monitoring CGMs. Survey questions could seek to understand providers' overall experience with CGMs, their confidence and likelihood in prescribing CGMs, challenges related to these devices, and how their patients receive CGM supplies.

States participating in the *Access Accelerator* learned that while most of their respondents were confident in integrating CGMs into their clinical practice, they faced administrative hurdles in prescribing them — particularly with Medicaid processes, such as eligibility, prior authorization, and billing. They also noted challenges in encouraging CGM compliance, especially among individuals not under the care of an endocrinologist. In Kentucky, New Jersey, and Texas, at least half of responding providers had experience prescribing CGMs (KY: 64%; NJ: 73%; TX: 50%). All three states allow CGMs to be obtained either through pharmacies or as durable medical equipment. **New Jersey** and **Texas** were interested in understanding which prescribing pathway providers found easier to navigate. In **New Jersey**, the majority of responding providers (57%) preferred the pharmacy pathway, while in **Texas**, most providers (60%) said both pathways were equally easy to use, highlighting the diversity in provider experiences and preferences by state.

[*] Of note, in Texas over 50 percent of respondents indicated they were in "other" roles, including administrative and billing.

Provider CGM Data Access and Interpretation and Billing

States can design survey questions to better understand how involved providers are with monitoring CGM patient data. These questions might seek to understand whether providers have access to CGM data, how often they review these data, and whether they make treatment adjustments based on data. For example, insights from **New Jersey**'s survey revealed that while a majority (55%) of providers felt fully confident in interpreting CGM data and adjusting treatment plans accordingly, only 20 percent were completely confident on how to bill for the associated service.

Connections to Diabetes Specialists

The survey can capture key information about patient referrals to diabetes specialists, such as endocrinologists or CDCES. Increasing CGM services in primary care may be particularly useful in states where access to specialists is limited. Survey questions might inquire about how often providers refer to specialists, the challenges they experience in the referral process, and the availability of specialists for their patient population.

The three *Access Accelerator* states gathered information on endocrinology referrals to better understand how often a referral happened and for the populations most often referred. Survey results showed that people with type 1 diabetes were most likely to be referred to an endocrinologist. Additionally, **Kentucky** wanted to increase CDCES' role in CGM education and management, so they sought information on referral rates to CDCEs. Although only 10 percent of providers reported always referring to CDCESs, more than half (68%) of providers were interested in better integrating these specialists into their practice — presenting a promising opportunity for the state.

Preferred Educational Materials

States can use the survey to explore what type of educational materials and supports primary care providers currently use, prefer, or would be interested in accessing. Questions could seek to understand where providers obtain diabetes care information, which resources are most helpful for CGM prescribing and patient management, how they stay current on diabetes care, and their preferred formats for receiving education (e.g., digital, print).

Participating states wanted to use the survey results to develop both patient and provider resources that addressed the barriers impacting provider confidence in prescribing CGMs. Understanding what types of information resonate most with providers was critical. Providers in **New Jersey** and **Texas** identified prior authorization guidance as a top priority (NJ: 90%; TX: 62%). Respondents also cited quick reference tools, clinical guidelines, and summary documents, continuing medical education courses, and interactive modules/simulations for CGM use and data interpretation as most useful for staying current on diabetes and CGMs.

Survey Design Considerations

Planful survey development can directly impact survey response rate and data quality. To maximize overall survey impact, the following considerations can help states determine the survey audience, delivery approach, question structure, and overall survey length.

- ***Survey Audience****:* To be impactful, a survey should address the priorities of its intended audience. States can design questions that are actionable and address provider needs. **Kentucky**, **New Jersey**, and **Texas** used their surveys to inform the development of more effective CGM resources for providers and members. To do this, they included questions that not only identified key provider barriers but also asked providers about preferred ways to be educated on CGM clinical guidelines and coverage information.

- ***Survey Mode***: A survey can be conducted in different ways — including mail, phone, in-person, or online — and selecting the right format can help states maximize reach and response rates. The *Access Accelerator* states worked with their managed care plans to send an online survey to their provider networks. However, in-person surveys may be more effective if a state is convening providers for a conference or meeting. States can tailor their survey mode depending on the audience, available resources, and existing channels.
- ***Question Type***: States can consider different question structures depending on the type of information they are seeking. While open-ended questions allow for detailed, deeper responses, they can be time consuming to complete and are more likely to be skipped by survey takers. Close-ended questions are easier to analyze but offer less flexibility in capturing nuanced feedback. While the *Access Accelerator* states relied primarily on close-ended questions, **Kentucky** included a place for respondents to share open-ended feedback, suggestions, and ideas for enhancing diabetes care and CGM access. **New Jersey** asked providers who were unfamiliar with CGMs and not looking to prescribe them to share open-ended feedback to better understand their reasons.
- ***Question Wording***: Questions should be worded clearly to avoid respondent confusion or misinterpretation. Survey questions should also be as specific as possible while remaining approachable. When drafting questions, consider how specific phrasing or language may impact response.
- ***Question Order***: The sequence of questions can influence responses. Best practices encourage researchers to start surveys with basic, broad, straightforward questions before asking more sensitive, intensive questions. States can also consider grouping questions by similar topic area and have them logically progress.
- ***Survey Length***: Respondents are more likely to complete shorter surveys. The *Access Accelerator* state surveys ranged between 15-21 questions and had an estimated completion time of five to 10 minutes.

