



WYOMING Medicine

Physician Burnout

- Physician Burnout Now the Norm
- Wyoming Residencies Attempt to Address Burnout Early
- From Doc to Coach

Wyoming Medicaid Offers Provider Incentives
for Program Participation

PAGE 20

Medicaid to Pay Telehealth Visits
Originating from Home

PAGE 22

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A photograph of a middle-aged man with grey hair and glasses, wearing a white lab coat, looking towards a woman whose back is to the camera. The scene is brightly lit, suggesting a clinical or office setting.

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WYOMING Medicine

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Contents

When Did Burnout Become a Thing?	4
Physician Leadership Program Coming to Wyoming	6

ON THE COVER PHYSICIAN BURNOUT

Physician Burnout Now the Norm	8
From Doc to Coach	16
Wyoming Residencies Attempt to Address Burnout Early	18

Wyoming Medicaid Offers Provider Incentives for Program Participation	20
Medicaid to Pay Telehealth Visits Originating from Home	22
WMS Develops Physician Leadership Program	23
2018 WMS Annual Meeting Set for Jan. 19-21 at Snow King	24
2017 WMS Annual Meeting a Success	25
WWAMI Student Profiles	26

PARTNER MESSAGES

Cheyenne and Cody Participate in Million Hearts Program	36
Adverse Childhood Experiences (ACEs) Impact on the Medical Field	38
Up For Review: Five Keys to Managing Online Criticism	40
Collaboration Between Pharmacy and Physicians on the Reservation	42
WMS Member List	44



When Did Burnout Become a Thing?

BY ROBERT MONGER, MD



A colleague of mine recently told me that he wouldn't mind being a few years younger except that it would mean that he would have to practice medicine a few years longer which he couldn't stand.

Lots of physicians these days are burned out. A Medscape survey of U.S. physicians done in 2013 found an overall burnout rate of 40 percent, and a follow up Medscape survey in 2017 showed that the overall rate is now 51 percent, with the highest rates found in emergency medicine (59 percent), OB/GYN (56 percent), and primary care physicians such as family medicine and internal medicine (each at 55 percent). As a group, surveys find that female physicians are somewhat more burned out overall (55 percent) than male physicians (45 percent).

A common definition of physician burnout is the combination of emotional exhaustion, interpersonal disengagement, and a diminished sense of personal accomplishment. According to the 2017 Medscape survey the leading causes are too many bureaucratic tasks, spending too many hours at work, feeling like just a cog on a wheel, and the increased use of electronic health records.

Has it always been this way? Have physicians always been this burned out but nobody thought to ask about it until a few years ago? When I talk with retired doctors they say that the current degree of physician burnout is a relatively new phenomenon. Maybe it was just simpler times, or the old guys looking back with rose-colored glasses, but the retired docs I know seem to have enjoyed their careers much more than many of my current colleagues are.

When did things change? Physicians point to the implemen-

tation of EHR's over the past 5-10 years as the main thing that changed the practice of medicine for the worse, and they may be right. Most physicians went into medicine to take care of patients, but one recent study found that physicians who see patients in a clinic now spend 50 percent of their day entering data into an EHR, and another study found that physicians spend about two hours on EHR and desk work for every one hour of direct face-to-face time with patients. And because many clinicians click buttons but don't dictate their notes many medical records are now hundreds of pages long but don't convey much information. I sometimes tell people that if I ever decide to quit medicine and do something else that I'm well qualified to work at a giant warehouse: I've got so much experience doing computerized data entry that my skill set is easily transferrable to work as an inventory clerk.

Besides EHR issues what else drives physician burnout? A brief discussion in the physician lounge one day quickly generated a long list of other issues including patient satisfaction surveys, seemingly endless quality reports that don't mean much in the real world, insurance authorization hassles, and complicated requirements for pay-for-performance reporting, to name a few.

Why does physician burnout matter? Should all of us just suck it up, quit complaining, and plan for early retirement? The answer is that burnout matters because it affects patient care. There is significant and growing research that shows that physician burnout leads to lower quality of patient care. Burnout also causes physicians to work less than full time and to retire early which exacerbates physician shortages in

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places like rural Wyoming. Burnout also leads to acting out: I'm just finishing a two-year term as Chief of Staff at Cheyenne Regional Medical Center and I've seen first-hand that burnout is often the root cause of physician disruptive behavior.

What is to be done about this epidemic of physician burnout? An excellent article about burnout in a recent edition of the NEJM Catalyst (April 26th, 2017) identifies three domains that are each important for promoting physician well-being including personal resilience, efficiency of practice, and a culture of wellness. The article also emphasizes that well-being is not the same as simply the absence of burnout; the World Health Organization defines well-being as an optimal state of physical, mental, and social well-being. Many physicians I know are nowhere close to that definition of well-being.

Fortunately, in recent years there has been increasing recognition of just how prevalent physician burnout is, and many groups such as the Ameri-

can Medical Association as well as many state and specialty societies are starting to provide resources for physicians to address the issue. Additionally, many hospitals and health systems have now started to develop formal physician wellness programs and support groups.

At the Wyoming Medical Society Annual Meeting at Jackson Lake Lodge in June there were two lectures about physician burnout, and in this issue of Wyoming Medicine we are featuring the topic. We hope that increased awareness of physician burnout will help speed up the process of developing solutions.

Many of us trained in an era when it was a sign of weakness if you didn't work 30+ hours straight, go days at a time without much sleep, and work seven days a week including every weekend and holiday. We were taught to deny ourselves in the name of patient care. But as it turns out modern research has conclusively shown that physicians are human beings, and as such we need time to take care of

ourselves. Addressing physician burnout is critically important for each one of us, for our families, and for our patients. 

A Medscape survey of U.S. physicians done in 2013 found an overall burnout rate of 40 percent, and a follow up Medscape survey in 2017 showed that the overall rate is now 51 percent, with the highest rates found in emergency medicine.

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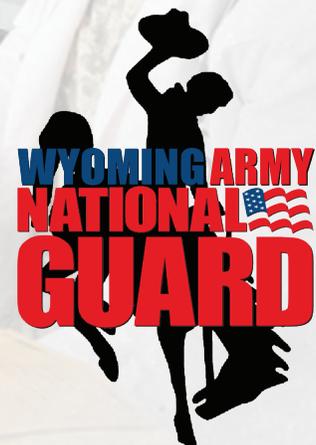
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Physician Leadership Program Coming to Wyoming

BY SHEILA BUSH
WMS Executive Director



A quick google search of Physician Leadership programs nets over 26,000,000 results in just .48 of a second. It takes just a few moments longer to find mountains of whitepapers making the case why physician leadership programs are valuable to doctors and their patients.

Thanks to a grant award by the Physician Foundation, the Wyoming Medical Society will take its first dip into the physician leadership waters this fall as Wyoming Leaders in Medicine, Physician Leadership Academy, kicks-off welcoming 20 Wyoming physicians into the program.

The concept of the program is to explore the external factors impacting medicine while deep-diving into personal leadership skills such as conflict resolution, emotional intelligence, and relationship management all while building and fostering relationships among Wyoming's providers.

The Wyoming Leaders in Medicine Physician Leadership Academy will require its participants attend seven separate weekend courses located throughout the state. Weekends involve leadership training modules; visits to local institutions, and panels highlighting local healthcare strengths and challenges. The program will visit locations such as The Wyoming State Hospital, Indian Health Services, Veteran Administration healthcare facilities, and The Wyoming State Legislature to better understand Wyoming's healthcare delivery landscape through the lenses of players within the system.

This program is being made possible by a generous grant from The Physicians Foundation and critical partnerships with The University of Wyoming, Leadership Wyoming, The Wyoming Hospital Association, and FutureSYNC International, Inc. Through the application process, we have been supported by other state medical societies who have been successful in this space, such as our friends in the Montana Medical Association. The Montana society introduced us to FutureSYNC, which has a tremendous reputation and has built leadership

modules specific to the medical field and will handle the leadership training piece for us. Our most sincere thanks go out to these organizations and their committed partnership to The Wyoming Medical Society and our members.

The program is still in its planning stages as the Advisory Committee, made up of physician members of the WMS, representatives from UW College of Health Sciences, The Wyoming Hospital Association and Leadership Wyoming, met for the first time in June. Each member of the advisory committee has a stake in physician leadership programs excelling in Wyoming and offered enthusiastic support when asked to participate on the advisory committee.

Among the top strategies for coping with stress were understanding emotions; managing emotions and behaviors; active listening; staying connected to others; and acknowledging and managing conflict.

Among the many touted benefits of physician leadership programs are more positive interpersonal interactions between physicians, and an empowerment of physicians within their respective practice environments to leverage their influence in a meaningful way. In 2011, the American Hospital Association (AHA) asked its regional policy boards, governing councils and committees to identify the skills they felt physicians needed to practice and lead in a reformed environment. The top skill required was leadership training.

Research in preventing physician burnout, a hot topic in this issue of Wyoming Medicine, suggests that among the top strategies for coping with stress were understanding emotions; managing emotions and behaviors; active listening; staying connected to others; and acknowledging and managing conflict. Physician leadership programs provide tools for all of those skills, which when employed in concert with the strengthening of a thriving community in which physicians can find support and encouragement provide a winning combination. It's that winning combination on which WMS focused in our decision to mark 2017 as the inaugural year for a statewide physician leadership program. 

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Physician Burnout

Physician Burnout Now the Norm

BY TOM LACOCK
Wyoming Medical Society



Betsy Spomer, MD still thinks about the day a deal for her new physician office fell through. She had been practicing in Powell for about 12 years before modifying her practice plan into something that would allow for what she thought was more balance in her life. The new office was key to that plan, but the deal fell through.

She should have been disappointed the deal didn't happen.

Instead, there was nothing.

Just the realization that this graduate of Hot Springs High School in Thermopolis (she was Betsy Snook back then) and Creighton Medical School in Omaha, was burned out on her dream job as a Wyoming physician.

"The building fell through I began to wonder, why am I not more upset about that?," Spomer asks. "My husband and I had a heart-to-heart at that point and decided to have me stay home for a while until we figure out what the next step is. He was suffering right alongside of me through the burnout."

Burnout is now the norm

Good news if you are a physician feeling burned out - you are completely normal.

Statistically, anyway.

The bad news is you are... well... feeling burned out.

Perhaps few in the country have studied the issue of physician burnout as much as a team led by Tait Shanafelt, MD, and Lotte N. Dyrbye, MD, MHPE of Mayo Clinic in Rochester, Minn. Shanafelt's research team concluded that 54.4 percent of the 6,680 physicians who completed surveys (over 35,000 docs were invited to participate) reported at least one symptom of burnout in 2014, compared with 45 percent on a similar study in 2011. There are multiple reasons for the burnout, everything from the business of healthcare resulting in more paperwork, to less time being spent on work related to why physicians got into medicine.

