Reduced Hospitalizations in T2D

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Background

The rising prevalence
of diabetes in
the United States
is contributing
to substantially
increasing healthcare
resource utilization

Aim
To investigate the real-world impact of CGM on health care resource utilization in people with T2D over a 6- and 12-month period

Study Design
US retrospective study

Primary Outcomes
- Change in all-cause hospitalizations (ACH)
- Change in acute diabetes-related hospitalizations (ADH)
- Change in acute diabetes emergency room visits (ADER)

Study Population

Participants: (N=74,679)

T2D
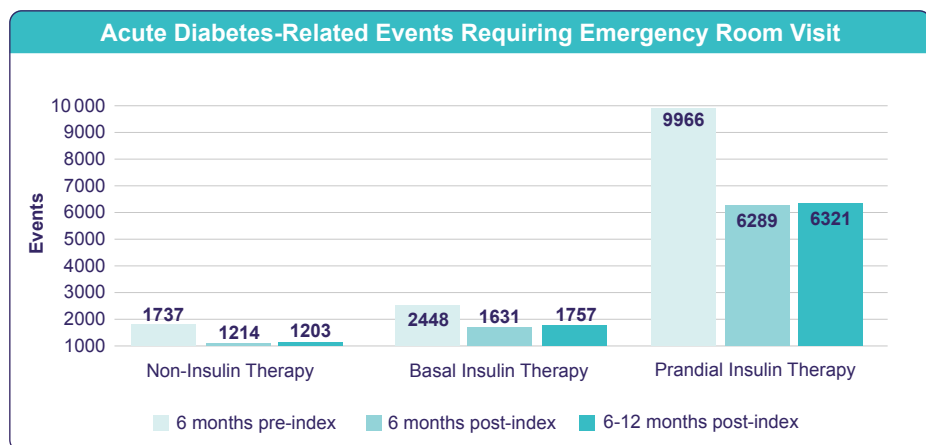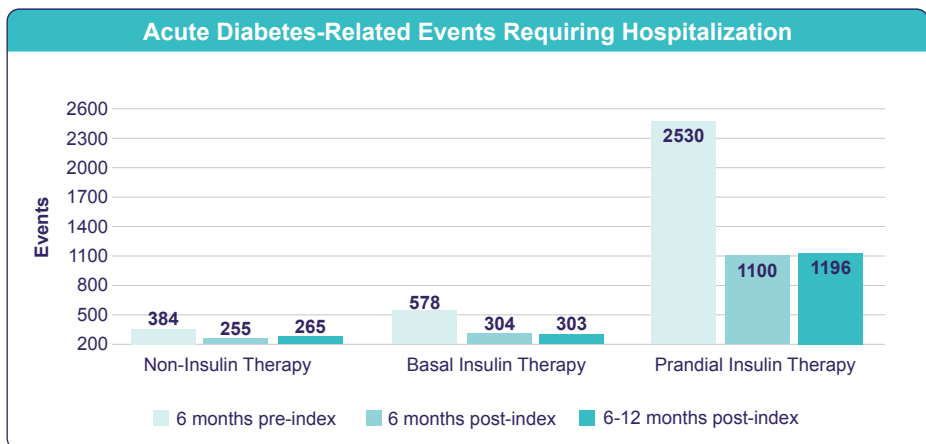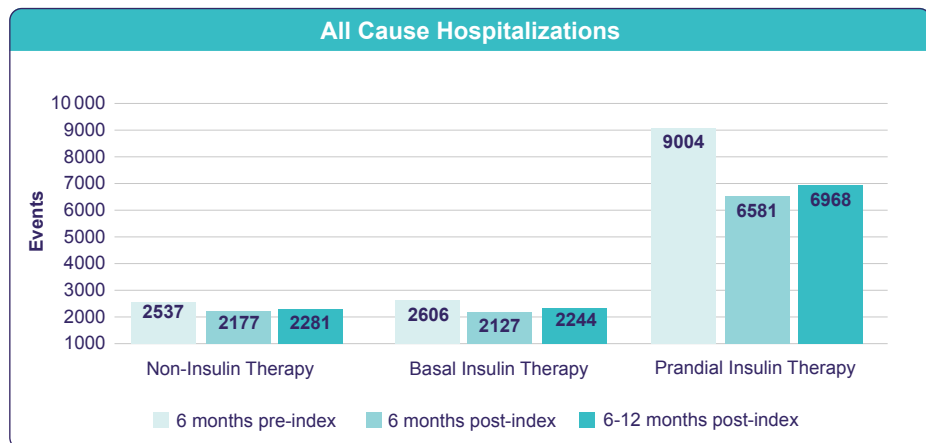(all treatment regimens) — NIT (n=25,269) | NIIT (n=16,264) | IIT (n=33,146)

