ADCES® Association of Diabetes Care & Education Specialists

# The Diabetes Care and Education Specialist's Role in Continuous Glucose Monitoring

**Reviewed by the Professional Practice Committee**

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## Introduction

Continuous glucose monitoring (CGM) represents one of the most transformative advancements in diabetes care in recent decades. Unlike traditional glucose monitoring methods that offer only intermittent snapshots, CGM provides continuous, real-time data that reveals patterns and trends in glucose levels throughout the day and night. This dynamic information enables individuals living with diabetes—and their care teams—to make timely, informed, and evidence-based decisions that reduce glycemic variability, lower A1C levels, and ultimately improve overall health and quality of life.

The clinical use of CGM in type 1 diabetes (T1D) and type 2 diabetes (T2D) is well established. A growing body of evidence suggests that CGM use leads to improvements in critical outcomes, including increased time in range (TIR), reduced episodes of hypoglycemia, and enhanced diabetes self-management. Beyond its clinical benefits, CGM fosters patient engagement by providing immediate, actionable insights into how behavior, food, stress, and medication affect glucose levels.

Over the past several years, access to CGM has significantly expanded. Once limited to a narrow segment of people living with diabetes, CGM technology is now increasingly available across age groups, socioeconomic statuses, and health care systems. This broader reach presents an opportunity and an urgent responsibility for diabetes care and education specialists (DCESs) to lead in equitable implementation, ensure culturally responsive education, and support sustained use through a person-centered approach to care.

DCESs play a pivotal role in optimizing CGM therapy for people living with diabetes and for the clinical practices treating those with diabetes by guiding device selection, onboarding, data interpretation, and behavior change. They are uniquely positioned to bridge technology with person-centered care, empowering individuals and health care professionals to confidently use CGM as a powerful tool for self-management.

## Background

Continuous glucose monitoring is a method of tracking glucose levels every several minutes using a wearable sensor. The device includes a small filament that is inserted under the skin and a device applied to the skin that measures the glucose level within the interstitial fluid space. The device wirelessly sends data to a receiver or phone app. CGM can predict and identify hyperglycemia and hypoglycemia. Data from the device can be analyzed to identify glucose trends that inform real-time actions and guide longer-term treatment plans.

Continuous glucose monitoring has transformed diabetes care, providing individuals with real-time insight into glucose patterns and enabling more dynamic, informed self-management. As evidence continues to accumulate, CGM is recognized not only as a clinical tool but also as a vehicle for empowerment that facilitates behavioral change and improved quality of life for people living with diabetes. DCESs play a central role in maximizing the potential of CGM through support and strategic integration into the self-management education.

## Effectiveness of CGM

Multiple studies, including randomized controlled trials and meta-analyses, involving individuals with both T1D and T2D, have consistently demonstrated the effectiveness of CGM in improving key glycemic outcomes. These include significant reductions in HbA1c (ranging from 0.5% to 1.2%), increased TIR, and decreased time spent in both hyperglycemia and hypoglycemia.[1,2]

Improved TIR has been associated with a lower risk of diabetes-related complications.[3] Furthermore, the use of real-time CGM with alerts has been shown to reduce the incidence of hypoglycemia[4] and contribute to improved quality of life and reduced diabetes-related distress.[5]

## CGM Across the Lifespan: Pediatric, Pregnancy, and Older Adult Outcomes

### Pediatric Outcomes Using CGM

In children and adolescents with T1D, CGM is associated with improved glycated hemoglobin (HbA1c), increased TIR, and fewer and shorter episodes of hypoglycemia.[3,6] Real-time CGM is particularly effective at reducing nocturnal hypoglycemia, a significant concern for this population.[6] Beyond clinical outcomes, families report reduced caregiver burden and improvements in quality of life when CGM is used consistently, though challenges such as alarm fatigue and adhesive-related issues persist.[7]

Professional guidelines recommend the use of CGM early in pediatric diabetes care. The Endocrine Society recommends CGM for children on either multiple daily injections or insulin pump therapy, emphasizing near-daily use with structured education.[8,9] The ADA supports offering CGM at diagnosis for T1D and for insulin-using youth with T2D, recommending CGM-derived metrics like TIR to guide therapy.[10] ADCES highlights the role of DCESs in supporting initiation, interpretation, and integration of CGM data into school care plans.[11]

