March 2026

Continuous Glucose Monitoring in Primary Care

PREPARE 4 CGM Toolkit

Help your primary care practice clinicians, staff, and patients get ready to use continuous glucose monitoring (CGM) for managing diabetes, and integrate CGM into routine practice and workflows.

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A **continuous glucose monitor (CGM)** is a sensor that automatically measures the glucose level in the fluid between cells, which is very similar to the glucose level in blood.[1] Supporting patients who are first starting CGM might seem daunting, but preparing clinicians, staff, and patients can improve the experience for successful uptake of CGM in primary care settings, and improve patient outcomes as well.

Who should use this toolkit?

This toolkit is for primary care practices, local practice groups, health systems, hospitals, and accountable care organizations that want to use CGM with their patients. The toolkit will help you build the essentials for a successful CGM program or enhance existing programs. Adaptations may be needed to fit your goals, resources, timelines, and updates to CGM technology and clinical guidelines. This is not intended to provide medical advice for your patients. Please use appropriate prescribing workflows and follow guidance from CGM device manufacturers.

Why CGM in Primary Care?

Primary care takes care of 90% of patients with type 2 diabetes and 50% of adults with type 1 diabetes.[2,3] Research has shown that use of CGM in patients with diabetes lowers HbA1c, helps identify and correct patterns of hyperglycemia and hypoglycemia, gives feedback on lifestyle modification, and increases quality of life.[4]
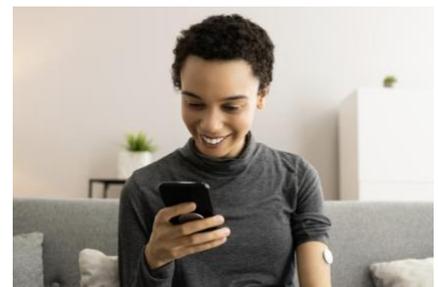
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[1] National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring#what

[2] Pilla SJ, Segal JB, Maruthur NM. Primary care provides the majority of outpatient care for patients with diabetes in the US: NAMCS 2009–2015. Journal of General Internal Medicine. 2019;34(7):1089-1091.

[3] Oser SM, Oser TK. Diabetes technologies: We are all in this together. Clinical Diabetes. 2020;38(2):188-189.

[4] American Diabetes Association Professional Practice Committee for Diabetes. Diabetes Technology: Standards of Care in Diabetes—2026. *Diabetes Care* 1 January 2026; 49 (Supplement_1): S150–S165.

2. Brief Introduction to CGM in Primary Care

What is CGM?

Continuous glucose monitoring (CGM) means using a device to automatically measure a patient's glucose level throughout the day and night. Patients can monitor blood glucose levels at any time and review how these levels change in real time over a few hours or days and identify trends.

CGM devices are sensors that are applied to the skin with an adhesive, attached to a short, thin filament just under the skin. The sensor measures the glucose in the fluid under the skin and gives a glucose reading. A transmitter in the device captures sensor readings and sends them to another device--usually a smartphone--for the wearer to see. For patients with diabetes, CGM devices help the patient monitor their blood glucose levels in real time, usually with *no fingersticks*. CGM sensors must be changed every 7 to 15 days, depending on the manufacturer.

For patients who are new to CGM, getting them started can can involve several steps. They may need additional support and guidance until using their CGM device becomes a familiar routine. There are resources available to help them and you.

Why implement CGM in primary care?

As mentioned above, primary care treats the vast majority of people with diabetes. Because of the many benefits observed in numerous research studies, which include HbA1c, other glucose, and quality of life benefits, the American Diabetes Association's (ADA's) *Standards of Care in Diabetes* recommends consistent use of continuous glucose monitoring (CGM) for people who have diabetes and take insulin, regardless of age or diabetes type.[5] This includes any insulin regimen, whether long-acting (basal) insulin only, multiple daily administrations of insulin, or an insulin pump. The *Standards of Care* also recommend CGM for people on noninsulin therapies that can cause low glucose levels and on any treatment where CGM can help in management.

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[5] American Diabetes Association Professional Practice Committee for Diabetes. Diabetes Technology: Standards of Care in Diabetes—2026. *Diabetes Care* 1 January 2026; 49 (Supplement_1): S150–S165.

How do patients benefit from CGM?

- Enhances patient understanding of how diet, exercise, stress, and daily routine impact glucose levels
- Enhances ability to achieve glucose targets
- Identifies episodes of low and high glucose, including before symptoms appear
- Can reduce or eliminate the need for fingersticks
- Provides security with continual rather than episodic monitoring

How do practices benefit from CGM?

Prescribing patients CGM builds on what you already know about taking care of patients with diabetes. Detailed, continuous information about your patients' blood glucose levels can help guide your recommendations to patients based on better data. Also, helping patients get better visibility into their glucose management by using CGM can help clinicians and patients identify opportunities to adjust therapy, even among patients who have had difficulty managing their diabetes in the past. CGM can help achieve glucose targets more efficiently and more quickly, enhancing patient's health, and enhancing practice performance or "quality" metrics. CGM also offers a rare opportunity to enhance practice revenue by using the CGM-specific billing codes, which unfortunately is a rarity among most services performed in primary care practice.

What do practices and patients say about CGM?

Practices 💬

"We are having a blast with the CGM. We are starting a couple new professional ones but I was able to sign into LibreView for the FreeStyle Libre from the pharmacy. We get real time feedback. My PAs and I sit down and look at it frequently and make suggestions like, "okay, decrease your long-acting insulin to 20 units this evening so we can see how you do." We have someone who is bottoming out at night. It's unbelievable. The next day we will sit down and see how her body reacted to that. We have gotten her nighttime lows fixed and are looking at working on postprandial glucose with a possible GLP-1. We may be able to get her off of long- and short-acting insulin and get better glucose management. I can't emphasize enough how much more insight and opportunity we have. It also reinforces to the patients how the medications work and they are more likely to use them correctly."

Patients 💬

"With CGM, it's a lot easier when you just randomly decide to go out to eat. You don't have to take finger pricks and everything. You can just pull it up and see where your blood sugars are and figure out what you can eat from there…. With just doing the finger pricks, you don't know until you do a finger prick what your sugar is. Having the CGM, you know 24-7 what your sugars are."

