

BACKGROUND AND AIMS

Previous studies have shown a correlation between Time in Range (TIR) and risk for microvascular complications [1]. TIR can also be a useful health metric, in addition to A1C, to help healthcare providers (HCPs) care for people with diabetes. Despite the benefits of the metric, many healthcare providers do not use TIR in clinical practice.

The aim of this provider survey was to assess the barriers to TIR use among healthcare providers.

METHODS

In an online survey in September 2021, 303 HCPs were asked a series of questions related to challenges, evaluation, and goal-setting when discussing diabetes management with patients. Respondents were classified by specialty as either Endocrinologists (Endo, n=98), Diabetes Educators (DE, n=106), or primary care providers (PCP, n=99). Inclusion criteria to participate in the survey included: (i) at least 2 years of experience in their specialty; (ii) a minimum number of diabetes patients seen per month (80 for Endos, 30 for DEs & PCPs); (iii) not receiving any stipends or fees from industry affiliates; and (iv) prescribing insulin (PCPs and Endos only). Statistical significance was tested at the 95% confidence level (p<0.05). Responses were collected via an online survey in October 2021. All respondents were compensated for completing the survey (\$30-\$50 USD). Data was collected using Qualtrics Survey Software, prepared in IBM SPSS, and analyzed in MarketSight.

RESULTS

Drawbacks of time in range (n=234)

