



ECHO Idaho: Diabetes and Metabolic Conditions CASE RECOMMENDATION FORM

ECHO Session Date: 3/19/26

Presenter Credential: PA-C

Thank you for presenting your patient at ECHO Idaho – Diabetes and Metabolic Conditions session.

Summary: 47-year-old male with Type 2 diabetes (last A1c = 7.1%), hypertension, and obesity who has struggled with medication adherence due to recurrent GI side effects from GLP-1s and significant financial barriers following an insurance change. Although his A1c has improved since 2023, his current regimen of Jardiance (empagliflozin), Januvia (sitagliptin), and a slow titration of metformin extended-release was initiated after he stopped both tirzepatide and CGM due to cost and convenience issues. He has a history of multiple medication trials and elevated hematocrit levels.

Question: Are we on the right track with current medications? Any modifications recommended? When should we start considering addition of insulin?

It is great that you've recognized that convenience is a motivating factor for him.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Medication & Financial Management

- Discontinue Januvia if the patient starts a GLP-1 medication. Januvia is expensive and redundant when paired with a GLP-1.
- Prioritize GLP-1s as they have "protective data" (cardiovascular/renal benefits) that medications like Januvia (a DDP-4 inhibitor) lack.
- Find out exactly what the patient pays out-of-pocket and to investigate options for mail-order pharmacies, 340B programs, or bubble packing to ensure he doesn't run out of supplies.

Clinical Tools & Screenings

- Use a Diabetes Distress Screening (like a PHQ-9 but for diabetes) to assess burnout and the emotional burden of the disease (<https://diabetesdistress.org/>)
- **PAID Scale** (Problem Areas in Diabetes): a 17-20 item public domain tool to help differentiate between clinical depression/anxiety and disease-specific distress

Behavioral & Support Strategies

- Although your patient has declined care management and behavioral services, often if someone is able to go to the patient's home to offer supportive services, patients may be willing to try. Depending on his insurance, these services may be offered as benefits.
- Since the patient's wife is a home health nurse and is already asking questions, try leveraging her motivation and education to support his care.



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- Use motivational interviewing to discover the patient's personal goals and how diabetes impacts his life, rather than just focusing on compliance.
- Focus on keeping supplies on hand to prevent the patient from stopping his meds, as he has a hard time restarting once he stops.
- [Byram](#) is an example of one mail order company that does a lot of diabetes supplies and gives auto-reminders and shipments
- The behavioral health team at [St. Luke's Humphreys Diabetes Center](#) does telehealth and can be a resource