

**COVID-19 Final Report for St. Charles Health System (Non-RHIP)**  
**“Expansion of Continuous Glucose Monitor Services to All Patients”**  
**Reviewed by the Promote Enhanced Physical Health Workgroup**

**Summary of Results:**

- The results of this project showed an increase in time in target range (defined as blood glucose of 70-180 mg/dl) for patients who received a continuous glucose monitor (CGM).
- The mean baseline time in target range (TIR) prior to CGM was 50%, compared with 67% at the end of the CGM use period.
- Those who continued the CGM for at least 90 days, had an average A1c reduction of 1.1%, which is considered clinically significant.
- A study from Sweden showed an A1c reduction of 7.8% to 7% reduced the risk of cardiovascular death by 45%, as well as a reduction in fatal and nonfatal coronary heart events of 37%.
- CGM also increases patient satisfaction, by eliminating finger stick BG monitoring.
- Most patients become more engaged with getting their diabetes under control when they can see how their BG changes after certain meals or with exercise.
- Overall, using a CGM in managing diabetes can improve A1c control in patients with diabetes, improve long term outcomes, and increase patient satisfaction and engagement.

**Story:**

Many patients who live in remote areas of Central Oregon may experience barriers to access secondary to travel restrictions and cost. Quick treatment of hyperglycemia after diagnosis of diabetes is pertinent for improved health outcomes. CGM services allow for remote monitoring which helps to bridge this gap. One specific Type 2 Diabetic patient from La Pine who struggled with hyperglycemia for years (A1c of 11.4% in 2018, 10.6% in 2019 and 10.2% in 2020), despite being managed by endocrinology, was referred to PharmD clinic and had CGM placed in 10/2020. With consistent CGM use for 160 days, implementation of lifestyle changes and medication adjustments based off CGM data the patient's A1c significantly improved to 6.6% on 5/20/21.