



# The Point

May 2023

*Making diabetes care better, less frustrating and more fun since 2008*

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## NEW ENGLISH / CANTONESE / SPANISH DIABETES ED GROUPS

Following the pandemic hiatus, this year's revival of in-person diabetes education groups in Spanish have proven very popular and attendance has been great. **Keep sending eConsults for patients (and their caregivers) who are appropriate for group participation, newly diagnosed or just needing a refresher!**

All groups follow a similar 4 session interactive curriculum: Diabetes Basics, Complications/Medications, Nutrition, Coping. Upcoming summer schedule:

### English

Wednesday mornings: 6/7, 6/21

Tuesday afternoons: 8/15, 8/29, 9/12, 9/26

### Cantonese

Wednesday mornings: 8/2, 8/16, 8/30, 9/13

### Spanish

Friday afternoons: 8/11, 8/25, 9/8, 9/22

## CGM IN PRIMARY CARE

We've been getting more and more questions about CGM use in primary care, so here are some friendly pointers. *(If your clinic is interested in setting up systems to support patients on CGM, the Diabetes Team can provide training and support. If not, we*

### Who might be a good candidate for CGM?

- Patients with T1DM or T2DM on basal-bolus insulin regimens who are having hypo- or hyperglycemia and need frequent glucose checks
- Older Medicare patients with problematic hypoglycemia with or without insulin
- Patients motivated to reduce low and high glucoses and increase their time in range. When scanned/viewed multiple times a day, CGM can support patients in being more engaged and pro-active about self-management

**How to optimize CGM for patients in primary care?** If you are prescribing CGM for your patient and they are not co-managed in the ZSFG Diabetes Clinic, you should be able to download the CGM in your home clinic. Providing CGM without the opportunity for interpretation and discussion of the full download misses an important opportunity for learning and improvement for the patient. *The Diabetes Team can help with training and support; we can also point you to excellent on-line resources for using CGM.* At a minimum, clinics need:

- Clinic account at Libreview or Dexcom Clarity; IT involvement
- Provider understanding on how to access CGM data, interpret CGM reports, optimize CGM use
- Ability to provide patient education and troubleshooting for successful/safe use

**Coverage has improved but is not always straightforward. All CGMs now require prior authorization:**

- Medicare has recently expanded coverage for T2DM on any type of insulin (basal only, or basal-bolus), or T2DM not on insulin but with problematic hypoglycemia. If approved, CGM is only available through DME supplier and requires periodic documentation to justify ongoing need.
- Medi-cal Rx is now enforcing prior authorization requirement for CGM for both T1DM and T2DM. Extensive criteria required; see details in the [Medi-cal Rx Provider Manual](#) (for version 7.0 dated May 1, 2023, CGM section starts p. 139). For T2DM, priority for CGM is for patients who are on intensive basal-bolus insulin regimens who need to check blood sugars multiple times per day. If approved, CGM is available through pharmacy for 6 months pending re-approval.

As always, feel free to reach out to the Diabetes Team if you have questions.

## NEW ON-LINE RESOURCES

[Sfghdiabetes.org](https://sfghdiabetes.org) is our curated repository both for useful resources for people living with diabetes and clinical aids for providers. These are the most recent additions:

- **SilverSneakers** offers FREE live on-line / on-demand / in-person exercise classes for adults 65+ through select Medicare Plans. Check [website](#) for eligibility and class schedule
- **Project Open Hand** has made some adjustments to criteria for services. They

are extending services to patients with ESRD, however they are unable to enroll new patients with cancer. This does not change eligibility of anyone currently receiving services. POH's new application is [here](#).

- Project Open Hand still has criteria of A1C > 8% for people with T1 or T2DM. If you have a patient with T2DM whose A1C is 6.5 - 8%, they may qualify for **UCSF's CHEFS-DM** study which has different criteria [here](#)

Let us know if you find the website resources helpful, if something is out of date, or if you know of a good resource to add.



[sfghdiabetes.org](http://sfghdiabetes.org)

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