Learn More About the Basics of CGM

Here are additional resources for learning more of the basics about CGM: [Training for Staff and Clinicians](#)
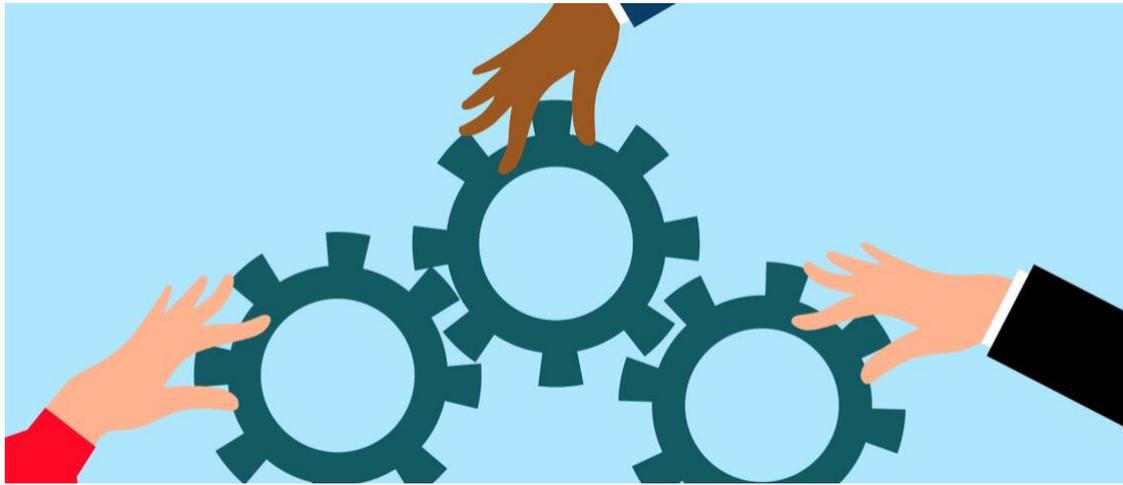
3. Prepare for CGM Implementation

Readiness Check

A quick readiness check can help you think about immediate next steps to prepare your practice and your patients for CGM.

- **Does practice leadership visibly support implementing CGM?** Leadership support may be instrumental in getting started with and sustaining CGM.
- **Is there a shared understanding across clinicians and staff of how CGM works using the latest technology?** An overview and/or refresher on current CGM technology and the basics of how it works may help everyone think about their own role in implementing CGM.
- **Do clinicians and staff understand the key benefits of CGM for patients and practices?** This is important in demonstrating how offering CGM can align with your overall practice goals for patient care and population management.
- **Do we have or can we identify an implementation team to apply quality improvement methods to test, refine, and spread CGM across the practice?** A few QI techniques--like PDSA cycles,[6] workflows, and data review--can help ensure implementation success.
- **Can we estimate the number of patients in our practice who might benefit from CGM?** This may help you think about how frequently you might be offering CGM, supplies you might need, and whether professional or personal CGM (or both!) makes sense.
- **Are our patients asking about CGM?** If you get questions about CGM from patients, it may be a signal to start thinking about offering CGM more regularly or how everyone on the team can respond with a unified message.
- **Does someone in our practice have experience with CGM--as a prescriber, an educator, or a patient?** While they can't speak for everyone, those with prior or current experience

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[6] PDSA, or Plan-Do-Study-Act, is a structured, four-step, iterative approach to implement, test, and improve changes in processes. You can learn more about PDSA here, from the Institute for Healthcare Improvement.

may help answer others' questions about the benefits and challenges of prescribing or using CGM based on their experience.

Tips for success

Leaders who visibly support implementing CGM help cultivate and sustain an overall culture that supports CGM as the right thing for their patients who can benefit.

Regular meetings, especially early in implementation, build understanding and accountability across team members while supporting regular reviews to strengthen strategic planning.

A *CGM Champion* may serve as a go-to person in a practice who can speak to the benefits of CGM, is keenly interested in helping your practices and patients be successful and can help with some of the practical implementation details in a practice.

Electronic Health Record (EHR) support-- including templates and workflows--smooths the way for efficient documentation and data retrieval.

Know the device manufacturers and their representatives to help with answering

specific questions about devices and obtaining sample devices.

Try devices and apps with your clinical team to learn how the devices are applied, how data is accessed using smartphones, what data are available, and how to use the data to better help patients with their own CGM experience, including troubleshooting common problems or questions. Practices' local CGM manufacturer representatives can be very helpful in arranging an "educational wear experience" for practice staff. Practices that have done this have found the experience to be absolutely invaluable.

Have professional CGM and/or device samples on hand to help patients get started on CGM right away while waiting for authorization from their insurance carrier.

Discuss both the pros and cons of CGM with patients to help set reasonable expectations for CGM use.

Leadership for CGM Implementation

Support from practice leadership will help smooth the way for setting up your practice to routinely offer CGM to patients. Supportive leaders can:

- Articulate a vision for how CGM fits in with overall care goals for patients in the practice
- Create buy-in from clinicians and staff
- Ensure there is available time and space to meet, plan, and test
- Secure vital resources to support the implementation effort

Identifying a CGM champion as the go-to person who speaks to others about the benefits of CGM can sustain momentum for implementation. The champion may be a clinician or staff member, ideally someone who has some additional interest, experience, and/or training with CGM or diabetes care. For clinicians and staff who are hesitant, you may need to make the case for why CGM is important for patients and practices.

Your Implementation Plan

Create an implementation plan with reasonable and achievable steps that will guide the changes to implement in the practice to start, support, and maintain CGM. It may be particularly helpful to start with a small test of change with a few patients to work out questions or problems early on and refine the implementation plan.

- Identify a small implementation team that includes a CGM champion, clinicians, and staff
- Learn more about CGM, including how the devices work and how data are accessed with smartphones or readers
- Dedicate time to meet
- Sketch out an initial plan with the team
- Set goals for what will change, including reasonable objectives and a timeline for when you expect to complete them
- Discuss and select measures for what you hope will change and how you will know if you're successful
- Think about small tests of change that include data reviews to make adjustments or change course if not going as planned
- Clarify roles on your team by specifying who will do what and how you will communicate across team members
- Sketch out possible workflows--with people and roles--that include:
  - Identifying patients for whom CGM might be helpful
  - Ordering samples and/or [Professional CGM](#) supplies
  - Documentation, billing and coding
  - Ordering workflows and paperwork
  - Patient education and awareness
  - Initiation visit plans
  - Patient follow-up
  - Reviewing data with patients (and consider practicing with a "mock" patient)
  - Troubleshooting insurance approval processes, including denials
  - Data tracking/extraction and review
- Draft plans for spreading implementation to the whole practice or all patients who might benefit from CGM
- Get to know your device manufacturer representatives

Is Practice Facilitation an Option?

