ECHO Idaho: Diabetes and Metabolic Conditions
CASE RECOMMENDATION FORM

ECHO Session Date: 9-3-26

Thank you for presenting your patient at ECHO Idaho.

Summary: A 72-year-old woman with long-standing type 2 diabetes, legal blindness, CKD, neuropathy, retinopathy, and mild cognitive impairment has improved her A1c from prior levels of 11 to 14% to 9.3% since transferring care in 2025, but continues to experience significant hyperglycemia despite MDI insulin, CGM, and oral therapy. Major barriers include visual impairment, medication intolerance, financial concerns, and dependence on her husband for medication management, food purchasing, and finances, with reports of medication withholding and possible financial exploitation. Home health services have been initiated and APS has been contacted, with ongoing concerns about ensuring medication access, accurate insulin dosing, a healthier diet, and overall patient safety and financial security.

Question: How to improve diet? How to assure meds available daily to pt? How to ensure proper dose being dialed on the pen? Omnipod candidate? How to ensure financially secure?

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:

Medical/Diabetes Management

- Continue pursuing an Omnipod automated insulin delivery system, as it may improve insulin administration accuracy and glycemic control given the patient's blindness and adherence challenges.
- Consider working with the Omnipod representative and patient assistance programs to maximize insurance coverage and reduce financial barriers.
- Consider using an ASPN mail-order pharmacy or other reliable sources for Libre 3+ compatible Omnipod supplies.

Social Support and Safety

- Continue involving home health services to provide ongoing assessment, medication support, and monitoring of the home environment.
- Continue engagement with Adult Protective Services given concerns about possible medication withholding, neglect, and financial exploitation.
- Explore involvement of other family members, friends, or support people who may be able to assist with medication management, meals, transportation, and oversight.

Palliative Care / Wraparound Services

- Refer to palliative care services, particularly programs with interdisciplinary teams that include social work and care coordination.
- Consider St. Luke's Palliative Care as a local resource due to its comprehensive support services for patients with multiple chronic conditions.

Nutrition and Food Access

- Refer to diabetes-friendly meal delivery programs, such as Homestyle Direct, which may be covered by insurance and provide case management support.
- Explore eligibility for meal delivery which may provide no-cost meals and reduce both nutritional and financial barriers.
    - Meals on Wheels
    - Homestyle Direct
    - Mom's Meals
- Use meal support programs to improve access to appropriate foods and reduce reliance on high-carbohydrate foods purchased by the caregiver.

Insurance and Financial Resources

- Consult an insurance agent, SHIBA (Senior Health Insurance Benefits Advisors), or Medicare Advantage plan resources to identify additional benefits, care management services, meal programs, transportation assistance, and coverage options.
- Assess opportunities to reduce healthcare costs through available insurance-sponsored support programs.

Community-Based Resources

- Consider programs such as Respite for All or local senior center respite services to increase social engagement, provide caregiver relief, and create additional opportunities for outside observation and support of the home situation.
- Utilize transportation services associated with these programs when needed.