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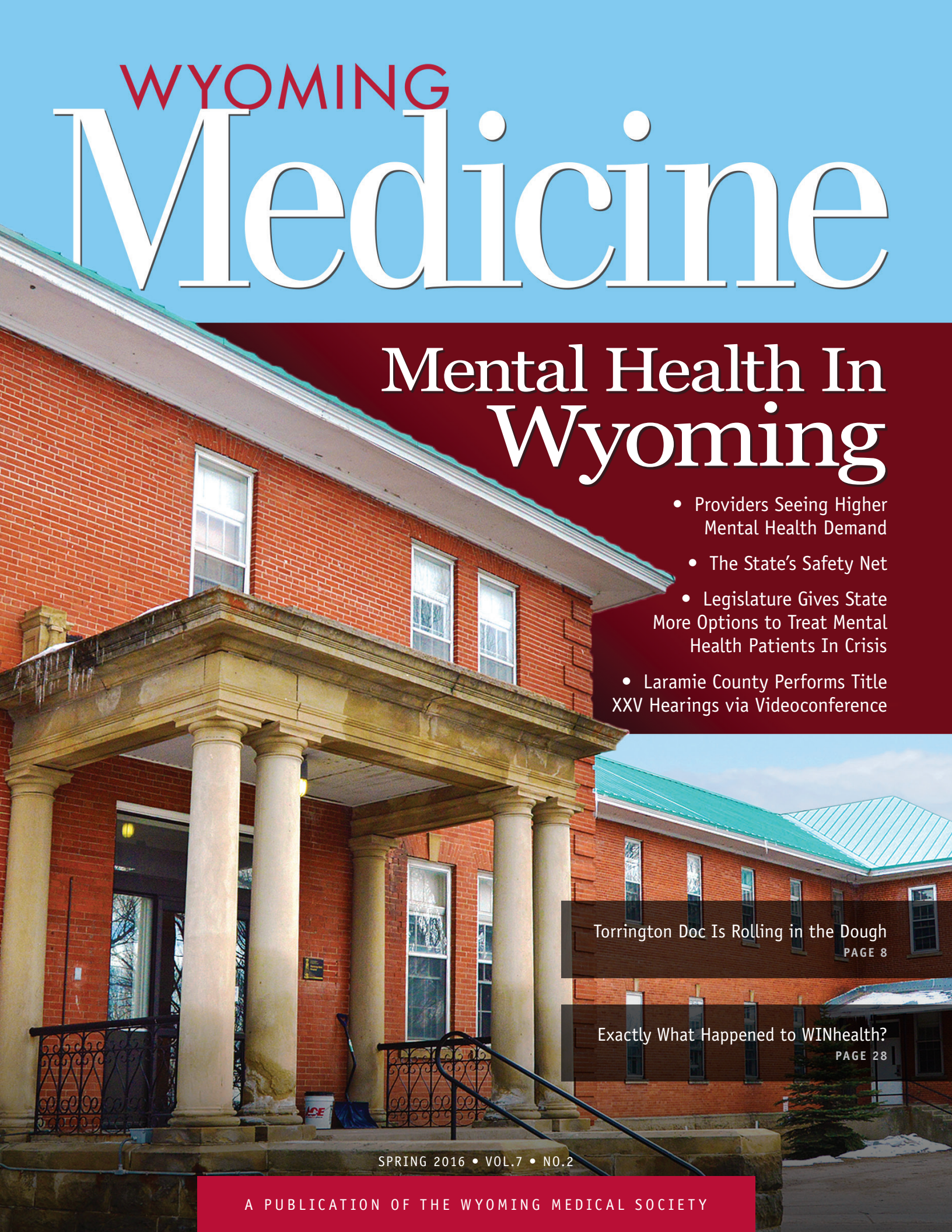

Mental Health In Wyoming

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- Laramie County Performs Title XXV Hearings via Videoconference

SPRING 2016 • VOL.7 • NO.2

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Kim Bimestefer
President, Cigna Mt. States
Kim.Bimestefer@Cigna.com
303.691.3121

Mark Laitos, M.D.
Medical Executive, Cigna Mt. States
Mark.Laitos@Cigna.com
303.566.4705

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ABOUT THE COVER

With renovations underway at the State Capitol in Cheyenne, the Wyoming State Legislature will take place in the Jonah Business Center on East Pershing Avenue in Cheyenne.

