



ECHO Idaho: Diabetes and Metabolic Conditions CASE RECOMMENDATION FORM

ECHO Session Date: 4/16/26

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

Summary: This case involves a 57-year-old male presenting as a new patient with mouth pain, halitosis, and difficulty eating, in the context of poorly controlled type 2 diabetes, obesity, hyperlipidemia, and long-standing hypertension, who has not received dental care for several years. Physical exam revealed inflamed, tender gingiva with lymphadenopathy, consistent with advanced periodontal disease and possible infection, raising concerns about systemic inflammation and metabolic impact.

Question: The provider is seeking guidance from ECHO Idaho on how to appropriately evaluate and manage the patient's oral findings within primary care, what additional oral exam elements and history are important, whether referral should be directly to a periodontist, and whether antibiotics are indicated, as well as what systemic improvements (e.g., glycemic control, inflammatory markers, lipid levels) might be expected with effective periodontal treatment.

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:

The medical fixes are straightforward. The harder and more important work is making the patient feel heard so they trust you enough to engage with the broader changes needed.

Immediate Medical Priorities

- Conduct a thorough medical assessment, not focusing solely on the presenting dental issue, to avoid missing serious underlying conditions.
- Address severe dental infection urgently, including referral to a dentist/periodontist and initiation of appropriate antibiotic treatment to relieve acute pain and infection.
- Evaluate and manage chronic conditions contributing to risk, including poorly controlled diabetes (A1C 7.4), hypertension, hyperlipidemia (LDL 167), and obesity.
- Review medication access and adherence (e.g., expired statin prescriptions) and re-establish essential treatments during the visit, especially in rural or low-access settings.
- Screen for immunocompromised status due to diabetes and ensure up-to-date vaccinations (flu, COVID, pneumonia, shingles).

Integrated Care Approach

- Treat dental findings as a sentinel sign of systemic disease, recognizing the strong connection between oral health, cardiovascular disease, immune dysfunction, and metabolic health.
- Consider additional contributors to poor health outcomes, including alcohol use, nutrition, sleep, chronic pain, and possible untreated infections.



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- Assess social determinants of health, such as lack of insurance, financial strain, transportation challenges, and limited follow-up capacity.
- Evaluate the patient's personal support network — family, friends, and community connections — as social isolation can be a significant and underrecognized barrier to sustained health engagement.
- Take advantage of each visit to address multiple core issues ("wearing each other's hats"), especially when future access to care is uncertain.

Patient Engagement & Behavior Change

- Begin with a contextual interview to understand the patient's lived experience, priorities, and barriers to care rather than assuming noncompliance.
- Apply the Transtheoretical Model of Change (Stages of Change) when assessing patient readiness. Not every patient is in the preparation or action stage — identifying where a patient is helps set realistic goals. Success in one visit may mean moving a patient from precontemplation to contemplation, not from contemplation to action.
- Use motivational interviewing strategies, such as:
 - Asking what the patient wants help with today.
 - Exploring barriers (e.g., pain, cost, mobility, habits).
 - Using tools like a "bubble chart" to collaboratively choose priorities.
 - Asking, "If there is one thing you could change right now, what would that be?"
 - Asking introspective questions such as, "What would it take for you to be able to do X?" or "What's getting in the way of that?"
- Focus on rapport and trust-building by helping the patient feel heard and addressing immediate concerns first (e.g., relieving pain), creating momentum for future engagement.
- Align recommendations with what the patient values (e.g., family, hobbies, quality of life) rather than abstract lab values.
- Recognize that readiness to change is dynamic; planting a seed is a legitimate and meaningful clinical outcome.

Prevention, Education & Long-Term Risk Reduction

- Educate the patient on the serious health consequences of dental disease, including its historical significance and established links to heart attack and stroke.
- Reinforce foundational prevention pillars:
 - The "Big Five": blood pressure, blood sugar, cholesterol, weight, tobacco.
 - Lifestyle drivers: diet, exercise, sleep.
- Provide concrete, achievable oral hygiene strategies (electric toothbrush, flossing, water pick, fluoride rinse) tied to overall health outcomes.
- Recognize clinician limits: sustained, nonjudgmental support is more effective than exhausting efforts that outpace the patient's readiness to engage.
- Emphasize continuity: success comes from incremental wins, ongoing relationships, and revisiting goals over time.