AAFP



Continuous glucose monitoring implementation guide for primary care

About this guide and its companion materials

The American Academy of Family Physicians (AAFP) designed this guide to support continuous glucose monitoring (CGM) implementation in primary care settings. To complement the guide, the AAFP offers ready-made, customizable slide decks for physicians who want to optimize their own practice's CGM workflow or help other practices in their health system implement CGM. The slide decks include speaker notes and can be modified to meet specific training needs. A short version provides an overview that is ideal for a staff lunch-and-learn. A two-session version allows physicians to present more in-depth education on CGM workflow development and implementation or lead larger projects that involve multiple teams.

To download the slide decks and view additional resources, visit AAFP.org/cgm. You can also explore Continuous Glucose Monitoring (CGM) Training for Primary Care, a free, on-demand CME course available through September 22, 2029.

Visit AAFP.org/cgm

Introduction

Primary care clinicians provide the majority of outpatient care for adults with diabetes in the United States.[1] Current standards of care from the American Diabetes Association (ADA) support CGM for many patients with diabetes, but it has been an underutilized tool for diabetes management in primary care.[2-4] By implementing CGM in their practices, primary care physicians can expand equitable access to this technology and its clinical benefits.[3,4]

CGM use is associated with lowering A1C, reducing hypoglycemia and improving quality of life for patients with type 1 and type 2 diabetes.[5-11] It helps patients and clinicians identify patterns of hypoglycemia and hyperglycemia.[12-15] It also allows care teams to remotely monitor patient readings and intervene earlier than the next scheduled visit. By reviewing CGM data with patients, physicians can provide feedback on recent lifestyle modification efforts and adjust care plans without waiting three months for another A1C measurement.

The following sections can help your primary care team integrate CGM into routine practice.

In this guide

Building your CGM implementation team and workflow 04

Implementing CGM in your practice 05

Step 1: Identify patients who might benefit from CGM 05

Step 2: Order CGM and plan follow-up 06

Step 3: Verify patient received CGM 10

Step 4: Place CGM, provide education and connect data 11

Step 5: Partner with patient to manage diabetes 13

Keeping your CGM program current 15

References 16

Appendix 1. CGM implementation checklist 17

Appendix 2. Additional CGM resources 19

Building your CGM implementation team and workflow

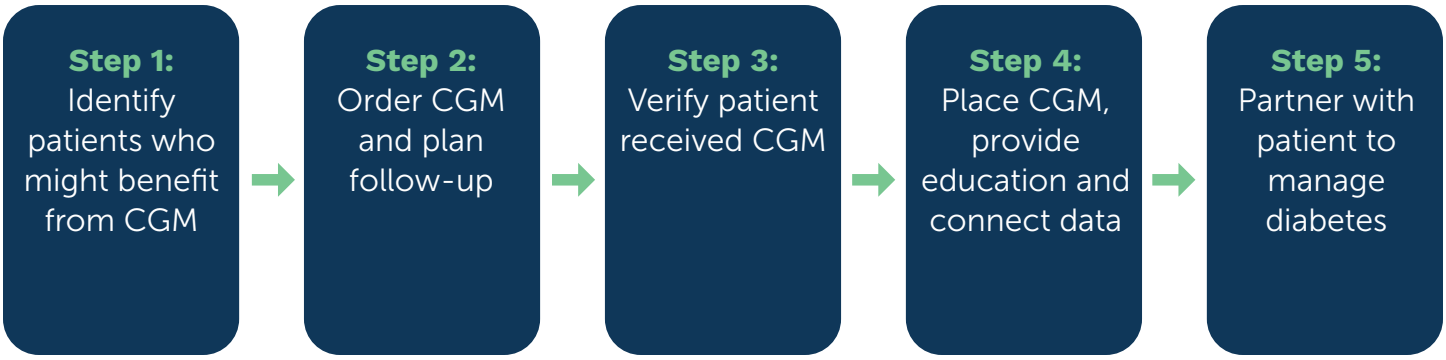
In many primary care practices, a practice champion and a small multidisciplinary team spearhead CGM implementation efforts. The champion may be a physician or another care team member (e.g., clinical pharmacist, certified diabetes care and education specialist, nurse) who is interested in diabetes technology and committed to improving care for patients with diabetes. Leadership support can help position the team for successful implementation.