Contents

Continuing Medical Education (CME) in Wyoming

BY ROBERT MONGER, MD

As many of you know the Wyoming Board of Medicine requires physicians to have completed at least 60 hours of continuing medical education (CME) over the course of the previous three years in order to renew, reinstate or reactivate a license to practice medicine in Wyoming.

Fortunately there are many great CME opportunities in our state available to Wyoming physicians, many of which are free, including a number of online opportunities that can be accessed from your computer. And the Wyoming Medical Society is developing a comprehensive listing of Wyoming CME opportunities so that you can participate.

Every week the Wyoming Institute of Population Health provides opportunities for you to log in remotely to several different grand rounds presentations and receive free CME credit.

In 2012 the Institute received a $14.2 million grant from the Centers for Medicare and Medicaid Innovation, and part of the grant money went to the development of telemedicine capabilities across our state. Most Wyoming hospitals, including all critical access hospitals, received high definition cart units (at a cost of $10,000 each) with 44 inch high definition monitors to connect to a videoconference network, and additionally several hundred desktop systems featuring webcam and mobile device connections were distributed. The Institute now provides CME via the telemedicine system including weekly Grand Rounds from both Children's Hospital in Denver and also from the Billings Clinic.

> There are many great CME opportunities in our state available to Wyoming physicians, many of which are free, including a number of online opportunities that can be accessed from your computer.

On Wednesdays the Children's Hospital has a neonatal noon conference series from noon- 1 p.m. (although there is a summer break with no neonatal conferences from late June through September). On Fridays, Children's Hospital has a pediatric grand rounds Series from 12:30-1:30 p.m. Billings Clinic's grand rounds are also on Fridays from 12:15- 1:15 p.m. (with occasional exceptions) and cover a variety of topics.

Physicians can work with their hospital's clinical educators to access the Grand Rounds using the high definition equipment, or if you have a computer with camera and speakers and a good internet connection you can download the software and log in directly from your home or office. For more details about the free online CME offerings and how to access them contact Kevin Smith, the Telehealth coordinator at Cheyenne Regional Medical Center, at 307-633-7695, email kevin.smith@crmcwy.org.

Two hospitals in Wyoming offer weekly grand rounds talks on a variety of topics for which you can claim CME credit. In Casper the Wyoming Medical Center hosts CME lectures every Tuesday starting at 12:15 p.m., and in Cheyenne the Cheyenne Regional Medical Center has grand rounds on Thursdays at 12:15 p.m.

There are two main medical meetings held each year in Wyoming. The Frontiers in Wyoming Medicine meeting, organized by the Wyoming Medical Center, takes place each year in February at the Snow King Resort in Jackson, and the Wyoming Medical Society Annual Meeting is held every June, often at the Jackson Lake Lodge but in some years at other Wyoming locations. Both events are multi day meetings that offer around 15 hours of CME as well as vendor booths and social events. There have also been several other medical meetings in Wyoming in the past few years that offered CME including a patient safety summit sponsored by the WMS and also an infectious disease conference ("Pus in Boots") in Casper.

With so many different CME activities going on how can you keep track of them? The Wyoming Medical Society is developing a dedicated CME section on its website (wyomed.org) that will maintain a listing of Wyoming CME activities. It will include online CME opportunities as well as information about meetings held in Wyoming and also hospital grand rounds schedules and other CME events.

If you have information about CME offerings that you'd like to list on the WMS website please contact the Tom Lacock, the WMS Communications Director, at tom@wyomed.org or 307-635-2424.

We all want the same destination—effective, affordable healthcare for this great state. Dedicated to working closely with Wyoming healthcare providers, we'll reach that goal together.

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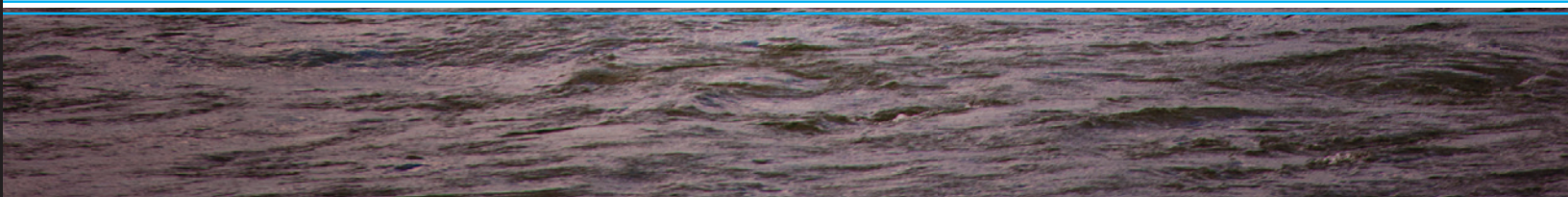

