

WYOMING Medicine

The FUTURE is HERE Telemedicine in Wyoming

- Telemedicine in Wyoming Provides Quick and Easy Access
- Telehealth in Wyoming: Not Ancient History
- Putting Out the Welcome Mat for Telemedicine

Dr. Howard Willson is the WMS
2018 Physician of the Year

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A Friend of Wyoming
Medicine for Eight Years

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Telemedicine Services Expanding

BY ROBERT MONGER, MD



Telemedicine is a rapidly emerging technology that has the potential to greatly improve access to care for our rural Wyoming population, and in the past year the telemedicine services where I work at Cheyenne Regional Medical Center (CRMC) in Cheyenne have expanded quickly.

A number of physicians at CRMC now provide telemedicine appointments for patients outside of Laramie County, including our psychiatrists who currently provide up to 60 visits per month to patients all over the state. The patients come to clinics in places like Evanston and Afton for telemedicine appointments, and the psychiatrists provide services such as individual and family counseling as well as medication management. CRMC also provides telemedicine behavioral health services at institutions like St. Joseph's Children's Home in Torrington.

In addition to providing telemedicine from CRMC to other parts of Wyoming, CRMC also facilitates telemedicine clinic visits from specialists in Denver to Cheyenne area patients. For example, in partnership with the pediatric endocrinology clinic at the Barbara Davis Center at Children's Hospital in Denver, an average of 8-10 pediatric patients with diabetes are seen via telemedicine each month at the CRMC pediatric clinic by diabetes specialists in Denver for help managing their insulin pumps. Also, each month 4-6 HIV positive pediatric patients in Cheyenne have telemedicine visits with an infectious disease clinic at Children's Hospital, and during those visits peripheral devices such as electronic stethoscopes and otoscopes are used by nurses in Cheyenne to transmit clinical data to the ID physicians in Denver. The pediatric clinic is also hoping to start a pulmonary telemedicine clinic in the near future for children with diseases such as cystic fibrosis.

And telemedicine isn't just used for physician clinic visits: CRMC also provides telemedicine support for a pharmacy in Pine Bluffs. That town is too small to support its own full-time pharmacist, but a pharmacy in Cheyenne has established a satellite pharmacy in Pine that is staffed by a pharmacy technician who is able to access a telemedicine network such that a licensed pharmacist in Cheyenne can provide supervision to the technician and medications can be dispensed.

Nurses are also using telemedicine to improve patient care. CRMC is currently enrolling patients with congestive heart failure into a pilot program that will provide remote monitoring devices

for patients to use in their homes such as a blood pressure cuffs, pulse oximeters, and scales that will transmit data to CRMC, and the patients will use wi-fi enabled tablets to check in with nurses several times per week. The goal is to help patients better manage their CHF at home and decrease hospital admissions.


Another pilot program at CRMC involves nurses at the CRMC cancer center who will provide genetic counseling from Cheyenne to patients in Rawlins via telemedicine. The nurses will help patients use their family pedigree as well as clinical data to estimate their probability of developing different kinds of cancers.

CRMC has many other plans in development for expanding its

telemedicine services, including partnering with Children's Hospital neonatologists to support CRMC pediatric hospitalists. The goal is to keep more neonatal patients here in Cheyenne and to bring babies back to Cheyenne from Denver sooner than would otherwise

be possible. The NICU telemedicine capabilities will allow video and audio to be streamed live to neonatal specialists in Denver so that specialists such as pediatric cardiologists and pulmonologists will be able to help with the care of infants here in Cheyenne in real time. Additionally, there is great potential in the future to develop suboxone telemedicine clinics around the state to help with the opioid epidemic.

I provide telemedicine visits for patients in Saratoga and it is certainly much more convenient for patients to check in to the clinic there for a telemedicine appointment than it is to drive 2+ hours in each direction to come to Cheyenne, particularly in the winter. My experience has been that telemedicine visits can work very well for routine follow up appointments for established patients, but I still want patients to be seen in person for new patient consults.

The barriers to implementation of telemedicine at this point appear to be more bureaucratic than technological. Issues such as state medical licensure, insurance reimbursement, hospital privileges, and malpractice coverage (particularly for physicians in Colorado and other states with longstanding tort reform where malpractice costs are substantially less than in Wyoming) are real issues that need to be sorted out. The telemedicine revolution, however, is here and will most likely grow exponentially in the very near future. 

The telemedicine revolution is here.



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Everything is Relative

BY SHEILA BUSH



How often do we all hear that everything is relative? Many of us attribute this perspective to stresses in our personal lives, financial status or even political frustrations. There's always benefit in gaining perspective and recognizing that something that could be seen as a loss, after gaining this relative perspective, is really a win.

This concept of relativity applies to much of what WMS deals with in our state's policy debates, and is particularly pertinent in the ongoing legislative discussions addressing Wyoming's opioid abuse and addiction concerns.


State Senate President Eli Bebout championed a bill in the 2018 Legislative Session to establish a legislative taskforce to deep dive into Wyoming's opioid abuse issues. The taskforce was composed of practicing physicians, the state health officer, pharmacists, nurses, members of the public and legislative leadership and was tasked with drafting legislative recommendations to be considered ultimately by the full legislature.

Almost a dozen legislative proposals were considered which, after long discussions, were condensed into four bills. Two of these legislative proposals have the greatest potential to impact medicine, one to limit prescribing authority for all prescribers and another bill that combined several ideas together including CME requirements, Rx database (PDMP) mandates and more.

The larger combination bill will be debated further at a November hearing and WMS members will hear more about that bill later. The bill that did earn approval to move forward was one to limit prescribing authority and it is here that the earlier-mentioned perspective in relativity is key.

WMS is keenly aware of our membership's resistance to government intrusion into the practice of medicine and recognize that prescribing limits are no exception. We worked diligently with lawmakers to find a space of compromise and are proud of what we were able to accomplish. The taskforce did their best to balance the desires of their constituencies with the perspec-

tives that medicine brought to the conversation. The result was taking an original bill that limited all opiate prescriptions to 100 morphine milligram equivalents (MME) per day for no more than a seven-day supply in a seven-day period without any exceptions for chronic pain to a bill that limits prescribers to a 14-day supplies in a 14-day period only in treating acute pain among the opioid naïve using a 45-day look back. The success for medicine is stripping the bill of MME limitations, doubling the supply window from 7 to 14 days and narrowing the limitation to only the opioid naïve for treating acute pain.

Seeing announcements of new prescribing limits likely strikes a chord with all of us, but understanding the context and history of the issue hopefully shines new light and allows this policy proposal to stand as a demonstration of what good advocates and well-intentioned lawmakers can do when we listen to each other and work toward common solutions together. Thank you for allowing WMS to represent your voice in these important discussions and never doubt how grateful we are to be fighting your fight on behalf of Wyoming medicine. 

WMS is keenly aware of our membership's resistance to government intrusion into the practice of medicine.



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Exciting Opportunities in Telemedicine

BY LISA FINKELSTEIN, DO



My new mantra is, “Tell me what I don’t know.” And there is a lot that I don’t know. This year has been **INVIGORATING**. Wyoming is overflowing with inspiring people in healthcare. Innovations and ideas are flowing throughout our rural state and people are looking to Wyoming to test some of their projects. WMS has offered up many opportunities to explore and expand new possibilities.


My initiative this year is improving telehealth in Wyoming. There are so many opportunities in this exciting field of medicine. For the past 10 years or more there have been tireless people opening the doors and paving the way for patients and providers to jump on board. Now, the last mile is to get the word out to our communities so that we can provide solid medical care using telecommunication. The insurers are paying, the broadband and wireless is working, the legislators are listening, and the federal government is supportive. Do you know about the Interstate Medical Licensing Compact? It’s an expedited pathway for qualified physicians to practice in multiple states. The mission is to increase access to healthcare in underserved and rural areas, allowing them to connect with medical experts using telecommunication technologies. There are 24 states that are using this compact. Wyoming is ready to make access better, lower healthcare costs, and give patients more opportunities to keep themselves healthy. We can do this!

As the WMS President, I am learning how to be supportive of our members. I am listening to your voices and concerns, knowing that we face difficult challenges every day. All of us have strengths and vulnerabilities that we bring to the table. We want to be authentic in our approach and collaborate

For the past 10 years or more, there have been tireless people opening the doors and paving the way for patients and providers to jump on board.

with our peers. We are always advocating for our members in medicine. It seems that on a daily basis our profession is being whittled away piece by piece. It’s so important that we lead by example and with intent. What is important to us? Each one of us are leaders in our fields. People lean on us for guidance. We want to be involved and respected for what we are trained to do. We measure our success by the way we touch the lives of our patients and that is often in opposition with the business of medicine. It’s a conflicting role, but we will continue to take the higher ground.

Of note, please mark your calendars for the WMS Annual Meeting to be held May 31st-June 2nd at the Jackson Lake Lodge. We will be highlighting telehealth and Innovations in medicine. It will be exciting to have new and bright ideas available at your fingertips!

I hope that WMS can be a source of support and information to help you practice medicine. We will continue to be your voice at the state level and higher. Please don’t hesitate to call us. 

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Dr. Howard Willson is the WMS 2018 Physician of the Year

BY ELIZABETH SAMPSON
Wyoming Medical Society

Dr. Willson and his wife Belenda are pictured at the Jackson Hole Airport.

Being a successful doctor came down to two words for Dr. Howard Willson of Thermopolis—accessibility and caring. Willson, who is the 2018 Wyoming Medical Society Physician of the Year, often reiterated their importance to his wife Belenda.

“He always told me the secret to having a successful medical practice was to be accessible and to care about your patients—that’s the secret,” she said. “You can be the greatest doctor in the world and not care, or you can be the greatest doctor in the world and not be available.” Willson consistently made sure he took care of both.

Whether that meant always having his home phone number printed in the phone book or always being on call, Willson’s patients knew they could count on him when they needed him.

“He never took off his doctor hat,” Belenda said. “That’s what people loved about him. He was always there for them.”

Now aged 84 and no longer practicing medicine, Willson is proud of having been able to help so many people.

“I’ve been extremely satisfied with the outcome of my practice and the things that I’ve been able to do with it,” Willson said. “Each day was a challenge and was met as such.”

Willson, who retired in 2014, started his medical career with

a determined attitude that carried him from the sweltering football fields at the University of Florida football to the frigid hills of small-town Wyoming. His time as a physician came with plenty of firsts, including being one of the first physicians certified in family practice, overseeing the implementation of one of the first medical helicopter flights in Wyoming and even the advent of the use of Gatorade to help athletes recover from playing in the heat.

Born in Spring Lake, Fla. in 1934, Willson earned his undergraduate degree in science education from Florida State University. He was in the Reserved Officers’ Training Corps, so after graduation he went directly into the Air Force as a second lieutenant. After four years in the military, he moved his family to Gainesville, Fla., walked into the dean’s office at the University of Florida and told him he wanted to go to medical school. Despite having an undergraduate degree in education and lacking pre-requisite classes like organic chemistry, the dean decided to help him.

“The dean said, ‘I like your spirit, boy. I will help you all I can,’” Belenda said. He found a spot on the alternate list, and after several students dropped out, Willson was accepted into medical school that same year. He graduated in 1965, and



Dr. Willson earned the respect of many influential people in Wyoming, including Senator Mike Enzi (pictured), Senator John Barrasso and former Governor Freudenthal.

then rejoined the military, completing a rotating internship as a captain at the Andrews Air Force Base hospital during the Vietnam War.