Some practices, programs, or health systems have practice coaches or facilitators whose role is to help practice teams implement new improvement plans, including new processes and policies.

Using a practice facilitator does enhance implementation efforts and can maximize success.[7,8] **Section 6** includes materials and guidance to help a practice facilitator implement CGM in your practice. You may find these additional tools helpful to plan and guide your implementation plan.

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[7] Baskerville NB, Liddy C, Hogg W. Systematic review and meta-analysis of practice facilitation within primary care settings. Ann Fam Med. 2012 Jan-Feb;10(1):63-74.
[8] Parchman ML, Noel PH, Culler SD, Lanham HJ, Leykum LK, Romero RL, Palmer RF. A randomized trial of practice facilitation to improve the delivery of chronic illness care in primary care: initial and sustained effects. Implement Sci. 2013 Aug 22;8:93.

4. CGM Implementation in Action

This section includes more detailed information to help fill out some of the details of your implementation plan.

Identifying patients for CGM

Thinking about what is involved and who in your practice can help is key to getting patients in your practice started on CGM. It may be helpful to start with a few patients and work through a full cycle of ordering, initiating, and follow-up monitoring to evaluate what's working and where to make adjustments to workflows. A detailed sample workflow may help you think through some of the steps and who can help. This sample checklist may help you plan who will do what, from identifying patients who may benefit through CGM initiation and their first follow-up.

First time CGM Workflow

- Identify patients

1. **Introduce CGM**
   Interested · Not interested · revisit later

2. **Arrange paperwork**
   Authorizations + documentation

3. **CGM Initiation Visit**
   Patient's first use of CGM

4. **Review CGM data**
   Review device data with patient; repeat as needed

5. **Advise patient**
   Using new CGM data

- **Monitor clinical measures**
   + review billing and reimbursements

For whom is CGM best?

CGM is suitable for patients with type 1 or type 2 diabetes. Details on ADA recommendations for CGM can be found in the 2024 Standards (see section "Continuous Glucose Monitoring Devices"). The list of who might benefit from CGM keeps growing. This includes people of all ages with diabetes (regardless of diabetes type) treated with insulin, people with type 2 diabetes on any non-insulin therapy where CGM can be helpful, and increasingly in prediabetes in some cases, where evidence continues to grow. The ADA Standards of Care are the best place to look for the most current recommendations. The choice to pursue CGM should

be a shared one with patients, and some may not be interested. Some may also be overwhelmed or mase to worry by having so much visibility into their glycemia and data, so CGM isn't always a great choice for all people or circumstances.

When recommending CGM to a patient, make sure the patient agrees before proceeding with ordering and that their choice of a device is based on their individual circumstances, preferences, and needs.

How will you identify patients?

Starting thinking about CGM for patients as they come in for their scheduled appointments and encourage clinicians to bring it up during those appointments.

Also consider adding CGM consideration to pre-visit huddles or other preparation activities. You can consider adding it to other planning priorities, like identifying people due for a flu vaccine, foot exam, etc.

Finally, the EHR may be able to help proactively identify groups of patients suitable for CGM, who can then be contacted by targeted outreach. Consider these combinations of search terms or coding schema if this a route you or your practice would like to pursue:

Type 1 Diabetes in diagnosis or problem list (e.g.,, ICD-10 E10.*)   *This would capture all people with type 1 diabetes, all of whom should be treated (by definition) with insulin, so there is no need to have insulin as a search term.*
Type 2 Diabetes in diagnosis or problem list (e.g., ICD-10 E11.*)   *AND*   **Insulin** *OR* **Sulfonylurea** (from medication list)   *This would capture all people with type 2 diabetes treated with insulin (recommended for CGM use per ADA Standards) and/or a sulfonylurea (a class of diabetes medications that increases risk for hypoglycemia).*
Type 1 Diabetes *OR* **Type 2 Diabetes** in diagnosis or problem list (e.g., ICD-10 E10.* *OR* E11.*)   *AND*   **Hypoglycemia** *OR* **Hypoglycemia unawareness** in diagnosis list, problem list, or text search   *This would prioritize capturing those with a history of hypoglycemia or hypoglycemia unawareness.*

Type 1 Diabetes *OR* **Type 2 Diabetes** in diagnosis or problem list (e.g., ICD-10 E10.* *OR* E11.*)
 	
  AND
 	
 HbA1c > 9.0% in lab results
 	
 This would capture those with HbA1c not meeting a commonly used performance or quality metric [e.g., NCQA's HEDIS metric "Glycemic Status Assessment for Patients With Diabetes (GSD) > 9.0%].
	Type 1 Diabetes *OR* **Type 2 Diabetes** in diagnosis or problem list (e.g., ICD-10 E10.* *OR* E11.*)
	
	  AND
	
	 HbA1c ≥ 7.0% in lab results
	
	 This would capture those with HbA1c not meeting the target for most people with diabetes (per ADA Standards).

Professional or Personal CGM?

For practices considering CGM for their patients, there are two approaches to getting patients the devices, called "Professional" and "Personal" CGM. With **Professional CGM**, the practice owns the equipment and is typically used for one-time or occasional use with patients. With **Personal CGM**, the patient owns the equipment and is typically used for a long-term basis. The devices themselves may even be the same in both setups. Professional CGM can be extremely useful, especially when personal CGM is not likely to be covered by insurance or if you want the option of blinding data from patients (e.g., if there is a concern about exposing so much data to them). Your practice may also be able to cover expenses by enhancing revenue with separately billable procedures, which can be billed in addition to evaluation and management (E/M) services if done on the same day (details below).

Professional CGM	Personal CGM
• Equipment belongs to the practice (practice supplies sensor for use on patient; patient doesn't own) • Used by practices on a one-time or occasional basis for a given patient • No need or very limited need for insurance authorization of Professional CGM startup CPT code (95250) • Often faster, easier path to get CGM data, especially when only desired intermittently • May be useful during authorization process for personal CGM.	• Equipment belongs to the patient (patient acquires through pharmacy or DME— whether insurance contributes/covers or patient pays part or all of cost) • Equipment is prescribed to the patient • Often used on a long-term, regular, or continuous basis • Requires authorization from the patient's insurance or patient willing to pay out-of-pocket for the CGM supplies • Patient has immediate access to their own data

This quick reference guide provides more information about Professional CGM, including billing. And here are more details from the AAFP about setting up and using professional CGM.