Doing More with Less

BY SHEILA BUSH

That seems the motto du jour. Wyoming is one of four states across the country enduring a recession and other states are preparing for the first nationwide slump since 2009. Pockets across the country, but most certainly in our state, are contracting. The Wyoming Medical Society is no exception to this, as we are in a small state and when one of us is hurting, all of us are hurting.

It's fascinating to see just how closely Wyoming's energy revenues tie to physician reimbursement, and how quickly change in one area impacts another. An example of this is the cuts that the state's current employee health insurance administrator, Cigna, is taking from physician paychecks citing the state's current economic crisis as the reason. As I said before, when one piece moves so shall the rest.

While WMS does all we can to advocate for our members, our ability to do so directly links to the volume of the collective physician voice behind our cry. When WMS representatives tell legislators, or leaders from major companies, that physicians feel one way or another, it's critical that the claim be supported by our physicians. One of the best ways to do that is to be a member of WMS so that when we speak, we speak on behalf of all Wyoming physicians, not just a fraction.

Two complaints WMS leadership hears are that we didn't advocate one way on one particular issue or another, and the relationships WMS has built with certain businesses or organizations in recent years leaves a sourness with our members. The two are intimately connected.

To the first, I say hang in there with us because chances are good that for every issue with which you take exception, there's one that we knocked out of the park in your favor. We encourage your help in forming policy on that subject, which you can only do from inside our organization. Deep respect is paid to those with diverging opinions; in fact we seek them out. If we didn't get to you, make sure you get to us. Your voice is as important as the next and we care about what you think.

> The best way to ensure that you have an organization insulated from the pulls of outside agendas is to increase that membership percentage. Be a part of growing our membership and shaping our future to make WMS the organization you want it to be.

The second issue of sponsorship relationships is directly dependent on the answer to the first. With fewer members WMS has no choice but to lean more heavily on outside revenue generators, including sponsorships and advertising. Membership has dropped 8 percent as a percentage of total annual revenue since 2010. As an organization invested in maintaining the physician voice in healthcare policy, we have to make up for that loss somewhere. The best way to ensure that you have an organization insulated from the pulls of outside agendas is to increase that membership percentage. Be a part of growing our membership and shaping our future to make WMS the organization you want it to be.

Doing more with less - that's exactly what your WMS is doing. We publish this magazine two times a year along with two new annual publications on the agenda. We have a video series to increase visibility of our incredible members, the work they do and the expertise they bring to the lives of Wyoming patients. We advocate often fighting fights our members aren't even aware of with regulatory agencies and licensing boards above and beyond the legislature. We answer your questions, we host a CME meeting, we partner with educational institutions and other nonprofits to address physician shortage and medical education. We fight with payers to the extent we are legally able to ensure that physicians are compensated fairly in order to keep health care in Wyoming with a happy and thriving physician-led medical community.

If you're unhappy with WMS, get involved, don't run away. We are physician-founded and are physician-driven in all things. We aren't perfect, but we are 113 years into representing you and your practice and would like to continue to be for the next 113. If you don't like our relationships with sponsors, insulate us from that need by encouraging your colleagues to join and support the only organization fighting for you. The result will unquestionably be a more independent voice in advocating together for your profession.

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LARAMIE, WYOMING

Torrington Doc Is Rolling in the Dough

Ezdan Fluckiger, MD scales back as a doctor, steps up as a baker

BY TOM LACOCK
Wyoming Medical Society

Eleanor Fluckiger works at the Bread Doctor wrapping silverware during a Saturday morning in February.

Ezdan Fluckiger is a lot of things and he isn't about to let the initials "MD" define him.

After serving as a doctor in the southeast Wyoming community of Torrington (population: 6,800) for 16 years, Fluckiger has opened a bakery on Main Street called The Bread Doctor. He had two major reasons for opening the bakery: He has never been the type to let his profession dictate his identity; and he wanted a way to be a part of his 18-year-old daughter Eleanor's professional life.