QUESTIONS FOR YOUR PRACTICE

- *Who can serve as the practice champion for our CGM implementation team?*
- *What other care team members should be on the implementation team?*
- *When can our implementation team meet to create a CGM workflow?*

The implementation team should develop a CGM workflow that is realistic for your practice and flag any potential bottlenecks or tasks that may cause delays. *Figure 1* shows tasks in a basic workflow that has been successful in many primary care settings. The CGM implementation checklist in *Appendix 1* can be a helpful starting point for creating a detailed workflow. Your team can use Microsoft Word, PowerPoint or an online workflow development resource (*Appendix 2*). Your implementation team should also assign responsibility for completing each workflow task to an appropriate person so that staff can work at the top of their licenses and physicians, physician assistants (PAs) and nurse practitioners (NPs) can focus on the tasks that require a clinician.

Figure 1. Basic CGM workflow



QUESTIONS FOR YOUR PRACTICE

- *Is this CGM workflow task new or already happening in another workflow?*
- *Who is the most appropriate person to complete this task?*
- *Which tasks must be done by a clinician? Which tasks can be done by another staff member?*

Implementing CGM in your practice

Step 1: Identify patients who might benefit from CGM

Current evidence supports CGM use by patients with type 1 diabetes and patients with type 2 diabetes who use insulin or other glucose-lowering medications, have documented hypoglycemia, or have a condition that may make A1C results inaccurate or unreliable (e.g., hemoglobin variants, anemia, chronic kidney disease).[2,16,17] Recommendations will likely continue to evolve as new evidence emerges on CGM use in various patient populations.

In a recent large randomized controlled trial involving primary care patients with type 2 diabetes who were not using insulin, CGM improved glycemic management compared with routine care.[18]

WAYS TO IDENTIFY PATIENTS BEFORE VISITS

- EHR reports (e.g., to align with quality metrics), such as:
  - Diagnosis codes
  - Problem lists
  - Prescriptions
- Patient diabetes registry
- Team huddles
- Schedule scrubbing

WAYS TO IDENTIFY PATIENTS DURING VISITS

- New diagnosis
- Patient interest
- Lab values (e.g., A1C not at target)
- Reason to believe A1C is inaccurate or unreliable

Once your practice has identified patients who might benefit from CGM, use patient-centered communication strategies and shared decision-making to discuss it with them. The AAFP's FamilyDoctor.org and CGM manufacturer websites offer patient education materials that explain what CGM does and how it can help patients manage their diabetes.

QUESTIONS FOR YOUR PRACTICE

- *What data sources can our practice realistically use to identify patients who might benefit from CGM?*
- *Who can add a note to the schedule or a patient's chart to prompt a CGM discussion?*
- *Who can run or request EHR reports?*

Step 2: Order CGM and plan follow-up

If a patient agrees to start using CGM, work with them to select an appropriate modality and device and plan the support they will need to get started. Consider the patient's circumstances, clinical needs, preferences and insurance coverage. *Table 1* can help you identify CGM options to discuss with your patient. You can also find information about currently available devices using the Find & Compare Continuous Glucose Monitors tool (adces.org/education/danatech/glucose-monitoring/continuous-glucose-monitors-(cgm)/view-compare-cgms) from the Association of Diabetes Care & Education Specialists (ADCES); it is updated frequently.

TABLE 1. CGM OPTIONS BASED ON PATIENT CIRCUMSTANCES

Patient circumstances	CGM option to discuss
Uses an insulin pump or automated insulin delivery system	Compatible CGM
Uses insulin or noninsulin medications that can cause hypoglycemia	Real-time CGM
Has coverage or access barriers	Professional CGM or OTC CGM
Has a condition that may make A1C results inaccurate or unreliable*	Professional CGM or real-time CGM
Does not use insulin and is not at risk for hypoglycemia	• If covered by insurance: Real-time CGM • If not covered by insurance: Real-time CGM (if the patient is willing and able to self-pay for it) or OTC CGM

CGM = continuous glucose monitoring.
*Examples include hemoglobin variants, anemia and chronic kidney disease.