"There is not a lot of meaning when you are filling out multiple pre-authorization forms every time someone needs a walker," Dyrbye says. "We have a lot of challenges related to that. A lack of social support too. Even for those of us who work in large academic centers it is easy to work a whole day and not see a colleague. Those working in remote areas can struggle in getting the needed social support from colleagues."

The Mayo Clinic has been researching physician well-being

since 2004 and Shanafelt traced the idea of physician burnout all the way to residency. Shanafelt did a study during his time at the University of Washington looking at burnout among residents and how it impacted the chances a physician was likely to engage in sub-optimal patient care. Since then, Shanafelt has joined forces with the Mayo Clinic and Dyrbye, who says she first got involved with the subject of burnout in 2004 while looking at the prevalence of burnout, depression, and alcohol use among medical students in Minnesota.

While research suggests medical students actually start medical training with mental health profiles better than the average college graduate, that changes quickly as they get acculturated to medicine. Soon they are developing more burnout, depression and a worse quality of life than college graduates at the same age.

“The seed was planted in the early 2000’s and we have really been watering it over the years, trying to understand the epidemiology,” Dyrbye says. “We are trying to understand the drivers and the consequences so when you start talking about consequences people really start to pay attention. Now, we are at the stage of what do we do about this? How do we mitigate this? How do we turn the tide around?”

Kathy Gibney, PhD, is a psychologist and the director of the Center for Physician Well-Being at Adventist Health Systems Florida Hospital. The program was started in 2003 and has recently expanded its mission to include burnout prevention education and consultation.

“Physicians are taught to work and work, and work and they are told over and over again that the patient must come first, even at the expense of their own health,” Gibney says. “In the past, physicians focus was on the patient and physician relationship and they were paid for the important work they do. More recently, incomes have been dramatically reduced and time with patients is shorter and subject to the intrusion of technology leaving physicians feeling less satisfied with their work and the meaning they bring to their patients’ lives.”

EHR’s contributing to burnout

For every physician who has said it seems like they spend twice as much time working on electronic health records as they do seeing patients, Dyrbye says research validates your feeling. According to a 2016 study by Christine Sinsky, MD printed in the American College of Physicians’ Annuals of Medicine, for every hour physicians provide direct clinical facetime to patients, nearly two additional hours is spent on EHR and desk work within the clinic day. Outside office hours, physicians spend another one to two hours of personal time each night doing additional computer and other clerical work.



Lotte N. Dyrbye, MD, MHPE of Mayo Clinic presents to Wyoming physicians during the WMS Annual Meeting at Jackson Lake Lodge on June 3. Dyrbye is one of the nation’s premiere researchers on physician burnout. She was part of a research team which concluded that 54.4 percent of the 6,680 physicians who completed surveys (over 35,000 docs were invited to participate) reported at least one symptom of burnout in 2014.

It suggests physicians now spend 33 percent of work hours on direct clinical work and 49 percent completing clerical tasks and interfacing with EHRs.

According to the findings of the study, “unlike many industries in which advances in technology have improved efficiency, EHRs appear to have increased clerical burden for physicians and can distract some physicians from meaningful interactions with patients.” The study goes on to say it is unclear how this compares to the amount of time physicians used to spend handwriting notes, ordering tests and locating patient records, or lab results.

“It is a lot of boxes to check,” Dyrbye says. “EHR’s have been built for the purpose of billing, not built for the purpose of outstanding patient care. It is incredibly cumbersome and not very meaningful to sit and click boxes and spend a lot of time engag-



Physician Burnout



A sign hangs in Spomer's home with the name of her coaching business - Soul Honey.

ing with the EHR. We didn't go to med school to spend all that time looking at a computer screen clicking boxes."

Other Systemic issues to be addressed

Dyrbye says the best hope for battling burnout is a mix of systemic and personal changes. Among the systemic changes is the need to streamline documentation and work on EHRs. Her group points out in an opinion piece in the *Journal of the AMA* that there needs to be clarification and guidance on what tasks, forms and documents can be filled out by trained non-physicians and points out payers can also help burnout with more streamlining of policies.

"Requirements by insurers that physicians perform and document unnecessary elements of care to justify billing codes but that do not contribute to good medical care should be eliminated," the team writes. "Payers must also develop a more efficient pre-approval process for tests, medications, and procedures."

The authors of the study suggest more physician input into required documentation as required by meaningful use of EHRs, maintenance of certification requirements, and ques-

tions on licensing board applications regarding diagnosis or treatment for mental health conditions. Dyrbye asks that state licensing boards inquire about current impairments due to a mental health condition rather than a past or current diagnosis or treatment.

The Mayo Clinic is now working on the concept of social support as a deterrent for burnout. It has performed a randomized control study in which physicians meeting with a trained facilitator to talk through curriculums in how to deal with medical errors, work-life programs, and self care strategies. The results have been positive. Although expensive, it did get physicians into a room and give them a topic to talk about for a lunch hour, resulting in decreased burnout and more work and career satisfaction.

"Those sorts of groups are now in place for physicians at Mayo across the entire enterprise," says Dyrbye. "We have over 1,100 physicians engaging in these groups and we think it has been a real positive change."

Meanwhile the Adventist Health System, Florida Hospital has been using teaching mindfulness living which includes

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gratitude practices, inquisitive inquiry strategies and meditation, (which Mayo agrees can be helpful), as well as encouraging physicians to take a leadership role in their organization to improve relationships with administration.

“Administrators and doctors are really trained differently,” Gibney says. “Administrators and doctors have the patient as their primary focus, but they are looking at that focus from two distinct world views. Administrators are concerned about patient satisfaction, how happy the patient is about their care and physicians are concerned about patient outcomes, how well the treatment was related to standard of care. Therefore they are often looking at different measures of success. I encourage them to have deeper conversations about how to meet all the needs of the patient and to appreciate their unique perspectives and build bridges. We need everyone on the same page to fix the system. Otherwise we will find more physicians burning out.”

Practical ideas for Physicians Battling Burnout

Gibney says her most powerful story of working one-on-one with a physician on burnout issues involved a physician three years out of his fellowship with a young family and long hours at the hospital. Gibney said she encouraged him to do something to transition between the hospital and home to emphasize he was off work. She suggested something as simple as a shower and a few minutes intentional time with the kids.

“The day after he started the transition where he showered and spent five minutes with each kid individually, he was amazed at what took place the next day when he returned home from work. That day when he arrived home, his six year old daughter came running to him and said, ‘daddy, daddy, would you be the daddy you were last night.’ That just broke him.”

While the suggestion of inserting a transition between work and home is a common one, Gibney says she also suggests looking for treasures in each day. In one case she told a doctor to go as far as being thankful for something as simple as a working ice machine at work for a cold drink. When the physician shot back the ice machine was broken, things looked bleak. However, the next week Gibney said the doctor told her his son suggested life’s treasures are sometimes found outside the workplace, it changed his outlook and reminded him he was no longer asking his patients about their families. Once he reengaged with his patients at that level he felt the joy returning to his work, and his son was happy to be a good part of the success.

“They are a challenge,” says Gibney about physicians. “They



Kathleen Gibney, PhD, LMHC, heads up a program for physician well-being at Florida Hospital in Orlando.

are well-defended from all the emotion they experience. In training they are told they need to be thinking and not feeling. That is not necessarily the best advice we should be giving. These are talented people they should have access to all parts of themselves.”

The Adventist Health System, Florida Hospital is also offering counseling for its physicians, which Gibney says is fulfilling for most after a day spent listening to the needs of others.

“Physicians are the ones making huge decisions, life and death decisions,” Gibney says. “It weighs heavily on them. I encourage them to try to live mindfully. Before going into a room, take a big breath and let it out. Really try to remember this is the person I am talking to, and encourage everyone to stay in the moment as much as possible.”

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Physician Burnout

The Role of Medical Organizations in Burnout

University of North Carolina Hospitals Physician Richard Wardrop, MD, is on the Governor's Council of the state's American College of Physicians (ACP) chapter. North Carolina's ACP as well as the state's medical society are making physician wellness a priority.

The North Carolina ACP offered a physician burnout workshop over the past two years concentrating on evidence-based practices to fight off burnout. Wardrop admits he wasn't sure what to expect from the series when it was first proposed.

"I thought nobody would come and those who didn't would label us as complainers and whiners," he says. "It turns out a lot of people came and I found out in that interaction that people were really hurting. I thought it was really heartfelt and genuine that people felt willing to open up. The discussion got emotional. It monopolized the conversation – things like EMRs, hospital systems buying up practices and different forces that are dissatisfiers."

He says where the state societies have begun the conversation, it continues at the County Society level where issues and solutions are discussed.

"I think a medical society could offer a list of resources for physicians and allow them access to the Mini-Z (the AMA's physician burnout survey) or things like that for practices or staff and adopt AMA steps forward methodology for physicians and be a link on the website."

The national offices of The American College of Physicians (ACP) is dipping its toe into the physician burnout waters. In an April 17 opinion piece in *The Annals of Internal Medicine* The ACP considered the AMA's Joy in Medicine Research Summit to develop a national agenda to battle burnout.

The summit resulted in five recommendations: 1: Further establish links among physician burnout, well-being, and healthcare outcomes. 2: Estimate the economic cost of physician burnout. 3: Develop a cohesive framework for intervention with individual and organizational components. 4: Share best practices. 5: Build alliances to address physician burnout; and use common metrics.

I feel like I Lost My Edge...

In retrospect Spomer says she was a classic case of physician burnout. She would use comments like, "lost my edge," and says she felt cynical and jaded. She says she stopped seeing her patients as human beings and felt irritated that sick people kept coming through the door. She left full-time practice in 2013, though she does still offer coverage for physicians in Powell,

including at the Express Care clinic at the hospital in Powell.

Spomer says she did her residency training at North Colorado Family Medicine in Greeley, Colo. to be a rural doc capable of doing everything for her patients and began practicing in Powell in 2001. Her reputation solidified in obstetrics and she describes the experience as, "everything I ever wanted," pointing out she had great mentorship, partners, and practice.

After having her first child in 2003 her life got busy, and with the assistance of a personal life coach, she began making the necessary changes in her practice that allowed for a better work-life balance. These changes kept her going for the next eight years of practice, but the stress continued to mount due in part to a second child and husband who began running his own company.

Over the years she continued to modify her practice, removing men from her patient panel completely and then taking a hard look at whether she could keep up with practicing OB.