How do we order CGM samples?

Device manufacturer representatives are the best source for ordering CGM samples to have available in your practice. Samples can also be a great way to get people started on CGM while they are engaged and motivated, right at the time they make the decision with their practice team to go forward, instead of potentially losing that engagement and motivation while waiting through the authorization process. Samples can be requested from your local device manufacturer representative. You can find instructions on how to connect to a local rep through the device manufacturer websites.

Are your patients ready for CGM?

CGM may be new to some patients or they may have been waiting for you to offer it. Think about how your team can develop a simple, unified message about why you're offering CGM now and

what patients can expect. Be ready with resources or patient handouts that help educate them and prepare them for using CGM. Device manufacturers offer good, up-to-date, and patient-friendly resources. Additionally, you may find these tools helpful to use, by yourself or with patients:

> [ADCES danatech's Find & Compare Continuous Glucose Monitors](#)
> [AACE Guide to Continuous Glucose Monitoring (CGM)](#)

And patients may find it particularly helpful to use the [Device Finder at DiabetesWise.org](#).

More Resources for Patients

Find more resources designed specifically for patients--including Spanish-language resources--in section 7, [For Patients](#).

Ordering CGM: Insurance, Documentation, and Billing

Insurance and Prior Authorizations

Insurance plans have specific eligibility requirements that must be met to provide coverage for personal CGM. Prior authorization is often required, therefore, careful documentation is essential to successful prescribing of personal CGM devices. Medicare, in particular, may require a certificate of medical necessity (CMN). If your patients do not qualify for personal CGM, professional CGM may be an option for intermittent use. Be aware that the details of eligibility and documentation can change. Check here for [updated guidance.](#)

For **personal CGM**, patients should also be informed about the insurance and authorization requirements. Some general guidelines:

- A prescription or order will be required from a clinician with prescribing authority.
- The patient has a diagnosis of diabetes.
- The prescriber documents why the patient is being prescribed/ordered CGM. For example, insulin use, history of hypoglycemia, etc.
- The patient has been seen recently by a provider for diabetes management (typically no longer ago than 6 months, as is required by Medicare; other payers may vary).
- For *continuing eligibility,* all of the above should be met and the treating practitioner must have a visit with the patient to assess CGM use and the diabetes treatment plan, again typically every 6 months following initial CGM prescription.

You can find more details in these **"[CGM: Insurance Navigation Guides](#)"** for commercial, Medicare, and Colorado Medicaid insurance. For broader information about Medicaid outside Colorado, [this resource from the Center for Health Care Strategies](#) can be very useful.

Billing and Coding

Coding and Reimbursement: There are several **CPT codes** for CGM reimbursement:[2]

- **95250** is for training the patient, startup and calibration, sensor placement, and data download of a *professional* CGM. This code may be billed by any qualified health professional (QHP). Note: Do not bill more than one time per month or four times per year for any single patient.
- **95249** is for training and startup of *personal* CGM, in the same way you would bill 95250 for professional CGM. Note: Do not bill more than one time per patient for the entire time the patient is using that CGM system.
- **95251** may be billed by a physician or QHP for the interpretation of the CGM report. This can be done with or without the patient in the office, but a face-to-face or virtual office visit is recommended to review the results and make therapy adjustments. Note: Do not bill more than one time per 30 days.

Paying for Professional CGM

Professional CGM may be an opportunity for your practice (except for FQHCs, RHCs, and others wo do not bill on a fee-for-service basis) to cover expenses and even enhance revenue with these separate billing procedures. A few key points:

- A professional reader/receiver is a relatively inexpensive investment for a practice at about $60. A practice should have at least of these reusable devices, or for larger practices, perhaps one per work area. Readers may not be sold individually (typical pricing: pro reader included in a 4-sensor starter kit for $299—so at $59/sensor, a starter kit gets you the reader for $63).
- For traditional fee-for-service, 2 CPT codes can be used:
  - **Pro CGM Start:** CPT 95250 (provide equipment, sensor placement, hook-up, calibration (if needed), patient training, recording of at least 72 hours of data, removal of sensor, and printout of data and/or reports)
    - Physician or other qualified healthcare professional (or staff incident-to provider)
    - May be performed and billed as often as four times/year for most payers
    - Can be in addition to E/M if both E/M and Pro CGM start performed on same day
  - **CGM Interpretation:** CPT 95251 (billable later, when at least 72 hours of CGM data are reviewed and interpreted)
    - Clinician only (MD, DO, NP, or PA)
    - Includes interpretation only (not E/M)

- Can be billed in addition to E/M if both E/M and CGM interpretation performed on same day (i.e., if the CGM data are interpreted AND ALSO used in evaluation and management)

For more details, about setting up and using Professional CGM, review this Professional CGM webinar slide set.

Documentation

Documentation is essential to support personal or professional CGM. Be sure to explain why you recommend CGM (like any other evaluation/test) in your progress notes. Using macros can simplify the process. See this "Text and Macros" resource guide for more detailed information.

Here's an example of text from a chart note that would support CGM for a hypothetical patient:

> I recommend CGM use for this patient, who has a diagnosis of diabetes; is treated with insulin; requires frequent adjustment of the insulin treatment regimen based on glucose results; and has been personally seen to evaluate their diabetes treatment within the past 6 months.

This can help with documentation for billing:

> I spent *** minutes today in evaluation and management of this patient, which is in addition to the separate time spent performing continuous glucose monitor (CGM) data interpretation.

What patients needs to know: insurance and denials

Insurance authorizations can sometimes be delayed or denied. Remind your patients that this can happen. While coverage of CGM has improved in recent years, authorizations still take time, denials still happen, and either or both of these can be frustrating—especially when patients are eager to start CGM at this point. Here are some things to try in these situations:

- Delays: Professional CGM or samples can be a good way to start patients on CGM while waiting for authorizations.
- Denials:
  - Professional CGM can be used for short-term needs to help patients gain a better understanding of how their blood glucose levels change throughout the day.
  - Samples may also be an alternative for short-term needs.
  - Device manufacturer representatives may be able to help you understand what might have gone wrong with the insurance paperwork.

- Over time, prescribers tend to learn which patients will likely be approved or denied personal CGM coverage. Professional CGM or samples may be a good starting point for these patients.
- If authorization remains elusive, over-the-counter CGM may be an acceptable option too, as patients can purchase these without a prescription or insurance coverage; keep in mind that patients are responsible for the entire cost of over-the-counter CGMs, but they are usually the lowest cost of all available CGMs.

