

I am Dr Eden Miller DO a board-certified primary care, diabetologist and fellow of American Board of Obesity Medicine. I have been practicing medicine in Oregon for over 22 years and am considered an international expert in CGM. My clinic is Diabetes and Obesity Care in Bend Oregon.

For decades, physicians have been limited in their ability to effectively manage diabetes care, due to the limitations in monitoring. Glycemic control has been viewed through the lens of the hemoglobin A1c, which is an average of glucose levels over three months, and does not provide insight into glucose variability, time in range (TIR), and time below and above range. The real time data provided by CGM empowers each person with diabetes to personally engage and learn about their own disease. For the prescriber, CGM is a tool that reveals issues of glycemic control, and the effectiveness of treatment interventions and patient choices – allowing for individualized treatment.

CGM takes diabetes out of a limited understanding of the past (hemoglobin A1c), provides real-time data in the present, and can predict the future glucose levels if current trends continue (AGP). CGM is distinctive in that it provides data that is meaningful to both the physician and the patient, data that can be used immediately to make decisions to ease the patient burden.

Who will benefit from CGM? Many clinicians assume only those with type one diabetes (T1D), or multiple daily injections will benefit from CGM. Other clinicians only make the consideration based on insurance coverage. The American Diabetes Association (ADA) has given clarity to this question through its Scientific Standards of Medical Care in Diabetes: CGM is recommended for all patients with T1D, and those with Type 2 DM on any amount of insulin or at risk for hypoglycemia. Most recently, CMS this year 2023, expanded its coverage to individuals on basal insulin once daily insulin or any therapy that contributes to hypoglycemia. They also removed the multiple finger sticks requirement for documentation and added other approval indications at risk for hypoglycemia such as chronic diseases CAD, Kidney Failure, Dementia, or other physical and mental limitations that prohibit effective SMBG.

This physician believes that every person with diabetes could benefit in some way from the information provided by CGM. Any individual who desires or needs more engagement in the management of their disease, and wants to see how lifestyle, stress, diet, exercise, and medication affects them should be provided with an opportunity for CGM.

The scientific evidence for use in CGM for all persons with diabetes is vast. I have personally been involved with research in CGM, written numerous publications, provided testimony to the FDA for emergency covid utilization, created HCP informational modules of the ADA, and incorporated into my clinical practice. My husband Dr Kevin Miller and I are scheduled to present at the ADA the reclassification of Pre DM using CGM as a risk assessment and risk reduction tool for the over 98 million people in the US that currently have pre-DM.

Personally, I have lived my life with Diabetes for over 28 years and CGM has been the GPS to navigate my disease. You cannot manage what you do not monitor. CGM is the standard of care for all persons with diabetes and will be the foundational information that future therapeutic interventions will be based on.