"It is crazy, but as much as I loved OB, it was killing me at the same time," she says. "It was just this unwritten rule in Powell at the time that you delivered your own patients whether they came in on your call night or not. The babies seemed to come when I wasn't on call. I felt compelled to have back-up child-care every night when my husband was out of town."

Spomer is also an adjunct professor at the University of Washington through the WWAMI program, and says she would love to see more emphasis throughout medical training in the areas of self-care including work-life balance, personal boundaries and wellness - as well as the development of strong leadership and communication skills.

"Doctors in Wyoming are their own unique breed," she says. "Not only are they smart, but they are often perfectionists and have high expectations for themselves. Not to mention they are also from Wyoming, so you cowboy up and figure it out and there is not a lot of compassion for the weak. I bought into that."

"I didn't even know how to manage my own cell phone when I left my own practice four years ago," she says. "I had been taken care of. That is what happens, you get caught up in the system, it takes care of you in many ways and it can chew you up unless you are tapped into the answer to the question, 'why am I doing this in the first place?'"

"Although there is a great deal of burnout among our physician population, we also have people dedicated to finding ways to support them in the current dysfunctional healthcare system while we all work to find ways to build a better system," says Gibney. 



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Physician Burnout

From Doc to Coach

Powell's Spomer Offer Physicians
An Ear, and An Advocate

BY TOM LACOCK
Wyoming Medical Society

Betsy Spomer, MD relaxes in the living room of her home in Powell. The Thermopolis native was a physician in Powell before leaving full time practice and becoming a life coach for those in the medical field. Spomer continues to practice in Powell part-time, while also working as an adjunct professor for the WWAMI program and says coaching uses a person's values and strengths to lay out a plan for moving forward to make positive changes.

The journey through medical education and into practice is one that Betsy Spomer, MD of Powell suggests is very prescribed and linear. However, the route to job satisfaction and maintaining work-life balance is not. Spomer's own experience as a physician experiencing burnout has led her in a new direction as a life coach for those in the medical field.

"Clients will come and they want some sort of change and sometimes they aren't sure what it is," Spomer said. "It is usually hidden beneath what they are telling me. Maybe they are thinking of leaving their job. Or maybe they will come to me and I can tell that they need better life balance."

Spomer is quick to point out coaching isn't counseling. She

says counseling is based on pathology and a diagnosis with an eye on fixing an ailment. Meanwhile coaching is based on using one's natural strengths and skills in an effort to tap into what makes the client tick and how to best bring joy back to their lives and work. The hope is to use that person's values and strengths to lay out a plan for moving forward to make positive changes. This can include visionaries who are trying to figure out how to change careers or produce products, as well as those looking for changes in their professional life.

"Something is getting in the way of them accessing their personal wisdom or strength or even their values," says Spomer. "I have the pleasure of helping them make those discoveries."

“Something is getting in the way of them accessing their personal wisdom or strength or even their values.”

BETSY SPOMER, MD
Powell, WY

They leave with this well-designed plan that comes from the heart and we really get to what matters to them and what motivates them, what drives them to do good work. It is behind everything they have ever done, they just maybe never really knew it.”

The coaching process actually begins with a free sample session in which the client meets with Spomer for half an hour. The duo work to uncover a topic to discuss.

If the client decides to enlist Spomer’s services, the next session generally runs two hours and is a deep dive into the client’s life and some work to discover goals for their work together.

“At that point I want to figure out who they are, who their family members are, who their pets are,” Spomer jokes. “I really get their history and then we uncover some of their core values and what makes them tick. Then we have something to go on.”

From there four or five big topics are designed and Spomer finds out what the client is interested in talking about and ways they can move the client forward in a positive way. The coaching then goes on for two hours per month and can be broken up based on the convenience of the client. Spomer says she asks for a three-month commitment and after that the coaching can be continued on a month-to-month basis.

The goal of the coaching is to help make changes in life or career when things aren’t sitting quite right with the practice of medicine. Spomer said the best thing about coaching is that her services equate to having a personal advocate.

“It is fun,” Spomer said of the coaching. “It is a relationship and there is no other place where you have a champion. I am their biggest fan. I want to know everything about them. I am completely curious and I support them. I challenge them and there just aren’t that many opportunities in this life for that type of experience.” 



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Physician Burnout



The University of Wyoming Family Practice residency in Casper is making pro active effort to impact burnout of residents led by Beth Robitaille, MD, the program director (top) and resident Katrina Quick, MD.

Wyoming Residencies Attempt to Address Burnout Early

BY TOM LACOCK
Wyoming Medical Society

Research suggests physician burnout begins in medical school and seems to really impact future physicians as residents. The University of Wyoming's Family Medicine Residency Program in Casper is doing something about it.

"Our national Family Medicine Residency Association's annual meeting had a keynote speaker discuss physician and resident wellness," said Beth Robitaille MD, program director of the Casper residency. "In the presentation, I learned a couple of haunting stats: The second leading cause of death in resident physicians is suicide; and the top cause of death in male residents physicians is suicide."

That meeting, as well as updated requirements from the Accreditation Council for Graduate Medical Education, has resulted in development of a wellness committee where Katrina Quick, MD, a chief resident, has been co-chairing the residency's wellness committee with Daniel Burris, MD. The effort focuses on fun events to allow residents to decompress, such as a trip to a pumpkin patch/corn maze, dodgeball games, apple pie event, arabesques drawing/coloring session, lunchtime yoga,

and more.

"The goal is to offer a variety of relaxing, mindfully distracting activities to help residents, myself especially, take a step back from our highly demanding, highly stressful work environment," Quick says. "We recognize that everyone experiences 'wellness' in different way and for that reason all of the events are completely optional and there is no pressure to attend."

Meanwhile, Burl Maurer, the program's faculty behaviorist, works routinely with the residents and leads the monthly resident support group. A bi-monthly wellness class is also led by members of the Wellness Committee. Maurer also leads confidential discussions between intern residents, a senior resident and himself, which are a time for voicing frustrations, dealing with tough situations, and learning to resolve conflict.

"We feel that resident wellness relies on the individual health of the resident that is fortified by the support of their peers who are going through the same stressful time in their professional training," said Robitaille. 

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Wyoming Medicaid Offers Provider Incentives for Program Participation

BY TOM LACOCK
Wyoming Medical Society

The Wyoming Department of Health, Medicaid Division has developed three programs in an attempt to make their own programs more efficient and share some of that savings with Wyoming doctors.

Perhaps The Department of Health's best-known program for physician incentives is its Patient Centered Medical Home (PCMH) program, which now has ten practices under its umbrella with 80 providers participating in the program. However, there are changes which will aid in increasing that number as the Department of Health has reported Cigna has modelled its own PCMH programs after the Wyoming Medicaid model. "PCMH's have been shown to improve quality while reducing overall medical expenses" Medicaid Medical Director, James Bush, MD says. "By having multiple payers using the same quality measures and reporting platform, it reduces the offices reporting requirements and enhances their reimbursement."

The fact Cigna is now using Medicaid's PCMH as a model means if clinics report clinical quality measures to Medicaid, they are already collecting and reporting the same measures Cigna is seeking.

"So as long as the practice is in good standing with us, Cigna will allow them into their process as well," said Bush. "I am working hard to have Blue Cross Blue Shield do the same as well. Eventually I am hoping with a single quality report who will meet the demands of all payers, including Medicare."

Currently the program allows for clinics who are certified, or working towards recognition as PCMH's by an accrediting agency such as NCQA, to receive a payment of \$6 per member per month for each Medicaid patient it sees over the course of a year. Clinics must be using an Office of the National Coordinator certified EHR and provide practice data into the Department of Health's PCMH portal on required clinical quality measures quarterly.

The Medicaid PCMH program has recently developed a new

dashboard to allow clinics to review, and track provider's progress towards goals, as well as compare provider data against the state average. Bush says there is another advantage to participating in the PCMH program, as it is aligning with federal efforts such as Meaningful Use.

"Wyoming Department of Health realizes that it is easier for physicians that we align our PCMH program with Medicare's Quality Payment Program," he says. "We are working on making that process as simple as possible. With the passage of MACRA, Merit-based Incentive Payments (MIPS) combines requirements of Physician Quality Reporting System (PQRS), the Value Based Modifier Program, and the Medicare EHR Incentive Program into a single reporting program. We move our PCMH program into the future, we are designing our program so that practices can have the same standards for Medicare, Medicaid, and Cigna quality programs"

Another Wyoming Medicaid program could be a dream come true for Wyoming physicians as the Pay 4 Participation (P4P) program uses Medicaid resources to help follow up with patients for care management. Pay 4 Participation allows Medicaid providers to receive additional reimbursements for providing health education to Medicaid clients with chronic illnesses, and referring their

clients into the WYhealth Health Management program. When a client is referred from a provider, a care management team member will contact the client and complete an assessment to determine the client's level of participation and assess the client's needs. Then, a member of the care management team will regularly contact the client to remind him or her to: receive their annual preventive screenings; make follow-up appointments with their provider as needed; and comply with their provider's plan of care. To get started, contact Optum by email at wyhealth@optum.com or call 888-545-1710.

It comes as no surprise that the top five percent of Medicaid members accounted for 51 percent of the program's costs in 2015. Even more specifically the top one percent of that 5 percent account for 21 percent of the 51 percent of total Medicaid spending.

It comes as no surprise that the top five percent of Medicaid members accounted for 51 percent of the program's costs in



James Bush, MD (right) addresses a meeting of the Natrona County Medical Society last fall in Casper. Bush is the Medical Director for Medicaid, which he says is attempting to enhance its program incentives to physicians.

2015. Even more specifically the top 1 percent of that 5 percent account for 21 percent of the 51 percent of total Medicaid spending.

Head spinning yet? In a nutshell, the Wyoming Medicaid program has identified a number of what it refers to as super utilizers who account for a disproportionate amount of state spending. The Medicaid program is interested in working with Wyoming physicians to get that group into managed care.

Bush points out the Medicaid super utilizer is generally an individual with a set of interacting physical and behavioral health problems such as chronic diseases, asthma, diabetes, COPD and other conditions which make it difficult to manage their own health. According to state numbers, the average super utilizer is actually 73 percent female between the ages of 45-49, with 58 percent of these patients on social security insurance.

The program has developed two prospective risk-score methods - one a clinical risk and the other a utilization risk for those who have many uses of the emergency department over the last 13 months.