These "How to Get CGM" guides can help with the details of ordering and documenting for Medicare, commercial payers, and Colorado Medicaid (select the appropriate payer on the left of the page). This guide can be helpful for Medicaid in other states. Printable guides are also available in the Tool 4: Resources.

CGM Initiation: Starting a patient on CGM

Once a patient receives their device, they will likely need help and some education to get started. At an initiation visit, a trained staff member (e.g., CDCES or RN) will help the patient place the device on the patient. During this visit is a good time to talk through some common problems and solutions (e.g., adhesion or skin problems) and help the patient set up their reader or smartphone app to begin looking at the data. Because they will likely need login and password information (for downloading and using the app), some patients might need extra time to set up their smartphone app. Remind them to bring this information to their initiation visit. This is often one of the more time-consuming steps in CGM initiation.

If calibration is needed, remind the patient about how long calibration usually takes and what, if anything, they need to do. Schedule a follow-up visit. Before they leave the initiation visit, make sure patients know where to go for help and support. Device manufacturers offer many useful resources, including instructions and videos for patients, tech support, and 24/7 product support.

What about a CGM initiation service for patients?

Some practice groups or health systems provide an initiation service to help patients get started using CGM with dedicated support. Practices benefit from the extra support and attention patients receive. If your practice group or health system is thinking about creating an initiation service, a separate toolkit can help: **Go to the Virtual Initiation Service Toolkit** for more information.

Monitoring Patients

Monitoring patients--including reviewing their device data--will help manage their diabetes with better information while providing the information needed for documentation to support reimbursement and to renew insurance authorizations. Monitoring may also inform any quality

improvement goals you might have related to diabetes management. Plan for a follow-up visit within 2 to 4 weeks after the initiation visit.

> *Pro tip: Set up a professional/clinic account with the CGM device manufacturers' free, secure, cloud-based services. You'll want to upload patient data there, or even better, to invite patients to share their data directly to your clinical account. Patients can do this by creating a personal account with the CGM manufacturer's cloud service, then they can automatically share their data from their compatible smartphone, or they (or you) can upload their data from a reader/receiver if not using a smartphone.*

Personal CGM: For patients using personal CGM devices, it might be a good idea to check the cloud for the patient's data availability, or to contact patients prior to a visit and remind them to bring their monitoring device (reader/receiver or smartphone) to the visit. Save the CGM report or a screenshot to the patient record in your EHR.

Professional CGM: For professional CGM devices, download data from the patient's device or the cloud prior to their visit. Save to the electronic health record or patient record.

At patient visits, review the data with the patient and document that the data were reviewed. You will need this documentation for billing. [This is a good resource](#) to start on CGM data, metrics, and interpretation. [This resource](#) reviews CGM and compares and contrasts with other ways to measure glycemia. [And this is a helpful, guided approach](#) to CGM data interpretation. These resources from PANTHER Program are also very helpful, and brand-specific to [Dexcom](#) and [FreeStyle Libre](#).

What do patients need to know and do?

Shared decision-making around CGM can help patients with their decisions while assessing their interests, preferences, and concerns about using the device short- or long-term, including how they read or access the device data. Patients will need some basic introduction to how the device works, how to use the data to help manage their diabetes (using a reader or smartphone app), and what's covered by their insurance. Getting patients started can be a daunting process, so let them know that they will have support throughout the process and that they don't need to learn everything all at once.

Remember to discuss some of the potential problems other patients have experienced and how to overcome them. Here again are some resources that can be helpful in talking with patients about which CGM device might be the best fit for them:

[ADCES danatech's Find & Compare Continuous Glucose Monitors](#)
[AACE Guide to Continuous Glucose Monitoring (CGM)](#)
[DiabetesWise's Device Finder](#)

> *Pro tip: ALARMS seem to be a common issue/setting for first-timers with a new device. It may help when getting a patient started to turn off most or all alarms so they don't get inundated right away. You and they may be tempted to use the device to its full capability, but using it at all is more than they were doing before. As they get more comfortable, over time, consider re-enabling some of the alarms, when the patient is ready.*

Patients may also need help interpreting their data reports so they understand patterns of how what they do during the day can affect their blood glucose readings. This helps them take control of managing their diabetes. Most people pick up on the instantaneous, real-time display very quickly, but some guidance with reports can be very helpful.

Sustaining CGM in practice

Demonstrating the value of CGM to your patients and your practice will help to make the case for continuing to offer CGM to patients with diabetes. Using your practice data on HbA1c, for example, may help show improvements before and after offering patients CGM. It may also be especially rewarding to capture stories from patients who have had success using CGM where they might have struggled before.

Reviewing billing data may also help find gaps in documentation or billing workflows leading to lower reimbursement that could be improved with reminders and refinements to workflows to ensure optimal billing.

Workflows can help to streamline the effort if certain tasks--like authorization paperwork or downloading patient data--are handled by a few people who become more knowledgeable and more efficient at these tasks and can better troubleshoot when things go wrong.

5. Guidance for FQHCs and RHCs

What's different for Federally Qualified Health Centers, Community Health Centers, and Rural Health Clinics?

NOTE: On March 2, 2023, Centers for Medicare and Medicaid Services (CMS) announced expanded Continuous Glucose Monitor (CGM) coverage, explained in this FAQ from the American Diabetes Association.

Billing and reimbursement are the primary differences for health centers that work with patients who are primarily covered by payments from the Center for Medicare and Medicaid Services (CMS) to provide services to underserved areas or populations.

Use E/M codes, Remote Patient Monitoring (RPM) and/or Chronic Care Management (CCM) codes to be reimbursed for CGM-related services, as the CGM-specific codes (95249, 95250, 95251) are typically NOT reimbursed for FQHCs and RHCs.

Reimbursement for Remote Patient Monitoring (RPM)

In 2024, Medicare began reimbursing FQHCs and RHCs for remote patient monitoring (RPM), sometimes also referred to as remote physiologic monitoring. A January 2026 update revised the time and billing requirements. Whereas previously automatically uploaded monitoring data was required on at least 16 days in a 30 day period, the recent update allows billing under that (higher) or threshold, or a new lower threshold with data on 2 to 15 days in a 30-day period. Likewise, while RPM treatment management previously required at least 20 minutes spent during the month, a new 10-minute threshold allows billing for this lower threshold.

