Insulet

RESEARCH REPORT | APRIL 2026

The Paperwork Between Patient and Pump: How Access Friction Became Diabetes Care's Second Job

A survey of 278 U.S. diabetes care team members — certified diabetes care and education specialists, prescribers, and device-access staff — on prior authorizations, channel friction, and the hours it takes to get an insulin pump onto a patient.

9.5 hrs
median time per clinic, per week, spent on insulin pump access paperwork

64%
of care teams report at least one patient per month abandons a pump start due to access friction

24 vs 6
median days from decision to first wear reported through DME vs. pharmacy channels

EXECUTIVE SUMMARY

The clinical decision takes minutes. Everything after it takes weeks.

Diabetes care teams describe a system in which choosing insulin pump therapy is the easy part. In this study of 278 care team members, respondents report spending a median of 9.5 hours per clinic, per week, on the administrative work of device access — benefit checks, prior authorizations, documentation requests, appeals, and reauthorizations.

That time has a human cost. Nearly two-thirds of respondents (64%) say at least one patient a month gives up on a pump start because the process stalls — and among clinics without a dedicated device-access staffer, more than a quarter report three or more abandoned starts a month. Meanwhile, 73% of respondents say the access process itself, more than clinical judgment, increasingly determines which device a patient ends up wearing.

The clearest dividing line in the data is the fulfillment channel. Respondents report a median of 24 days from clinical decision to first wear when devices move through durable medical equipment (DME) benefits, versus 6 days through the pharmacy channel. Given the choice, 81% of care teams prefer the pharmacy path, citing lighter documentation, faster turnaround, simpler refills, and more predictable patient costs.

The burden is also growing: 57% say prior authorization requirements for diabetes devices increased in the last 12 months, and 49% say reauthorization cycles have caused gaps in patients' therapy — a median reported gap of 11 days. For health-plan and pharmacy decision-makers, these findings describe a fixable problem: the friction is concentrated in specific, well-identified process steps, and care teams are explicit about which changes would simplify the path most.

73%
say the access process, not clinical judgment, increasingly determines which device a patient gets

57%
report prior authorization requirements for diabetes devices increased in the past 12 months

81%
of care teams prefer the pharmacy channel over DME for pump starts

11 days
median therapy gap reported when reauthorization cycles stall

All figures are survey-reported perceptions and estimates from diabetes care team members, collected April 2026 by an independent third-party research firm. This report contains no clinical efficacy or safety claims.

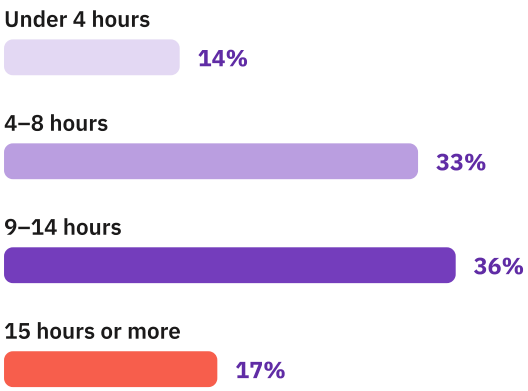
FINDING 01

Device access is now a part-time job inside every diabetes clinic

Respondents were asked to estimate the total staff hours their clinic spends in a typical week on insulin pump access work: benefits investigation, prior authorization submissions, chart documentation pulls, peer-to-peer scheduling, appeals, and renewals. The median answer was 9.5 hours per week — and for one in six clinics, it exceeds a full 15-hour workweek equivalent.

Weekly staff hours spent on insulin pump access paperwork, per clinic

SELF-REPORTED ESTIMATES · N=278 · MEDIAN 9.5 HOURS



Rows sum to 100%. Estimates cover all staff roles combined, including prescribers, CDCESs, nurses, and administrative staff.

9.5 hrs

median weekly hours per clinic on pump access administration

17%

of clinics report 15+ hours per week — a part-time role in itself

WHY THIS MATTERS

These hours come from somewhere — usually from education time, follow-up capacity, and the CDCES bandwidth that determines how many device starts a clinic can absorb. When plans and manufacturers simplify access steps, the recovered time converts directly into patient-facing care. The paperwork budget is, in practice, the adoption budget.

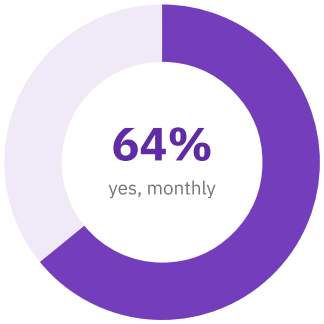
FINDING 02

When the process stalls, patients don’t wait — they walk away

Access friction is not just an inconvenience; respondents describe it as a point of therapy loss. 64% of care teams report that at least one patient per month abandons an intended pump start because the process takes too long, requires too many steps, or produces an unexpected cost surprise. These are patients whose clinical decision was already made.

“In a typical month, does at least one of your patients abandon a planned pump start due to access friction?”