QUESTIONS FOR YOUR PRACTICE

- *Does our practice have access to professional CGM?*
- *How can our practice help patients understand the differences between professional, real-time and OTC CGM options?*
- *Which CGM options are most accessible for our patient population?*

Step 2 (cont.): Order CGM and plan follow-up

Primary care practices frequently cite obtaining coverage for CGM as the most challenging barrier to implementation. Before ordering a real-time CGM device, determine whether it is covered under the patient's medical benefit or pharmacy benefit. Most commercial payers cover CGM under the pharmacy benefit, while Medicare Advantage plans vary. Traditional Medicare covers CGM under the Part B medical benefit as durable medical equipment (DME), so orders should be submitted to a Medicare-enrolled DME supplier.[19]

TIP: HELP PATIENTS RECOGNIZE DME SUPPLIER OUTREACH

Tell patients whose CGM order is submitted to a DME supplier to expect a call or message from an unfamiliar company requesting information. Emphasize that they will need to follow up with the supplier in order to receive their CGM.

TIP: USE AN ONLINE ORDERING PLATFORM

Integrated online ordering platforms, such as Parachute Health (parachutehealth.com/health-care-providers) or DMEscripts (dmescripts.com), make the CGM ordering process more transparent. Many include insurer eligibility criteria and guide users on how to document appropriately and order from eligible pharmacies or DME suppliers. They also allow your practice to track the progress of CGM prescriptions through the authorization process.

CGM orders require adequate supporting documentation. For example, some payers require a Certificate of Medical Necessity or prior authorization. Missing or inadequate documentation can lead to coverage denials and delays in access to CGM. Your practice can use documentation templates to help streamline CGM ordering and ensure that all required information is included. Assign one person to become familiar with the requirements for your most common payers.

Step 2 (cont.): Order CGM and plan follow-up

DOCUMENTATION TIP: CGM ORDERING

Use the following as auto texts, macros or dot phrases to save time and improve the thoroughness of your documentation for CGM ordering.

.CGMRECOMMENDATION

This patient has diabetes. They use insulin as part of their diabetes treatment plan and/or they have a history of problematic hypoglycemia (defined as more than one episode of level 2 hypoglycemia with glucose <54 mg/dL that has persisted despite multiple attempts to adjust medication(s) and/or modify the diabetes treatment plan, and/or a history of at least one level 3 hypoglycemic event with glucose <54 mg/dL and altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia).

.CGMJUSTIFICATION

This patient experiences significant glycemic fluctuation despite significant efforts to optimize care, and they still experience one or more of the following: hypoglycemia, hypoglycemia unawareness, diabetic ketoacidosis or A1C not at target. I have therefore recommended continuous glucose monitoring as part of their comprehensive diabetes treatment plan in order to help them lower their A1C to target and/or maintain their A1C at target; to alert them to and detect hypoglycemia; to reduce hypoglycemia; and/or to reveal patterns of hyperglycemia, hypoglycemia and/or glycemic responses to food, activity, medication and/or other factors. Being able to use a continuous glucose monitoring system is therefore medically necessary for monitoring and/or adjusting their diabetes therapy and will increase their short-term and long-term safety. This is consistent with the ADA's Standards of Care in Diabetes—2026 (https://diabetesjournals.org/care/article/49/Supplement_1/S150/163922/7-Diabetes-Technology-Standards-of-Care-in).

Step 2 (cont.): Order CGM and plan follow-up

QUESTIONS FOR YOUR PRACTICE

- *Who can create auto texts, macros or dot phrases for our EHR?*
- *Who can complete prior authorization forms?*

When patients are quoted high prices for CGM from a pharmacy or DME supplier, they may be confused about whether the cost is due to a deductible or a coverage denial. Ask them to contact their pharmacist, DME supplier or insurer to clarify whether CGM coverage was denied and, if so, to find out the specific reason for the denial. Once you have this information, you can use an appeal letter template or clinical AI tools to help you navigate the appeals process.

If CGM is not covered, ask manufacturers whether samples are available. Explore financial support, coupons and discount programs for eligible patients by using the ADCES' affordability program finder (adces.org/education/danatech/training-education/diabetes-technology-tools/affordability-tool). In addition, discuss whether professional or OTC CGM would be appropriate and affordable for the patient.

After ordering or otherwise obtaining CGM, it is important to work with your patient to plan follow-up. Discuss what they can expect when they receive their device and what support they may need to get started. Some patients will be able to place the sensor and get connected to the manufacturer's app and your clinic account without assistance, but others will need help. If your practice does not have the staff or time to provide this support, you can direct patients to services available from CGM manufacturers, DME suppliers and some pharmacies.

