

BACKGROUND AND AIMS

Previous studies have shown a negative correlation between Time in Range (TIR) and the risk of microvascular complications [1]. TIR can also be a useful health metric, in addition to A1C, to help providers care for people with diabetes. Despite the benefits of the metric, the level of TIR awareness among healthcare providers is unknown.

The aim of this provider survey was to assess the awareness of TIR among different types of 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

Percent of HCPs aware of time in range, by specialty

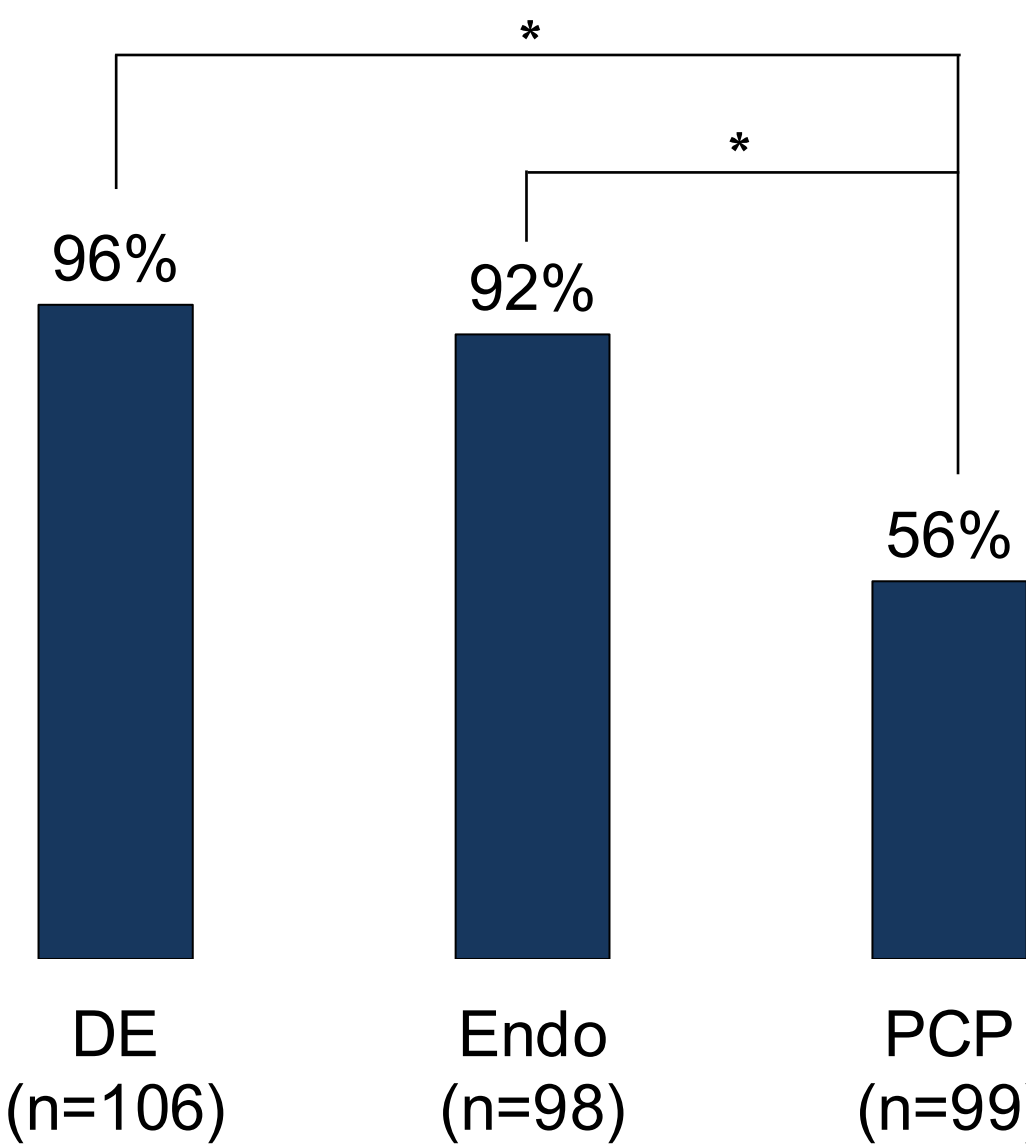


Figure 1. HCP Awareness of TIR by specialty. Participants were asked “How familiar are you with the concept of time in range as it relates to the management of diabetes?” and classified as either aware or unaware.

Percent of HCPs agreeing with “I am familiar with standardized CGM metrics for clinical care (e.g., TIR, TAR, TBR).”