Bush says the state has already identified the 1,500 highest risk clients, using scales that measure clinical risk and utilization risk, and randomly assigned 750 into treatment and

control groups for research sake. The treatment list has been given to Optum, which has contracted with Wyoming for care management under the name of WyHealth. Five hundred clients will receive intensive in-person care coordination with the state tracking outcomes through Aug. 2017. The state hopes to answer the questions of which clients are most impactful; what methods work best at identifying future high-cost clients; and what kind of savings can be achieved.

If all goes well, the state will continue the program and, instead of using Optum, will contract the care management to entities made up of primary care, behavioral health, EMS, hospitals, and case managers. The hope is to eventually move to a regional model where these groups come together to create a new organization for case management. These regional entities could then directly receive the case management fees and share savings with the State.

At this point WyHealth is reaching out to providers that practices' superutilizers to help them with more extensive case management than most practices can provide. The Dept. of Health is continuing to refine the regional model requirements to maximize success with the regional entity structure. In 2018, the RFP process for the program will get underway. 

Medicaid to Pay Telehealth Visits Originating from Home

BY TOM LACOCK
Wyoming Medical Society

Wyoming Medicaid Medical Director James Bush, MD says he hopes by the end of summer all the pieces will be put in place to allow the state to pay for telehealth visits by Wyoming Medicaid patients which originate from the patient's home.

Currently, the Centers for Medicare and Medicaid Services (CMS) have rules on the Medicare side requiring telehealth visits originate from specific sites such as physician offices, nursing facilities and hospitals. Bush said he has found language from other state Medicaid programs that could allow Wyoming patients to see providers from their home and still allow the provider to be paid, as long as they are an enrolled Wyoming Medicaid provider.

Along the way, he hopes to save the state money in two ways. The first is by saving the \$25 per visit cost the state pays to originating offices for telehealth visits when a patient comes to their office to originate a telehealth visit. He also hopes to reduce the over \$1 million a year the state pays for Medicaid patients to travel to see specialists face-to-face. This strategy should also help address indirect costs to the patients who of-

ten time have to leave work or school for a day to travel to see a specialist.

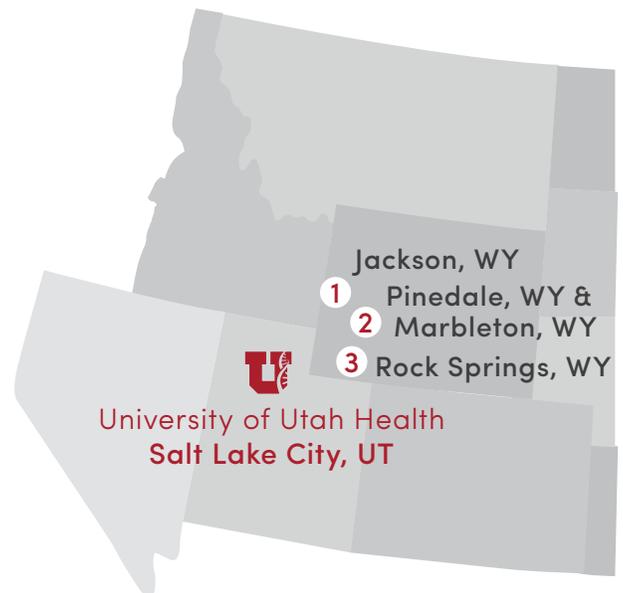
Bush hopes to send notification that the state is ready to pay for telemedicine visits originating from a patient's home sometime this summer, if not fall. Physicians interested in participating in the program should sign up through the Wyoming Telehealth Network (www.uwyo.edu/wind/wytn/ or call 766-2948), which will give the provider a free license to use the Zoom teleconference tool. Physicians may then send a meeting invitation through Zoom to a patient. This is the same Telehealth Network many physicians are already using to see patients around the state. Bush adds he will not limit the uses for telehealth visits.

"If there is any code not open that a doc wants to use for telemedicine, they just need to tell me what it is and we open it up," says Bush. "The world is rapidly changing and the doc has to make determination that it is medically appropriate to provide this service via telehealth. If it is, I won't stand in the way. If it isn't the physician is risking their license, so I think the physicians will be conservative." 

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WMS Develops Physician Leadership Program

BY TOM LACOCK
Wyoming Medical Society

The Wyoming Medical Society has received a \$150,000 grant from The Physician Foundation to fund a leadership program for Wyoming physicians. The program will allow a cohort of between 15-and-20 Wyoming physicians to take part in the program each year. The inaugural program will get started in October of 2017.

The program will be broken up into seven two-day sessions which will be delivered in various locations around the state to allow for observation and debate on healthcare delivery models and public policy. The weekend will be broken into time spent touring and discussing specific healthcare topics with state subject matter experts as well as taking part in leadership modules.

In developing the program, The Wyoming Medical Society is partnering with Leadership Wyoming, The University of Wyoming School of Health and Sciences, WWAMI, and The Wyoming Hospital Association who will join the program's Advisory Council which will be made up predominantly of Wyoming physicians.

The Wyoming Medical Society has contracted with FutureSync, International, a Montana firm which was key in the development of the Montana Medical Association's successful physician leadership program. FutureSync, with direction from the program's Advisory Council, will develop modules to provide physicians with the tools, skills, and learning opportunities to engage effectively to influence the future of healthcare.

The dates and locations for the 2017 Program are:

- Oct. 13-14 (Cody/Powell)
- Nov. 3-4 (Lander)
- December 8-9 (Evanston)
- Jan 26-27 (Laramie)
- Feb. 23-24 (Cheyenne)

The weekend will be broken into time spent touring and discussing specific healthcare topics with state subject matter experts.



- April 27-28 (Casper)
- May 18-19 (Gillette)

Applications are available on the WMS website at www.wyomed.org.

The Physician's Foundation provides grants to nonprofit organizations, universities, hospital systems and medical society foundations that support its mission and since 2005, has awarded numerous multi-year grants totaling more than \$40 million. The Foundation is committed to identifying how the Patient Protection and Affordable Care Act (PPACA) impacts physicians and what needs to be re-assessed or changed in order to achieve the following goals:

- To educate physicians on the leadership skills necessary to drive healthcare excellence;
- To understand physician practice trends and help physicians deliver quality care to their patients;
- To meet the current and future needs of all patients by assessing the supply of physicians;
- To provide practicing physicians with resources and support to manage healthcare reform and succeed in today's challenging healthcare environment.

While the grant is a two-year grant, the Physician Foundation points out that subsequent funding for this program is contingent upon the submission of satisfactory progress reports that include project activities, outcomes, and a budget. 

2018 WMS Annual Meeting Set for January 19-21 at Snow King

BY TOM LACOCK
Wyoming Medical Society



The Wyoming Medical Society's Annual Meeting will see changes in 2018, with a premium placed on opportunities for social interaction between physicians, exhibitors, and speakers. The meeting will be held Jan. 19-21 at Snow King Resort in Jackson, Wyo.

The Wyoming Medical Society's marquee event of the year is getting a makeover for 2018. The Medical Society's Annual Meeting will see changes in format, location, and even time of the year in 2018, taking place Jan. 19-21 at Snow King Resort in Jackson.

On June 1 at Jackson Lake Lodge, the WMS Board of Trustees voted to change the organization's Annual Meeting from a three-day summer event heavy on medical lectures to a winter meeting with less classroom time, more social offerings, and time on the world-class slopes of Teton County.

"WMS is listening to its members who have long told us that our value is in connecting physicians across the state and operating as a catalyst in strengthening the state's medical community," said WMS Executive Director Sheila Bush. "This new meeting format is one that our board believes will allow members physicians time to discuss the issues facing Wyoming physicians while not spending all day in meeting rooms, and away

from family."

An afternoon CME will kick off the Annual Meeting followed by the traditional welcome reception open to all attendees. Saturday CME lectures will take place in the morning with shuttles available Saturday to take attendees to the slopes before returning in the late afternoon for time with vendors, and the President's Dinner.

In years past, the WMS has held a membership lunch as a time to attend to its organizational business. In 2018, that will be replaced by a membership breakfast on Sunday. A WMS Board of Trustees Meeting would also take place during the weekend.

Rooms may be reserved under the WMS Room Block by calling Snow King Mountain at 307-201-KING and asking for the WMS Annual Meeting Room Block.

More information on speakers and other CME efforts will be released in the coming weeks. 

2017 WMS Annual Meeting a Success

BY TOM LACOCK
Wyoming Medical Society

A group of 95 physicians, and PA's took part in the Wyoming Medical Society/Wyoming Association of PA's Annual Meeting June 2-4 at Jackson Lake Lodge in Grand Teton National Park. The meeting featured a new format, tremendous speakers, and a Saturday night of awards and laughs.

The 2017 Annual Meeting featured a change in format with Continuing Medical Education in the mornings, followed by a combination of specialty society meetings and free time in the afternoons. According to meeting surveys the change was a hit with respondents, as 10 of the 22 comments offered were positive of the new format. One asked that specialty society meetings be reined in to some extent as to keep the afternoons more open for time with family and friends.

The open afternoons didn't get in the way of WMS offering 13 hours of CME through the Ada Canyon Medical Education Consortium. Highlighting the event was Boston area ENT surgeon Donald Annino, MD, who offered a presentation during Saturday's President's Dinner on his experiences on Brigham and Women's Hospital's facial transplant team.

The meeting also featured two presentations on physician burnout including talks by Betsy Spomer, MD of Powell, as well as the Mayo Clinic's Lotte Dyrbye, MD. Two other presentations covered the need for HPV vaccinations, while cyber security, and atopic dermatitis were also covered.

The President's Dinner on Saturday night was anything but boring. Out-going WMS President Paul Johnson, MD was presented with a cowboy hat, the traditional showing of appreciation from the WMS to its presidents. Johnson offered a presidential citation to Joseph Steiner, PharmD, who is the Dean of the University of Wyoming's College of Health and Sciences.

Johnson then turned over the ceremonial gavel to incoming President Joe McGinley, MD, PhD, who was introduced by former Wyoming Treasurer and Congressman, Cynthia Lummis. McGinley laid out his goals for the 2017-18 year, including an increase in membership.

Past President Sigsbee Duck, MD, RPh, then took his turn at the podium as he thanked the society for honoring him as the Physician Achievement Award winner for 2017.

The Wyoming Medical Society took the time to honor three scholarship winners during its Annual Meeting, as Green River's

JayCee Mikesell and Glen Clinton of Cody were honored with \$2,000 Centennial Scholarships as outstanding first-year students in the Wyoming WWAMI program. Sean Bell of Casper was named the WWAMI outstanding graduate for 2017 and received another \$2,000.