### CGM During Pregnancy

Pregnancy introduces unique glycemic challenges, and CGM is increasingly applied to improve maternal and neonatal outcomes.[12] In individuals with T1D, randomized and observational studies demonstrate that real-time CGM increases TIR, reduces maternal hypoglycemia, and is associated with improved neonatal outcomes, including fewer large-for-gestational-age infants.[11] Evidence for the use of CGM with T2D in pregnancy is less robust, though CGM can provide valuable insights into glucose variability and nocturnal hypoglycemia.[12] In gestational diabetes mellitus (GDM), CGM may identify postprandial and nocturnal excursions not captured by self-monitoring, supporting therapeutic adjustments and patient education.[13]

Guidelines provide nuanced recommendations. The ADA endorses real-time CGM for pregnant individuals with T1D and suggests its use in T2D and GDM when self-monitoring is insufficient.[15] The Endocrine Society cautions against replacing standard pregnancy glucose targets with a single CGM metric but supports CGM as an adjunct tool.[12] ADCES emphasizes education, equity, and programmatic support for effective CGM use in pregnancy.[14]

### CGM in Older Adults

Older adults with diabetes face unique challenges, including hypoglycemia unawareness, cognitive decline, and comorbidities that increase vulnerability to severe hypoglycemia. The use of CGM in this population significantly reduces time spent in hypoglycemia and modestly improves HbA1c, while enhancing independence and safety.[15,16] CGM has been linked to reduced diabetes distress and improved quality of life for individuals with diabetes and their family and care partners.[17]

Guideline groups highlight age-specific considerations. The Endocrine Society supports CGM for older adults at high risk of hypoglycemia, recommending simplified alarm settings and individualized targets.[8] The ADA recommends CGM for older adults on intensive insulin plans, prioritizing safety and quality of life rather than strict glycemic targets.[10] ADCES stresses the importance of DCESs support in addressing barriers such as vision impairment, dexterity challenges, and technology literacy.[11]

## Barriers to CGM Use and Access

Despite strong evidence supporting CGM for improving glycemic outcomes and reducing complications, access and sustained use remain limited—particularly among low-income and underserved populations. While Medicare Part B now covers CGM for all insulin-treated patients and some non-insulin users with recurrent hypoglycemia, beneficiaries still face 20% coinsurance, and Medicaid coverage varies by state, leading to inconsistent access.[18–23] Prior authorization requirements further complicate access, especially in states with complex policies.[24] Takeaways from a convening of states included improving diabetes care through access to continuous glucose monitors for patients with Medicaid.

Beyond financial barriers, usability challenges such as sensor discomfort, alarm fatigue, and data overload—as well as psychosocial factors like stigma and emotional burden—can hinder sustained use of CGM.[25,26] These issues are magnified when coverage is uncertain, exacerbating disparities in care.

Access is especially limited in primary care settings, where most people with T2D receive treatment. System-level barriers—including lack of clinician training, limited time, and infrastructure—further restrict broader CGM adoption.[27]

## DCESs as Leaders in Equity and Access

Despite the benefits, CGM use remains disproportionately lower among racial and ethnic minorities, older adults, and those with lower incomes.[28] The ADA Standards[30] and the Endocrine Society emphasize equitable access to diabetes technology. The Endocrine Society emphasizes reducing the need for insurance and cultural barriers.[30]

DCESs can advocate for equity and access to reduce the barriers to CGM initiation. DCESs can assist with the following:

- Navigate insurance approvals and appeals
- Provide culturally responsive training, including training in multiple languages
- Lead outreach efforts in underserved communities

## Role of DCESs in Integrating CGM Into Diabetes Care

Continuous glucose monitoring engages individuals by making the "invisible" dynamics of glucose changes visible in real time, transforming abstract glucose results into actionable insights. This continuous feedback loop enables individuals to observe immediate glycemic responses to meals, physical activity, stress, and medications—motivating behavior change and supporting proactive self-management care. In one study, 90% of CGM users reported that it contributed to health behavior, with 87% modifying food choices and nearly half becoming more likely to exercise after observing glucose fluctuations.[31] Many users describe greater motivation to be active or eat more mindfully when they can see the immediate impact of those behaviors. Real-time alerts for hypo- and hyperglycemia further enable timely interventions, reinforcing a sense of control and autonomy.