Survey Results: Taking Action

While **Kentucky**, **New Jersey**, and **Texas** built similar surveys to understand primary care provider barriers and opportunities to increase access to CGMs, each state's survey results reflected its unique environment. Following its survey, **Kentucky** launched a CGM outreach and engagement campaign and centralized resource pages for members and providers. The state used a multi-prong approach to engagement, including email outreach, leave-behind materials, and a social media campaign. **New Jersey** and **Texas** are in the early stages of developing provider-facing resources for the primary care workforce. Their efforts focus on helping providers more easily navigate Medicaid processes for obtaining and billing for CGMs and CGM-related activities. Drawing on survey findings, both states are creating customized resources to address specific provider-identified pain points and build provider confidence in prescribing and managing CGMs for Medicaid members.

States that develop their own surveys can use the results to inform policy changes, implement targeted provider education, and design tailored supports — customizing their survey approach to maximize impact and ultimately increase CGM access for their Medicaid population.

Appendix: Example State Survey

Thank you for taking the time to participate in this brief survey to help [*state*] better understand provider knowledge, confidence, and barriers related to prescribing continuous glucose monitors (CGMs). Responses are anonymous.

1. Which of the following most closely aligns with your provider role? *(Select one)*
   - ❑ Physician
   - ❑ Advanced practice registered nurse/nurse practitioner
   - ❑ Physician assistant
   - ❑ Other: _________

2. Which of the following most closely aligns with your specialty? *(Select one)*
   - ❑ Internal medicine
   - ❑ Family medicine
   - ❑ Obstetrics and gynecology
   - ❑ General pediatrics
   - ❑ Internal medicine — pediatrics
   - ❑ Endocrinology (*terminate survey*)
   - ❑ Other: _________

3. Which [*state*] counties do you practice in? (*Select all that apply*)
   - ❑ County 1
   - ❑ County 2
   - ❑ County 3, etc.

4. Which of the following managed care organizations (Medicaid health plan) do you belong to? (*Select all that apply*)
   - ❑ Organization 1
   - ❑ Organization 2
   - ❑ Organization 3, etc.

5. How many years have you been in practice? (*Select one*)
   - ❑ Less than 1 year
   - ❑ 1–4 years
   - ❑ 5–9 years
   - ❑ 10+ years

6. Do you treat patients with diabetes between ages 0-20? (*Select one*)
   - ❑ Yes
   - ❑ No (*Add logic to skip question 7*)

7. Select the type(s) of diabetic patients aged 0-20 that you treat. (*Select all that apply*)
   - ❑ Type 1 diabetes, not using an insulin pump
   - ❑ Type 1 diabetes, using an insulin pump
   - ❑ Type 2 diabetes, on oral/insulin
   - ❑ Type 2 diabetes, not using oral/insulin
   - ❑ Type 2 diabetes, using an insulin pump
   - ❑ Gestational diabetes

8. Do you treat diabetic patients age 21 and over? (*Select one*)
   - ❑ Yes
   - ❑ No (*Add logic to skip question 9*)

If both questions 6 and 8 are "no," terminate survey.

9. Select the type(s) of diabetic patients age 21 and over that you treat. (*Select all that apply*)
   - ❑ Type 1 diabetes, not using an insulin pump
   - ❑ Type 1 diabetes, using an insulin pump
   - ❑ Type 2 diabetes, on oral/insulin
   - ❑ Type 2 diabetes, not using oral/insulin
   - ❑ Type 2 diabetes, using an insulin pump
   - ❑ Gestational diabetes

10. Generally, do your patients have access to an endocrinologist for consultation if you refer them? (*Select one*)
   - ❑ Yes, in-person only
   - ❑ Yes, by telemedicine only
   - ❑ Yes, both in-person or by telemedicine
   - ❑ No, neither (*Add logic to skip question 11*)
   - ❑ Unknown (*Add logic to skip question 11*)

11. How often do you refer the following patients to an endocrinologist? (*Select one for each option*)

	Less than 25% of time	26-50% of the time	51-75% of the time	76-100% of the time	I am not sure
Type 1 diabetes					
Type 2 diabetes on insulin					
Type 2 diabetes, not on insulin					
Gestational diabetes on insulin					
Gestational diabetes, not on insulin					

12. Which statement best describes your experience with continuous glucose monitors (CGMs)? (*Select one*)

- ❑ I have prescribed CGMs to patients. (*Skip to Q14*)
- ❑ I have managed patients using CGMs but never prescribed them. (*Add logic to skip to question 14*)
- ❑ I am familiar with CGMs but have not managed patients using them. (*Add logic to skip to question14*)
- ❑ I am not familiar with CGMs but would like to learn more. (*Add logic to skip to question14*)
- ❑ I am not familiar with CGMs, and it is not relevant to my practice.