QUESTIONS FOR YOUR PRACTICE

- *How will we educate patients about what to expect when they receive their CGM?*
- *Who will work with patients to plan follow-up and identify any support needed to get started?*
- *If necessary, what external support services might be appropriate for our patients?*

Step 3: Verify patient received CGM

Having a plan to verify that your patient received their CGM can help you coordinate next steps. Ask them to notify your practice when their device arrives. Assign a staff member to monitor this process and check in with patients after a specified period if they have not confirmed receipt. In addition, designate an appropriate person to check the status of prior authorizations and follow up with payers and DME suppliers if issues arise.

Patients who get one-on-one support from your practice or a patient support program will likely have an easier transition to using CGM than those who get started on their own. When a patient receives their device, offer an appointment for placement and education to take place within a few days. More information about this visit is provided in Step 4.

If your patient chooses to get started on their own, confirm that they are comfortable placing the sensor and have installed the manufacturer's app or know how to use the separate receiver, if applicable. Direct them to trusted resources for assistance (*Appendix 2*). If they encounter problems, schedule a care team visit.

Whether you provide placement support or your patient gets started on their own, schedule an initial CGM data interpretation visit within a few weeks; a common time frame is about two weeks after a patient starts using CGM. This follow-up can be provided via telehealth, through a patient portal or in person.

QUESTIONS FOR YOUR PRACTICE

- *Who will contact the patient to verify they have received their CGM?*
- *Who is the most appropriate person to follow up with payers and DME suppliers?*
- *What is the most appropriate timing for a placement and education visit with the patient? An initial CGM data interpretation visit?*

Step 4: Place CGM, provide education and connect data

A CGM placement and education visit with your patient should address the following topics:

- Placing the sensor
- Caring for the site
- Using the device and app
- Customizing alarms
- Connecting to the clinic account

Consider which alarms are most appropriate to set or customize initially. Note that the very low glucose alarm value cannot be changed. Starting slowly and adding more features as your patient acclimates to the device can help them remain committed to using CGM.

Before concluding the placement and education visit, confirm that a follow-up visit for CGM data interpretation has been scheduled. If it was not scheduled previously, arrange it now.

QUESTIONS FOR YOUR PRACTICE

- *Who can help the patient download the app, create an account and set up their smartphone or receiver?*
- *Who will be responsible for connecting the patient to our clinic account?*
- *Who can troubleshoot technology issues after the placement and education visit?*
- *Who will ensure that a CGM data interpretation visit is scheduled?*

Step 4 (cont.): Place CGM, provide education and connect data

DOCUMENTATION TIP: PATIENT INSTRUCTIONS

Use the following as an auto text, macro or dot phrase to save time and improve the thoroughness of your post-visit summaries.

.CGMPATIENTED

Thank you for letting us care for you! Place sensor on an FDA-approved site that is dry and hair-free. Wash site with soap and water or use alcohol pad and dry completely prior to placement. If your sensor reads "errors" or falls off, please call: {for FreeStyle Libre: (855) 632-8658; for Dexcom: (844) 607-8398}. Take a picture of the serial number on the box or applicator and keep until the end of the sensor wear time. Manufacturers might replace sensors that malfunction. If you have trouble keeping sensors on, consider purchasing Skin Tac or Tegaderm patches. This handout from the Panther Program has tips for device placement: https://www.pantherprogram.org/_files/ugd/29eb34_717640c07fca4c5ebc0a33be3b7d38b7.pdf.

Get paid for CGM services by optimizing your billing workflow. Practices billing in a fee-for-service model can use CGM-specific codes. There are separate CPT codes for personal and professional CGM placement and education, as well as one CPT code for interpretation (*Table 2*). You can find more billing and coding information at AAFP.org/cgm, including evaluation and management (E/M) codes for CGM.

As part of your practice's billing workflow, routinely review claims data with the billing team to identify denied claims, address missing documentation or other errors and troubleshoot workflow issues.

CGM implementation may also help improve your practice's performance on quality measures. In some cases, improvements may lead to financial benefits through value-based payment incentives. Quality improvement teams can monitor these measures.