RPM uses an entirely different set of codes:

- 99453: initial equipment setup and patient education for RPM system(s) that automatically transmit physiologic data to a digital platform, billed once per patient during monitoring
- Monthly monitoring. ONE of these can be billed every 30 days:
  - 99445: ongoing monitoring with 2-15 days of data per 30-day period, billed every 30 days
  - 99454: ongoing monitoring with 16+ days of data per 30-day period, billed every 30 days
- Management time, including staff time spent monitoring and coordinating care for an RPM patient, including at least one live interaction with the patient in a 30-day period:
  - ONE of these can be billed every 30 days:
    - 99470: 10-19 minutes of management time per 30-day period
    - 99457: 20+ minutes of management time per 30-day period
  - 99548: Each additional 20 minutes of management time per 30-day period (after the initial 20 minutes reported using 99457). Some recommend billing this no more than twice per 30-day period (once after the 40th minute, once more after the 60th minute)

More information on RPM can be found at these and other sites:

[Centers for Medicare & Medicaid Services](#)

[McDonald Hopkins](#)

Reimbursement for Chronic Care Management (CCM)

CCM is another alternative available to FQHCs and RHCs, reimbursing for time devoted to care coordination activities for a patient with at least two chronic conditions. While CCM does not require use of any devices, diabetes patients (including those using CGM) with another actively coordinated chronic condition may have these services billed, helping to reimburse the extra time needed for this level of care coordination. The following codes are used for CCM; codes from only one row should be billed per calendar month for each patient:

99490 (first 20 minutes) and 99439 (each additional 20 minutes) for *non-complex* care coordination led by *clinical staff* (non-physician/QHP)
99491 (first 30 minutes) and 99437 (each additional 30 minutes) for *non-complex* care coordination led by a *physician/QHP*
99487 (first 60 minutes) and 99489 (each additional 30 minutes) for *complex* care coordination led by a *physician/QHP*

6. Practice Facilitator Guidance

This section is about and for practice facilitators (or practice coaches), who may be able to support practices with their CGM implementation goals.

Why practice facilitation?

Practice facilitation, or coaching, has been shown to assist practices in implementing evidence-based interventions, improving the incorporation of programs into practice operations, and increasing sustainability.[9,10] Practice facilitation is a multi-faceted interactive education and training approach employed by Practice Facilitators—skilled individuals who, using tested tools and techniques, enable practice staff and clinicians to address the challenges of implementing new care guidelines, processes, workflows, and programs.

What can a Practice Facilitator do for CGM implementation?

Practice facilitators can accelerate implementation with:

- Background and knowledge: the "why"
- Up-to-date curated materials and resources
- Accountability and attention to specific practice goals
- Implementation and quality improvement plans tailored to fit each practice

Practice facilitators can be specifically focused on helping a practice achieve its goals for implementing CGM. Facilitators also apply lessons and knowledge from other practices to your practice and tap into their own networks of experts.

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[9] Baskerville NB, Liddy C, Hogg W. Systematic review and meta-analysis of practice facilitation within primary care settings. Annals of Family Medicine. 2012 Jan-Feb 2012;10(1):63-74.

[10] Dickinson WP, Dickinson LM, Nutting PA, et al. Practice facilitation to improve diabetes care in primary care: a report from the EPIC randomized clinical trial. *Ann Fam Med*. Jan-Feb 2014;12(1):8-16.

Tips for Successful Coaching

- Avoid information overload by introducing important information in small chunks over time
- Start with a first small goal for the practice
- Build on wins to keep momentum going in the practice
- Discuss Professional CGM with practices early on to get them started with data reports, at their own pace
- Work through a few patients together to help problem-solve early on
- Create a "parking lot" for ideas or questions that come up along the way
- Get to know your device manufacturer representatives—they can help with questions and resources and take some of the workload off of busy practice staff

CGM Guidance for Practice Facilitators

The remainder of Section 6 is intended for Practice Facilitators to help assemble CGM-focused materials and tools to assist their facilitation work in primary care settings.

A. Get to Know CGM

Do your own research on CGM to understand what practice staff and providers need to know and what patients need to know. Here are key points and links to get you started.

What is CGM?

- [Information from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)](#)
- [Information from the American Academy of Family Physicians (AAFP)](#)

If possible, it can be helpful to wear a CGM device yourself for a week or so to help understand what patients (and practices) will experience and how you can help support them, especially in setting up their smartphone app. Manufacturer representatives can be very helpful in getting you samples or free devices for an "educational wear experience."

Why CGM in Primary Care?

Primary care takes care of 90% of patients with type 2 diabetes and 50% of adults with type 1 diabetes. Research has shown that use of CGM in patients with diabetes lowers HbA1c, helps identify and correct patterns of hyperglycemia and hypoglycemia, gives feedback on lifestyle modification, and increases quality of life. The American Diabetes Association's (ADA's) *Standards of Care* recommends consistent use of CGM for many people who have diabetes.
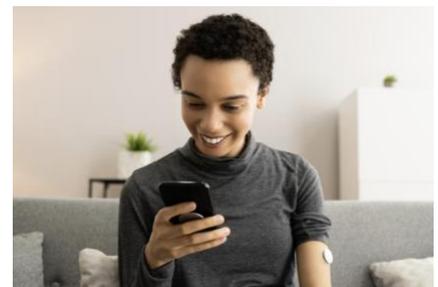
What essentials does a practice need to know?

Remind practices of CGM's potential benefits to patients, especially those who have had trouble managing their diabetes. Prepare a small team that can work on small tests of change and encourage the practice to start out with a few patients while they learn about the process of starting patients on CGM. Billing, coding, documentation, and interpreting device data **with patients** will lead to a successful, sustainable CGM experience. Samples or Professional CGM may be the easiest way for practices and patients to get started with CGM.

- Authorization, Documentation, and Eligibility Guides (printable)
  - [Medicare](#)
  - [Medicaid](#)
  - [Commercial](#) payers
  - [Colorado Medicaid](#)
  - [Professional](#) CGM
- EHR Documentation
  - [Text and Macros](#)
- Interpretation Guidance
  - American Diabetes Association chapter on [Approaches for Successful Outcomes](#)
  - *Clinical Diabetes* [executive summary](#) (with links to detailed resources)
  - ADCES danatech approach [incorporating shared decision making](#)
- Professional or Personal CGM
  - American Academy of Family Physicians:
    - [Personal CGM](#) (scroll to "What Type of Coverage Does the Patient Have?)
    - [Professional CGM](#)

💬 *The biggest thing that I found with this isn't what I'm doing. The biggest thing is when [patients] can scan their sugar anytime they want, they know what they're doing, and then they're like, "Ooh, if I eat this, it does this. If I do that, then this happens. If I exercise, this happens," so they get to know. And then the most important thing I think with diabetes is taking care of your own health and taking control. So, then they're actually taking control of their own health, which is the most important thing, and the most effective way to treat this disease.*

- Family physician

What do patients need to know?