He volunteered for the grim duty of meeting the troop plane that was filled with wounded military men who came every Thursday night from Da Nang. It was his job to triage the wounded and decide where they would go. Some were sent home. Some were sent to other hospitals. Some he knew would die. The flight from Da Nang took 72 hours, and though there were nurses on board, there were no doctors.

“They were just glad to see him,” Belenda said. “He said it was the best thing, and the hardest thing, he ever did. He felt like he was doing something to help these people.”

After completing his internship, he worked at the infirmary at the University of Florida where he served as the team doctor for the Florida Gators football team. During that time, one of his colleagues was developing the formula for what would become Gatorade, which was created to help athletes recover from losing electrolytes while playing in the extreme Florida heat. The cost of treating the athletes with the drink was \$350 per game, and their coach wasn’t happy about the expense. Willson reminded the coach that the cost of having the players

spend the weekend after a game in the infirmary was more than the price of the Gatorade.

“He convinced the football coach to try it,” Belenda said, adding that the first weekend they gave it to the players in its basic chemical form, and they spit it out. The next weekend they mixed it with grape juice, but when the players spilled it on their uniforms, the team managers weren’t happy. Next they made it with a lemon-lime flavor, and the rest is Gatorade history.

Following his time with the Gators, Willson moved to south Florida and worked as a family practice physician for about ten years. He also ran an emergency room in Palm Beach.

Willson’s Wyoming story begins in 1976 when he and his wife and children moved to Basin. Willson had spent three summers working in Glacier National Park during college, and that, combined with his love for the mountains sparked a desire to live in the West. The hospital between Greybull and Basin contacted him and asked him to come take a look around and consider working there. He had been at an emergency room conference in Las Vegas when they contacted him, so he and Belenda and their three-month old baby flew to Wyoming in a small plane the hospital sent for them.



Dr. Willson served residents of Basin, Greybull and Thermopolis throughout his years practicing in Wyoming. He said the secret of being a successful doctor was being available to and truly caring about his patients.

They returned to Florida once again after the conference, but the citizens of Wyoming weren't ready to let him get away, so they invited Willson to go elk hunting in the Big Horns. It worked.

"He just fell in love with that area in the Big Horn Basin," Belenda said. "The only problem was he had to convince the rest of us to move out." She knew it was his dream, so they moved to Basin in February. The couple drove to Wyoming with two dogs and four of their eventual six kids (one was already in the Army and one was yet to be born). They were in a Bronco pulling a trailer with a boat and a station wagon pulling an old Volkswagen.

"We looked like gypsy vagabonds coming out here," she said. They weren't certain what Wyoming would be like, but they knew they were nervous about the cold.

"We were moving to Wyoming in February from south Florida, and we all thought we were gonna freeze to death once we got there." They still braved the trip, but not before stopping at an Eddie Bauer store in Denver to buy everyone a down coat.

Their arrival in the Big Horns was the beginning of Willson's noticeable influence on rural medicine as well as medical care in Wyoming. The doctor in Basin whose practice they had moved to join left after six months. Other doctors came and went, but most de-

ceded the tiny town wasn't for them.

"Howard was always on call in that period of time," Belenda said. "He did everything—delivered babies, did surgeries—everything."

When he arrived in Basin, the town ambulance was an old red station wagon and the local mortuary ran the ambulance service. Willson set to work training the EMTs so there would be a better ambulance service to work with. As part of his work improving emergency care in the Big Horn Basin, Willson worked to get one of Wyoming's first medical helicopter transport services up and running in the 1970s.

"One of the big problems was getting people transferred out to higher level of care," Belenda recalled. "They couldn't take care of a lot of things in Basin and Greybull." So Willson found a solution. He received a grant to help pay for a used Huey helicopter, and it was soon being used to transport seriously ill and injured patients.

"They flew it everywhere," Belenda said. "They picked up survivors from a plane wreck, and they took people who were in horrible burn situations to Salt Lake. It was quite impressive. Nobody could believe Basin and Greybull had one of the very first in the state of Wyoming."

In 1982 he moved his practice to Thermopolis so he could share the extreme workload with other doctors.

He was working himself to death," Belenda said. "His kids were bigger. We could never leave town." Even though he had moved, he still went back to Basin every week to see his patients and continued to do so almost as long as he practiced medicine.

Not only did Willson continue to make sure the people of the Big Horn Basin had quality medical care, he was also instrumental in ensuring all of Wyoming has access to qualified doctors and good medical care. He helped write the trauma plan for the state of Wyoming and was on the Governor's Advisory Committee on Emergency Medical Service. In addition, he was very involved with the Wyoming Medical Society throughout the years, serving in various roles on the board, including president.

Wendy Curran of Cheyenne worked with Willson extensively during her time as executive director of WMS. She said he was

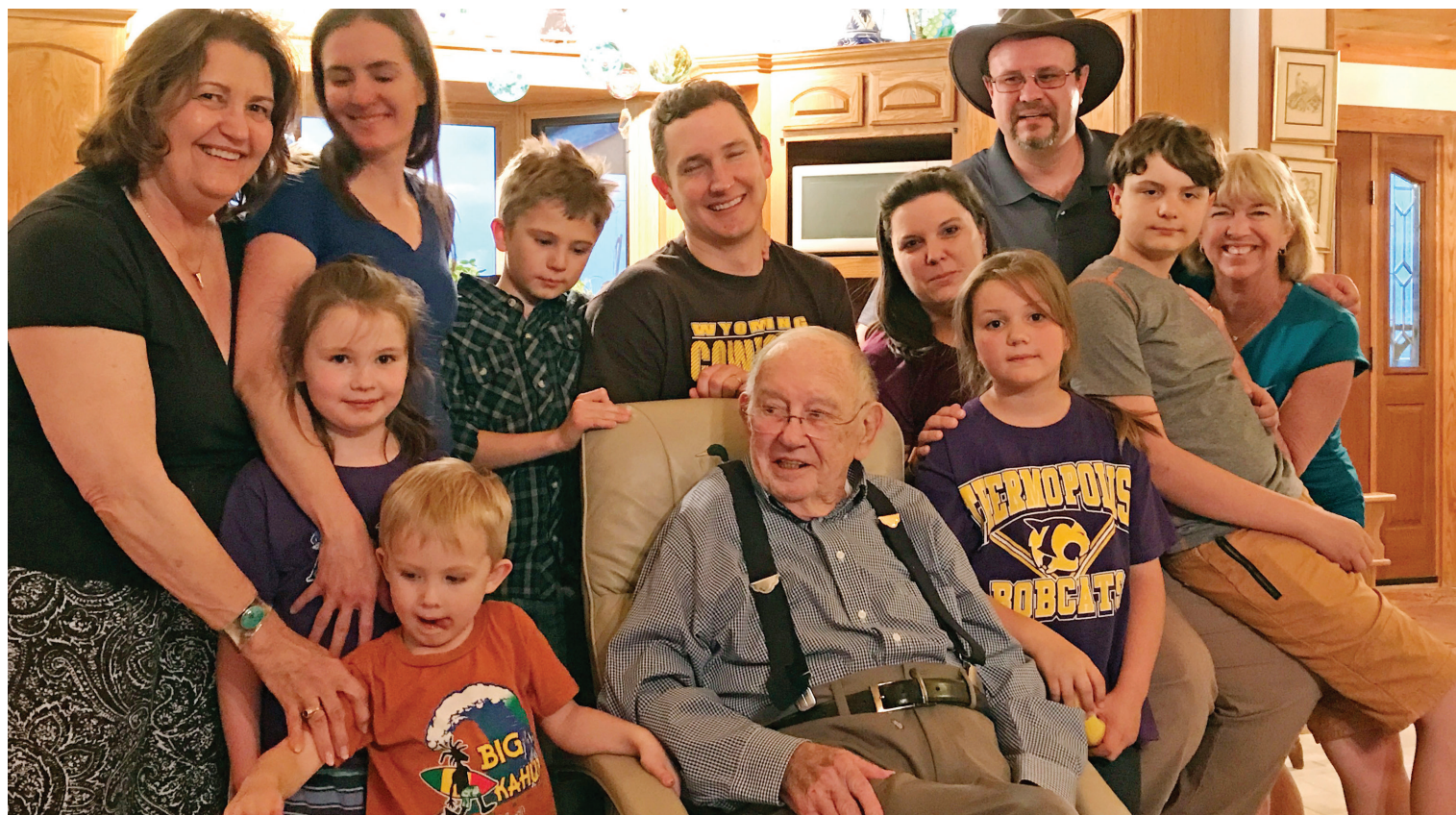
a great doctor who was compassionate and understanding while taking a personal interest in the lives of his patients.

"He really deeply cared about helping them feel better and get healthy," she said. Beyond his work as a doctor, she said she knew him most as a great leader for the WMS where he showed the same care for the medical profession as he did for his patients.

"He had great integrity and

“He never took off his doctor hat, that’s what people loved about him. He was always there for them.”

BELENDA WILLSON
Dr. Willson's Wife



Belenda Willson, far left, and Dr. Howard Willson, seated, are shown with members of their family.

honesty—and the same sort of compassion for the profession of medicine and making sure that the field of medicine was high quality,” Curran said. “He had great professional ethics both as a doctor and a leader.”

Dr. Larry Kirven, who nominated Willson for the Physician of the Year award, also first got to know Willson through WMS when he was a member of the board of trustees in the 1990s. Kirven is currently the assistant clinical dean of Wyoming WWAMI.

“Although Dr. Willson could be a bit gruff and outspoken, he understood the value of rural primary care,” Kirven said. “I nominated Dr. Willson as I felt he epitomized the characteristics of leadership that the Wyoming Medical Society is seeking to encourage among the current members. Dr. Willson was a leader in WMS as well as his community. He was also an advocate for rural primary care and was one of the leaders in advocating for Wyoming joining the WWAMI program, which I think was a major step in getting Wyoming students to return to Wyoming after completing their medical education.”

Willson served as chairman of the first admissions committee for WWAMI—a medical education program affiliated with the University of Washington School of Medicine that trains medical doctors from Wyoming, Washington, Alaska, Montana and Idaho at their home universities, in Seattle as well as in clinical settings throughout the WWAMI region.

He worked with WMS and the state legislature to ensure that practicing physicians had a say in which candidates were cho-

sen for Wyoming’s WWAMI students. They looked for students who wanted to come back and practice in Wyoming.


“He loved that part of his practice,” Belenda said. “He worked with three or four students with the WWAMI program. Some stayed and lived with us in Thermopolis.”