Fluckiger's life in medicine now consists of one 48-hour shift in the Emergency Department of Torrington's Community Hospital and four days baking up to 25 varieties of pastries, breads and other desserts in his downtown bakery, which is open 6 a.m.- 2 p.m. Thursday-Saturday.

"About five or six years ago I was sitting in my office and I was like, 'Self, what is the 30-year plan,'" Fluckiger says with a laugh. "I remember saying to myself, 'Maybe we should open a bakery.'

"I've always liked baking at home - just hobby stuff. But I was also thinking about what Eleanor was going to do. I wanted to be a part of her adult life and I wanted to be with her."

A Family on The Move

Spend some time around the Fluckiger family for a few minutes, and you'll understand this group isn't willing to do one thing at a time. Ezdan says he was a semi-professional singer during his time in medical school, and he and his wife, Lisa, were both part of the University of Utah ballroom dancing team. They also helped start the Goshen County Community Theatre in the early 2000s while he worked in the emergency room and began a career in which he delivered more than 800 babies in Torrington.

For this family, having a child with special needs was not a hinderance. Lisa earned her Master's degree in inclusional student curriculum instruction while Eleanor was in grade school. During Eleanor's school career, Lisa spent time developing study guides to help Eleanor better understand what was being taught with an eye toward keeping Eleanor in the classroom.

The Fluckiger family poses inside their bakery, The Bread Doctor in Torrington. The family runs The Bread Doctor Thursday-Saturday mornings with nearly 20 different types of pastries and desserts.

Eleanor is considering attending colleges that have degree programs in place for students with special needs. The long-term plan involves her coming back to Torrington to work in the bakery that was opened with her in mind.

The Idea that Wouldn't Go Away

Ezdan said he sort of shelved the idea of starting a bakery multiple times only to have it come back up. Torrington was no stranger to bakeries - Cassel Bakery sold donuts and cakes for 30 years before it closed - but Fluckiger admits he had no idea how to run a business. When the Goshen County Economic Development Corporation offered a class in entrepreneurship taught by instructors from Eastern Wyoming College and Western Nebraska Community College, Fluckiger fit it in on his off nights - and he no longer had an excuse to not start his business.

He then addressed the question of learning to bake for the masses of Goshen County while working full-time thanks to a customized course taught by the The International School of Baking in Bend, OR. That let Fluckiger break his course schedule into chunks of eight-to-10-hour days where he would bake four or five products a day.

"I loved it," he says. "I have never had so much fun going to school."

He got back from Bend in October 2013, built a website and a Facebook page and incorporated the business. The Bread Doctor started offering one product-a-week to try out his formulas made from his home's kitchen. One week he had an order for 800 bagels. Another week it was 100 loaves of bread. For Valentine's Day last year he sold 500 croissants and 500 valentine's cookies on back-to-back days. Plans ramped up for the bakery and he started slowing down as a physician. Discussions about renovating the kitchen in the house turned to renovating his garage into a commercial kitchen until he went downtown to pay a bill for the theatre group.

"I came down to this building to pay a bill and the business that was supposed to be here vacated the building," he says while sitting in his office in the back of the bakery. "It was a cosmic intervention. I called Lisa and said, 'Let's just look at it. Everything sort of cascaded from there."

After convincing the bank and Lisa, The Bread Doctor moved downtown where he remodeled a building built in 1925. On July 30, 2015, the doors opened for the first time. The hope had been to have the bakery make enough money to keep the lights on with Fluckiger working in the ER two days a week. That lasted two weeks and the first part-time worker was hired. Now,

TOP LEFT - Eleanor Fluckiger helps customer Sheila Sterkel, PA-C, while her mother Lisa (left), and brother William fulfill orders for customers. BOTTOM LEFT - Eleanor Fluckiger smiles after making a sale at her family bakery, the Bread Doctor in Torrington. RIGHT - Ezdan Fluckiger talks to his wife, Lisa, in the kitchen of their bakery, The Bread Doctor in Torrington in February.

Fluckiger has three part-timers helping as he bakes a weekly product line of around 30 types including cheesecakes, croissants, sweet rolls, tarts, breads, english muffins and cookies.

"We make all of our pastries from scratch," he says. "Nothing comes out of the package pre-made.