Results

CGM in People with T2D Reduces ACH, ADH, and ADER at 6 and 12 Months

Figure 1. Change in Event Rates for ACH, ADE, and ADER

All Cause Hospitalizations

Therapy	6 months pre-index	6 months post-index	6-12 months post-index
Non-Insulin Therapy	2537	2177	2281
Basal Insulin Therapy	2606	2127	2244
Prandial Insulin Therapy	9004	6581	6968

Acute Diabetes-Related Events Requiring Hospitalization

Therapy	6 months pre-index	6 months post-index	6-12 months post-index
Non-Insulin Therapy	384	255	265
Basal Insulin Therapy	578	304	303
Prandial Insulin Therapy	2530	1100	1196

Acute Diabetes-Related Events Requiring Emergency Room Visit

Therapy	6 months pre-index	6 months post-index	6-12 months post-index
Non-Insulin Therapy	1737	1214	1203
Basal Insulin Therapy	2448	1631	1757
Prandial Insulin Therapy	9966	6289	6321

Subanalysis

Study Population

Participants: (N=6,030)

T2D
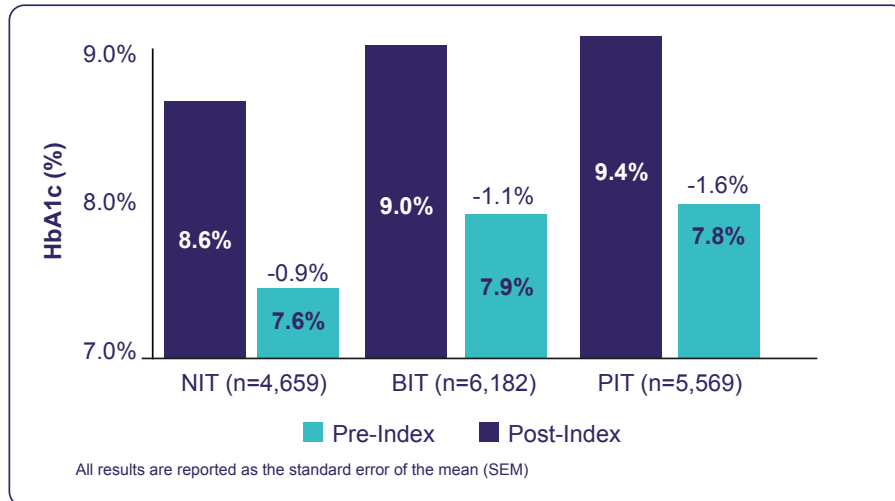(all treatment regimens) — NIT (n=1,533) | BIT (n=1,375) | PIT (n=3,122)

Results

At 12 months, the mean change in A1c was >1% in people with T2D regardless of treatment regimen

Figure. HbA1c Change From Baseline During the Post-Index Period

HbA1c (%)

NIT (n=4,659): 8.6% / -0.9% / 7.6%
BIT (n=6,182): 9.0% / -1.1% / 7.9%
PIT (n=5,569): 9.4% / -1.6% / 7.8%

Pre-Index | Post-Index

All results are reported as the standard error of the mean (SEM)

Key Takeaways for Managed Care Decision Makers

✓ CGM use in people with T2D reduces all-cause hospitalizations, acute diabetes-related hospitalizations, and emergency room visits at 6 and 12 months, regardless of therapy regimen.

✓ CGM is also linked to a **0.9% decrease in A1c** at 12 months across all T2D treatment regimens, with the greatest reduction in A1c in the T2D NIT population.

✓ This evidence supports a population-wide approach to coverage and access for all individuals with T2D.