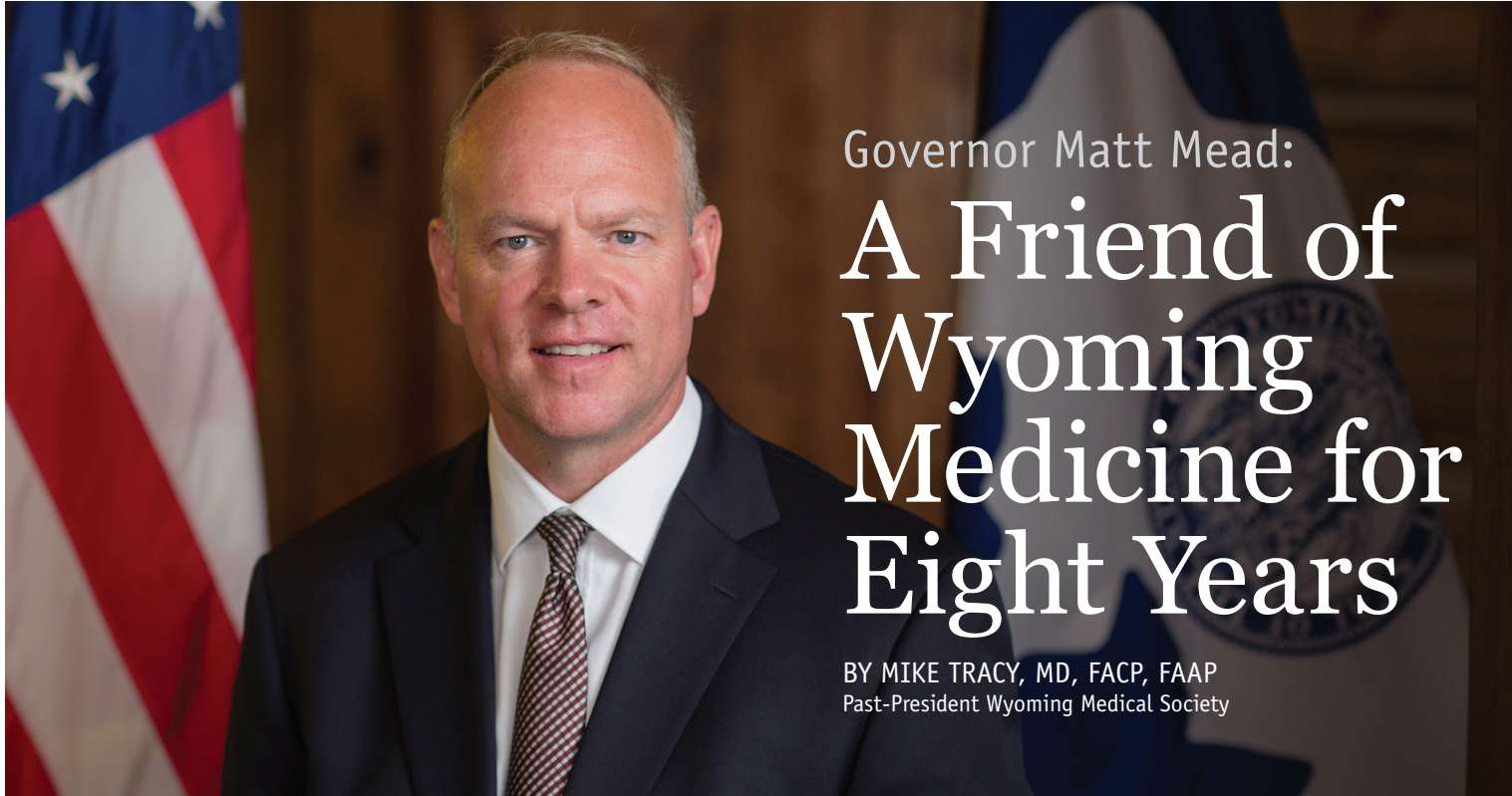
Willson also worked to make sure the medical profession as a whole was taken care of and safeguarded. He served as a delegate and an alternate to the American Medical Association, an organization he is still a member of. His wife said he believed the AMA was the only voice physicians had.

“One person doesn’t have a voice, but the collective group does have a voice in Washington as a patient advocate and also for their profession,” Belenda explained.

His list of accomplishments and volunteer service could fill a book. From being chief of staff at both Big Horn County Hospital and Hot Springs County Memorial Hospital to being the medical director of a chronic pain management program at Gottsche Rehab Center and working for Mountain-Pacific Quality Health Foundation, Willson’s life is a testament to his belief in helping others.

Many people around the state have their own Dr. Willson stories, but the underlying theme is that he was a great doctor who put his patients first. His wife may have summed it up best.

“I always knew when it was said and done that his patients always came first no matter what,” Belenda said. “I didn’t resent it because that was who he was. I wouldn’t have wanted him any other way. He couldn’t have been any other way.” 



Governor Matt Mead: A Friend of Wyoming Medicine for Eight Years

BY MIKE TRACY, MD, FACP, FAAP
Past-President Wyoming Medical Society

“I believe there are great solutions out there that we can’t even imagine yet. But we know by putting people together who want a better future that those things can become possible. If you put like-minded people together who believe they can shape their future, who believe there are better tomorrows, we have in our hands the ability to shape a better future.”

GOVERNOR MATT MEAD

Courtesy of Jackson Hole Technology Partnership Website

Wyoming’s 32nd Governor, Matt Mead, has faithfully served Wyoming for eight years and has been a friend of the state’s citizens, industries, and physicians. His deep Wyoming roots have helped him clearly recognize the unique challenges presented by western frontier medicine. Patients seeking care in Wyoming must often contend with long distance care, transportation issues, and escalating healthcare costs amongst a variety of other real and potential obstacles. Under Governor Mead’s leadership, the unique state of Wyoming has tackled head-on these healthcare challenges by planning and supporting the development of a viable infrastructure, encouraging medical care innovation, and addressing the escalating costs of providing quality healthcare.

As a citizen advocate, Governor Mead has protected current resident interests while planning for the long-range future of the state. Governor Mead recognizes that access to a vibrant healthcare community is critical to Wyoming’s future. The governor has led the state in intentional efforts to invest in local

infrastructure that will assure local communities are equipped and able to offer quality healthcare services and facilities. This infrastructure in support of Wyoming’s workforce will surely be appreciated for years to come by both local and statewide businesses. A few highlights of Governor Mead’s interaction with healthcare during these past eight years must include his emphasis on addressing physician workforce needs, Medicaid expansion, telehealth and information technology, and spurring innovation in healthcare through the ENDOW program and the Jackson Hole Technology Partnership.

Physician Workforce

As an advocate of Wyoming physician workforce issues, Governor Mead has supported the WWAMI program since taking office. The number of medical students per class has increased during the Governor’s tenure, which will serve the future Wyoming physician workforce well. The WWAMI facility at the University of Wyoming’s Health Sciences Center in Laramie is



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completing a renovation that maximizes the use of technology to include telehealth education. This state-of-the-art facility will help medical students make the most of their educational opportunities during the first two years of medical school in partnership with the University of Washington School of Medicine. Governor Mead has also supported the Wyoming Family Medicine residency programs in Casper and Cheyenne and has advocated leveraging Wyoming medical care by capitalizing on the talent Wyoming has within our own physician community.

During his tenure, the Wyoming Department of Health has also collaborated with the physician community to improve delivery of care to Wyoming citizens. Under Governor Mead's leadership, Wyoming Medicaid has outperformed private insurance in the recognition of the importance of telehealth and reimbursement for interactions such as email and telephone communication with patients.

Medicaid Expansion

Governor Mead has a unique track record with the Affordable Care Act (ACA) and Medicaid expansion. He initially opposed the ACA and was involved in litigation to stop its implementation. However, once the legality of the ACA was addressed - including the Supreme Court's decision to uphold the individual mandate - the governor assessed the question of Medicaid expansion mostly in economic terms.

In a discussion on Wyoming Public Radio's Open Spaces in September 2014, Governor Mead indicated that he was not sure where he stood on the issue of Medicaid expansion. He felt that the state of Wyoming deserved answers before committing resources to Medicaid expansion, and then he thoughtfully set out to answer these questions.

In February 2016, he cited the economic benefits Medicaid expansion would offer to Wyoming as it would provide coverage for 20,000 Wyoming citizens. Governor Mead asked the legislature to reconsider the issue of Medicaid expansion, which ultimately was voted down by the legislature.

Governor Mead recognized that the benefit to Medicaid expansion decreased with each passing year. Once it was clear that the Affordable Care Act (ACA) was the "law of the land,"

he asked the state legislature to consider the option of Medicaid expansion on its own merits. He did not want to dismiss Medicaid expansion simply because it was part of the ACA. Governor Mead reiterated the economic benefit to the state and vowed to continue to push for protections for the state should the federal government discontinue their funding obligations. He clearly viewed Medicaid expansion as a tool to strengthen Wyoming's healthcare infrastructure.

Telehealth & Health Information Technology

"One goal of the Governor's ENDOW program is for Wyoming residents to have access to affordable healthcare—including general and specialized—within 75 miles of home. Affordable is defined as having rates in the lowest 25% in the inter-mountain region. The Executive Council believes this can be accomplished, in part, with the use of advanced telehealth delivery tools such as virtual and augmented reality," from the ENDOW 2018 Final Report.

Centralizing Tech Coordination - Governor Mead created Enterprise Technology Services in 2012, which essentially placed all state information technology into one agency and allowed better coordination of technology communication and exchange systems as they developed.

Allowing Patients To Stay Closer to Home - Governor Mead was instrumental in assembling a public-private sector cooperative with the purpose of providing 100GB high speed fiber cable throughout the state that was integrated into a high-

Are you aware of the Community resources available Wyoming-Wide?

Wyoming 2-1-1 and Help Me Grow Wyoming are a part of a coordinated referral system and serve as the Centralized Access Point for statewide community information and referral services.



Wyoming 2-1-1 enables people to get help or give help. 2-1-1 is an easy to remember, free helpline which provides individuals with information and referrals they need to access health and human services.



Help Me Grow Wyoming is a statewide system that provides support and services to children, birth to eight years old, through developmental promotion, early detection, early intervention, linkage to resources and family support.

To connect to Wyoming 2-1-1 or Help Me Grow Wyoming, Dial 2-1-1

speed network. This high-speed fiber network is instrumental in allowing Wyoming to provide access to telehealth services across the state which, in turn, allows patients to stay closer to home while receiving quality care.

Developing a Health Information Exchange – Governor Mead ensured that the resources and expertise necessary to make telecommunication between doctors, patients, hospitals, and all other stakeholders in the system was a reality.

His administration's work to develop the high-speed fiber network previously described will also prove to be valuable in the years ahead as Wyoming refines its health information exchange. This important tool is even now helping doctors coordinate care between primary and specialty care medical providers.

Healthcare Innovation


ENDOW - Governor Mead established the Economically Needed Diversity Options for Wyoming (ENDOW) Executive Council to drive Wyoming's economy forward and develop opportunities that will allow our citizens to find good-paying jobs and meaningful work here in Wyoming both now and long into the future.

He recognizes the need for innovation and the unique opportunities provided in Wyoming that will allow creation of the

necessary ecosystem for new technologies in our state. One of the five building blocks that are the foundation of ENDOW is "Health and Quality of Life". Governor Mead understands that a thriving healthcare system across the state is crucial in attracting and retaining businesses in our state.

The recently released ENDOW report is a thoughtful 20-year strategic plan for the state which includes healthcare as a pillar and offers a good starting point for continued efforts in diversifying the state's economy, which requires a high-functioning healthcare system.

Jackson Hole Technology Partnership- Governor Mead is a founding member of the Jackson Hole Technology Partnership, which was founded with the intention of diversifying the Wyoming economy through expansion of the technology sector. Representatives from multiple industries, including healthcare, gather each year for the JHTP Summit. Innovation in healthcare delivery through use of technology is part of this effort.

Healthcare in the great state of Wyoming is better for having a thoughtful, forward-thinking leader in Governor Mead for the last eight years. We look forward to continuing many of the great efforts started during his tenure, and to continuing to work with him as a private citizen to improve healthcare delivery in Wyoming. 

Let's all put our
hands
together.

We recognize the Wyoming Medical Society for their commitment to affordable, quality health care. Their dedication is an inspiration to us all.





How Telemedicine is Being Utilized in Wyoming

Telemedicine in Wyoming Provides Quick and Easy Access

BY JULIETTE K. RULE
Wyoming Medical Society

The phone beeps and Dr. Michael Tracy picks it up, glancing at the screen. It's a patient, and an issue he can handily answer from well, wherever he is.