Review some patient materials to learn about patient needs during CGM initiation and maintenance (some examples are below). Prepare practices for conversations with patients to choose a device, understand insurance coverage and denials, interpret device data, and

troubleshoot device issues with patients. Remember that device manufacturers can be a good source of 24/7 patient support.

CGM Basics

- ○ FamilyDoctor.org (by the American Academy of Family Physicians for patients): [Monitoring your blood sugar level](#)
- ○ The Endocrine Society: [Pocket guide to CGM](#)

CGM Device User Selection and Guidance
- ○ [DiabetesWise](#)
- ○ [Dexcom CGMs](#)
- ○ [Abbott FreeStyle Libre CGMs](#)

Site selection and skin considerations
- ○ [PANTHER Program Skin Solutions resources](#)

What about insurance?

It's getting easier to cover CGM for many patients, but there are key authorization and documentation rules that can change quickly. Remember that Professional CGM may be a good option for practices when long-term CGM isn't feasible and when personal CGM coverage is a challenge for patients who might benefit from CGM.

Billing and Coding:

- ○ American Academy of Family Physicians: [CGM](#) (see Coding and Reimbursement section)

Authorization, Documentation, and Eligibility Guides:
- ○ [Medicare](#)
- ○ [Medicaid](#)
- ○ [Commercial](#) payers
- ○ [Colorado Medicaid](#)

Professional or Personal CGM

- ○ American Academy of Family Physicians:
  - ■ [Personal CGM](#) (scroll to "What Type of Coverage Does the Patient Have?)
  - ■ [Professional CGM](#)

What about device manufacturers?

Device manufacturers and their representatives have lots of materials on their devices, especially patient-facing educational materials. Representatives can also be a good source for answering questions you get from practices.

- Dexcom (links to manufacturer website)
- Abbott FreeStyle Libre (links to manufacturer website)

B. Plan for Success with the Practice

As with most new implementation projects, a practice facilitator can think about key points for practice success while adapting and tailoring to a specific practice's needs and goals. Here is a suggested list of topics to cover with a practice. How these are ordered may depend on each specific practice and what their experience has been with CGM.

- Pre-facilitation preparation
  - Gather essential print materials, handouts, and helpful online resource links
  - Have a few ideas for quick, achievable, small goals for practices
- Get to know each practice
  - What do they already know about CGM?
  - What was their previous experience with CGM?
  - Who are the champions that will help promote successful CGM implementation?
  - Who needs training on CGM?
- Introduce (or re-introduce) the basics of CGM based on the latest information
  - What are the benefits for patients?
  - What are the benefits for providers and practices?
  - Professional or personal CGM (or both)?
- Review common barriers and facilitators
  - What are key practice implementation barriers?
    - What are the solutions?
  - What are the key patient barriers?
    - What are the solutions?
- Review which patients might benefit from CGM
  - What are the clinical standards or guidelines?
  - How do you identify them in your practice?
- Discuss insurance, authorization, coding, and documentation
  - What is the authorization process like?
  - What billing codes are essential?
  - Bring examples of documentation to support CGM
  - Suggest creating macros/quicktext

- Accessing and working with device data
  - Personal?
  - Professional?
- Start with a few patients toward a quick win
  - What did you learn from patients about…
    - Prescribing and authorization processes?
    - Getting the patient started with the device?
    - Answering patient questions?
    - Troubleshooting device problems?
    - Accessing and using device data?
    - Where to go for more information?
- Review plans for maintaining CGM in clinical practice

C. Understand Key Barriers and Facilitators

Become familiar with some of the most common barriers practices and patients face when implementing CGM and be ready with some potential solutions to overcome those barriers.

CGM Implementation Barriers and Facilitators

Barrier	Facilitator
• Authorization delays	• Samples • Professional CGM
• Authorization failures	• Step-by-step review with a specific patient
• Information overload	• Start with a few basics • Work through just a few patients new to CGM • Turn off alarms when getting a new patient started
• Turnover	• When possible, engage with whole practice team so others can step in if a key person leaves the practice
• Right team for the work	• Engaged prescribers • Leadership on team • Promote team-based care: match existing staff roles to CGM workflow steps
• Busy providers	• Find the provider and engage them! • Act like a rep • Show up in person!
• Patient frustrations	• Review their device data • Direct them to device manufacturers for immediate support • Turn off alarms when getting started; can discuss and add alarms later, when ready • Skin issues and possible solutions

7. More Resources for CGM Implementation

Training and Education

For practice staff and clinicians

- CGM Basics
  - National Institute of Diabetes and Digestive and Kidney Diseases: (NIDDK): [CGM](#)
  - American Academy of Family Physicians: [CGM](#)
  - Dexcom: [CGM](#) (links to manufacturer website)
  - Abbott (Freestyle): [CGM](#) (links to manufacturer website)
- Billing and Coding
  - American Academy of Family Physicians: [CGM](#) (see Coding and Reimbursement section)
- Authorization, Documentation, and Eligibility Guides (printable)
  - [Medicare](#)
  - [Medicaid](#)
  - [Commercial](#) payers
  - [Professional](#) CGM
- EHR Documentation
  - [Text and Macros](#)
- Interpretation Guidance
  - American Diabetes Association chapter on [Approaches for Successful Outcomes](#)
  - *Clinical Diabetes* [executive summary](#) (with links to detailed resources)
  - ADCES danatech guide incorporating [shared decision making](#)
- Professional or Personal CGM
  - American Academy of Family Physicians:

- ■ [Personal CGM](#) (scroll to "What Type of Coverage Does the Patient Have?")
            - ■ [Professional CGM](#)
        - ○ PREPARE4CGM [resources](#)
    - Professional Society/Organization CGM Statements
        - ○ American Diabetes Association ADA)
            - ■ [Landing page for Standards of Care in Diabetes](#)
            - ■ [2026 (most recent at time of posting) CGM-specific Standards](#)
        - ○ Endocrine Society: Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm – [2020 Executive Summary](#)
    - Patient Handout:
        - ○ The Endocrine Society: [Pocket guide to CGM](#)
    - More **patient resources** can be found on the [PREPARE 4 CGM patient resources](#) web pages, including guidance on:
        - ○ [Medications](#) (including tips for taking medications)
        - ○ [Labs](#) (including monitoring, managing, and understanding time in range information)
        - ○ [Using a CGM](#) (including help with adhesion and skin problems)
        - ○ [Nutrition and Physical Activity](#) (including problem-solving and snacking tips)
    - [Spanish-language](#) [resources](#) can be found on the PREPARE 4 CGM web pages