Our friends from WAPA then took the stage to honor their own. Hulett's Bob Cummings, PA-C, was honored by The Wyoming Association of PA's (WAPA) as it's State Physician Assistant of The Year. Cummings is one of two employees at the Hulett Clinic. WAPA's Physician/PA Team of The Year award deviated from tradition. Instead of honoring one Physician and one PA, the award was given to a team at Sheridan's Big Horn Mountain Medicine. Winning the award this year was the team of Julie Ackerman, MD; Hannah Hall, MD; Autumn Barrett, PA-C; and Erin Strahan, PA-C. The team won out over three other Physician/PA Teams which were nominated.

The Wyoming Association of PAs honored two future members of the PA profession with \$1,000 scholarships Teton National Park. Earning this year's \$1,000 scholarships are Cody's Zulia Anderson and Kathryn Martin of Lander.

The date and location for Wyoming Medical Society's Annual Meeting in 2018 is January 19 - 21st. 

The meeting featured a new format, tremendous speakers, and a Saturday night of awards and laughs.

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WWAMI Student Profiles

In the summer edition of Wyoming Medicine Magazine, we take the time to profile Wyoming students who are in their first year of the WWAMI program. This year we asked them the following questions:

Wyoming Medicine Questions

1. What is the name of your undergraduate institution and what was your major?
2. What has been the highlight of med school thus far?
3. What area of practice are you considering and why?
4. What areas of the country would you like to practice in and why?
5. What do you like about the WWAMI program?
6. What brought you to Medicine?

Tappy Gish Laramie, WY

1. University of Wyoming; Physiology major, Anthropology minor.
2. The highlight of medical school thus far has been the wonderful experiences that I have been given through working with my preceptors. I have found that active learning through being in the clinic and actually getting to work with patients substantially helps to solidify the material we learn in class.
3. While I am by no means set on anything in particular, I have always enjoyed the doctor-patient relationships and continuity of care involved in Family Practice. However, recently I have discovered through working in the oncology department, a new-found interest in hematology/oncology as well as radiation oncology; therefore, my doors to opportunity remain open.
4. I grew up on a ranch here in Wyoming, and have a fond appreciation for the state and all that it has provided for me and my family. I know that I want to start a life in a place that has ample outdoor opportunities, with an often “simpler” style of living; therefore, I plan on returning to the state to practice, to start a family, and to fully enjoy the natural beauties of this land I call home.
5. This might relate right back to the “highlight of medical school” portion however, I cannot stress enough how much I appreciate the recent change in curriculum to include more clinical work within the first and second year. I also love our class, and how close we have become as a group - supporting each other, and genuinely caring about each of our successes. It is a wonderful program, and I am truly blessed to be apart of a fellow group of students, teachers, and faculty/staff that are so considerate, understanding and compassionate about what they do.
6. I have always been drawn to science and medicine; however it began more in the veterinary realm. Being on the ranch; medicine, life, and death was just part of what you did. My transition from veterinary medicine to human medicine vastly occurred on an anthropological and health analysis field school in Tanzania, Africa. Working in the hospital and helping to provide outreach clinics fueled my love for each day, and I knew I had found something special. I returned home to the states and began to pursue medical school and gain further experience. Having the opportunity to be employed as a medical scribe at CRMC Emergency Department, and then as an MA/Scribe for Urgent Care/Stitches in Laramie, were the best experiences I could ask for as a premedical student. These gave me the basic science and understanding of US Health Care Systems to have a balanced realization of the field I was pursuing.

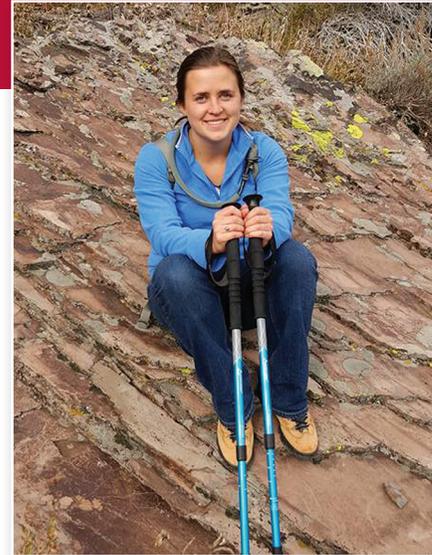




Amanda Kinley

Wilson, WY

1. University of Wyoming; Major in Microbiology, Minor in Music.
2. Our NOLS wilderness first responder course at the beginning of the school year certainly started things out on a high note. Since then, hands-on learning continues to be the highlight of my education both in the clinic and in the classroom.
3. Pediatrics is the field I have considered the most, but I am open to any field at this point in time. There is still so much to learn before I can have a solid answer, but I definitely have the energy and patience for pediatrics.
4. I really love all of the states in the WWAMI region and I look forward to coming back to Wyoming after exploring some other areas during my clinical education. Wyoming has small towns and access to all of the outdoor activities I love, not to mention it is my home.
5. The clinical experience we gain right away is invaluable. There is nothing that solidifies a concept in my mind more than seeing it first hand. It is so exciting when I encounter things we have learned in class at my preceptor's office or the hospital.
6. My initial interest in medicine came from various personal and family experiences on the patient side of medicine. Later on I discovered that medicine would definitely be the most fulfilling career path I could choose. It incorporates my interests in science, being a perpetual student as well as teacher, and making a difference in the lives of others.



Alexandra Gobble

Casper, WY

1. New Mexico Institute of Mining and Technology/Materials Engineering with a concentration in Biomaterials Engineering and a minor in Biology
2. The preceptorships have been the highlight of medical school. I love being in a clinic and interacting with patients. Our preceptors have been so amazing and helpful with learning clinical skills.
3. I've been thinking some sort of surgical specialty. I love working with my hands and making things, and think I can find a good fit there. But I am open to everything at this point.
4. I don't think I could ever stray too far away from the mountains, but I haven't picked a specific town yet.
5. From my experiences so far I can say that I like our smaller Wyoming class, we're so connected with the Wyoming community, and that we get to have so many meaningful clinical experiences so early in school. I also look forward to being able to experience what all of the WWAMI states have to offer during clerkships.
6. I've always wanted to have a job where I make others' lives better. I love medicine for this because you get to directly work with people and you can be involved with other research and exciting new technology.



WWAMI Student Profiles

Brittany Christensen

Powell, WY

1. University of Oklahoma, European History.
2. The highlight of medical school so far has been, for me, getting the chance to interview and practice our physical exam skills with real patients. It is especially exciting as the year goes on and we learn more, as I am able to understand more and more of what is going on with patients and why the physician chooses to treat them the way they do.
3. I am considering both Internal Medicine and Radiology at the moment, though it seems I change my mind every day. I am interested in Internal Medicine because I like the idea of getting to see the same patients year after year and build a relationship with them, and I like Radiology because I find the imaging and associated technology fascinating also I have really enjoyed the opportunities we have had to read different imaging sets.
4. I hope to practice in the Rocky Mountains because I enjoy spending time outdoors, and I love the mountains! While I enjoyed my time in undergrad in Oklahoma, it definitely feels good to be back in a mountainous region where I can participate in outdoor recreation activities.
5. My favorite part about the WWAMI program is that we get a lot of one on one time with physicians. Not only do we get more hands on experience this way, but we get to form a closer relationship with the physicians.
6. I decided that I wanted to study medicine in college, after realizing that I wasn't as interested in engineering as I had initially thought. I wanted to study biology and physiology but also be able to work with and help people, so medicine seemed like a great fit.



Caleb Rivera

Cody, WY

1. University of Wyoming, Physiology.
2. The highlight of medical school thus far has been gaining experience in the clinic as well as getting to know my classmates, professors, physicians, and everyone that pours their hearts into the WWAMI program
3. I am currently interested in gastroenterology and radiology, but I am excited to gain experience in a variety of specialties during our third and fourth year rotations. Gastroenterology is intriguing to me because I love nutrition and am interested in how the digestive tract absorbs specific nutrients to fuel the body and heal pathologies.
4. I would love to practice in Wyoming because the people of Wyoming have molded me into the person I am today and I want to give back to the communities that have given so much to me.
5. I love the small class size as well as the early clinical exposure.
6. I want to pursue medicine because I have a passion for serving others and I can't wait to collaborate with patients in their pursuit of overall health. I also love the teamwork aspect of medicine and I believe medicine gives me a unique opportunity to build meaningful relationships with people and positively impact their lives.





Kevin Muller

Evanston, WY

1. BYU-Idaho, Chemistry Major
2. The highlight so far has been experiences with my primary care preceptors. The small opportunities to encounter and interview patients have helped make the basic science coursework feel more real as I see the clinical manifestations of different diseases and disorders right in front of me. Also, it has given me chances to connect with patients.
3. I am not sure yet. I have thought most about general surgery, but I am also currently considering family practice or pediatrics. Either way, I want to practice in something that will allow me to be away from an urban setting. I want to have a wide scope of practice with ample opportunities for further development.
4. I would like to practice in Wyoming nearly all my family is here. If that did not work out somehow, I would like to be in the rural northwest.
5. I enjoy the small classroom environment, where I can be familiar with each of my classmates. I appreciate that physicians practicing in the area have given up their time to teach us. Their practical perspective really enhances the learning.
6. At first I thought I would be a pharmacist. After starting in chemistry, I thought I would become a chemist. I came to the realization that I did not want to work in a lab the rest of my life. I wanted to work with people, and Medicine seemed to give me that chance.



Shaye Lanouette

Casper, WY

1. University of Wyoming, Biology major with minors in Spanish and Chemistry
2. The highlight for me has been precepting with many different physicians in Laramie and Cheyenne. I am so grateful that the best doctors we have are giving their time to teach us and it makes the material in class more relevant.
3. I am mostly interested in surgery or specialties that include some surgical procedures like OB/GYN. Working as a surgical tech after undergrad confirmed my love of the operating room and the constantly changing and challenging career it provides. I like the balance between patient care and the direct, technical approach to fixing a problem.
4. I enjoy living in the mountain west and expect to return. I love the outdoor sports available all year round and the friendly atmosphere here in Wyoming.
5. I like that the program employs some of the best regional instructors and faculty who are truly dedicated to our success. It is also great how intimate the learning experience is with only 20 students and the close friendships I have gained.
6. I became interested in medicine from the experiences I've had on both sides of the doctor- patient relationship. I have been specifically moved by seeing how dedicated my mentors are in caring for patients, and seeing how crucial that interaction is as the patient or family of a patient.