Lisa Johnson is the Interim Director of Agribusiness at the Wyoming Business Council, the state's economic development entity. Before her time in Cheyenne she served as the Goshen County Economic Development Director and said she enjoyed watching the Bread Doctor develop. She said, just as importantly, Fluckiger wisely took his time in developing the business.

"Many entrepreneurs jump in and start their new ideas right away, but in this case, Ezdan spent time researching, learning the art of baking products that are truly unique to the area," Johnson says. "He did a lot of things right... like consulting with experts and working out his financial projections. Then - what every banker on an economic development board likes to see - he had skin in the game to demonstrate his commitment to the business."

Eleanor joins her father on weekends folding to-go boxes, putting together silverware, running the cash register and attacking other duties around the bakery she inspired. Along the way she answers the question that seems to be a constant from out-of-towners, "how long have you been open here?"

"I wanted people to come here and think it was a cool place and bring their friends and families and be surprised. I wanted it to be Willy Wonka meets bakery," Fluckiger says.

Fighting Off Burnout

Google the word physician and it isn't long before "physician burnout" pops up in the search results. Small town physicians can have trips to the auto parts store or gas station turn into impromptu exams. Fluckiger refers to himself as "whole-brained," and says the need to explore other interests was pivotal for his performance as a physician.

"I never felt like being a physician was my sole identity," Fluckiger says. "I felt like that was my vocation and I wanted to do a good job and I wanted to be respected. Medicine is so demanding. Perfection is the goal in medicine and nobody is perfect. If you spend your whole life pursuing the perception of perfection in the clinic, perfection in the hospital, never doubt-

ing yourself, it felt like that wasn't going to be fulfilling. I would never achieve that."

Making the change from full-time physician to part-time baker took some buy-in from Fluckiger's clinic and his hospital. Sandy Dugger is the Chief Operating Officer for Community Hospital and said the facility recognized what Fluckiger was looking for in terms of work-life balance.

"He is a wonderful provider in our community and has worked in a number of settings - our clinic, obstetrics, as a hospitalist, the emergency department," Dugger says. "We have been able to partner with him to really find a fit to figure out what he was looking for to support him to open the bakery."

> "I wanted people to come here and think it was a cool place and bring their friends and families and be surprised. I wanted it to be Willy Wonka meets bakery."
>
> EZDAN FLUCKIGER, MD
> The Bread Doctor, Torrington, WY

Fluckiger and his wife, Lisa, moved to Torrington in 1999 after he completed medical school on the Wyoming contract. After a residency in rural medicine in Wray, CO, they moved to Torrington.

After a career spent in rural medicine, he continues to preach the need to branch out with interests to avoid burnout. It is a message he gives to his son, Andrew, who is a third-year student in the WWAMI program.

"You have to find out where your identity is," Fluckiger says. "And if it is 'I am a doc, baptize me, I will wear the doc frock to bed and in the shower and call me anytime...' If that makes you happy and your happiness far outweighs the problems we have in medicine, great. But I think people need to find out what drives them and that takes some introspection."

For Fluckiger, that is where theatre, singing and the bakery came in. Although there isn't a moment's rest, he says his creative side enjoys the baking while not having to leave medicine entirely. He said he has also noticed another side effect of his career change.

"Suddenly people on the streets started talking to me," Fluckiger says. "After 16 years of being in town people would stop me to ask me about the bakery, and it really felt like I became a part of the community."

Mental Health in Wyoming

Demand for Mental Health Services on the Rise

BY TOM LACOCK
Wyoming Medical Society

Sharon Pendlebury of Cheyenne Regional's Behavioral Health Services group stands in the east campus of the hospital, which contains 16 beds for BHS patients.

According to providers, more clients in the Cowboy State are seeking mental health services than in past years, increasing the cost to the state. However, finding two people who agree on the reasons is difficult and makes finding solutions just as hard.

"I wish we could answer that," says Richard Dunkley, superintendent of the Wyoming State Hospital. "There were a lot of hypotheses on what is going on and why we are seeing an increase. I'm not sure anyone knows for sure."

The Wyoming State Hospital (WSH) has experienced a sharp rise in the number of involuntary hospitalizations from 208 in 2012 to 341 last year. WSH estimates 368 involuntary hospitalizations by the end of 2016. Peak Wellness of Cheyenne, a community mental health center operating in the state's southeast corner, says it served 5,558 clients in 2015. As of April 11, Peak has seen 5,112 clients already, and estimates it will see nearly 6,134 in 2016.