With his partner, Dr. Robert Chandler, Tracy runs 307 Health in Powell.

Their use of what was once considered a highly unconventional method of patient care now provides for quick and easy access for clients and allows them to build what may well be called a very patient-centered practice.

Tracy tells of patients who text him pictures of deep cuts. He can tell them whether a trip to the ER is required or if they can simply come to the clinic where he or another clinician can use a disposable staple gun to treat the injury. That saves both the patient and their insurer in a big way, he explains.

"Those staple guns we use are disposable, and we pay \$30 for them," Tracy says. "That's a big difference from a trip to the ER."

Fellow 307 Health physician Dean Bartholomew agrees.

"I can tell a parent who texts me a picture of a rash, that their child is OK, that this rash is just part of that virus we treated them for earlier," Bartholomew says. "They get an answer quickly and when they need it. They also don't have to go to a waiting room and be exposed to more germs."

307 Health isn't alone in offering telehealth, or as it's also commonly called, telemedicine services.

Stitches Acute Care owned and operated by Dr. Dan Surdam and his wife, Amy Surdam, who is an FNP-C who also serves as the business development director. Together they manage two clinics – one in Cheyenne and the other in Laramie.

Their patients create a visit with a Stitches provider by clicking a link on the clinic's website. That click triggers a video communication and hails a receptionist who checks in the patient online and then places the patient in a virtual waiting room. Patients and the clinician see and hear each other, and the business is done much the way it is in person. Prescriptions are called into the patient's pharmacy of choice.

No uncomfortable waiting room. No additional exposure to germs. No need to travel on snowy or windy days for a common concern or ailment.

Both 307 Health and Stitches are using telemedicine, though their approaches leverage a different kind of access and different tools. (Both are also noting great success with a newer business tool – membership-based patient care, which provides unlimited office time or virtual consultations like a text exchange for a flat monthly fee.) While Stitches relies upon video connectivity in its day-to-day, 307 Health relies on text

messaging in every hour of every day.

Dan Surdam says Stitches' approach is about more than keeping up with the times.

"For us, it's part of our mission," he explains. "We will use innovation and technology to increase value and increase value in health care. Patients are very much our mindset."

In Park County, Tracy can't disagree. The adoption of text messaging as a tool is about increasing flexibility and being able to better provide for patient care, and quite frankly, give him and his partner Chandler more control over the business.

"In our practice, I got tired of a system where patients are viewed as a revenue stream and I'm a revenue generator," he says. "This is a huge value to patients, who we know very well."

Amid the creation of stronger clinic relationships, does he worry patients will text him gifs they find funny? Or even accidentally dial him up? Not at all. That's thanks in part to the lite guidelines they share with patients who opt into the telehealth service offered by 307 Health.

"People are amazingly polite," Tracy says. "And I have yet to sleep through a text."

Finding folks in Powell to adopt this new-fangled way of talking to doc hasn't been a challenge either, though some are initially uninterested. That's OK with 307 Health.

"Eventually, they often come around," Tracy says. "It's easy. They're already texting people ... and I'd just rather spend time with patients and have the terms of the relationship defined by me, not the insurance companies."

The technology is less and less a barrier, says Bartholomew, who is also currently serves on the Wyoming Medical Society's Board of Trustees. Technology as a barrier to building a solid, high-functioning practice isn't lost on him.

He and his wife, Tonya, ran a clinic in Saratoga for years and as part of their business plan worked to adopt telehealth early on so their patients could come to his office for a visit with a specialist via digital transmission instead of braving the roads in a classic Wyoming winter day on Interstate 80.

It didn't work as well for him then, as it does for 307 Health. Technology is more present in everyday life now, and 307 Health isn't working with specialists via text message. Still, he sees the benefit to him, his practice and his family.

"It's not just evenings and weekends," Bartholomew says.

"The bulk of the texts come during the day, not after hours. We're all already connected to phones, so this isn't difficult for people."

And with many patient contacts in his practice coming to him aren't emergencies, he can finish dinner or watching a kid's baseball game. It is, quite simply, reasonable to manage a patient's care via text for the issues family practice physicians are most likely to see – rashes, deep cuts. The advice can be offered over text to "drive to the ER for that cut or come into the clinic and we'll just staple it," Bartholomew says.

Dr. David Wheeler, another early adopter of telemedicine, has been advocating for technology and stroke patient care since 2007 from his central Wyoming practice. Today, he uses telehealth quite differently from the way he and others did in the mid-2000s and quite a bit differently than the family practice physicians.

“I can tell a parent who texts me a picture of a rash, that their child is OK, that this rash is just part of that virus we treated them for earlier.”

DEAN BARTHOLOMEW, MD
Saratoga, WY

The Casper neurologist is passionate about stroke care, and as one of few neurologists in the Cowboy State, he's often referred to while a patient is experiencing a stroke. Timelines are tight for stroke patients, and time isn't something a specialist in a rural state has much of.

The attending physician at Memorial Hospital of Converse County logs in to a device and as the on-call neurologist, Wheeler is pinged. On his side of the conversation, Wheeler can see the patient and can

zoom in for a close-up via special camera controls. He can view scans and the chart, and he even updates the patient's chart to direct the next step.

307 Health, too, is using peripherals, they're just not necessarily as involved as the systems Wheeler's work requires.

On a recent night a patient texted Tracy about a heart arrhythmia, wondering if he needed to go to the ER. Because the patient had purchased an iPhone peripheral for about \$100, he was able to email Tracy a tracing of his heart activity.

"I told him that in this case, after looking at the tracing, I was comfortable with just monitoring him," he says. "He didn't need to go to the ER."

While that experience is highly localized, even when managed digitally, that's not true for Wheeler.

Plenty of his patients need only follow-up visits, and for them telemedicine delivered via video on a patient's smartphone is a



How Telemedicine is Being Utilized in Wyoming

great resource. Wheeler started using telemedicine via video in his private practice in 2012, leveraging his learnings from his three-year pilot of the Telestroke program.

“We’ve evolved it as an in-office technology,” he says.

Wheeler meets with patients in private, HIPAA-compliant video “rooms” using a cloud-based video meeting service called Zoom. The patient gets ready for an appointment by clicking a link in an emailed appointment reminder, and that takes them to a Zoom web page requesting that they install the application on their phone, tablet or computer. It takes just a few minutes for even the most tech-adverse patient to set up access.

The Zoom license Wheeler and many others use are issued through Wyoming Telehealth Network or WyTN, a program at the University of Wyoming within the Wyoming Institute for Disabilities, an academic unit in College of Health Sciences. Any Wyoming licensed physician can leverage that connection to develop an aspect of their virtual practice and do so at no cost to their practice, says Corey Jenkins, Senior Project Coordinator for WyTN.

Reliability and cost of the service are a far cry from where they were in 2007 when Wheeler got involved in the telehealth movement in Wyoming.

Equipment could cost \$150,000 for a hospital, and it was hard for leadership to commit to that investment. Moreover, the equipment was unreliable.

“I just quit using it,” Wheeler says. “The equipment would crash in the middle of the visit. The software was hard to use and hard to install ... the use of a Zoom license has saved my practice money

While the telehealth operation has seen much improvement, some patient needs haven’t changed at all.

Follow up visits with specialists can still mean patients spend hours on the road for a relatively short visit. A physician or specialist’s need to keep the client roster full also hasn’t changed.

It’s all gotten easier though.

“I see, in an average clinic day, one out of five or six patients remotely,” Wheeler says. “I can submit a charge and be paid for that service, too. That represents an important improvement.”

The need for clinicians to be able to bill for telehealth isn’t lost on Dr. James Bush, Wyoming Medicaid medical director with the Wyoming Department of Health. He is credited by many for ensuring Wyoming practitioners can get a full reimbursement at Medicaid rates for Medicaid patients.

Bush knows well that reimbursement for private pay insurance is the next frontier, but in the meantime, he’s worked to cover a few bases and clear the way for more innovation in Wyoming medicine.

“We’ve gotten the technology taken care of, Medicare payments and now we have standards, too,” he says.

Those standards he refers to were adopted by the Wyoming Healthcare Licensing Boards, creating a uniform policy for the use of telehealth technologies. The creation of the Wyoming Telehealth Network at UW also is a valuable resource for physicians beyond the free-to-them Zoom licenses.

“There are lots of resources on our site for physicians, patients and clinicians,” program director Jenkins explains.

While insurance companies are hesitant to adopt telehealth as a means to serve patients by reimbursing physicians for their expertise, even delivered digitally, there’s a lot to be said for the impact telemedicine has on patient care.

Both 307 Health and Stitches patients report loving the ease of the service and access.

“Ninety-three percent of patients and providers report being very satisfied with telehealth (experiences),” Jenkins concurs. “That’s really high.”


For Bush, just as it is for the Surdams, Tracy and Bartholomew, the difference for patients is huge.

“Bundling up a nursing home patient to take them to the ER across town is not only unnecessary (with telehealth) but extremely disruptive to the patient and costly,” Bush explains. “But nursing homes and large hospitals are reluctant to accept telemedicine.”

Reimbursement remains a large concern for small-town physicians in rural Wyoming communities as well as for specialists in city centers here. Surdam is certain that the pathway to better use of ER services can begin with telemedicine.

“I’ve worked as an ER physician,” he says, “and I’ve seen the misuse because patients don’t make the distinction,” he says. “But they could start with a telemedicine visit. And studies support that – telemedicine keeps people out of ERs.”

Between cost savings and patient relationships lies reimbursement. It’s not a problem lost on any Wyoming physician, least of all Bush.

“Telehealth means lower costs, patients and doctors know each other, and it really strengthens the bond with primary care physicians,” Bush says. “That’s important here.” 

“I see, in an average clinic day, one out of five or six patients remotely.”

DAVID WHEELER, MD
Casper, WY

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WIND Brings Education About Telemedicine

Telehealth in Wyoming: Not Ancient History

BY JULIETTE K. RULE
Wyoming Medical Society

If the future is online, Wyoming patients are in good hands, thanks to early adoption and the advent of handheld tech that most Wyoming patients have access to.

The management of a contract for telehealth connectivity services now lives within the University of Wyoming in Laramie. Among the work is delivering educational opportunities to Wyoming physicians and healthcare providers, says Corey Jenkins, Project Coordinator for the Wyoming Telehealth Network. It's a division of Wyoming Institute for Disabilities (or WIND), and it's through WIND that the Office of Rural Health extended a contract for the continued development of access to telemedicine in Wyoming.

Created in July 2016, the Wyoming Office of Telehealth Network or WyTN took over supporting telehealth and telemedicine work from a Sheridan-based contractor, Ptolemy Data Systems, a manager of IT systems. Prior to that, Cheyenne Regional Medical Center had a role in telehealth's emergence, too. Much has changed in telehealth since CRMC was involved in what was then an emerging technology with a bright future but an unclear method for achieving affordable and serviceable hardware.

"When we began WyTN, telehealth was a major dashboard item," Jenkins says. "More and more articles in professional journals were discussing it, and the writing was on the walls. It's in professionals' best interests to adopt it and use it with their patients."

Wyoming had a good footing, but it needed the support of a

well-established institution to keep moving forward.

WIND's work serves communities throughout the state, ensuring that people with disabilities, families and professionals have access to education, training, early interventions and other services. WIND also had established roots in telecommunications and connectivity throughout the state.

In this case, the footing was in video communications.

"WIND had adopted Zoom well before we had this other work with WyTN," Jenkins says. "It's probably part of the reason we were chosen for the contract."