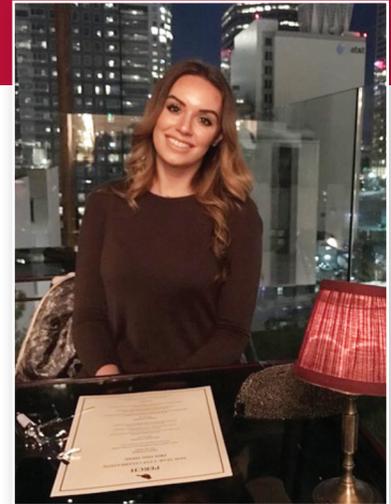


WWAMI Student Profiles

Olivia Rogers

Powell, Wyoming

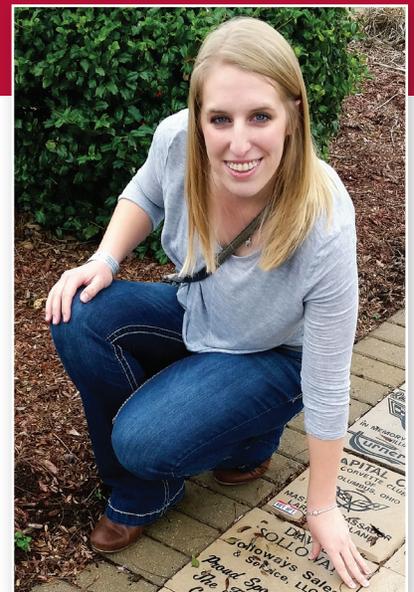
1. University of Wyoming, Psychology.
2. There have been many highlights of medical school thus far, including clinical experiences, NOLS training, and the incredible friendships I am building with my classmates.
3. I am undecided about the field of medicine that I would like to go into. Everything is so interesting, and I am keeping my mind open to many fields at this point.
4. As far as where I would like to live, I am open to many places, with Wyoming being very high on the list. There are so many beautiful places in Wyoming, and the people here are great!
5. The WWAMI program is an incredible opportunity for medical students. Our revised curriculum from the University of Washington allows us have valuable hands on experience with patients from day one. Through our clinical mornings we practice valuable skills such as physical examinations, interviewing techniques, and decision making.
6. My journey into medicine began at a young age. Many of my family members are involved in healthcare, which initially sparked my interest. The more I explored medicine throughout high school and college, the more my passion grew. I have to say, I could not be happier with my decision.



Megan Olson

Cheyenne, WY

1. University of Wyoming, Physiology.
2. Without a doubt, the highlight of medical school thus far has been my preceptorship experience. Working with physicians one-on-one and seeing patients in the clinic serves as a frequent reminder of why I want to be a doctor. It is also a wonderful opportunity to improve my clinical skills and gain hands-on experience.
3. Currently, I am interested in Family Medicine and Internal Medicine. I enjoy the long-term relationships that the physicians in these specialties build with their patients. These specialties would also allow me to satisfy my wide range of clinical interests.
4. After completing my training, I want to return to Wyoming to be close to my family. Additionally, after taking a class in rural healthcare, I am interested in serving patients in rural communities.
5. One of my favorite aspects of the WWAMI Program is the wide range of clinical experiences we have in our first year. I also enjoy the supportive atmosphere and comradery that comes with the small class size.
6. Many of my family members work in the medical field, so I knew from a very young age that I wanted to be a doctor. I never imagined myself doing anything else.





Jaryd Unangst

Casper, WY

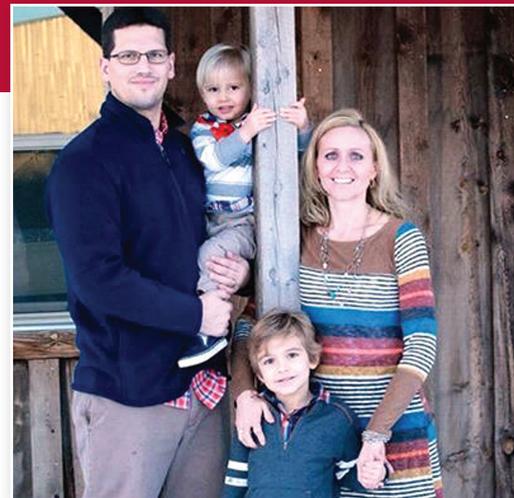
1. Casper College - A.S. Pre-medicine, University of Wyoming- B.S. Biology, Minor in International Studies
2. The highlight for me so far has been the opportunity to work in the community with our preceptor physicians. Being able to see patients as a first-year student and assist with procedures has simultaneously been exhilarating and a challenge. This tutelage provides the opportunity to build my skills working with patients and fortifies knowledge gained in class from diagnosis to treatment.
3. I am really drawn to emergency medicine and some of the surgical disciplines at this point because I very much enjoy variety and the challenge of high pressure situations. I also want to have a balance of medical decision making knowledge and procedural skill and these fields currently represent that to me.
4. The biggest thing for me is access to outdoor spaces. I have always been an avid outdoorsman, enjoying activities from hunting to backpacking to mountaineering in my free time. The Rocky Mountain region represents the nexus of these hobbies with an abundance of public land covering varied terrain and thus is my preferred area of practice.
5. I have really enjoyed having the small class size along with the close relationships with faculty and community practitioners. Experiencing the rigors of medical school as such a small group has really brought us closer as individuals and created a united, rather than fractured or competitive, group. The same holds true with faculty and practitioners. We receive a world class medical education while still forming close relationships with our instructors and community physicians.
6. The biggest factor for me was to use my passion for education to improve the lives of individuals and the health of our population to the extent that I am capable. I have been exceedingly fortunate in the opportunities I have been granted and feel the best way to repay this debt is to pursue a profession that allows me to continuously learn while bettering the lives of others. Medicine is the epitome of this ideal to me.



Dan Nicholls

Lovell, WY

1. University of Wyoming, Degrees in Biology and Zoo/Physiology.
2. NOLS trip to Lander.
3. Undecided - There are too many interesting fields to choose from.
4. Wyoming - of course.
5. The ability to attend one of the best medical schools in the nation while also staying close to home.
6. My wife, who is nurse, encouraged me to go to PA school after my undergrad, then gave permission to go to Med School when I decided I wanted to further my education.

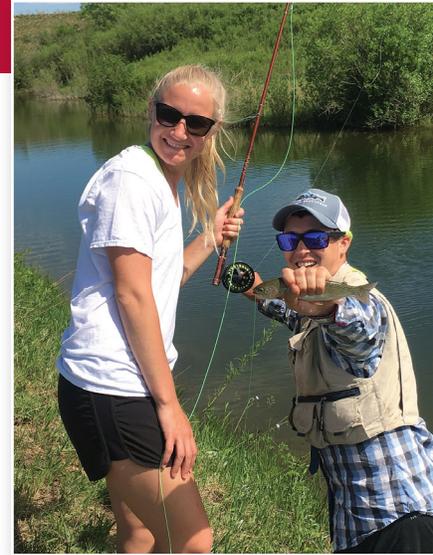


WWAMI Student Profiles

JayCee Mikesell

Green River, WY

1. University of Wyoming, Bachelors in Physiology and Colorado State University, Masters in Biomedical Sciences, Concentration in Neurobiology.
2. The highlight of medical school so far has been the clinical exposure. We are very fortunate to have so many wonderful practitioners in our community who have volunteered their time to teach us. I have also valued the friendships I have created with my fellow classmates, and have been overjoyed to see us all succeed in our first year of medical school.
3. I have always been interested in women's health and pregnancy. I would like to practice in a specialty where I am able to form longitudinal relationships with my patients, while also getting to perform some procedures and surgery. Obstetrics and Gynecology encompasses all of that. Nonetheless, I am keeping my mind open and am looking forward to clinical rotations where I can see what other specialties offer.
4. I am planning on coming back to Wyoming to practice. I love Wyoming and all the opportunities it offers to its residents. I feel it would be a great place to have a career as a physician and raise a family.
5. The WWAMI program offers students a unique opportunity to have early clinical exposure. We get to be in the clinic and the hospital at least once a week, whereas many other medical students won't get to do this until later on in their medical education.
6. Our health has such a large impact in our quality of life and overall well-being. It is for this reason that I chose to pursue a career as a physician. By improving patients' health I will be able to directly improve their quality of life. This to me is one of the most gratifying things I can strive to do in my life.



Laurel Green

Casper, WY

1. University of Wyoming - Physiology; Minors in Statistics and Neuroscience.
2. My favorite moment of medical school thus far was witnessing my first labor and delivery.
3. I am very interested in pediatrics and subspecialties including pediatric endocrinology or cardiology.
4. My dream would be to return to one of the many scenic towns in Wyoming and staying close to family.
5. The ability to stay in Wyoming for my first year of medical school has been a gift with the amazing support I have enjoyed from my family. I am also grateful for the incredible friendships I have made in our class.
6. I became interested in medicine after being diagnosed with type 1 diabetes at age 11. Living with this chronic disease provides the opportunity to educate patients both from personal and professional experience.





Teal Jenkins

Laramie, WY

1. B.S. in Physiology with a minor in Statistics from the University of Wyoming, Fall 2014.
2. The highlight of medical school thus far has been the integration of our classwork with clinical practice. In undergrad, you learn about many disease processes but rarely apply this knowledge to real patients. It has been exciting and beneficial to learn about abnormalities in class, and then be able to interact with patients who have these disorders with our preceptors.
3. I am still open to many specialties. I very much enjoyed working in the ER my first semester but am also considering anesthesiology.
4. I enjoy the small population and easy access to the outdoors that Laramie provides. However, I don't particularly care for such cold weather nor the snow. I hope to practice somewhere that experiences warmer weather.
5. My classmates are my favorite part of the WWAMI program. Spending so much time with a small group of people has made our cohort a tight-knit group of friends. Each of us brings different experiences, backgrounds, and perspectives that enhance our group and our learning.
6. I chose a career in medicine because I am fascinated by the human body and have always enjoyed learning. I feel that medical school is one of the most in-depth educations one can receive. I have also come to appreciate those individuals who give back to their community and would very much like to be someone who does so as well.



Glen Clinton

Cody, Wyoming

1. Chadron State College, Human Biology.
2. My preceptorship in the ER at Cheyenne Regional has been some of the most fun I've had during school. I feel like I am already making a positive impact on patient lives, which is exactly why I fell in love with medicine in the first place.
3. I am very interested in Emergency and Internal medicine. I like seeing patients first, investigating what is wrong, and having the tools to fix what is going wrong.
4. I absolutely want to practice in Wyoming. I think it is the perfect place to raise a family and integrate into a smaller community as a physician.
5. We are a small class of 20, and I truly believe that is an ideal environment for learning and forming relationships with one another.
6. I grew up in a family that was bombarded with medical issues, which exposed me to the good and the bad of medicine. I love the science, and I'm unbelievably humbled and excited to serve my future community as a physician.