Just as troubling, the Cowboy State averages 20.5 suicides per capita -- the fifth-highest rate in the nation, a full seven points higher than the national average and the sixth highest cause of death in the state. On a positive note, those numbers are down from a high of 29.6 suicides per capita in Wyoming in 2012.

Terresa Humphries-Wadsworth, PhD, is the Director of Statewide Suicide Prevention for the Prevention Management Organization of Wyoming. Her organization contracts with the Wyoming Department of Health to consider factors for the increased numbers of substance abuse, as well as methods for reducing the suicide rate. She agrees the numbers are going up, but she also believes it is a bubble which will burst in two or three years. Humphries-Wadsworth cited a recent study in Wyoming that indicates the stigma surrounding mental health treatment is melting away and points out nearly 40,000 Wyomingites have been trained in suicide prevention recognition and response, which is helping Wyomingites to seek treatment sooner than in the past. However, that is creating a stress on a small community of mental health providers.

"The entire state continues to (have) health care shortage areas for mental health care," Humphries-Wadsworth says. "It is still a steep curve, but I see the light where we will see the numbers coming down in terms of suicide attempts, involuntary hospitalization and the negative consequences from substance abuse."

She says the positives to come out of the bubble of increased mental health needs includes integration of mental health in primary care settings and crisis intervention training with law enforcement. Other areas are looking to more mid-level providers to help with mental health treatments and mental health extenders, who aren't licensed, but can work under the supervision of a provider who is licensed.

One question surrounding the increased mental health numbers in Wyoming is whether it is possible to have a conversa-

tion about mental health without discussing substance abuse. Dunkley says those two pieces are difficult to separate, pointing out that a study at the State Hospital notes, 60 percent of civil committals last year had co-occurring diagnosis. Peak Wellness Center says 24 percent of its clients are being treated for substance abuse alone while a large number are also being treated for co-occurring diagnoses.

"They are really integrated," says Humphries-Wadsworth. "Statistically, of people who die by suicide, a significant portion had mental health problems, according to SAMHSA, that is between 80 to 90 percent. The percentage of those with a substance abuse problem, is between 30-40 percent."

> "The entire state continues to (have) health care shortage areas for mental health care... I see the light where we will see the numbers coming down in terms of suicide attempts, involuntary hospitalization and the negative consequences from substance abuse."
>
> TERRESA HUMPHRIES-WADSWORTH, PHD
> Director of Statewide Suicide Prevention for the Prevention Management Organization of Wyoming

Peak offers, among other services, primary residential treatment for substance dependence, dual diagnosis, and detox centers for men and women. Peak's Annual Report says last year it treated 635 clients with residential services. Linda Goodman, the Chief Clinical Officer at Peak says her group could fill another 44 residential treatment beds in the southeast part of the state. The best case scenario would have those beds in a setting where women could also bring their children to treatment.

"We need to let women get care for substance abuse disorder and to do that without having to leave their kids," Goodman says. "Their kids need treatment as well to deal with the ramifications of living in a household that has that level of disruption."

If you are in Cheyenne Regional Medical Center's Behavioral Health Services Division (BHS) chances are you are in rough shape. Sharon Pendlebury, is the administrator, and reports that in order to be placed in a bed in BHS, "you have to be very unwell." Pendlebury came to Cheyenne after stints in the SCL Health System, as well as facilities in Greeley and Longmont. Prior to her time in Colorado, she worked in England with clients who had criminal backgrounds and were struggling with integrating into their communities.

"We do a good job. Our readmission rate was zero percent in the last 30 days," she says. "The national average is 54 percent and a five-state regional average is 48 percent."

BHS has 16 beds which remain full (an average of 15.2 full beds per day at BHS). They do not dedicate any of those beds to adolescent, child, or seniors. BHS beds are saved for those who are suicidal, homicidal or gravely disabled. The demand for beds resulted in CRMC conducting a feasibility study which recommends BHS expand to 28 adult beds, 16 senior beds and 10 child beds.

Currently, children are sent to Wyoming Behavioral Institute in Casper, or Mountain Crest or Centennial Peaks in Colorado. Unfortunately, there are no senior beds in Wyoming. In Cheyenne seniors are referred to medical floors. The Wyoming State Facilities Task Force is also working on ways to free up beds at the Wyoming State Hospital by moving long-term residents to the Wyoming Life Resource Center in Lander. Goodman says the state has a need for geriatric psych homes, pointing out someone with a serious mental illness traditionally lives an average of 30 years less than any other adults. Because the quality of healthcare, and the quality of mental healthcare has increased, those with mental illness are living longer than ever. Therefore, we need a gero-psych-specific setting.