Step 4 (cont.): Place CGM, provide education and connect data

TABLE 2. CGM-SPECIFIC CPT CODES

CPT code	Service	Reporting frequency	Who can perform the service
95249	Startup of personal CGM*	Reportable only once while the patient owns the device	Qualified staff member under direct supervision of a physician, PA or NP
95250	Startup of professional CGM*	Reportable to most payers four times per year (no more than once every 30 days)	Qualified staff member under direct supervision of a physician, PA or NP
95251	Interpretation of at least 72 hours of CGM data	Reportable to most payers once every 30 days	Physician, PA or NP

CGM = continuous glucose monitoring; NP = nurse practitioner; PA = physician assistant.
*Includes placement and education.

Step 5: Partner with patient to manage diabetes

Once your patient starts CGM, you will work together to use it as a tool for ongoing diabetes management. Establish expectations for how frequently you will review CGM data with the patient. Explain how the data can help their care team make timely treatment decisions.

You can empower your patient by using person-forward language and a patient-centered communication approach (see *Appendix 2* for resources). It is also important to avoid a "fix-it" mentality when reviewing CGM data with them. Elicit their thoughts and experiences first by asking questions like "What do you see in this report?" or "What did you learn?" When offering your observations on the data, always start with positive feedback and then identify one or two areas where they could focus their efforts. Encourage your patient to observe how different types, timing and amounts of food and physical activity can affect glucose. Seeing the effects of behavior changes may help them feel more confident about managing diabetes.

Step 5 (cont.): Partner with patient to manage diabetes

QUESTIONS FOR YOUR PRACTICE

- *How can we ensure that all practice team members who interact with patients use person-forward language?*

DOCUMENTATION TIP: CGM DATA REVIEW

Use the following as an auto text, macro or dot phrase to save time and improve the thoroughness of your documentation for CGM data review and evaluation.

.CGMDATATARGETS

I reviewed the patient's CGM data, which revealed the following:

Average glucose:	_____	mg/dL (target <154 mg/dL)
GMI:	_____	% (target <7.0%)
Time in range:	_____	% (target >70%)
Time below 54 mg/dL:	_____	% (target <1%)
Time below 70 mg/dL:	_____	% (target <4%)
Time above 180 mg/dL:	_____	% (target <25%)
Time above 250 mg/dL:	_____	% (target <5%)
Glucose variability:	_____	% (target ≤36%)

Keeping your CGM program current

CGM recommendations and payer eligibility criteria may change over time, and CGM technology continues to evolve. It is important for your practice team to stay informed of emerging evidence, newly available devices and changes to coverage policies. At least annually, review the ADA's *Standards of Care in Diabetes* and the CGM eligibility criteria of your practice's most common payers. In addition, periodically review your CGM workflow to confirm that you are meeting current documentation requirements and identify opportunities to improve efficiency. Include the workflow in new staff training to avoid gaps that may occur with staff turnover.

QUESTIONS FOR YOUR PRACTICE

- *How can our practice stay up to date on CGM technology?*
- *Who will review the ADA's Standards of Care in Diabetes at least once a year? Our most common payers' CGM eligibility criteria?*

References

1. Pilla SJ, Segal JB, Maruthur NM. Primary care provides the majority of outpatient care for patients with diabetes in the US: NAMCS 2009–2015. *J Gen Intern Med.* 2019;34(7):1089-1091.

2. American Diabetes Association Professional Practice Committee for Diabetes. 7. Diabetes technology: standards of care in diabetes—2026. *Diabetes Care*. 2026;49(suppl 1):S150-S165.

3. Oser TK, Hall TL, Dickinson LM, et al. Continuous glucose monitoring in primary care: understanding and supporting clinicians' use to enhance diabetes care. *Ann Fam Med.* 2022;20(6):541-547.

4. Flint KL, Fiore M, Justice A, et al. Expanding access to continuous glucose monitoring through empowering primary care: a joint endocrinology-primary care quality improvement project. *J Gen Intern Med.* 2025;40(10):2337-2345.

5. Martens T, Beck RW, Bailey R, et al. Effect of continuous glucose monitoring on glycemic control in patients with type 2 diabetes treated with basal insulin: a randomized clinical trial. *JAMA*. 2021;325(22):2262-2272.

6. Jancev M, Vissers TACM, Visseren FLJ, et al. Continuous glucose monitoring in adults with type 2 diabetes: a systematic review and meta-analysis. *Diabetologia*. 2024;67(5):798-810.

7. Beck RW, Riddlesworth T, Ruedy K, et al. Effect of continuous glucose monitoring on glycemic control in adults with type 1 diabetes using insulin injections: the DIAMOND randomized clinical trial. *JAMA*. 2017;317(4):371-378.