13. On the previous question, you mentioned that CGM technology is not familiar to you and does not align with your current practice. Would you be open to sharing a bit more about why that is? (*Please be specific*) ____

14. In your opinion, what is the easiest way for your patients to receive their CGM supplies? (*Select one*)

- ❑ Durable medical equipment provider
- ❑ Pharmacy
- ❑ Both/either

15. How confident are you in your ability to… (*Select one for each option*)

	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely confident
Educate patients about their diabetes diagnosis and potential complications.					
Motivate patients to adhere to their diabetes treatment plan.					
Determine patient CGM eligibility based on insurance.					
Obtain CGM prior authorization for eligible patients.					
Educate and address patient concerns on how to use a CGM.					
Interpret CGM data and adjust treatment plans accordingly.					
Bill for the insertion of CGM and interpretation of results.					

16. For each type of patient below, how many of your patients are current CGM users? (*Select one for each option*)

	Less than 25% of time	26-50% of the time	51-75% of the time	76-100% of the time	I am not sure
Type 1 diabetes					
Type 2 diabetes on insulin					

17. Do you typically have access to CGM data for your patients who are using CGMs? (*Select one*)

- ❑ Yes
- ❑ No (*Skip Q18*)

18. For the patients you manage who use CGMs, how often do you typically interpret the data? (*Select one*)

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Yearly
- ❑ Never

19. Which of the following challenges do your patients frequently encounter related to their CGMs? (*Select all that apply*)

- ❑ Obtaining approval for CGMs
- ❑ Obtaining the device
- ❑ Obtaining adequate supplies for uninterrupted use
- ❑ Understanding how to use the device (e.g., inserting sensors, device set up)
- ❑ Understanding how to interpret their data
- ❑ Incorporating information into their treatment plan
- ❑ None of the above
- ❑ Other: _____________

20. Which types of information would be most helpful to you or your practice in prescribing CGMs and managing patients who use CGMs? (*Select all that apply*)

- ❑ American Diabetes Association's CGM best practice guidelines
- ❑ Comparisons between related diabetes technologies (e.g., insulin pump, automated insulin delivery system)
- ❑ Difference between brands of devices
- ❑ Prior authorization approval procedures
- ❑ Managed care organizations' (Medicaid health plan) CGM policies
- ❑ How to interpret and analyze CGM data
- ❑ How to approach patient concerns about CGM use
- ❑ How to incorporate CGM data into diabetes self-management education and support services
- ❑ How to bill for reimbursement
- ❑ Continuing medical education related to CGM use (e.g., prescribing, management, best practices)
- ❑ None of the above
- ❑ Other: _____________

21. Where do you usually get information to stay informed about the latest in diabetes care and CGMs? (*Select all that apply*)

- ❑ Professional websites (e.g., American Diabetes Association, CDC, World Health Organization)
- ❑ Health care provider networks or forums
- ❑ Webinars or virtual trainings
- ❑ Institutional protocols or care pathways
- ❑ Hospital or clinic diabetes education teams
- ❑ Colleagues or peers
- ❑ Pharmaceutical or medical device representatives
- ❑ Patient advocacy organizations (e.g., Breakthrough T1D, Beyond Type 1)
- ❑ News articles or media coverage
- ❑ Social media (e.g., LinkedIn, X)
- ❑ Podcasts or YouTube channels focused on health care
- ❑ None of the above
- ❑ Other: ____________

22. Which types of learning materials do you find most useful for staying current on diabetes care and CGMs? (*Select all that apply*)

- ❑ Live webinars or virtual trainings
- ❑ On-demand video modules
- ❑ In-person workshops or conferences
- ❑ Case-based learning
- ❑ Peer-to-peer learning or mentorship
- ❑ Clinical guidelines walkthroughs
- ❑ Mobile learning applications
- ❑ Academic detailing or in-practice education
- ❑ Podcasts or expert interviews
- ❑ Journal clubs or article summaries
- ❑ Interactive simulations or virtual patients
- ❑ Infographics and visual abstracts
- ❑ None of the above
- ❑ Other: ____________

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