Beyond increased awareness, CGM enhances self-efficacy by illustrating how specific behaviors impact glucose trends. These learned patterns foster confidence in daily decision-making related to food, activity, and medication adjustments. In a recent study, participants using CGM alongside diabetes education maintained or improved their self-efficacy over time, whereas those without CGM experienced a decline.[32] Moreover, the rich data generated by CGM enhances shared decision-making with HCPs. In a qualitative study of adults with T2D, the introduction of CGM led to positive changes in attitudes and self-management behaviors, underscoring its role in improving patients' perceived self-efficacy with their condition.[33] Collectively, these findings suggest that CGM empowers individuals to shift from feeling overwhelmed by diabetes to feeling capable of managing it—laying a critical foundation for sustained behavior change.

## Integrating CGM With ADCES7 Self-Care Behaviors

The ADCES7 Self-Care Behaviors is a framework of core behaviors critical to diabetes self-management. The ADCES7 provides areas of focus for education. CGM use aligns closely with the ADCES7 Self-Care Behaviors—Healthy Coping, Healthy Eating, Being Active, Monitoring, Taking Medication, Reducing Risks, and Problem Solving—and provides real-time, actionable glucose data that enhances self-management across these domains.[35] Most notably, CGM strengthens monitoring by offering continuous data beyond traditional finger sticks. This real-time feedback supports informed food choices, encourages physical activity, enables more precise medication adjustments, and facilitates pattern recognition for effective problem solving. Alerts for glucose excursions help reduce the risk of severe hypoglycemia, supporting the ADA's recommendation for CGM in those on intensive insulin therapy.[36] Additionally, CGM can reduce diabetes-related distress by fostering a sense of control and emotional relief.[36] When paired with diabetes education and support, CGM becomes a powerful tool to reinforce person-centered care.

DCESs play a key role in advocating for access to CGM technology for individuals living with diabetes. They can initiate the exploration of insurance coverage and approval as needed. Despite the proven benefits of CGM, its use remains disproportionately lower among racial and ethnic minorities, older adults, and individuals with lower incomes.[28] DCESs can help address these disparities through culturally responsive care and targeted support. This includes offering CGM training in different languages if needed, and at appropriate literacy levels, assisting patients in navigating insurance coverage and appeals processes, and educating HCPs on effective documentation to facilitate meeting insurance company requirements. Additionally, DCESs often lead outreach efforts in underserved communities to promote awareness, trust, and engagement with diabetes technology, helping to close the equity gap in CGM access and use.

## Roles of DCESs in Implementing CGM Into Practice

As stated, the use of CGM as part of a treatment plan has a great impact on the lives of people living with diabetes. However, for this treatment modality to be initiated into care, it must be incorporated into the clinical practice workflow. DCESs are in a unique position to lead CGM initiation with patients, as well as in the clinical practice setting.

In many primary care settings, on-site subspecialists, particularly DCESs, are crucial for the successful implementation of CGM, assisting with device ordering, onboarding, and patient education. A qualitative study of 55 HCPs across 21 states identified the lack of diabetes-focused personnel, limited clinician familiarity with CGM, and insurance barriers as major obstacles to adoption.[38] HCPs consistently recognize DCESs as vital team members, capable of guiding patients, supporting prescribing clinicians, and serving as in-house CGM experts. To fulfill this role, the DCES must pursue ongoing CGM-specific training and act as clinic champions for integration.