8. Lind M, Polonsky W, Hirsch IB, et al. Continuous glucose monitoring vs conventional therapy for glycemic control in adults with type 1 diabetes treated with multiple daily insulin injections: the GOLD randomized clinical trial. *JAMA*. 2017;317(4):379-387.

9. Juvenile Diabetes Research Foundation Continuous Glucose Monitoring Study Group, Tamborlane WV, Beck RW, et al. Continuous glucose monitoring and intensive treatment of type 1 diabetes. *N Engl J Med*. 2008;359(14):1464-1476.

10. Maiorino MI, Signoriello S, Maio A, et al. Effects of continuous glucose monitoring on metrics of glycemic control in diabetes: a systematic review with meta-analysis of randomized controlled trials. *Diabetes Care*. 2020;43(5):1146-1156.

11. Dzojic K, Schönberger E, Petrinović M, et al. Association of continuous glucose monitoring with glycaemic, distress, and quality of life outcomes in insulin-treated type 2 diabetes: a 12-month prospective study. *Medicina (Kaunas)*. 2026;62(5):938.

12. Bergenstal RM. Understanding continuous glucose monitoring data. In: *Role of Continuous Glucose Monitoring in Diabetes Treatment*. American Diabetes Association; 2018:20-23.

13. Lin R, Brown F, Ekinci EI. The ambulatory glucose profile and its interpretation. *Med J Aust*. 2022;217(6):295-298.

14. Martens TW, Simonson GD, Bergenstal RM. Using continuous glucose monitoring data in daily clinical practice. *Cleve Clin J Med*. 2024;91(10):611-620.

15. Miller E, Gavin JR III, Kruger DF, et al. Continuous glucose monitoring: optimizing diabetes care: executive summary. *Clin Diabetes*. 2022;40(4):394-398.

16. Tozzo V, Genco M, Omololu SO, et al. Estimating glycemia from HbA1c and CGM: analysis of accuracy and sources of discrepancy. *Diabetes Care*. 2024;47(3):460-466.

17. American Diabetes Association Professional Practice Committee for Diabetes. 6. Glycemic goals, hypoglycemia, and hyperglycemic crises: standards of care in diabetes—2026. *Diabetes Care*. 2026;49(suppl 1):S132-S149.

18. Oser TK, Martens T, Ruedy KJ, et al. Continuous glucose monitoring in non-insulin-treated type 2 diabetes. *N Engl J Med*. 2026;395(17):1717-1727.

19. Centers for Medicare & Medicaid Services. Continuous glucose monitors. Accessed October 19, 2026. https://www.medicare.gov/coverage/continuous-glucose-monitors

Appendix 1. CGM implementation checklist

Task	Not planned	To do	In progress	Done
Identify practice champion or QI team to oversee CGM implementation and sustainability				
Run EHR reports to identify patients who might benefit from CGM				
Use other existing workflows to identify patients who might benefit from CGM				
Add CGM prompts to pre-visit huddles and schedule notes				
Prepare clinicians to use shared decision-making when discussing CGM with patients				
Create EHR templates for capturing patient data to support CGM use				
Create clinic account for integrated online ordering platform*				
Train staff on use of online ordering platform				
Create workflow for ordering CGM for patients with traditional Medicare†				
Create workflow for ordering CGM for patients with Medicaid†				
Create workflows for ordering CGM for patients with commercial insurance and Medicare Advantage plans†				
Train clinicians and staff on CGM ordering workflows				
Create clinic account for manufacturer cloud-based CGM data management platform‡ that is accessible on the practice's computers				
Invite staff who will download or view CGM data to clinic account				
Train clinicians and staff on use of clinic account				
Create workflow for CGM placement and education				
Create workflow for scheduling CGM follow-up visits				

Appendix 1. CGM implementation checklist

Task	Not planned	To do	In progress	Done
Create workflow for CGM billing and coding				
Create workflow for addressing CGM in routine diabetes visits • Consider having staff upload a screenshot of the patient's AGP to the EHR before their visit.				
Train clinicians and staff on CGM workflow for routine diabetes visits				
Advanced: Create workflow for diabetes management using CGM between office visits • Consider assigning a care team member (e.g., care manager, nurse, MA, CDCES) to review the clinic account every two weeks, identify patients not meeting glycemic targets and either notify their clinician or schedule a telehealth visit.				