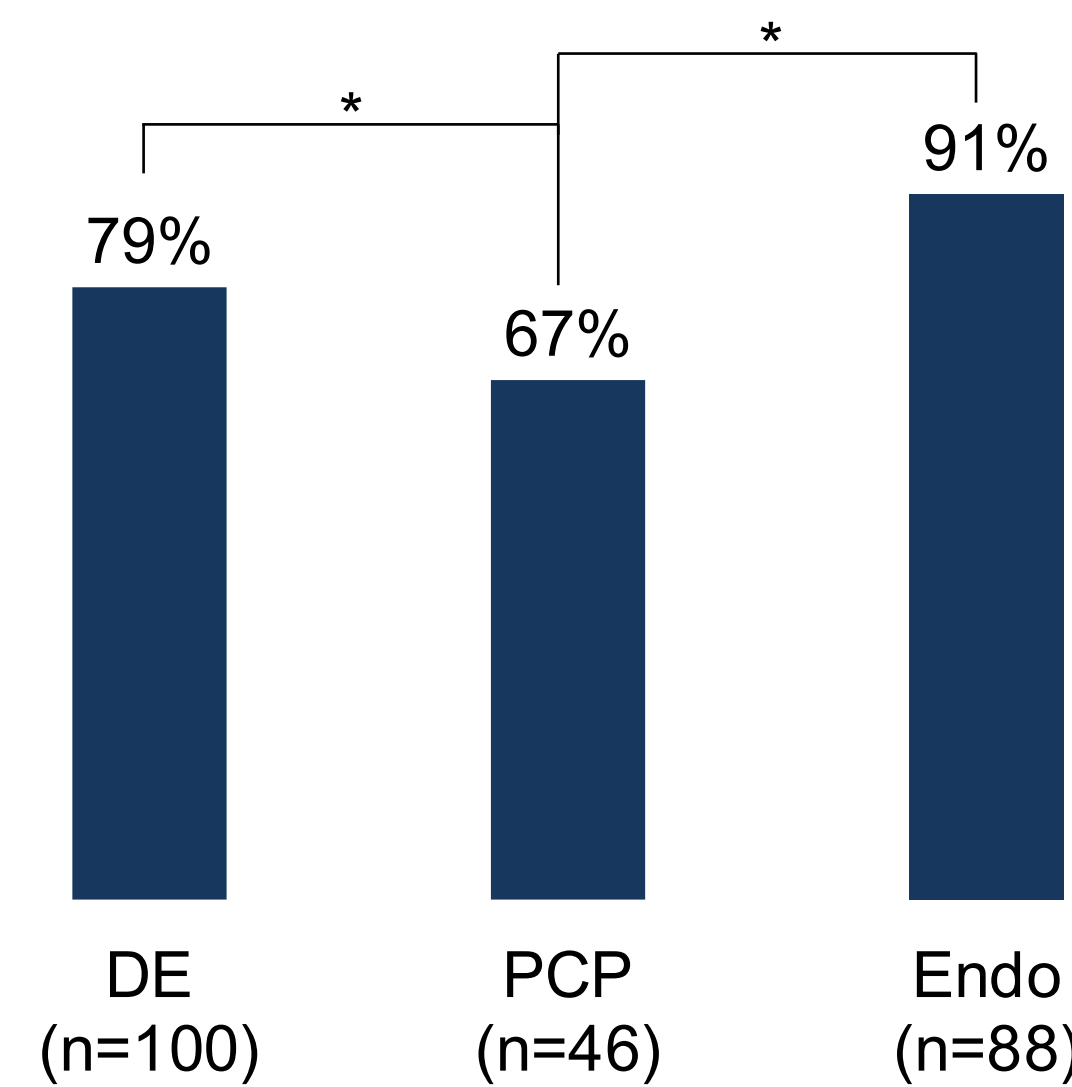


Figure 2. Familiarity with Standardized CGM Metrics. Participants were asked whether they disagree or agree with “I am familiar with standardized CGM metrics for clinical care.”

CONCLUSIONS

These data highlight a significant lack of TIR awareness among PCPs as compared to DEs and Endos. While 96% of DEs and 92% of Endos are aware of TIR, only 56% of PCPs demonstrated TIR awareness. PCPs also demonstrated lower levels of familiarity with CGM metrics for clinical care with only 67% of PCPs reporting being familiar.

PCPs are also less likely to use TIR with diabetes patients. 16% of PCPs reported that they do not typically use TIR with diabetes patients compared to 2% of DEs and Endos.

IMPLICATIONS

Efforts to increase provider awareness of TIR should focus on PCPs. While A1C remains a leading diabetes metric, TIR can provide real-time, actionable health data to providers and their patients with diabetes. Information about TIR and how it can benefit people with diabetes should be catered to PCPs and their time constraints.

Future research on TIR should focus on barriers to using TIR among providers with a focus on PCPs.

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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.

	Total (n=247)	DE (n=102)	Endo (n=90)	PCP (n=55)
To educate patients	80%	94%*	74%	64%
To make treatment decisions	79%	77%	87%*	69%
To motivate patients	72%	77%*	73%*	58%
To increase patient engagement in their care	70%	82%*	63%	58%
For another purpose	1%	2%	1%	0%
Don't typically use TIR with diabetes patients	5%	2%	2%	16%

Figure 3. Percent of HCPs Using TIR in Practice. TIR aware participants were asked whether they use TIR for each of the applications listed above.