Zoom is a cloud-based service creating high-quality audio and video connections across mobile devices, desktops, telephones and conference room systems. Anyone with a smartphone can use it, which is great news for patients. More importantly to healthcare experts however is that Zoom is a HIPAA-compliant connection.

While the contract is relatively new to WyTN, the work is hardly new to Wyoming.

More than a decade ago, Dr. James Bush began serving as Wyoming Medicaid Medical

Director with the Wyoming Department of Health.

"I had no budget, no staff, but I was asked to work on telehealth in Wyoming," Bush said. "If the state were going to be involved, we needed to create an electronic road system but not dictate where patients received care."

First step? A bridge.

That's a costly device that allowed patients anywhere in Wyoming to connect with specialists and primary care physicians.

WIND's work serves communities throughout the state, ensuring that people with disabilities, families and professionals have access to education, training, early interventions and other services.

Because the cost of the equipment was high at \$500,000 per bridge, Bush said, it was installed sparingly but strategically in state offices to create private access points for patients.

That included the Wyoming Department of Family Services, with its field offices throughout the state. DFS already had privacy practices in place as well as the space. The effort required legislative support to get going in the mid-2000s.

A Rock Springs patient, for example, would set up an appointment with a neurologist in Casper and go to the DFS field office, where the visit would take place in a conference room behind a closed door and with a secure video camera and voice connection as well as a large screen TV.

That technology is now obsolete with the adoption of smartphones and far better Internet connectivity, Bush said. Patients don't have to leave their home, though they do sometimes need to visit another clinic for access to a specialist.

That might be the case for a stroke patient in need of a follow-up visit, explains Dr. David Wheeler of Wyoming Medical

Center. His area of expertise is in neurology, and he's been a longtime supporter of telehealth for specialists in Wyoming.

"With affordable audio video solutions, we've been able to see patients (via video link) closer to home," Wheeler says. "That saves a lot of time – sometimes two to four hours – for what is a relatively short visit."

Physicians also use it for educational training and staff meetings, Jenkins says.

The Zoom license not only makes it accessible, but also means the connection is HIPAA-compliant. Today, more than 280 physicians, specialists and other healthcare professionals in Wyoming hold a state-funded Zoom license.

With telehealth being increasingly adopted by patients, primary care and specialists in Wyoming, Medicaid has since allowed for full reimbursement at Medicaid rates, Jenkins said, even when the patient is sitting at home.

"We've taken down as many barriers as we can," Bush said. "And physicians are using it." 

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Licensure and Telemedicine in Wyoming

Putting Out the Welcome Mat for Telemedicine

BY KEVIN BOHNENBLUST, JD

Wyoming Board of Medicine Executive Director

Telemedicine – the word rings of hope and promise for places like Wyoming, where a chronic shortage of physicians – especially in specialty care – is a harsh reality.

By many accounts, telemedicine had its start in the second half of the 20th century. The tremendous advances seen in technology, especially in telecommunications and computing, in the years after World War II led to telemedicine's birth, and increased the opportunities for it.

Somewhat predictably, though, medical licensure did not undergo simultaneous growth. Government regulation is almost always reactive, not proactive. This natural lag caused some understandable hesitation on the part of innovators to try new ideas and technologies in delivering patient care via telemedicine.

The Wyoming Medical Practice Act defines telemedicine as “the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider.” This definition is intentionally broad to cover the many variations of practicing medicine from a distance, including technologies yet to be created or deployed. Note that not only does it incorporate real-time interactions, it includes those that occur sequentially rather than simultaneously (“store and forward” and similar methods).

With that in mind, it has been clear that there are two key areas where physician licensure and regulation can positively affect the use of telemedicine in Wyoming.

Streamlining licensure – opening the door for innovation and growth

The first area of opportunity is speeding the process by which a physician can obtain a license in Wyoming. Physician licensure uses the police power of the state to protect the public. To protect their citizens, all states take the position that the practice of medicine occurs at the location of the patient. Regardless of where the physician is while practicing medicine, the patient's location determines whether a physician must be

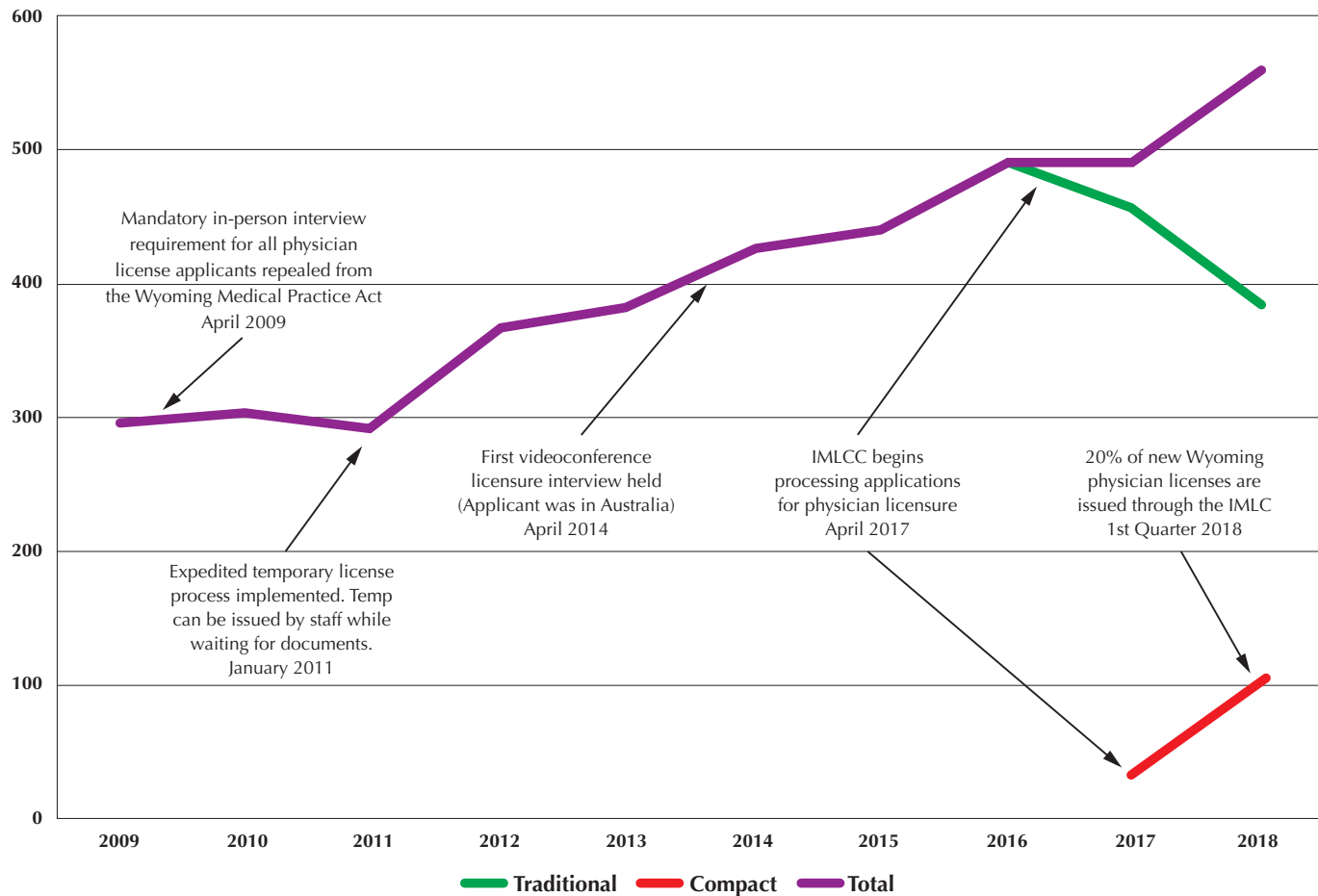
licensed in a jurisdiction. After all, if a patient in Lander receives substandard care via video conference from a physician in Florida, won't the patient be better served by a licensing authority in Wyoming, than one in Tallahassee? While the logic of requiring physician licensure at the location of the patient is solid, this requirement has been perceived by some as a barrier to the use of telemedicine.

Until 2009, all physicians seeking a Wyoming physician license were required to come to a meeting of the Wyoming Board of Medicine for a licensure interview. While some interviews were in-depth exchanges to discuss a physician's training, skills, and academic, disciplinary, and criminal history, the vast majority of them were perfunctory, taking only a few minutes. Physicians who sought a Wyoming license so they could provide radiology or pathology services to small Wyoming hospitals on evenings and weekends were understandably frustrated by the time and money expended for only a brief interaction with the Board.

When the Board approached the Wyoming Legislature to update the Wyoming Medical Practice Act in 2009, it proposed modifying the requirement that all applicants to appear for a licensure interview – even if they had never been in trouble. While the repeal of that requirement did not directly promote telemedicine, it tremendously reduced the physician's cost of obtaining a Wyoming license.

Two years later the Board took another step forward by adopting regulations permitting the issuance of an expedited temporary license to well-qualified applicants. Rather than make an experienced physician with a clean track record wait for every single piece of paper supporting their application to arrive in the Board office before considering him for issuance of a temporary license, the Board authorized its staff to issue a temporary license to an applicant after a core set of documents was received. This considerably shortened the time from the initiation of the application process to when physicians begin seeing Wyoming patients. This change was viewed with concern by some, fearing that temporary license might be issued

Advances in Wyoming Physician Licensure - 2009-2018



to physician only to find out upon receipt of additional documents and credentials that there was a problem with the physician. Fortunately, the results have shown those fears to be misplaced.

The most significant development in physician licensure in the past ten years, however, and that most definitely will positively impact on telemedicine in Wyoming, was passage of the Interstate Medical Licensure Compact (IMLC) in 2015. Wyoming was the first state to pass the IMLC legislation, and as of November 1, 2018, 24 more states, the District of Columbia, and the Territory of Guam, have joined.

The IMLC lets physicians leverage their existing licensure in a member state – the “State of Principal License” – to obtain licenses in other Compact states. Using information previously gathered during the physician’s traditional licensure process, the State of Principal License can quickly verify the physician’s eligibility to seek licenses in other Compact states with minimal additional paperwork. Since April 2017, almost 2,000 phy-

sicians have received nearly 3,500 medical licenses in IMLC states. In Wyoming, fully twenty percent of the licenses issued by the Board in 2018 have been through the IMLC.

Regulation of the practice of medicine

The second area where physician licensure can affect the use of telemedicine is in the regulation of the practice of medicine. The Medical Practice Act, and the Board’s rules and regulations, set standards and requirements for how medicine is practiced. Provisions relating to the creation of medical records, the obligation to seek patient informed consent, the need to timely notify patients of test results, the duty to hold patient health information confidential, and more are spelled out in law.

In the early 21st century some state medical boards, viewing telemedicine as its own, distinct discipline or specialty, began issuing special licenses to practice telemedicine. Some also adopted provisions setting out criteria for establishing a physician-patient relationship that went beyond the traditional



Licensure and Telemedicine in Wyoming

process. A few even had provisions that prohibited “telemedicine” license holders from physically coming into the state to see patients.

Wyoming has taken a different approach. The Board doesn’t consider a physician, regardless of specialty, to be “practicing telemedicine.” Instead, the physician is using telemedicine tools – audio, video, telemetry, etc. – to practice their specialty. Whether a physician monitoring the patient’s vital signs is physically in the intensive care unit of a hospital in the Big Horn Basin, or is instead using a computer in her home office in Arizona, either way she is working as an intensivist.