AGP = ambulatory glucose profile; CDCES = certified diabetes care and education specialist; CGM = continuous glucose monitoring; MA = medical assistant; QI = quality improvement.
*Examples include Parachute Health (parachutehealth.com/healthcare-providers) and DMEscripts (dmescripts.com).
†Include workflow steps to verify patient receipt of CGM and follow up with payers and durable medical equipment suppliers.
‡Examples include LibreView (libreview.com) and Dexcom Clarity (clarity.dexcom.com).

Appendix 2. Additional CGM resources

Resources from the American Academy of Family Physicians

CGM implementation in primary care

- CGM information and resources: AAFP.org/cgm
- Continuous Glucose Monitoring (CGM) Training for Primary Care (free CME course): AAFP.org/cme-and-events/topics/chronic-diseases-ambulatory-medicine/cgm-on-demand

Patient education from FamilyDoctor.org

- Living With Diabetes: How a CGM Can Help: familydoctor.org/living-with-diabetes-how-a-cgm-can-help
- Continuous Glucose Monitor (CGM): familydoctor.org/wp-content/uploads/2026/09/MC-17085-CGM-Patient-Handout-Update_Abbott_v5.pdf

Resources from other organizations

Workflow development

- Swim Lane Map (Minnesota Department of Health): health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html
- Process Mapping (Institute for Healthcare Quality Improvement): med.unc.edu/ihqi/resource-center/process-mapping

Ordering, documentation and access

- MCT2D Diabetes Dotphrase Library (Michigan Collaborative for Type 2 Diabetes): mct2d.org/resource-library/mct2d-diabetes-dotphrase-library
- Affordability program finder (Association of Diabetes Care & Education Specialists [ADCES]): adces.org/education/danatech/training-education/diabetes-technology-tools/affordability-tool

Appendix 2. Additional CGM resources

Resources from other organizations (cont.)

Device setup and placement

- Abbott FreeStyle Libre 3 Plus setup instructions: freestyle.abbott/us-en/how-to-set-up.html
- Dexcom G7 sensor insertion video: youtube.com/watch?v=cv5MbdkmAdo
- Five Tips for Device Placement (Panther Program): pantherprogram.org/_files/ugd/29eb34_717640c07fca4c5ebc0a33be3b7d38b7.pdf

Patient education

- Continuous Glucose Monitoring: Connecting the Dots (Endocrine Society): endocrine.org/-/media/endocrine/files/patient-engagement/brochures/cgm_pocket_guide_english.pdf

Billing and coding

- The Billing Navigator (ADCES): adces.org/education/danatech/training-education/billing-codes-reimbursement
- Frequently Used Billing Codes for Diabetes Technology (American Diabetes Association [ADA]): diabetes.org/sites/default/files/2025-11/FrequentlyUsedBillingCodes_FINAL.pdf

Communication with and about patients

- Language in Action: Using Words to Support People with Diabetes (ADCES): youtube.com/watch?v=d2Xs61VP3E4&t=10s
- Speaking the Language of Diabetes: Language Guidance for Diabetes-Related Conversations, Research, Education and Publications (ADCES): adces.org/docs/default-source/handouts/culturalcompetency/handout_hcp_cc_diabeteslanguage.pdf
- Motivational Interviewing for Patient and Family Engagement (University of Colorado Anschutz School of Medicine): medschool.cuanschutz.edu/docs/librariesprovider294/train-the-trainer/mi-patient-engagement_4-9-2026-final.pdf
- Language Matters Diabetes: languagemattersdiabetes.com
- Enhancing Communication Among Eye Health Specialists, Primary Care Providers, and Endocrinologists (ADA): professionaleducation.diabetes.org/ProductInfo/WordsMatter2025

Appendix 2. Additional CGM resources

Resources from other organizations (cont.)

Data interpretation

- Guide to Understanding the AGP Report (HealthPartners Institute): healthpartners.com/institute/wp-content/uploads/2025/05/Ambulatory-Glucose-Profile-Report-Overview.pdf
- Introduction to Glycemic Metrics (ADCES): adces.org/education/danatech/glucose-monitoring/continuous-glucose-monitors-(cgm)/glycemic-metrics--an-overview

This content was independently developed by the AAFP with support provided by Abbott Diabetes Care.
©2026 American Academy of Family Physicians. All rights reserved.