"There are many more seniors coming," Pendlebury says. "We really need to be able to admit seniors with cognitive mental issues and underlying medical needs to an acute senior care unit which has the ability to handle geriatric-psychiatric concerns, as well as what we already have in place."

In Cheyenne, BHS partners with Peak Wellness Center, the Community Mental Health Center in the southeast corner of the state. While BHS serves those who are suicidal, homicidal or gravely disabled, Peak compliments BHS by serving those who need help but who do not require hospitalization.

According to its 2015 Annual Report, Peak has offices in Albany, Laramie, Platte, and Goshen Counties and has around a $17.3 million budget, of which state revenues account for 67 percent and Medicaid another 17 percent. Peak served 5,558 patients in 2015 with over 139,180 hours of service. Of that

Mental Health in Wyoming

number, 87 percent are adult mental health and substance disorder services. Karl Cline, the new executive director at Peak, holds a Master's in Psychology, and an MBA. He is the past director for Northeastern Colorado's Access Behavioral Care in Aurora.

The numbers of people seeking services are going up," Cline says. "Unemployment may be attributing to this as we are in an economic downturn. We strive to be able to coach our clients through these tough times, but traditional mental health has not been good at that. I want to change that."

Cline is still in his first year as CEO of Peak and says his vision is to develop more group homes and help others see that we tend to give severely and persistently mentally ill the leftovers of things such as housing, and jobs. He says in a perfect world he would seek the best opportunities for Peak clients to be on equal standing for recovery, resilience, employment, and community integration. He says he wants to think about services in a different way keeping the treatment more local.

"I want to think about bigger and better and beyond," Cline says. "I don't want to think about little institutions like we have had before. People who get better, get better because they are more local, because the staff who are working with them believe they can recover and be resilient. When clients are independent, they disengage from us. And if a need arises that they come back to seek further services, we view that as success and celebrate it. The reason it is success is because it it progress. That's great!"

> "If people could begin to understand this is a problem like any other problem that I have, whether it is depression or diabetes, and I need to get treatment."
>
> KARL CLINE
> Executive Director, Peak Wellness Center

Finding money to help this population is another hurdle. Few who are in crisis beds are able to continue working or pay for their stay. A BHS study of its involuntary hospitalizations shows 50 percent had a payer source, while a quarter have no payer source and another 15 percent have Medicaid which does not provide reimbursement for involuntary hospitalization. That has led to $797,974 in uncompensated cost for this population. Pendlebury admits mental health is not like vascular surgery, but she says if done right, it can break even and be financially sustainable for a facility like CRMC.

"If you admit people who need to be admitted and find alternative support for those who don't if you detain people who need to be detained and absolutely avoid detaining people who don't need detained; if you work closely with payer sources and the networks with Medicaid, Medicare and really do your very best to make sure people have access to the benefits they need, to support their needs, can you make money? Oh yeah," she says.

Among the more innovative efforts by BHS is a four-bed mental health pod in the emergency department of Cheyenne Regional Medical Center. The pod has 24-hour coverage from clinical social workers and a team led by Dan Robinson, a PhD.-level neuropsychologist performs assessments (140 last year) directly in the ED when requested. The quick assessments allow Robinson's team to offer a working diagnosis immediately as well as recommendations for treatment. Inpatient therapists visit the pod daily and a telehealth link allows patients to begin program therapy immediately. BHS is also offering outreach to 11 telehealth sites around the state, including psychiatric outreach into skilled nursing homes.

Cheyenne Regional's Wyoming Institute of Population Health has produced an accountable community health assessment. In that document, key drivers are identified related to community health needs, what could work, and how to measure progress. It also outlines partners such as Peak, the VA, The Wyoming Department of Health, and The Cheyenne Regional Medical Group. It suggests everything from more beds, to step-down facilities and in-house crisis intervention teams.

"There are a lot of other things to do with a physician license. If you are going to decide to support this population, the least you can do is be the best," Pendlebury says.

Cline says he is challenging the status quo in his first year on the job at Peak. He said he hopes to run Peak with more of a recovery model than an institution model. Peak is also trying to work on more integrated care with primary care physicians so a referral isn't just a business card with little follow-up.