WWAMI Student Profiles

Peter Wilcox

Riverton, WY

1. University of Wyoming; Kinesiology and Health Promotion, Physiology.
2. I'm amazed at how much we're capable of learning in such a short period of time; it's incredible to see how far our academic knowledge and clinical skills have come in less than a year. I've also really appreciated the ample opportunity we get to meet and interact with patients. Creating a clinical picture of our academic material is really helpful in fostering understanding and long-term recall, so it's a huge help.
3. I'm interested in pursuing internal medicine for a few reasons. The broad focus of the discipline would give me the opportunity to interact with adult patients with any variety of disease, I enjoy pathophysiology and pharmacology, and I would also have the chance to narrow my specialty in the future if I desire.
4. I love the Mountain West. I've had the chance to live in places as different as North Dakota, Texas, California, and Hawaii, and yet, I've never lived anywhere that I enjoy the people and the outdoor recreation as much as I do in Wyoming.
5. The WWAMI program provides us with ample opportunity to take histories, perform physicals, produce documents, and deliver oral case presentations on patients in both hospital and outpatient settings during our first year. That's something unique to the University of Washington that students at other medical schools don't get, and I really believe this early exposure will reflect in our clinical competency later down the road.
6. A career as a physician aligns perfectly with my interests in science and disease, my passions in educating and learning from other people, and also my desire to serve as a leader in my community. I've wanted to be a healthcare provider for as long as I can remember, and I'm both thankful and excited every day that I have the opportunity to study medicine.



Chris Ellbogen

Casper, WY

1. University of Wyoming, Bachelor of Science in Physiology with a minor in History and completion of the Honors Program.
2. So far the highlight of medical school has been precepting in the Cheyenne Regional Medical Center emergency room.
3. I'd like to specialize in Radiation Oncology.
4. I'd like to practice wherever I can find a job. Hopefully in Wyoming, but if not I would like to work somewhere in the Pacific Northwest or Mountain West.
5. I like that our class is so small. We get great individual attention from our faculty and instructors.
6. My interest in medicine stems from wanting a career that focuses in helping others, while still incorporating science and technology.





Aaron Spurlock

Lander, WY

1. University of Wyoming with degrees in Chemistry and Math.
2. So far in my medical education, I have most enjoyed practical experiences. I have been given opportunities to work with wonderful physicians in family practice, emergency medicine, in a hospital setting, and in orthopedics.
3. It's too difficult to narrow down what I want to practice down the road. So far, I've been interested in family medicine, pediatrics, emergency medicine, immunology, nephrology, and cardiology. In short, almost everything we've studied so far.
4. I certainly want to practice medicine in the West, and I'm currently leaning towards a small city or large town. I like the atmosphere of most towns I've been in of that size range, and I like the access to the outdoors. I've also liked the rapport that I've seen between physicians and patients in smaller communities. I am so impressed with the administrators, professors, clinicians, and other program staff who devote their time and energy to create such a supportive learning environment here in Laramie. The WWAMI program is extraordinary in the sense it provides an affordable education with excellent opportunities to learn a combination of rural and urban medicine.
5. I like the WWAMI program because of the opportunities it's been giving me to practice the clinical side of medicine, instead of only working on our basic sciences for the first year. I like how involved we've become with the community of physicians around us, and how willing they are to help teach along the way.
6. I always debated whether to go into teaching (science/math) or medicine. Each of them appeal to me for the opportunity to help others, as well as the challenge. I've always wanted to go this direction because of my love for science and the chance to have a positive influence on people's lives. My decision was made when I realized that after I'm established in my practice, I'd like to teach medicine as well.



Brittney Goeken

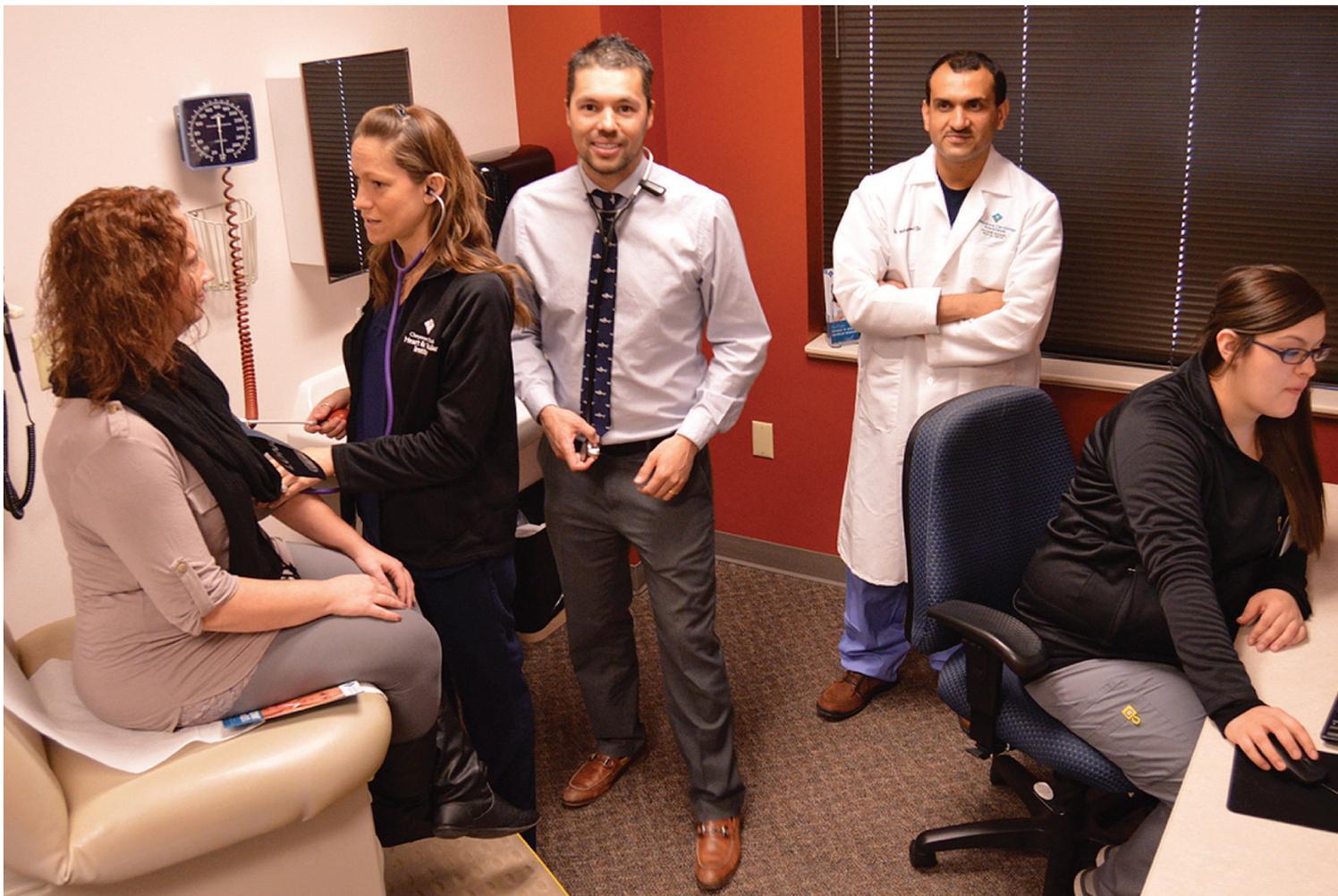
Cheyenne, Wyoming

1. University of Wyoming, Psychology.
2. I've really enjoyed getting to spend time in the clinic with my preceptor.
3. Anywhere in pediatrics, because I really enjoy working with kids and have shadowed multiple pediatricians and I love it.
4. I would really like to practice in Wyoming. I've lived overseas and visited lots of places in the US, but Wyoming has always been home. I enjoy the mountains and I want to be close to family.
5. I really like knowing all of my classmates and getting to have clinical experience early on in my education.
6. I've had a lot of family members with health problems, so I was around hospitals quite a bit when I was younger. I want to be able to help others going through similar problems.





Cheyenne and Cody Participate in Million Hearts Program



Muhammad Khan, MD, FACC, FSCAI and Herman Feringa, MD, MPH, PhD are leading a team at The Cheyenne Cardiology Associates (CCA) and the Wyoming Institute for Population Health as it partners with CMS as part of the Million Hearts Program.

The Cheyenne Cardiology Associates (CCA) and the Wyoming Institute for Population Health are partnering with CMS as part of the Million Hearts Program, which aims to reduce the number of first time heart attacks and stroke by one million over the next five years.

Muhammad Khan, MD, FACC, FSCAI and Herman Feringa, MD, MPH, PhD are the cardiologists from CCA who are spearheading the clinical efforts, along with Pamela Myrum, clinical development specialist with the Wyoming Institute for Population Health, and Melissa Zamora, service line director for

Heart and Vascular Services at Cheyenne Regional.

CCA is one of two groups statewide who are participating in the program, with West Park Hospital in Cody as the other. Nationally 510 organizations are taking part in the program, split between interventional and control groups. Cheyenne is in the interventional group with Cody residing in the control group.

According to Myrum, The Million Hearts Model is a risk reduction model which places an emphasis on promoting Cardiovascular Disease prevention, specifically the reduction of heart attacks and strokes. If eligible, patients are given a risk assess-

“The future of healthcare is in prevention. This program makes people happy because they are getting preventive care, which they have not been able to previously. In our practice we are doing this through the program.”

MUHAMMAD KHAN, MD
Cheyenne, WY

ment, a risk score, and then placed with a multi-disciplinary team including primary care physicians, diabetic educator, pharmacists, dieticians and others who can help the patient to manage their own risk.

The program started in January, and Feringa says his physician group is already seeing patients who have interest in being a part of the program.

“Patients are happy when I talk to them about their risk score,” Feringa says. “I think they appreciate when we work on their risk score and target different areas, specific heart problems. They feel better educated and more in control about their risk scores. We see a lot of satisfaction.”

While Khan and Feringa say they have been talking to patients for years about their risk factors.

The Million Hearts program has offered a chance to formalize working with others in the MDT. They believe this is a big piece in their efforts to address health concerns preventatively.

“The future of healthcare is in prevention,” Khan says. “This program makes people happy because they are getting preventive care, which they have not been able to previously. In our practice we are doing this through the program.”

Physicians aren't the only members of this team getting trained to take part in Million Hearts. The staff at CCA has also gone through motivational interviewing courses to help with

behavior modification to aid in case management.

Patients are eligible for the program if they are between the ages of 40-79, eligible for Medicare Part A and B, and they cannot have had a previous heart attack or stroke. They also cannot be in hospice, nor can they have end stage renal disease. CMS is also helping CCA to identify patients with high risk factors and get them into the program.