Likewise, whether a physician reviews radiologic studies in a hospital in Casper, or does so via computer from Australia, either way he is a practicing radiology. Neither is “practicing telemedicine” – they are “practicing medicine.”

This approach helps keep the focus of licensure on protection of the patient. Regardless of where the physician is physically located, or how he provides medical services, the standards and expectations are the same. The patient is entitled to safety, confidentiality, and a standard of care no matter the methods and modalities used by the physician, or the physician’s proximity to the patient.

To that end, the Board has avoided creating special rules governing telemedicine. For example, rather than mandating a same-location, face-to-face meeting to initiate the physician-patient relationship, the Board looks to the standard of care. If the standard can be met by establishing the physician-patient relationship through a video conference or other technology, that is acceptable. Similarly, rather than create standards for encryption of communications, or limit what medications may be prescribed via telemedicine, the Board directs licensees to best practices and the standard of care. So far, the Board has found that no special “telemedicine rules” have been needed.

The bottom line

So what has been the result? Have the Board of Medicine and the Wyoming Legislature been able to open the regulatory door for the practice of telemedicine in Wyoming? The numbers suggest they have.

In 2009, the Board issued 296 physician licenses – at that time the highest one-year total in the Board’s history. Thanks to elimination of mandatory in-person licensing interviews, a streamlined process for issuing temporary licenses, and being a leader in crafting, adopting and implementing the Interstate Medical Licensure Compact, in 2018 the Board is projecting it will issue more than 575 physician licenses – a 95% increase over 2009.

This was accomplished with just two pieces of legislation – modernization of the Wyoming Medical Practice Act and the Interstate Medical Licensure Compact – and adoption of new rules and processes at the Board of Medicine. It was also done without additional funds or new staff at the Board of Medicine.

The Board will continue to seek ways to minimize regulatory burdens on all physicians – not just those practicing via telemedicine – while protecting the people of Wyoming. In the meantime, the regulatory welcome mat is out for telemedicine in Wyoming.

In 2017, WBCI's funds granted into Wyoming supported:

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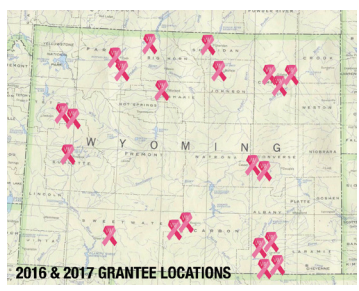
1,575 **Clinical Breast Exams, Screening or Diagnostic Mammograms, or Ultrasounds**


5 **Awareness & Celebration Events**

7 **Diagnosed with Breast Cancer Through the Screens**

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UW Residency Program Profiles

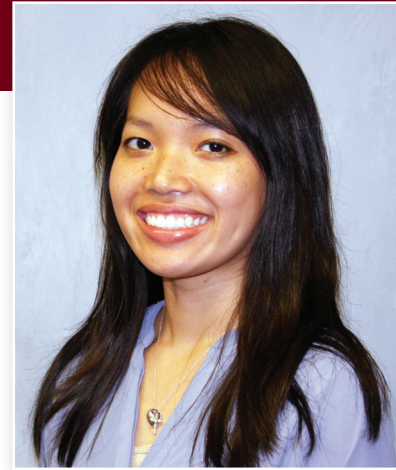
In the winter edition of the Wyoming Medicine Magazine, we take the time to profile the third-year University of Wyoming family medicine residents in the Casper and Cheyenne programs. This year we asked them the following questions:

1. Where are you from originally and where did you attend medical school?
2. What made you consider Wyoming for your residency?
3. What makes Wyoming a unique place to practice?
4. If you were recruiting medical students to UW Family Medicine Residency Program, what would you tell them?
5. What are your plans for practice after graduation? Are you interested in practicing in Wyoming?

Annie Le

Cheyenne, Wyoming

1. Phoenix, Arizona; A.T. Still University – Mesa, AZ. I spent 3 years in the Seattle area for my education.
2. I'm interested in full scope family medicine which seemed feasible if I train in the least populous state.
3. The culture and mindset.
4. I love my patients. Most of my patients care about me as much as I care about them. I feel like an honorary family member sometimes. I will miss my Cheyenne patients when I leave residency.
5. I recently completed interviewing for geriatrics fellowship and am waiting for Match Day in November. After training, I plan to continue practicing family medicine with a subspecialty in geriatrics and interest in hospice & palliative care. I have no interest in practicing in Wyoming (sorry!); I am returning to a bigger city!



William Christman Ratliff

Cheyenne, Wyoming

1. I am originally from Texas and I attended medical school at Ross University School of Medicine.
2. I originally learned about the residency program in Cheyenne when I was in college and I took a Wilderness EMT course in Lander, WY. There I met a former graduate of the program who told me about the rural focus of the residency and the broad scope that they train their residents in. Also, the proximity to outdoor activities make Cheyenne an ideal place to go to residency.
3. We have beautiful natural resources as well as amazing small towns throughout the state. The challenge of these small towns adds a new and exciting challenge to medicine.
4. If you like the outdoors and want to learn how to practice broad spectrum, rural family medicine, then this is the ideal program for you.
5. I plan on practicing full spectrum family medicine in a rural location.





Hannah Dupea, MD

Casper, Wyoming



1. Bigfork, Montana; University of North Dakota.
2. I am interested in the Rocky Mountain region, full-spectrum family medicine program with strong OB and pediatric components and ultimately my sense of connection with the residents and faculty.
3. Meeting both rural and urban community needs, and the personal connections I have made with patients and co-workers, not only at work but also during community events, church, skiing, hiking, etc.
4. If you like teamwork, are ready to work hard, and want true broad-spectrum training, this program is a good fit for you. So many people have challenged and supported me in my training: faculty, support staff, community attending physicians, clinic and hospital nurses, and my fellow residents. It has been a good experience!
5. I am planning to stay in the Rocky Mountain West. I am open to staying in Wyoming, but I am looking at options in Montana to be close to family. I plan to work primarily in the outpatient clinic setting with a focus on procedures, pediatrics and women's health. I am also interested in working in urgent care and the ER a few times a month. One day, I hope to branch out in a "fee-for-service" type practice.

Kyle Jordan, MD

Casper, Wyoming



1. San Diego, California; St. George's University SOM.
2. I considered Wyoming because after living in Brooklyn for the past two years, I desired a different kind of connection with my community. When I lived in Brooklyn, I would rarely see the same people on my usual subway commute, which depersonalized so much of the medical experience.
3. Medical training in Casper presents a great opportunity to work more directly alongside different specialists, both medical and non-medical, to assist my patients in their overall care. Particularly as a Family Physician, that opportunity has been invaluable in my ability to become a better team player, which can only help my overall care quality.
4. Since I do recruit people actively through residency interviews, I tell them the following things: (1) Although Casper has a population of only 55000, we field a much larger area of patients and our pathology diversity amongst those individuals is greater than you can imagine. (2) Our specialists know us and want work alongside us for great outcomes.
5. I plan to work primarily in the outpatient setting as a traditional family medicine physician preferably in small-medium sized clinic in an area within 2-3 hours of a major metropolis. I believe that after my travels from San Diego to Seattle to Grenada to New York City and finally Wyoming, my current spiritual home lies in the Pacific Northwest, so I plan to pursue my practice there immediately after residency. I am definitely a fan of Wyoming though and will have to consider the north-west corner seriously at some point as long as I choose the right missus.

UW Residency Program Profiles

Jonathan Fausett, DO

Casper, Wyoming

1. Rural Utah; Des Moines University in Iowa.
2. I came to the Casper residency program to receive unopposed broad-spectrum training in a rural setting.
3. Geographic isolation and a mentality of rugged independence makes medical care in Wyoming unique.
4. For intensive broad spectrum training in family medicine, there is no better program in the WWAMI region.
5. My next adventure will be in rural Arkansas, but I would not mind coming back to practice in Wyoming someday.



Elisabeth Gehringer, DO

Cheyenne, Wyoming

1. I grew up in Sedro-Woolley Washington and attended medical school at Pacific Northwest University of Health Sciences.
2. The opportunity to learn full-spectrum family medicine and all the wonderful people who are a part of the program.
3. The opportunity to provide care for a large number of people in a place with a small-town feel.
4. The UW Family Medicine Residency Program at Cheyenne is a fantastic place to learn full scope family medicine in an unopposed residency setting.
5. Although I have greatly enjoyed my time here in Wyoming I plan on moving back to Washington state so that I can be closer to my family.



Timothy Nostrum, MD

Casper, Wyoming

1. Kalispell, Montana; Medical University of the Americas
2. I was born in Riverton, so I have a lot of family in Wyoming.
3. The rural communities and the friendly, tough patients I meet every day.
4. This residency program is filled with great people, and as a resident, you will receive strong inpatient experiences in addition to autonomy from the faculty.
5. I'm still looking at my options, but I love Wyoming, so it's always possible I will practice in the state after graduation.





Boyd Tamanaha, MD

Casper, Wyoming

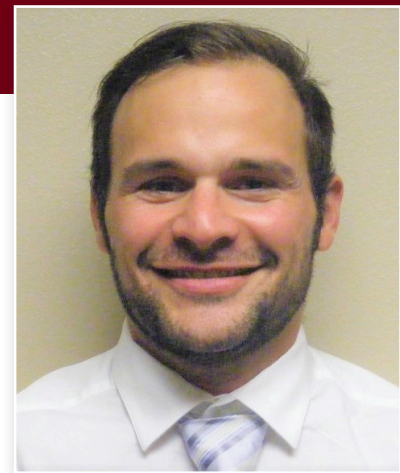
1. Silver Spring, Maryland (the Washington D.C. area); Ross University.
2. My wife is from Idaho and we were looking for a full spectrum family medicine program in the Mountain West region that was unopposed (no other residencies in the hospital).
3. Wyoming is the perfect balance between “old fashion” medicine and modern medicine. To elaborate, Wyoming still values physicians who care for the patient and family as a whole, not just the pathology. This is all while practicing evidence-based medicine in an efficient manner.
4. We residents are treated like physicians, not trainees. We have tons of autonomy to make decisions and take charge of our patients. That being said, we never feel abandoned or without help from faculty.
5. I am currently looking at mostly outpatient jobs near family. Yes, I am interested in staying in Wyoming.



James McLennan, MD

Casper, Wyoming

1. Reno, Nevada; University of Medicine and Health Sciences in Saint Kitts.
2. I rotated as a medical student at the Casper residency program and at Wyoming Medical Center. I loved the area and love rock climbing in the rugged, Western landscape.
3. Practicing medicine in Wyoming is unique because I’ve had the opportunity to serve the underserved and rotate in rural and urban areas.
4. The Casper residency program has outstanding faculty interested in teaching residents full-spectrum family medicine, and it has prepared me to practice in urban and rural communities.
5. Wyoming holds a special place in my heart because I met my wife here and my daughter was born here. I plan to practice family medicine with my father in Reno, but I might practice in Wyoming as well.



Kody Nillson, MD

Casper, Wyoming

1. Monroe, Utah; Ross University Medical School.
2. Unopposed program and proximity to Utah.
4. Unopposed program with great exposure to a wide variety of patients and pathology.
5. Hospital medicine in Utah or Nevada.



UW Residency Program Profiles

Jason Caswell Cheyenne, Wyoming

1. I am from Michigan and went to Wayne State University School of Medicine.
2. I was already a flight surgeon for the military in Cheyenne and was impressed with the program.
3. The collegial nature of the physicians makes this place so unique.
4. We have excellent facilities, staff, and patient base.
5. I haven't totally made up my mind on where, how, etc that I want to practice.



