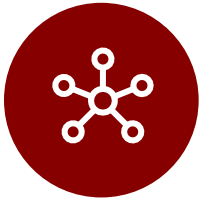


# 1 in 3

COVID-19 hospital admissions attributable to diabetes  
Coronavirus mortalities are Black patients  
Californians will need Medi-Cal assistance in 2020-21

## CGM: One Solution for Three Challenges

### Medi-Cal coverage of Continuous Glucose Monitors



#### COVID-19

- Lowers risk of COVID-19 complications and hospitalization
- Early detection improves patient intervention, treatment, and outcomes
- Limits provider and patient exposure as a result of fewer fingerstick tests and remote monitoring
- Reduces strain on medical staff and supplies



#### Health Disparities

- Offers Blacks and minorities access to accepted standards of medical care
- Effective disease management for Blacks and minorities who are twice as likely to have diabetes as their White counterparts<sup>1</sup>
- Reduces risk of socio-economic co-diseases/conditions including heart disease, kidney failure, limb amputation, blindness
- Addresses underlying health conditions that lead to higher mortality rates



#### Cost

- Net Medi-Cal savings of between \$55 million to \$66 million from reduced hospitalization and treatment<sup>2,3,4</sup>
- Estimated investment of only \$1.2 million (\$300,000 GF/\$900,00 FF) to cover CGMs for 40,000 Medi-Cal enrollees
- Additional savings from reduced emergency care costs (32 percent), outpatient treatment (31 percent), and pharmacy (5 percent)<sup>5</sup>
- Cost-benefits expected to grow as CGM prices continue to decline
- Previous DHCS cost estimates of \$30 million were incorrect due to:
  - Overstated CGM pricing data
  - Outdated double testing that assumed tandem SMBG costs
  - Omitted savings from lower hospitalization and treatment

<sup>1</sup> American Diabetes Association: Statistics About Diabetes – Diabetes by race/ethnicity. <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>

<sup>2</sup> Liu J, Wang R, Ganz ML, Paprocki Y, Schneider D, Weatherall J. The burden of severe hypoglycemia in type 1 diabetes. *Current medical research and opinion.* 2018;34(1):171-177.

<sup>3</sup> Tieder JS, McLeod L, Keren R, et al. Variation in Resource Use and Readmission for Diabetic Ketoacidosis in Children's Hospitals. *Pediatrics.* 2013;132(2):229-236.

<sup>4</sup> Charleer S, Mathieu C, Nobels F, et al. Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study. *The Journal of clinical endocrinology and metabolism.* 2018

<sup>5</sup> Gill M, Zhu C, Shah M. Health Care Costs, Hospital Admissions, and Glycemic Control Using a Standalone, Real-Time, Continuous Glucose Monitoring System in Commercially Insured Patients With Type 1 Diabetes. *Journal of Diabetes Science and Technology.* May 2018.