While CGM offers substantial clinical benefits, its integration into routine practice presents several challenges that require structured workflows, clinician training, and culturally responsive education. CGM generates large volumes of data, including TIR, glucose variability, and trend arrows, which can be overwhelming within time-limited clinical encounters, particularly in the absence of standardized reporting tools or clinical decision-support systems.[3,39,40] Many clinicians also feel underprepared to guide patients in using CGM due to limited exposure or training. Hall et al[38] identified gaps in clinician knowledge as a key barrier to adoption and advocated for flexible professional development formats, such as short videos, self-paced modules, and on-demand resources. Similarly, Lanning et al[41] reported that clinicians who perceived more barriers were less confident in supporting patients with CGM. Language barriers and a lack of culturally tailored education further limit patient engagement, especially when device interfaces and materials are not adapted for diverse populations.[41] Together, these challenges highlight the need for comprehensive clinician education, streamlined workflows, and inclusive patient support to fully realize CGM's potential in routine diabetes care. DCESs can effectively mitigate these challenges.

Incorporating CGM into clinical practice presents logistical and systemic challenges. Limited reimbursement for diabetes education constrains the time and resources available for comprehensive patient support, while the integration of CGM data is further complicated by time-consuming interpretation and inconsistent compatibility with electronic health record (EHR) systems. From the perspective of people with diabetes, additional barriers arise—many are already managing multiple responsibilities and may feel overwhelmed by the prospect of learning a new technology. Short clinical visits may not allow sufficient time for meaningful education or support, further discouraging CGM adoption and effective self-management.[41,43]

To address these barriers, DCESs can play a central role in the successful implementation of CGM and related technologies in practice. Isaacs et al[44] outline a structured approach, emphasizing that integration should begin with a thorough assessment of needs, system gaps, workflow, knowledge levels, and organizational readiness. Identifying key stakeholders—such as leadership, IT, finance, clinical users, and compliance teams—is essential, with the DCES often serving as the integration "champion." A readiness assessment at multiple levels (organization, team, financial, and technological) is critical to determine alignment with goals, identify resistance to change, and evaluate the impact on workflow and costs. This systematic approach, led by qualified DCESs, increases the likelihood of sustainable technology integration and improved patient outcomes.

To support effective CGM implementation, DCESs are increasingly using structured models, such as the Identify, Configure, Collaborate (ICC) framework developed by the Association of Diabetes Care & Education Specialists.[45] This framework is designed to guide both individual patient support and broader integration of technology into clinical practice. In the Identify phase, clinicians assess a patient's or practice's readiness for CGM by evaluating clinical needs, daily routines, goals, and potential barriers. Configure involves tailoring device settings—such as alerts and data sharing—to align with patient or system capabilities and preferences. Finally, Collaborate emphasizes team-based support, fostering communication among patients, care partners, and HCPs to promote sustained CGM use and data-driven decision-making.

When embedded within a broader implementation strategy led by a DCES, the ICC framework can enhance the effectiveness and sustainability of CGM integration (ADCES Technology integration). The ADCES ICC framework provides a practical approach to support tailored, patient-centered CGM use. DCESs play an important role in supporting not only the adoption of CGM but also its sustained and effective use across diverse populations. The broader adoption of CGM and the elevation of DCESs within care teams and policy arenas hold the key to realizing the full promise of this technology.

## Policy and Advocacy Recommendations

Diabetes care and education specialists are uniquely positioned to influence health policy and advocacy efforts that promote equitable and sustainable access to CGM. At the policy level, DCESs can advocate for the expansion of Medicaid and Medicare coverage of CGM for individuals with T2D who are not on insulin, as well as for the standardization of payer coverage criteria to reduce disparities and administrative barriers. Through professional coalitions, DCESs can support broader initiatives to strengthen digital health infrastructure and reimbursement models for CGM and related technologies. By serving in advisory roles, they can further advocate for the inclusion of DCESs in policy development, billing structures, and care models—ensuring their expertise is recognized and leveraged in the evolving health care landscape.

## Summary

In conclusion, DCESs are integral to every phase in the successful integration of CGM into clinical practice. With their unique expertise, DCESs not only educate and support individuals with diabetes in understanding and effectively using CGM devices to optimize glucose results and diabetes management, but they also guide health care teams in applying CGM data effectively in clinical decision-making. By serving as champions for implementation, DCESs help optimize clinic workflows, reduce barriers, and advance equity in access to technology. Including DCESs in all aspects of CGM adoption ensures that both patients and health care systems achieve the greatest possible benefit from this transformative tool in diabetes care.

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