For Patients

- CGM Basics:
    - ○ National Institute of Diabetes and Digestive and Kidney Diseases: (NIDDK): [CGM](#)
    - ○ FamilyDoctor.org (by the American Academy of Family Physicians for patients): [Monitoring your blood sugar level](#)
    - ○ The Endocrine Society: [Pocket guide to CGM](#)
    - ○ Dexcom: [CGM](#) (links to manufacturer website)
    - ○ Abbott (Freestyle): [CGM](#) (links to manufacturer website)
- Choosing a Device (with pros and cons for patients to consider):
    - ○ American Diabetes Association: [Choosing a CGM](#) or this [Consumer Guide](#)
- Diabetes Self-Care
    - ○ Multiple patients handouts at [ADCES](#) (under Self-Care Behaviors, by topic)
- CGM Device User Guidance
    - ○ Dexcom: https://www.dexcom.com/en-us/guides
    - ○ Abbott (Freestyle):
        - ■ Set up: https://www.freestyle.abbott/us-en/how-to-set-up.html

- - Use: https://www.freestyle.abbott/us-en/how-to-use.html
  - More resources can be found on the PREPARE 4 CGM patient resources web pages, including guidance on:
    - Medications (including tips for taking medications)
    - Labs (including monitoring, managing, and understanding time in range information)
    - Using a CGM (including help with adhesion and skin problems)
    - Nutrition and Physical Activity (including problem-solving and snacking tips)
  - Spanish-language resources can be found on the PREPARE 4 CGM web pages

Research on CGM in Primary Care

Beck RW, Riddlesworth T, Ruedy K, et al; DIAMOND Study Group. 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. doi:10.1001/jama.2016.19975

Bergenstal RM, Layne JE, Zisser H, et al. Remote application and use of real-time continuous glucose monitoring by adults with type 2 diabetes in a virtual diabetes clinic. Diabetes Technol Ther. 2021; 23(2): 128-132. doi:10.1089/dia.2020.0396

Cox DJ, Banton T, Moncrief M, Conaway M, Diamond A, McCall AL. Minimizing glucose excursions (GEM) with continuous glucose monitoring in type 2 diabetes: a randomized clinical trial. J Endocr Soc. 2020; 4(11): bvaa118. doi:10.1210/jendso/bvaa118

Evans M, Welsh Z, Ells S, Seibold A. The impact of flash glucose monitoring on glycaemic control as measured by HbA1c: a meta-analysis of clinical trials and real-world observational studies. Diabetes Ther. 2020; 11(1): 83-95. doi:10.1007/s13300-019-00720-0

Gilbert TR, Noar A, Blalock O, Polonsky WH. Change in hemoglobin A1c and quality of life with real-time continuous glucose monitoring use by people with insulin-treated diabetes in the landmark study. Diabetes Technol Ther. 2021; 23(S1): S-35-S-39. doi:10.1089/dia.2020.0666

Hermanns N, Heinemann L, Freckmann G, Waldenmaier D, Ehrmann D. Impact of CGM on the management of hypoglycemia problems: overview and secondary analysis of the HypoDE study. J Diabetes Sci Technol. 2019; 13(4): 636-644. doi:10.1177/1932296819831695

Janapala RN, Jayaraj JS, Fathima N, et al. Continuous glucose monitoring versus self-monitoring of blood glucose in type 2 diabetes mellitus: a systematic review with meta-analysis. Cureus. 2019; 11(9): e5634. doi:10.7759/cureus.5634

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. doi:10.1001/jama.2016.19976

Martens T, Beck RW, Bailey R, et al; MOBILE Study Group. 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. doi:10.1001/jama.2021.7444

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. doi:10.1370/afm.2876

Oser TK, Oser SM. Glycemic Targets and Glucose Monitoring. Prim Care. 2022 Jun;49(2):213-223. doi: 10.1016/j.pop.2021.11.002.

Satoshi I, Kaneko R, Murata K. Utility of real-time and retrospective continuous glucose monitoring in patients with type 2 diabetes mellitus: a meta-analysis of randomized controlled trials. J Diabetes Res. 2019; 2019: 4684815. doi:10.1155/2019/4684815

Shields S, Thomas R, Durham J, Moran J, Clary J, Ciemins EL. Continuous glucose monitoring among adults with type 2 diabetes receiving noninsulin or basal insulin therapy in primary care. Sci Rep. 2024 Dec 30;14(1):31990. doi: 10.1038/s41598-024-83548-4.

Vashist SK. Continuous glucose monitoring systems: a review. Diagnostics (Basel). 2013;3(4):385-412. doi:10.3390/diagnostics3040385

Yaron M, Roitman E, Aharon-Hananel G, et al. Effect of flash glucose monitoring technology on glycemic control and treatment satisfaction in patients with type 2 diabetes. Diabetes Care. 2019; 42(7): 1178-1184. doi:10.2337/dc18-0166Abstract

Yoo HJ, An HG, Park SY, et al. Use of a real time continuous glucose monitoring system as a motivational device for poorly controlled type 2 diabetes. Diabetes Res Clin Pract. 2008;82(1):73-79. doi:10.1016/j.diabres.2008.06.015

Terms and Abbreviations

CDCES: Certified Diabetes Care and Education Specialist

CGM: continuous glucose monitor; continuous glucose monitoring

DCES: Diabetes Care and Education Specialist

Initiation (or CGM initiation): this is the process of starting a patient on CGM

Initiation Specialist: This is usually the first point of contact for patients referred to the virtual initiation service. They are responsible for orienting patients to CGM and the initiation service, as well as coordinating the patient's overall interactions with the initiation service.

Personal CGM: CGM devices are owned by the patient; better for long-term use.

Professional CGM: CGM devices are owned by the practice; better for intermittent use.

QHP: qualified health professional

Time in range: Time-in-range, or TIR, is the amount of time blood sugar levels are in

the target range, something A1C doesn't tell you.

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This toolkit was developed by a team of experts in diabetes care who created and ran a virtual CGM initiation service in Colorado, developed and tested three different CGM implementation strategies, and actively conduct research to improve diabetes care in primary care.

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