Jonathan B. Egbert Cheyenne, Wyoming

1. I am from Rexburg, Idaho originally. I attended the University of Science Arts and Technology – Montserrat.
2. I grew up near western Wyoming and was familiar with the program in Cheyenne as I rotated with a doctor that graduated from the program. I liked the idea of a rural family medicine program that was unopposed and broad scope.
3. Family doctors are well respected here and are both capable and expected to manage a diverse and complicated population, which makes every day exciting.
4. This is a great state. The programs in Wyoming are fantastic broad scope residencies for people who would like to be comfortable managing diverse and complicated populations.
5. I intend to practice part time in Wyoming upon graduating, likely locums type practice in local family medicine clinics as well as rural emergency departments.



Sarah Abdellatif, DO Casper, Wyoming

1. New York City; Texas College of Osteopathic Medicine.
2. I wanted a full spectrum family medicine program in a rural area so I'd have the opportunity to learn all aspects of family medicine and be exposed to many different situations.
4. You'll get a great education here. Autonomy is good from attending faculty. It's also a good place if you're interested in OB since most people get more than enough deliveries and you have the opportunity to first assist or perform c sections.
5. I plan on completing a sports medicine fellowship and hope to return to Texas.

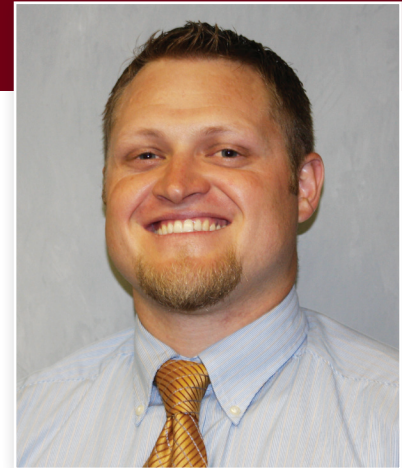




Benjamin Leishman

Cheyenne, Wyoming

1. I'm originally from Morgan Utah. It's a small town about 4,000 people. I went to Medical School in Missouri at AT Still University in Kirksville.
2. Truthfully, I missed the mountains and the West. The Residency in Cheyenne also offers incredible training with full scope Family Practice, which is also what I was looking for in Post Graduate Training.
3. Wyoming is rural. Even Cheyenne has a small-town feel. Wyoming patients like having Family Doctors that have a wide range of medical knowledge and skill like the Old School Family Doctors. This puts pressure on us to learn as much as we can, and get the experience we need to meet expectations.
4. This is a fantastic place to train. It is Rural and only trains Family Physicians so you get one on one training with the Attending physicians. We will teach you many skills in every setting, Outpatient to ICU. When you aren't working, you can enjoy the amazing Outdoors that Wyoming has to offer.
5. I am currently applying to Sports Medicine Fellowships. Wyoming is on the list of places I would like to practice after my Fellowship.



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Riding, Roping and Ranching Again

A Wyoming rancher nearly died in a terrible head-on crash. By chance, fate brought him to just the right doctor: a fellow cowboy who could help him get back in the saddle again.

BY KATIE KERWIN MCCRIMMON
UCHEALTH

Archie and Lesa Chant were headed home to their Wyoming ranch, driving on a “middle-of-nowhere,” two-lane highway when the course of their future forever changed.

It was Oct. 26, 2015. There wasn’t any bad weather, no reason to worry that anything could go wrong.

Archie, now 38, was driving their white Dodge pickup truck and towing a trailer full of horses. His wife, Lesa, now 36, was sitting in the front passenger seat. Their baby daughter, Charli, was tucked safely in her infant seat, directly behind her mom.

Archie came up over a hill on Wyoming 387. In the distance, coming toward them, he saw a white, 2-ton sanitation rig that seemed to be in his lane. It jerked back over.

Archie eyed the truck and tried to slow his heavy load. He got down to about 40 mph when suddenly the white truck veered across the center line again and barreled straight toward him, going about 75 mph. Archie had only a moment to respond. He yanked the steering wheel to the right and headed toward a ditch.

“If anybody was going to get hit, I was going to take it,” said Archie.

Archie and Lesa had fallen in love back at University of Wyoming. They married in 2014, worked the remote land near Lander that had been in Archie’s family for generations and had Charli the next year.

When a careless driver threatened their lives, Archie’s quick reflexes saved his girls. But the devastating head-on collision nearly cost Archie his life, his legs and everything that made him whole.

‘Pinned, broken and bleeding’

Among the first people who came upon the accident were a truck driver and his wife. Thankfully she was a retired ER nurse. The rescuers pried open the back passenger door of the Chants’ pickup and found little Charli anchored safely in her car seat. Aside from little cuts on her face, she seemed OK. The

impact had knocked Lesa out momentarily, but as she came to, she seemed relatively unscathed as well. An ambulance rushed Lesa and Charli to the nearest hospital.

But Archie was stuck. The force of the impact had crushed his legs and slammed his seat all the way toward the back of the truck.

“Get me out of here,” he screamed.

The rescuers wanted to pull Archie out.

But the former nurse blocked them, keeping him safe for well over an hour until a helicopter arrived.

“She stood between me and them and said, ‘Do not touch this guy or he’s going to die. We need blood.’”

Cowboy doctor meets cowboy patient

The next time Archie woke, days had passed and he was a patient at UCHealth University of Colorado Hospital in Aurora, Colo.

From the accident scene, a helicopter had flown him to Casper in just 12 minutes. Still, the crew struggled to keep him alive and doctors in Casper decided to transfer him.

Once at UCH, Archie faced a devastating tally of injuries. He had 17 broken bones including injuries to his ankles to his patella, femur and quadriceps.

“It’s absolutely amazing that he lived,” said Dr. Jason Stoneback, Chief of Orthopedic Trauma and Fracture Surgery at UCH and head of the UCHealth Limb Restoration Program, a program that brings diverse experts together for patients like Archie.

As doctors strategized about how to help Archie, he lay paralyzed in his hospital bed.

Teaming up to rope and recover

One day, Archie looked down and noticed that one of his doctors was wearing cowboy boots. That was unusual at the urban, academic medical center.

The doctor was Jason Stoneback. The men traded stories and

learned they had a great deal in common.

“We kind of hit it off,” Archie said. “He told me, ‘I rope,’ and I’m like, ‘Hey, I rope too.’”

As a fifth-generation Wyoming rancher, Archie was practically born in a saddle.

Stoneback grew up around horses, too. While working his way through college at Middle Tennessee State University, he started competing on the rodeo circuit as a bull rider and saddle bronc rider. He competed through his first year of medical school.

These days, Stoneback volunteers as a doctor at rodeo events, and he and his wife compete together in team roping, the same event that always has been Archie’s specialty.

Once Archie learned that his doctor understood the skills he’d need to get back to the life he loved, he asked Stoneback the questions that had been haunting him.

“Will I ever ride again? Will I ever rope again?”

A pact: ‘We will ride and rope together’

The medical outlook was bleak. Nonetheless, Stoneback offered Archie hope.

“We’re in the business of getting people back to what they do. You’re a rancher. You’re a cowboy. You’re going to ride again,” Stoneback said.

Then he made a pact with his patient: “We’re going to get you better and we’re going to rope together one day.”

Archie, who isn’t particularly religious, found himself incredibly grateful that from a lonely Wyoming highway, he had some-

how found his way to the perfect person who could heal him.

Signs of recovery

Archie had to be hospitalized for seven weeks, then he didn’t walk for a year.

Gradually after additional surgeries and years of tough rehabilitation, Lesa saw one of the sweetest signs of recovery.

“He picked up Charli and carried her for the first time,” Lesa said.

And then at Archie’s place, Archie climbed up on his horse, a seemingly simple maneuver that takes great strength in your legs.

Stoneback spun his orange rope first, swung it through the air, aimed and sunk it on the steer’s horns, then held tight as Archie swung his green rope and caught the steer’s hind legs. They roped together again and again,

grinning as the horses kicked dirt up in the arena.

‘Lucky to be alive’

After roping, the two men talked about what the experience of roping together had meant to them.

Both wiped tears from their eyes.

“It’s guys like this that make me do what I do,” Stoneback said, overjoyed to see Archie moving, riding and living again.

“She stood between me and them and said, ‘Do not touch this guy or he’s going to die. We need blood.’”

ARCHIE CHANT
Lander, WY

This article was written by Katie Kerwin McCrimmon, a writer for UHealth. The full article is published in UHealth Today.

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Cheyenne Regional Medical Center Receives Top-Quality Ratings

Cheyenne Regional Medical Center (CRMC) has been recognized as being among the top 5 percent of hospitals in the nation for overall pulmonary services in 2019 and has also been recognized as being among the top 10 percent of hospitals in the nation for cardiology services, stroke treatment, gastrointestinal services and general surgery in 2019 as well as for overall pulmonary services for three years in a row (2017-2019), according to Healthgrades®, an independent hospital and physician quality and safety ratings organization.

These Healthgrades designations make CRMC one of the top-performing hospitals for clinical quality related to cardiology, gastrointestinal, general surgery, pulmonary and stroke services in Wyoming.

CRMC has also received the following Healthgrades specialty awards:

- Pulmonary Care Excellence Award™ for 3 Years in a Row (2017-2019)
- 2019 Stroke Care Excellence Award™
- 2019 Gastrointestinal Care Excellence Award™
- 2019 General Surgery Excellence Award™

According to Healthgrades, “hospitals receiving specialty excellence awards represent the top 10 percent of the nation’s full-service hospitals and provide consistent high-quality care in specific care areas, such as cardiac, orthopedic and critical care. Patients at award hospitals have fewer complications and are more likely to survive their hospital stay.”

In addition, Cheyenne Regional received 10 five-star clinical quality ratings from Healthgrades. A five-star rating indicates that clinical outcomes are statistically significantly better than expected when treating the condition or conducting the procedure being evaluated. The outcomes reflect in-hospital complications or in-hospital and 30-day post-admission mortality.

CRMC received five-star ratings for:

- Treatment of Heart Attack in 2019
- Treatment of Heart Failure for 5 Years in a Row (2015-2019)
- Treatment of Stroke for 2 Years in a Row (2018-2019)
- Treatment of Sepsis for 9 Years in a Row (2011-2019)
- Treatment of Pneumonia for 8 Years in a Row (2012-2019)

- Treatment of Respiratory Failure for 7 Years in a Row (2013-2019)
- Colorectal Surgeries for 3 Years in a Row (2017-2019)
- Esophageal/Stomach Surgeries in 2019
- Treatment of Pulmonary Embolism in 2019
- Hip Fracture Treatment in 2019

These achievements were recently released online at www.healthgrades.com.

“These awards reflect the excellent clinical care provided to our patients by the physicians and employees at Cheyenne Regional Medical Center,” said Dr. Jeffrey Chapman, CRMC’s chief medical officer. “The awards also show that the quality of care extends throughout the hospital and across our various service areas. While we are excited to share these achievements, we also want our community to know that we are committed to not resting on our laurels. At Cheyenne Regional Medical Center, our goal is to provide both higher-quality and better value care each year.”

For this year’s analysis, Healthgrades reviewed more than 45 million Medicare patient claims records from approximately 4,500 hospitals nationwide. Data evaluated was from 2015-2017.

Healthgrades evaluates hospital quality for conditions and procedures based solely on clinical outcomes. No hospital can opt in or out of the analysis, and no hospital pays to be measured.

Healthgrades also measures hospital performance for the most common in-hospital procedures and conditions and adjusts for risk factors that influence patient outcomes. These factors may include age, gender, specific procedure performed and conditions that take into account how sick patients are upon admission.

