

CGM Patient Case #1

WORKBOOK

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Meet Fran

Medical History

- 7 months pregnant with gestational diabetes mellitus (GDM)
- On multiple daily injections of insulin
- Started using continuous glucose monitoring (CGM) 3 months ago
- Having difficulty keeping blood glucose levels within target range
- Analysis of CGM shows she often has high postprandial glucose (PPG) levels after meals

Lifestyle Factors

- 36-year-old woman, living with her husband
- Works full-time while also caring for her 3-year-old son and 11-month-old daughter
- Husband wants her to take better care of her health, but she works 2 jobs and has limited time to help her with the kids and household duties
- She wants to exercise more and eat healthier, but she finds it difficult to have the time to do so



1. Battelino T, Danne T, Bergenstal RM, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. *Diabetes Care*. 2019;42(8):1593-1603.

Fran's AGP Report¹

Glucose Statistics and Targets

26 February 2020-10 March 2020
Time CGM is active (%) ⁹

13 days
99.9%

Glucose Ranges

Target range 70–180 mg/dL
<70 mg/dL
<54 mg/dL
>180 mg/dL

Targets (reading [%; time/day])

>70% (16 h 48 min)
<4% (58 min)
<1% (14 min)
25% (6 h)

Average glucose

132 mg/dL

Glucose management indicator

7.6%

Glucose variability

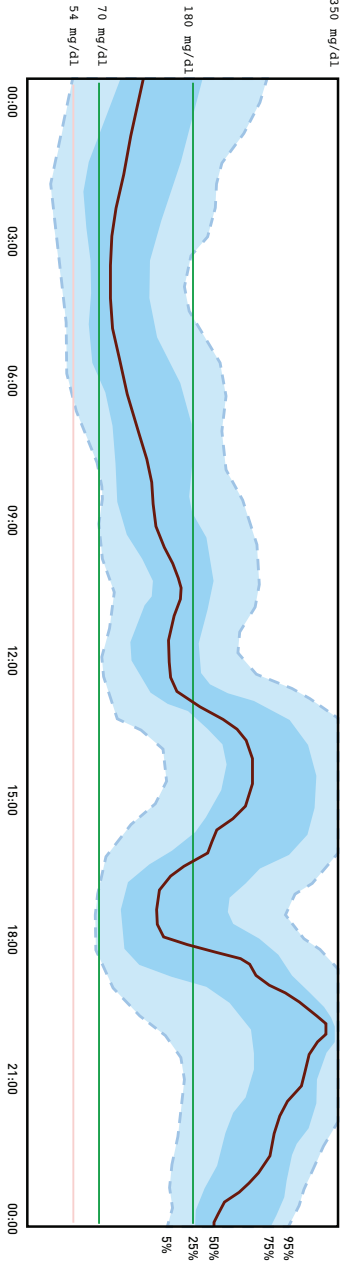
49.5%

Defined as percentage coefficient of variation; target ≤36%.

Each 5% increase in TIR (3.5-7.8 mmol/L) is clinically beneficial.

AGP

Ambulatory glucose profile (AGP) is a summary of glucose values (left y-axis) from the report period, with median (50%) and other percentiles shown (right y-axis) as if occurring in a single day.



Time in Ranges



High
>180 mg/dL (10 h 19 min) 43%

Target range
70–180 mg/dL (12 h 38 min) 52%

Low
54–70 mg/dL (58 min) 4%

Very low
<54 mg/dL (5 min) <1%



Reading AGP Reports Activity

Review and interpret sample AGP report data and create a plan for discussing it with your patient.

Instructions

- Individually, review the sample data and patient profile provided in your workbook
- Using Conversations in Motion techniques, create a plan for how you will discuss the data with your patient
 - » Identify 3-5 important points for discussion
- Once completed, work in groups of 3 (1 patient, 1 healthcare provider (HCP), and 1 observer) and take turns role-playing a patient dialogue using the developed agenda and questions
 - » Open-ended questions should prompt a more detailed patient response than closed-ended questions

Reminders

AGP reports provide a clear representation of important CGM metrics, such as the time spent above, below, and within an individualized target range for a patient. This facilitates personalization of therapy by enabling the HCP and patient to work together through shared decision-making.¹

Why reviewing AGP reports with your patients is important¹:

- Provides opportunity to explain any unfamiliar terms or concepts
- Can empower the patient with information to support glucose management
- Can be used as a shared decision-making tool
- Facilitates the HCP and patient working together to set personalized goals (eg, SMART goal intervention)
- Communicating the amount of time vs the percent reduction of time can improve patient understanding

Try communicating the importance of reducing time spent <3.9 mmol/L (70 mg/dL) to less than 1 hr/day, and time spent <3.0 mmol/L (54 mg/dL) to less than 15 min/day.¹

Six Steps of Shared Decision Making²:

1. Invite patient to participate
2. Present options
3. Provide information on benefits and risks
4. Assist patient in evaluating options based on their goals and concerns; to understand patient preferences, ask them what is important to them
5. Facilitate deliberation and decision making
6. Assist patient to follow through on decision

You can use the space below to record what you would like to discuss with your patient:

Discussion Point 1:

Discussion Point 2:

Discussion Point 3:

Discussion Point 4:

Discussion Point 5:

Debrief Notes

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1. Battelino T, Danne T, Bergenstal RM, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. *Diabetes Care*. 2019;42(8):1593-1603.
 2. Wexler R. Six steps of shared decision making. Informed Medical Decisions Foundation. www.mainequalitycounts.org/image_upload/SixStepsSDM2.pdf. Accessed October 7, 2019.
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Probing for Adherence and Knowledge Gaps Activity

Objective

To assess patient understanding and comfort with using CGM and identify any barriers.

Instructions

- Working in groups of three, have one participant select one of the Patient Information cards
- Patient Information cards will contain information on patient understanding of CGM data and time in range (TIR), comfort in using this data, and barriers
- The two participants without a card will ask open-ended probing questions to identify the information contained on the card
- Once the information has been correctly identified, participants will switch roles until all information has been covered

Reminders

When probing for adherence and knowledge gaps, remember to:

- Assess patient understanding and comfort with using CGM and identify any barriers¹
- Avoid making assumptions about patients who are having difficulty with self-management¹
 - » Avoid thinking of patients as “noncompliant” or “nonadherent”¹
- Encourage a collaborative relationship¹
 - » Try using person-centered and strength-based language
 - » Empathize and use active listening techniques
- Encourage patient to ask questions
- Identify patient’s sources of motivation for improving their health

Use a nonjudgmental approach when discussing self-management with patients¹

Remember to keep these best practices in mind while developing your probing questions:

- Open-ended questions provide more informative responses that provide a greater level of detail, whereas closed-ended questions prompt for a limited word response, such as a yes/no answer
- Ask open-ended questions to gain clarity on your patient's history, goals, motivations, habits, challenges/barriers, and concerns
- Can follow-up with open-ended or closed-ended questions

You can use the space below to record your questions:

Debrief Notes

1.American Diabetes Association. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes-2023. Diabetes Care. 2023;46(suppl 1):S1-S292.