



ECHO Idaho: Diabetes and Metabolic Conditions CASE RECOMMENDATION FORM

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Presenter Credential: Patient Navigator Supervisor

Thank you for presenting your patient at ECHO Idaho.

Summary: 45-year-old man with type 1 diabetes (diagnosed in 2000) has poorly controlled disease (A1c 9.2, previously up to 12.7) with complications including hypertension, neuropathy, CKD, bilateral amputations, and ongoing leg ulcers, alongside depression, anxiety, and paranoia. His care is complicated by severe social determinants of health, including extreme poverty, lack of electricity and refrigeration for insulin, housing instability (living in an RV), limited food access, and transportation barriers. He reports taking insulin as prescribed but has variable glucose control and markedly elevated blood pressure (183/100). His psychiatric symptoms include beliefs that his illness is caused by others harming him, which impacts engagement in care. Despite support from community health workers and local community members, he remains at high risk due to unstable living conditions, limited hygiene and wound care resources, and difficulty maintaining consistent follow-up.

Question: How can we help this patient better understand his diagnosis, the importance of medications, wound care, and attending appointments?

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:

Recommendations:

Access & Treatment Optimization

- Consider trialing intermittent CGM samples to help the patient visualize glucose patterns and support education, engagement, and medication adjustments.
- Reevaluate diabetes type and treatment approach; if diagnostic testing is not feasible, consider clinical history and trial of adjunctive therapies (including possible oral agents) to improve glycemic control.
- Recognize likely inconsistent insulin use despite reported adherence; simplify regimen if possible, to reduce burden and risk of prolonged hyperglycemia.
- Explore patient assistance programs cautiously (e.g., Omnipod), though cost and eligibility barriers may limit feasibility.

Psychiatric & Behavioral Health

- Prioritize mental health stabilization as a key barrier to overall care; diabetes management will remain difficult without addressing paranoia, depression, and anxiety.
- Continue gentle, trust-building conversations that connect treatment to the patient's beliefs and lived experience.
- Revisit long-acting injectable (LAI) antipsychotics periodically in a non-pressured way.
- Explore higher-level community-based support such as ACT (Assertive Community Treatment) programs if available.



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Education & Engagement

- Use real-time tools (e.g., CGM) and simple explanations to frame diabetes as a physiological condition to counter beliefs about external harm.
- Continue reinforcing wound care education in practical, achievable ways given his environment.
- Align messaging with his values, spirituality (if relevant), and community support system.

Wound Care & Daily Living

- Provide realistic wound care strategies given lack of running water and prolonged prosthetic use.
- Reinforce importance of regular prosthetic hygiene and wound checks; leverage CHWs for reinforcement.
- Continue utilizing creative solutions (e.g., Styrofoam coolers for insulin storage).

Cardiovascular Risk Management

- Prioritize hypertension control as a high-risk, potentially more achievable target:
- Consider combination antihypertensive medications to reduce pill burden and improve adherence.
- Escalate to high-intensity statin if appropriate.
- Question adherence if blood pressure remains severely elevated despite reported medication use.

Social Support & Resources

- Leverage existing strong informal community network (neighbors, churches, CHWs).
- Explore culturally relevant community organizations (e.g., Hispanic Community Center) for peer support.
- Continue seeking creative funding/support options (e.g., consulate support, nonprofits).
- Recognize limitations due to undocumented status and tailor care planning accordingly.

Additional Clinical Considerations

- Consider screening for hypercortisolism (e.g., dexamethasone suppression test) if clinically appropriate, as this may impact metabolic control.
- Continue monitoring for complications related to chronic hyperglycemia and poor wound healing.

Overall Approach

- Focus on small, achievable goals and prioritize interventions with the highest impact and lowest burden.
- Maintain a harm-reduction mindset given significant structural barriers.
- Continue team-based care with CHWs as a critical support bridge.