“Undergoing this kind of rigorous, independent analysis shows that our entire health system, from the board room to the bedside, is committed to achieving excellent clinical outcomes for our patients,” Dr. Chapman said. “We have also made a commitment of combining this quality focus with providing an ‘over-the-top’ experience to our patients. This dual focus supports our mission, which is to both inspire great health in our community and to care for patients as if they were part of our family.”

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Cigna salutes the Wyoming Medical Society for being a staunch advocate for health care providers. We also support their commitment to improving the health of Wyoming's citizens. Together, we're making Wyoming a healthier place.



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From top-flight quarterbacks to remote ranchers,
**Premier Bone and Joint Centers
 Bring World-class Orthopedic Care
 to Wyoming and Beyond**

There's a lot to like about Josh Allen, the former University of Wyoming quarterback the Buffalo Bills selected as the 7th overall pick in the 2018 National Football League draft.

Some draft experts consider Allen to be the most promising quarterback in the class, thanks to his broad, 6-foot-5 frame and penchant for throwing footballs through brick walls.

But Allen's shot at stardom suffered a setback when he broke his collarbone in 2015. Fortunately, he bounced back after reconstructive surgery performed by Wyoming's leading orthopedic care provider, Premier Bone and Joint Centers. Allen recovered from that injury and hasn't looked back.

"They want what's best for you, and they won't steer you wrong," he said in a recent testimonial video.

That's high praise coming from the most high-profile Wyoming athlete in recent memory. But Premier Bone and Joint has grown into a practice that serves much more than the University of Wyoming sports teams.

Meeting the Need

Premier's headquarters and surgery center are in Laramie. However, its orthopedic doctors use four planes to jet around the state, meeting with patients and delivering post-surgical care to the rural state's far-flung towns.

Many medical groups strive to deliver care to broad regions, Premier CEO Thomas Wolfe says. But Premier is perhaps the only orthopedic group in the nation already making that vision a reality. That innovative care delivery system was what convinced Wolfe to move from Austin, Texas, where he managed a large group, to take the leadership role at Premier.

"I was so excited about this group," he says. "It's unique. Its group of orthopedic surgeons have developed a practice niche and model unlike any other in the country."

In addition to its Laramie base, Premier's doctors visit nine satellite offices around Wyoming and also serve patients living in remote areas of northeast Colorado, western Nebraska, and western South Dakota. The group's eight physicians live in

Laramie, making for early mornings to catch planes and late nights coming home.

Premier coordinates logistics "like a miniature airline," Wolfe says.

"We have dedicated pilots, a detailed schedule, and lots of infrastructure so these doctors can travel," he says. "It does create, at times, very strenuous work days for them. It's a lot of effort."

Rural areas lack access to medical care in general, but especially to specialists. Thanks to Premier's travel-to-you model, some of Wyoming's smallest communities have access to some of the highest trained physicians around. All eight of Premier's doctors are fellowship-trained, meaning each studied for an additional year to specialize in a specific region of the body. As a result, citizens near Rawlins or Torrington or Douglas, for example, have access to back, hand, foot and ankle, hip, shoulder, elbow, and neck specialists.

"Our goal is to provide the best specialized care one can get in the United States," Wolfe says. "Our rural communities don't know the quality available to them. They don't have to go to Denver, or Fort Collins, or the Mayo Institute. We have some of the best right here."

While patients can schedule appointments, receive treatment and even post-operation rehab assistance at satellite offices, the actual surgeries happen in Laramie. Wolfe says the surgeons perform up to 20 procedures per day. Occasionally, all 20 patients have traveled from outside of the immediate Laramie area.

"To me, that's proof people across the state like our service," Wolfe says.

Their relationship with First Interstate Bank has helped Premier grow to service their widespread community, with loans, cash management tools, credit card services, and more. "It's a total, comprehensive financial relationship. Pretty much everything they do and offer, we've done with them and will continue to do with them."

A Proud Legacy

Premier was founded 44 years ago and has served as the official team physicians for the University of Wyoming since the 1970s. The group is also the official care provider for Laramie High School and several community colleges around the state.

Premier takes great pride in its relationship with University of Wyoming, Wolfe says. He came from Texas, a state obsessed with sports in general and football in particular. But Wyoming has its own brand of athletic devotion.

“In Texas, there are several universities, each with their allegiant fans,” he says. “Wyoming has only one. I was totally impressed when I moved here that everybody in the state gets up and supports that school. People drive halfway across the state to watch a basketball game.”

Premier’s athletic affiliations make up a decent chunk of its business, but the group gets much more out of providing care to student athletes than just the steady contracts. Wolfe says he’s looking forward to next football season, when Premier is sponsoring a home game. He’ll step on the field as the big screen plays the Josh Allen testimonial, a video sure to go over well with the fans.

“We get a whole lot of recognition just by being associated with UW,” Wolfe says. “We tap into that passion.”

Treating University of Wyoming athletes is just part of the “Worthy of Wyoming” slogan that Premier has embraced as its mantra. The service-to-you model works because Premier knows the people it serves, Wolfe says, and it knows they are tough.

“Wyomingites are a special breed of people that are highly independent, highly motivated, hearty stock,” he says. “They live in the country where there are stresses and physical demands. There’s weather. There’s attitude. There’s all those things.”


If Premier was up for getting Wyoming’s favorite son, Josh Allen, back on the football field, chances are the group can get you rehabbed and back in action, too.

“I would recommend Premier Bone and Joint Centers,” Allen said in his testimonial. “The thing that made me feel really comfortable with them is they made it feel like my own family.”



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Remote Patient Monitoring: Handling Real-Time Data

BY SUSAN SHEPARD, MSN, RN

Director, Patient Safety Education, The Doctors Company

Three million patients worldwide are currently connected to a remote monitoring device that sends personal medical data to their healthcare provider.¹ Each year alone, 600,000 cardiac patients are implanted with pacemakers, one of the most common monitoring devices.²

Remote medical devices allow healthcare providers to closely monitor patients outside of the office. This helps doctors catch potential problems earlier, when they're easier to treat, and could reduce the number of hospitalizations, improve patient health, and contain healthcare costs.

Remote monitoring devices perform routine tests—such as checking glucose levels for patients with diabetes or checking blood pressure for patients receiving cardiac care—and send the data to the patient's doctor in real time over the Internet or through phone lines. The doctor can then assess the information and adjust the patient's treatment plan as needed.

Despite the many advantages, remote patient monitoring has liability risks. Because remote monitoring devices transmit patient data, there is a risk of a data breach if the information is not properly encrypted. The Health Insurance Portability and Accountability Act (HIPAA) requires that all personal health information (PHI) be encrypted when transmitted, and providers who fail to properly safeguard PHI can face significant penalties.

Medical devices may be vulnerable to viruses and malware that can compromise patient privacy and the effectiveness of the device. Last year, the U.S. Food and Drug Administration (FDA) outlined serious cybersecurity risks for medical devices. The FDA noted that providers who use medical devices cannot rely solely on device manufacturers to ensure security—providers must also take steps to safeguard patient information

within their network. These steps include ensuring antivirus software and firewalls are up to date, monitoring the network for unauthorized use, and reporting any medical device cybersecurity problems to the device manufacturer.

If a remote device fails or malfunctions, physicians may be named in the lawsuit against the manufacturer, under the claim that the physician failed to use the device properly. To help reduce this risk, physicians should stay up to date on the latest information for the device, including manufacturer's warnings, the device's safety record, and the device's approved uses. Providers should also be aware of any FDA alerts or recalls and should thoroughly read all contracts with medical device vendors. Ensure that the contract outlines who is responsible in the case of device malfunction or failure.

Providers should also be aware of the need for additional staff members to handle the incoming data. In the case of a potential problem, these staff members should respond either directly to the patient or alert the appropriate professional for intervention. The amount of patient data from a remote monitoring device can be overwhelming, and medical practices often need a dedicated team to process the information and respond to it in a timely manner. Each practice should have written guidelines for:

Medical devices may be vulnerable to viruses and malware that can compromise patient privacy and the effectiveness of the device.

- At what times the device will be monitored.
- Which members of the care team will monitor the data at each point in time.
- Under what circumstances the appropriate clinician will be alerted to a potential problem.

Providers should also be aware of the risk of "alert fatigue," when an overwhelming number of alerts are received and it causes staff members to ignore, override, or disable them. Any-

time an alert or a potential patient problem is ignored, the reason for that decision should be documented.

Patient selection is also an important issue, as successful remote patient monitoring is dependent on each patient's motivation to actively manage his or her health, as well as the patient's ability to understand and use the technology. Patients who are not tech-savvy may not be good candidates for remote monitoring. To help ensure patients effectively use remote devices:

- Complete and document a thorough informed consent process.
- Educate the patient on:
 - How to use the device. Explain the treatment plan, such as at what times the device will be monitored and how alerts will be handled by the healthcare team.
 - What device failure or malfunction looks like, and what the patient should do if that happens.
 - How to properly maintain the device.

References

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The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

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Evolving Models of Care: Extending Our Care Through Telemedicine

BY KARIE MINAGA-MIYA, RN, MS, JD, CPHRM
Sr. Risk & Patient Safety Consultant UMIA Constellation, UMIA Insurance, Inc.

Telemedicine may be high on your priority to extend your care to more patients. As in any new endeavor, planning helps implementation go smoother. If this is in your future, here are eight questions to ask as you explore telemedicine for your own practice.

#1: Are we licensed and credentialed properly? You and your team must be licensed where the patient is located. Licensing is easier now that states like Wyoming have joined the FSMB and works with other states for reciprocity. Credentialing, a hospital medical staff process begins where the provider is located. Then extend your credentialing to where the patient is located.

#2: Are we creating a provider/patient relationship? Connecting online can feel informal, but in telemedicine a patient relationship can be established without providing eyes-on or hands-on care. If you have invited a patient to contact you, advise or recommend follow up care, you probably have established a relationship. If prescribing a controlled substance you must conduct an in-person assessment before you prescribe.

#3: Are we seeing the right patients and conditions? Choosing which patients and conditions to see via telemedicine is important. The same standard of care is expected for telemedicine care as in-person care.

#4 & #5: Are we providing the right physical environment to protect privacy & security? You may not be able to control where the patient calls you from, but you can control your environment. The video calls should reflect a

professional setting. HIPAA says, YOU must protect confidentiality, integrity, and security no matter the platform or device used. If you cannot easily see or hear the patient, make sure you note that with the patient and also in the medical records.

#6: How is care getting into the medical record and can I bill for the care I provide?

The record should note time zone differences, technology used, and reflects care provided, rational for medical decision-making and support billing, just like a paper record. If you video-chat, exchange images, send web resources or text, consult with other providers, this should be documented and the record should be available for continuity of care with other providers just like your paper record. Issues with technology while caring for the patient should be documented. Plan with the patient what to do if disconnected during a session and document the plan.

#7: Does your professional liability policy cover telemedicine? Consider where you are licensed (location of the patient) and is your malpractice insurance company licensed in that state as well. In general, a claim will arise where the patient is located. Call your insurance agent or underwriter to talk through these issues.

#8: Do you need a special consent form? YES. The consent form at minimum should address: type of telemedicine used, type of transmissions permitted (e.g., what mobile number to use, scheduling, education, consultation), privacy & security risk/safeguards, technical failure risk/plans, risk/benefits/alternatives, where to go for ongoing care and that the provider ultimately determines if telemedicine is appropriate for care or not.



Karie Minaga-Miya, RN, MS, JD, CPHRM





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