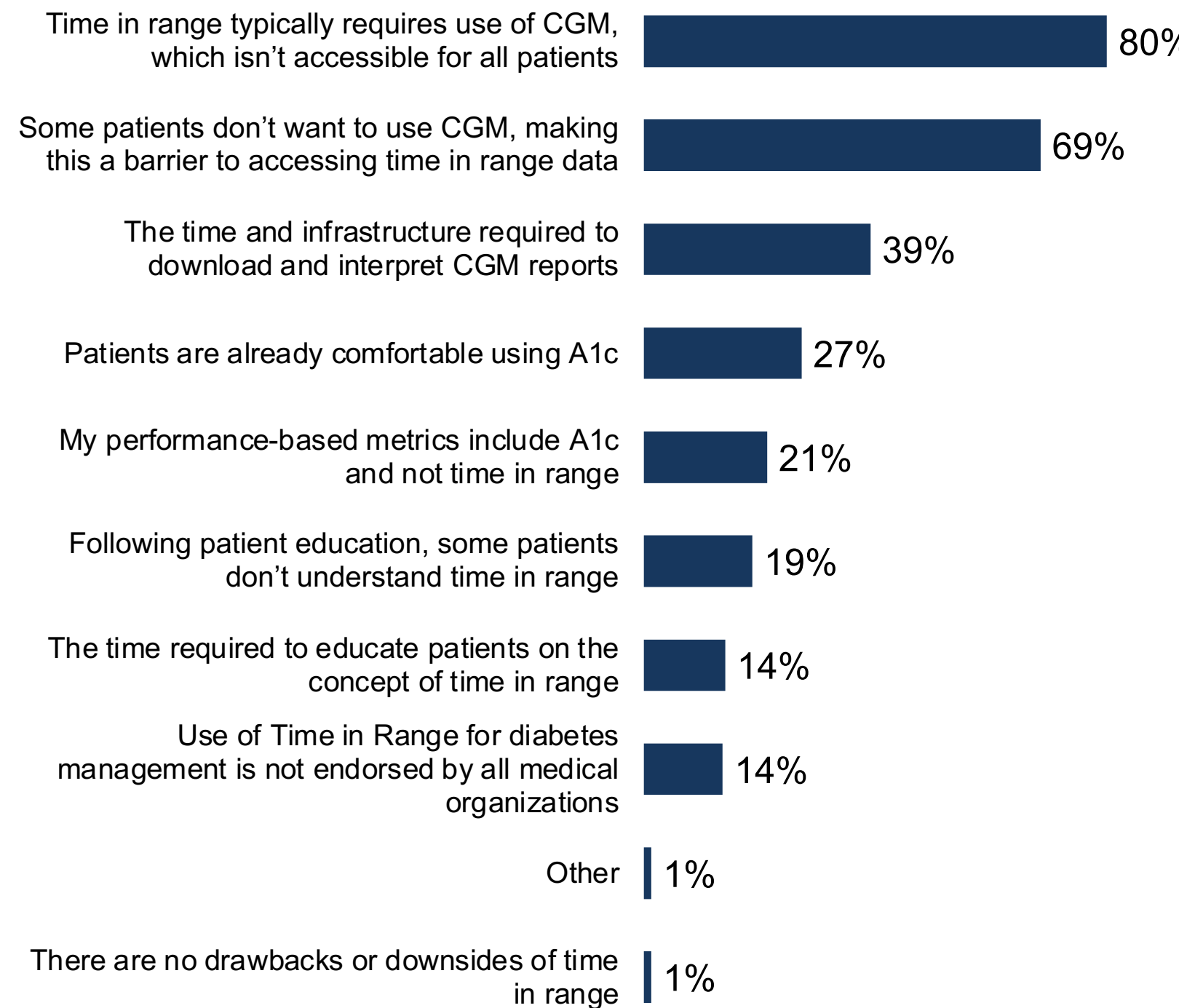


Figure 1. Drawbacks of using TIR identified by HCPs. Participants who use TIR were asked “what do you see as the downsides or drawbacks of time in range?”

Factors that would convince non-users to use time in range (n=64)

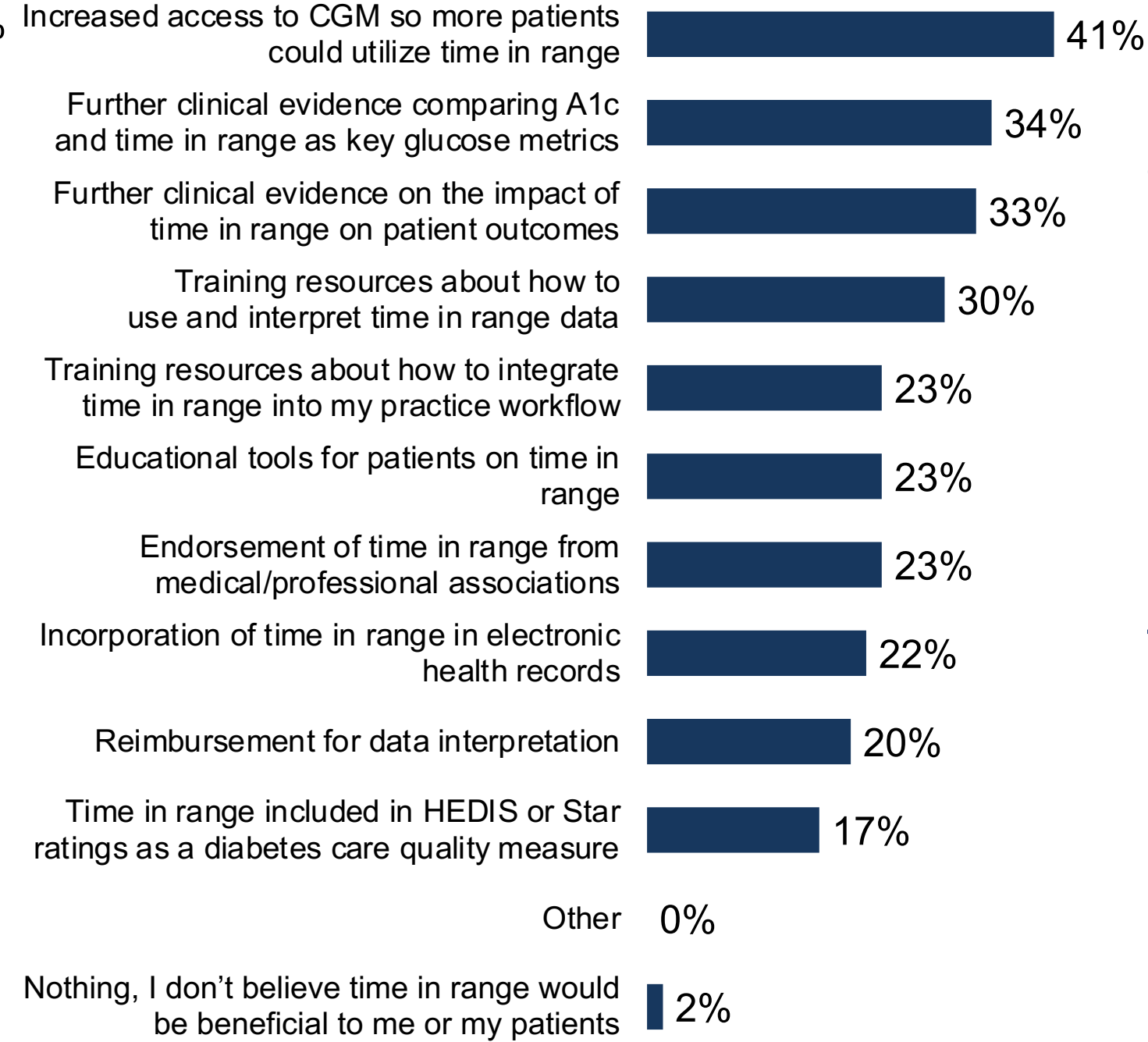


Figure 2. Factors that would convince HCPs to use TIR. Participants were asked “what would convince you to use TIR as a metric when managing some (or all) of your diabetes patients?”