N=278



Yes — at least one patient per month: 64%

No / less often than monthly: 36%

Among clinics with no dedicated device-access staffer, 26% report three or more abandoned starts per month.

Survey-reported perceptions; “abandoned start” defined as a patient who agreed to pump therapy but did not begin it within 90 days.

> ***“We lose them in the gap. The patient says yes in the exam room, and then three weeks of forms and phone calls later, they tell us injections are fine. They weren’t fine — the patient was just tired.”***
>
> — CERTIFIED DIABETES CARE & EDUCATION SPECIALIST, HOSPITAL-AFFILIATED CLINIC, NORTHEAST

WHY THIS MATTERS

Abandonment at this stage is uniquely wasteful: the clinical evaluation, the patient education, and the shared decision have already been paid for. Every process day removed between decision and first wear protects an investment the health system has already made — and respondents consistently locate the loss in process length, not patient motivation.

FINDING 03

Two channels, two clocks: 24 days through DME, 6 through the pharmacy

The single largest process variable respondents identified is the benefit channel a device travels through. Asked to estimate the typical elapsed time from clinical decision to a patient's first day on a pump, care teams reported a median of 24 days when fulfillment runs through durable medical equipment (DME) benefits — and 6 days when it runs through the pharmacy channel.

Reported median days from clinical decision to first wear, by channel

RESPONDENT ESTIMATES · AMONG THOSE WITH EXPERIENCE IN EACH CHANNEL

Respondents attribute the difference to documentation volume, benefit verification steps, and supplier coordination.

Medians of respondent estimates; individual experiences vary by plan, region, and device. Not a measure of any specific product's fulfillment time.

81%

of care teams say they prefer the pharmacy channel for pump starts when both are available

49%

say reauthorization cycles have caused therapy gaps — a median reported gap of 11 days

WHY THIS MATTERS

An 18-day difference is longer than most patients' enthusiasm survives — and longer than many clinics can track without dedicated staff. Channel design is a plan-level decision, which means the biggest single lever on time-to-therapy sits with health-plan and pharmacy decision-makers, not with the clinic.

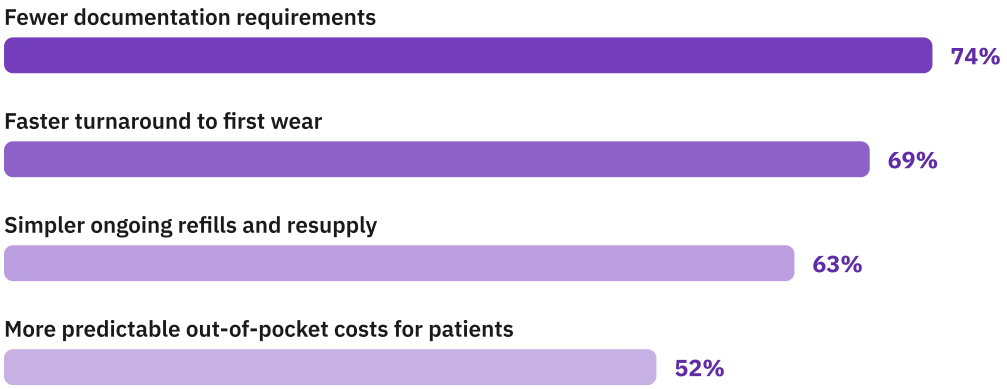
FINDING 04

Why care teams prefer the pharmacy path: fewer forms, fewer surprises

The 81% who prefer the pharmacy channel were asked why. Their answers describe the same virtue from four angles: predictability. Documentation is lighter, turnaround is faster, refills behave like prescriptions rather than equipment orders, and patients hear a copay number they recognize.

Reasons for preferring the pharmacy channel over DME

MULTI-SELECT · AMONG RESPONDENTS PREFERRING THE PHARMACY CHANNEL (N=225)



Respondents could select multiple reasons; percentages do not sum to 100.

> *"A pharmacy claim tells you yes or no in a day. A DME order is a mystery novel — you find out how it ends a month later, and sometimes the ending is a fax."*
>
> — DEVICE ACCESS COORDINATOR, ENDOCRINOLOGY GROUP PRACTICE, SOUTHWEST

WHY THIS MATTERS

Care teams are not asking plans for lower standards — they are asking for the standards to run on modern rails. Where pump access has moved to pharmacy benefit designs, respondents describe fewer stalled starts and fewer staff hours per patient. Channel strategy is quietly becoming adoption strategy.

FINDING 05

The burden is rising — and staffing is the coping mechanism

A majority of respondents (57%) say prior authorization requirements for diabetes devices increased over the past 12 months; only 8% saw a decrease. Clinics are adapting the only way they can: 44% now assign a dedicated staff member to device access work. The clinics that can't afford that role feel the difference — 26% of them report three or more abandoned starts per month, versus 12% of clinics with dedicated staff.