CMS' interest in the program involves reducing the number of 610,000 deaths due to heart disease every year and the corresponding \$350 billion per year spent on heart disease. The Million Hearts program will run for five years and hopes to show that the MDT efforts will reduce both heart attacks as well as public health costs. Even more importantly, if the program's statistics come back strong, cardiologists and primary care physicians alike may be able to use the program's results to develop future guidelines.

“The advantage of this program is someone who comes to us will get the same standard of treatment that others in this program are getting,” Khan says. “This is going to be applicable to all of our patients.”

“This helps communities of physicians get education from this program. If they are able to manage risk factors, they are happy and excited to refer to us so they have some access. We work together with the primary care physicians in the community to provide the best care. Even if you are healthy there is always improvement available to your lifestyle.”

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Adverse Childhood Experiences (ACEs) Impact on the Medical Field

As medicine has evolved over time the answers to complicated medical and social-emotional issues continue to elude the field. As more research and knowledge is gained, especially in neurodevelopment, a philosophical shift is being seen through identification of physical and emotional components of health and the impacts of early experiences. Based on research by Dr. Robert Anda from the CDC and Dr. Vincent Felitti from Kaiser Permanente in the 1990's the answers to more complicated medical questions become easier to address.

Their research consisted of surveying approximately 17,500 adult members of Kaiser about early adverse experiences. Based on ten questions related to abuse, neglect and household dysfunction, they were able to make a direct correlation to the trauma that children experience and how it impacts their adult health outcomes.

These ten questions focus on physical, sexual and emotional abuse, physical and emotional neglect, incarceration of a parent, a caregiver with mental illness, domestic violence, substance abuse in the home, and parental separation. For every "yes" response, the participant scored one point. They found that there was a direct dose response, the higher the Adverse Childhood Experiences (ACEs) score the more susceptible to ailments such as COPD, Ischemic Heart Disease, diabetes, and cancer. An individual's relative risk of suicide is 12 times more likely with an ACEs score of four or more than an individual with an ACEs score of zero.

The impacts of negative early experiences are costly across Wyoming. Currently, Wyoming is spending over 1.5 million dollars each month to serve children and families in the child welfare system. Approximately one third of these children are five-year-old and under. These costs go well beyond the immediate investment and continue to follow these individuals for a lifetime.

In Wyoming, the large majority of substantiated child welfare cases involve caregiver substance abuse. In 2014, the Child Welfare League of America reported there was an estimated 3,000 children ages 12 to 17 and 40,000 adults age 18 and older were dependent on or abusing illicit drugs or alcohol in Wyoming. The costs of substance abuse are astronomical to our healthcare system, our child welfare system, our legal system, and family well-being.

This information clearly indicates that these are societal issues that do not stand alone in the medical community. These are systemic, societal issues that every person needs to take ownership of. In order to make a difference in health outcomes and healthcare costs, communities need to be asking, "What is the underlying issue?" and address those issues before there is an opportunity to impact an individual's ACEs score.

As a result of the initial ACEs study, additional research has been conducted in an attempt to better understand the science of brain development and stress responses, especially in young children. Dr. Jack Shonkoff from Harvard University has researched the developing brains of young children and how exposure to adversity impacts their development. His research shows that in order to positively impact brain development, it is essential to have healthy connections between children and caregivers.

As families access a continuum of services, there is a responsibility of all providers to investigate underlying issues that may be impacting health and well-being. In order to impact change, society must support and promote healthy family relationships and be willing to intervene in all ways possible to ensure safety and well-being in the next generation.

Through utilization of the Strengthening Families Protective Factors Framework of addressing parental resilience, social connections, concrete supports in times of need, knowledge of child development, and social-emotional competence of children professionals can begin to approach health and well-being from a different perspective. It should be a professional expectation to understand the impacts of trauma and to investigate how Protective Factors Framework can be implemented to lift-up the strengths in the families.

For more information on the ACE's study, <https://www.cdc.gov/violenceprevention/cestudy/> or the Strengthening Families Protective Factors Framework, <http://www.cssp.org/reform/strengtheningfamilies/about>. If you are interested in trainings related to the ACEs study or the Strengthening Families Protective Factors Framework, please contact Jennifer Davis, Wyoming Children's Trust Fund at jdavis@wyctf.org or Alli Anderson, Prevent Child Abuse Wyoming at aanderson@wyacr.org.



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Up For Review: Five Keys to Managing Online Criticism

BY KEVIN PHO, MD
 Founder and Editor, KevinMD.com

Patients have more avenues than ever to express themselves online, whether on social media or through physician rating sites like RateMDs, Vitals, and Healthgrades. No matter how professional and caring a doctor you may be, eventually you will face criticism on the web. No doctor will receive universally positive reviews. So when a patient posts critical comments about you, it's important to know how to respond. Here are five keys to managing that criticism.

1. Listen to the criticism.

Patients may leave online reviews because they feel this is the only way they can have a voice. After patients leave your exam room, often you don't know what they thought about you or your practice. The criticism might not even be about you. You don't know what patients thought about the nurses or medical assistants, or if they were concerned about the parking or whether the waiting room magazines were up to date. These are issues you may not be aware of—but they matter to patients. By listening to online criticism, you can identify and fix easily correctable situations and improve patients' satisfaction scores.

2. Take critical conversations offline.

Whenever you see criticism on the web, there's a strong temptation to respond to it immediately. You want to set the record straight and clear the air. Instead, take the conversation offline. An online argument is unlikely to result in anything productive. Post a standard reply thanking the patient for the comment and asking him or her to call the clinic. Be careful not to reveal any private patient information. If you can resolve the dispute over the phone or in person, the patient may take down the comment or even add an addendum stating, "You know what? This office is actually listening to what I have to say." That can turn a negative situation into a more constructive one. Take the same approach whether the patient's comment is on a

ratings site or on social media. If you're employed by a hospital or healthcare system, coordinate your efforts with your marketing or public relations team, who are likely to see an offline conversation as the most beneficial solution for both you and the organization.

3. Read the fine print.

If you believe any online comments are suspicious, contact the rating site to see if the comments violate the terms of service agreement. For example, a patient left my practice a little disgruntled. Shortly after that encounter, dozens of negative ratings appeared on a rating site that could have conceivably come from this one patient. I reported the comments because the rating site has a terms of service agreement that prohibits anyone from posting multiple ratings on a single doctor.

The company investigated and found that all of the ratings came from a single computer. The site then removed the comments. Always read the terms of service agreement and report any possible violations.

4. Ask more patients to rate you online.

Most patients generally like their doctors, and dozens of studies show that a majority of online ratings are positive. By asking more patients to rate you online, you can make negative ratings look more like outliers. In the surgical world, there's a saying about irrigating an abscess: "The solution to pollution is dilution." The same principle applies to physician rating sites. If you ask more patients to rate you online, the positive comments can dilute the negative ratings by placing them lower in search results and making them less visible. Your patients just need to be encouraged to write reviews. Ask your patients to post a review if there's something they like about you or what your practice is doing, or if they have any suggestions for your practice. Don't cherry-pick patients or pressure them to say something positive about

We now live in a world where doctors are rated like professionals in many other industries, a trend that will continue to grow.



your practice, but ask for a rating from every single patient in a low-key and low-pressure way. Many practices even hand out cards with specific instructions on how to rate their doctors online. On the whole, the reviews will be positive.

5. Resist the urge to sue.

Only rarely have doctors successfully sued rating sites, which may argue that removing negative ratings is an infringement of a patient's right to free speech. Also, suing patients for bad reviews may backfire. A doctor once sued a patient for a negative review and made front-page headlines in a newspaper. Now whenever you search online for that doctor's name, the newspaper story comes up as the first result. By suing patients over criticism, you will only bring more attention to it and highlight the negative reviews.

Final Thoughts

Doctors by nature take all patient interactions very seriously—and often take criticism personally. We are trained to take a one-on-one approach to patient care and to make sacrifices for our patients. That makes negativity especially hard to hear. It may be difficult to regard online criticism as an inevitable part of the job, but that's what it is. Patients don't expect us to be 100 percent perfect, and patients are more likely to see

an 89 percent positive rating on a website as more authentic than a 100 percent rating. Try to manage your patients' expectations—and also try to manage your expectations for yourself. Recognize that you may not be the right fit for every patient, and that sometimes a patient simply has different expectations than you do.

We now live in a world where doctors are rated like professionals in many other industries, a trend that will continue to grow. Many doctors dislike being rated at all, but to succeed in the online world you shouldn't ignore reviews. Instead, approach online ratings proactively. You'll find yourself better able to influence the online conversation about you, fix any shortcomings in your practice, and engage critical patients in a positive, constructive way.

For more tips on social media and online issues, visit The Doctors Company social media resource center.

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 in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

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Collaboration Between Pharmacy and Physicians on the Reservation

BY TOM LACOCK
Wyoming Medical Society

Upon a column in the last edition of Wyoming Medicine regarding ongoing changes at the Wind River Indian Health Services (IHS) pharmacies generated quite of lot of discussion and identified several points in the article that need correction or clarification.

First and foremost it's important to note that IHS has been continually submitting data to the Wyoming PDMP without interruption. This was reported incorrectly in our article and we regret the error.

Second, some additional points of clarification:

- All IHS patients are not Medicaid patients. Many IHS patients do not qualify for Medicaid based on Medicaid's eligibility rules.
- IHS fills many prescriptions at a fiscal loss to the agency. IHS' mission is to provide quality health care for this very vulnerable population, not to turn a profit.
- IHS clients have freedom to choose to fill their prescriptions at an IHS pharmacy or at an outside

pharmacy. It is not correct to assume that every prescription filled at an outside pharmacy is the result of being "turned away" by the IHS pharmacy. In many cases, these outside fills are the result of patient choice.

- The IHS formulary is not created based on financial information. Furthermore, whether IHS profits, takes a loss, or breaks even in filling a prescription, if the prescription is for a drug that is on the IHS formulary, it will be filled by the IHS pharmacy.

Wyoming Medicine would like to thank Calvin J. Anderson, PharmD, who is the supervisory pharmacist at the Wind River Service Unit in Fort Washakie for his interest and diligence in helping us provide accurate information to our readers.



The intersection of health care and law is a puzzling place. We can help put those pieces together.

Health care is a constantly and quickly changing field, and health care law is no exception. Over 30 years, we have developed significant experience advising physicians on the impact of the myriad laws affecting their practices, and we spend a great deal of time and energy staying on top of current developments in health care law to better serve Wyoming's physicians.

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