What would help you better manage diabetes patients? % mentioning each factor in a verbatim comment (n=246)

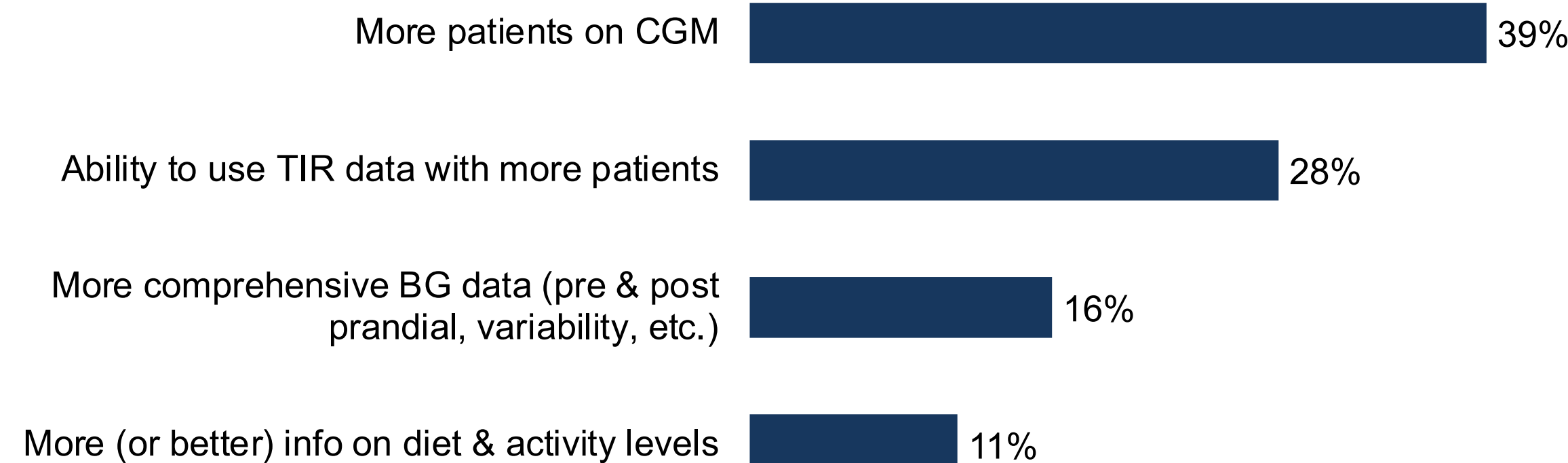


Figure 3. Factors that would help HCPs better manage their diabetes patients. Participants were asked whether there were any metrics or data points that would help better manage treatment for their diabetes patients.

CONCLUSIONS

These data highlight a lack of access to CGM as a key barrier to the adoption and use of TIR among HCPs. 80% of HCPs who use TIR identified access to CGM as a main drawback to using TIR. Also, 39% of HCPs said having more patients on CGM would improve their diabetes care.

Increased CGM access would also convince TIR non-users to adopt the metric. 41% of HCPs who do not use TIR reported that they would be convinced to use TIR if more patients had access to CGM.

IMPLICATIONS

Efforts to increase the use and adoption of TIR among HCPs should focus on increasing access to CGM. While A1C remains a leading diabetes metric, TIR can provide real-time, actionable health data to providers and their patients with diabetes. HCPs recognize the benefits of TIR, but are limited by patient access to CGM.

Increased access to CGM can help promote the use of TIR in clinical practice and advance TIR in diabetes care.

SPONSORED BY THE TIME IN RANGE COALITION

References

1. Beck RW, Bergenstal RM, Riddlesworth TD, et al. Validation of Time in Range as an Outcome Measure for Diabetes Clinical Trials. *Diabetes Care*. 2019 Mar;42(3):400-405. doi: 10.2337/dc18-1444.