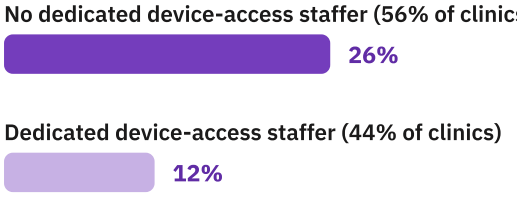
Change in prior authorization requirements for diabetes devices, past 12 months

N=278

Amber segment: decreased — 8%. Rows sum to 100%.

Clinics reporting 3+ abandoned pump starts per month, by staffing model

SELF-REPORTED · N=278



Association reported by respondents; staffing model self-identified. Not a controlled comparison.

WHY THIS MATTERS

Clinics are absorbing a growing administrative load by converting clinical payroll into paperwork payroll. That is a tax on exactly the roles — CDCESs and nurses — that drive device education and adoption. Simplification at the plan and channel level would return that capacity to patient care without any clinic spending a dollar more.

WHAT THIS MEANS

Five moves for health-plan and pharmacy decision-makers

Care teams in this study were specific about where the friction lives. These recommendations translate their reported experience into plan-level actions.

1 **Treat the pharmacy channel as the default rail for pump access.**

Respondents report a 24-day-to-6-day difference in time to first wear, and 81% prefer the pharmacy path. Where a pharmacy benefit design exists for insulin delivery devices, use it — and publicize it to network clinics, many of which discover channel options patient by patient.

2 **Audit prior authorization criteria against what they actually screen out.**

With 57% of care teams reporting rising PA burden, plans should measure denial-overturn rates and retire documentation requirements that generate work without changing the outcome of the review. Respondents describe most PA effort as re-supplying information already in the chart.

3 **Fix reauthorization before it interrupts therapy.**

49% of respondents report renewal-driven therapy gaps with a median of 11 days. Auto-renewal for stable, adherent patients — or renewal windows that open before supplies run out — addresses the most avoidable failure mode in the data.

4 **Give clinics visibility instead of phone queues.**

Much of the reported 9.5 weekly hours is status-checking. Real-time PA status and benefit-check tooling — the equivalent of package tracking for device access — converts staff hours into a dashboard glance.

5 **Count abandoned starts as a cost, because they are one.**

64% of care teams lose at least a patient a month after the clinical decision is made. Each abandoned start forfeits completed clinical work and delays intended therapy. Plans that measure and manage this number will find the business case for simplification writes itself.

A NOTE ON FRAMING

These moves reflect the priorities surveyed care team members reported, ranked by how often respondents named each friction point. They describe process and channel design — not clinical practice — and none should be read as a claim about the efficacy or safety of any device or therapy.

METHODOLOGY

About this study

Fieldwork was designed and conducted by an independent third-party research firm on behalf of Insulet Corporation. The sponsor was blinded to respondents during data collection.

SAMPLE SIZE	278 U.S. diabetes care team members
ROLES	126 certified diabetes care & education specialists (CDCESs), 84 prescribers (endocrinologists, NPs, PAs), 68 nurses and device-access / prior-authorization staff
QUALIFICATION	Employed in a clinic actively managing ≥500 patients with diabetes; personally involved in insulin pump access workflows within the past 90 days
PRACTICE SETTINGS	Health-system-owned clinics (41%), independent endocrinology practices (37%), academic medical centers (14%), federally qualified health centers (8%)
GEOGRAPHY	United States; all four census regions represented, no region exceeding 32% of the sample
FIELDWORK WINDOW	April 2026 · 24-question online instrument, median completion time 14 minutes
ANALYSIS NOTES	Time and duration figures are medians of respondent estimates. Multi-select percentages do not sum to 100. Sub-group figures (e.g., by staffing model) are descriptive associations, not controlled comparisons.

KEY METRICS ANALYZED

- Weekly access-administration hours
- Abandoned pump starts
- Time from decision to first wear
- Channel preference (pharmacy vs. DME)
- Prior authorization trend
- Reauthorization therapy gaps
- Device-access staffing models

IMPORTANT NOTE

All findings represent the self-reported perceptions, estimates, and opinions of surveyed care team members. Nothing in this report constitutes clinical evidence, outcomes data, or a claim of efficacy or safety for any product, and it is not intended to guide individual treatment decisions.

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LOOKING AHEAD

Access is the next frontier of diabetes technology — and it's a solvable one.

The care teams in this study are not skeptics of insulin pump therapy. They are its operators — and they are telling the market, in specific and consistent terms, where intended therapy goes to stall: documentation volume, channel design, and renewal cycles. None of those is a law of nature. Each is a process choice that plans, pharmacies, and manufacturers can redesign together.

Insulet builds for that redesign. Omnipod® 5 is available through the pharmacy channel — the path 81% of surveyed care teams prefer — with a tubeless, wearable Pod designed to keep the start process simple for clinics and patients alike. Because the best device conversation is the one that doesn't end in a stack of forms.

Learn about pharmacy-channel access for Omnipod 5 →

For the full data set, segment cuts, or a briefing for your team: **omnipod.com/hcp** · Insulet Corporation, 100 Nagog Park, Acton, MA

Sample concept prepared by Gather HQ