

Patients do better, save money by getting glucose monitoring devices as medical benefit, study finds

October 2, 2024

By Ron Southwick - Chief Healthcare Executive

Researchers found patients had better outcomes and lower costs by obtaining the devices through a medical benefit over a pharmacy. Arti Masturzo, chief medical officer at CCS, talks about the study and implications for patients.

More physicians and health systems are directing their patients to use continuous glucose monitoring systems to manage their diabetes, but a recent study suggests that how patients get the device makes a difference.

Dr. Arti Masturzo, Chief Medical Officer of CCS.



Patients experienced better outcomes and lower total costs if they obtained glucose monitoring devices from a medical device supplier than a pharmacy, researchers found. The <u>findings</u> were published in July in the Journal of Medical Internet Research Diabetes.

Patients who received continuous glucose monitoring therapy as a medical benefit had 23% greater adherence, researchers found. The costs were 53% higher for those who received continuous glucose monitoring supplies as a pharmacy benefit.

The findings have implications for patients and as a matter of public policy, says Arti Masturzo, MD, the chief medical officer at CCS and a co-author of the study.

Masturzo says it's the first time a study has been done involving how patients obtain glucose monitoring devices and the correlation to outcomes and costs. She says it's important because some Medicaid programs are saying the devices should be a pharmacy benefit.

"Everybody's trying to do the right thing in healthcare," Masturzo tells Chief Healthcare Executive®. "Pharmacists are trying to do the right thing. Health plans are trying to do the right thing. "I think sometimes we miss this nuance that something so small as a policy, in terms of where you get the device, can have huge impacts," she says.

Masturzo says that medical device suppliers are more likely to offer better instruction and encouragement to patients. With the high volume of patients pharmacies are serving, even though pharmacists want to give patients the right education and support, they often don't have the time to help explain to patients how the devices should be used, she says.

She notes some new patients may be uncomfortable with applying the monitors for the first time.

"You need that upfront education on how to use it, and you need folks that are going to spend the time to do that right," Masturzo says.

Researchers examined more than 2,300 patients in the study, and the field was equally divided between those who received the devices through a pharmacy and a medical benefit.

While adherence eventually dropped in both groups, researchers also found that patients who received the devices through a medical supplier were more likely to resume using the devices after stopping. The re-initiation rate of patients who had the devices as a medical benefit was 22%, while it was 10% for those with a pharmacy benefit.

Medical device suppliers often are able to offer more coaching and encouragement to patients, especially if they stop using the devices, Masturzo says.

"People need someone to say, 'Keep it up, keep ordering. Don't fall off of therapy,'" Masturzo says. "Those little nudges, I think, go a really long way. And we underestimate the power of that."

When researchers conducted the analysis, Masturzo says she was surprised at the difference in the cost for patients who received the devices and supplies as a medical benefit compared to a pharmacy benefit. She says the 53% difference in the total cost was "the number that stuck out to me the most."

"The hope is that information is power, and this information didn't exist until just now," Masturzo says. "And so the hope is to educate folks and understand that this is really about balancing what's right for patients and the healthcare outcomes, as well as reducing the total cost of care."

For Masturzo, the study makes a case for offering more patients the option of obtaining glucose monitoring systems as a medical benefit, to ensure patients can have better outcomes.

"The biggest 'a-ha' moment is that state Medicaid plans, health plans, at the end of the day, you want your members to get better. You want to reduce your total cost of care," Masturzo says.

"And the a-ha moment here is, you spend all of these resources on innovative clinical interventions and this program, and this digital health tool, when in fact, a simple policy decision that you thought was innocent ended up having huge health economic, as well as healthcare outcomes," she adds.