"It's more about helping people see that recovery is possible. It is okay to teach you and coach you that you are a valuable part of this community, not just a client," Cline says. "If people could begin to understand this is a problem like any other problem that I have, whether it is depression or diabetes, and I need to get treatment."

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Mental Health in Wyoming

The State's Safety Net

Wyoming State Hospital Provides Mental Health Services

BY TOM LACOCK
Wyoming Medical Society

The Wyoming State Hospital greets visitors to its Evanston campus with this gateway.

Rich Dunkley has had time to hang pictures on the wall of his new office but little else, less than three months after taking the job as the superintendent of the Wyoming State Hospital in Evanston.

Dunkley got his start in healthcare as a college student in Provo, acting as a CNA at Utah Valley Hospital. Since then he has run state facilities in Thermopolis, Buffalo and Basin. During his short time on the job in Evanston, one thing has taken him by surprise.

"I had no idea about the waiting lists and just the hard time the state has in getting evaluations done and getting people discharged to community settings," Dunkley says. "I had no idea we had that type of demand on the Wyoming State Hospital from people of the state of Wyoming."

The Wyoming State Hospital, by the Numbers

The State Hospital was established in Evanston in 1886 and was called the Wyoming State Asylum for the Insane, with the first building being completed in 1887. The campus has 150 acres and 36 buildings, and it hasn't experienced much capital construction recently. Hospital administration maintains its offices in a building erected in 1918, and of the six buildings built on the State Hospital campus since 1999, one is a storage shed, another is a park shelter and a third is a small greenhouse.

There are around 90 patients at the hospital, which runs a biennial budget of $76,959,306 for its mission of also placing Title XXV clients in other more costly facilities when full. Taking care of this caseload is:

- A team of five psychiatrists;
- Two advanced practice nurses who work in psychiatry;
- Four forensic psychologists who perform mental health evaluations on Title VII patients;
- Four more psychologists working on the adult psychiatric services side;
- One medical doctor;
- Twenty case managers and more than 170 nursing staff.

Provider recruiting remains a challenge because of Evanston's rural setting, though Dunkley says the state benefits do help. He admits there simply isn't a large pool of psychiatrists and psychologists in Wyoming to recruit from. Wyoming State

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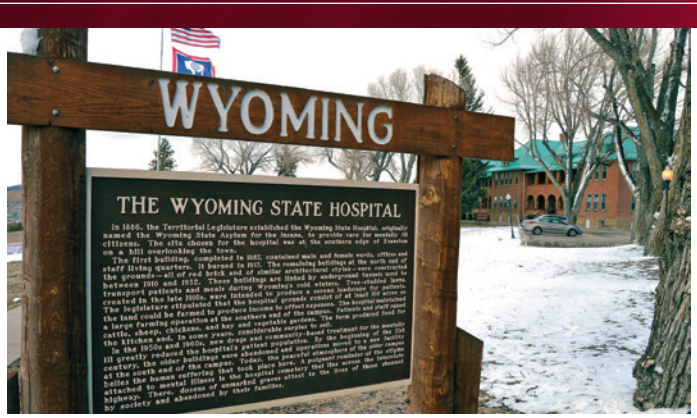

LEFT - Rich Dunkley is in his first year as the Wyoming State Hospital Administrator after acting as administrator of state facilities in Buffalo, Thermopolis, and Basin. TOP RIGHT - The Wyoming State Hospital was built in 1886 in Evanston. Though it has undergone many changes since that time, some of the buildings on campus still remain from the 1930's and 1940's. BOTTOM RIGHT - One of the perks of working at the State Hospital in Evanston is the ability to house those who work at the hospital. In these Clark Hall Annex apartments staffers are offered living quarters while working at the hospital.

Hospital business manager Paul Mullenax called a change that let Advanced Practice Nurses work at the hospitals "unbelievably great." Another more recent change to compensate providers for being on-call has also helped.

Two types of clients come through the State Hospital's front gate. One group is civil clients with mental illnesses so severe that community services in Wyoming can't address the illnesses. These clients are sent to the State Hospital through the Title XXV process after being deemed a danger to themselves or others or unable to meet basic needs as a result of a mental illness.

The second set of clients are those sent to Evanston through the Title VII process. Charged with a crime, they have come to Evanston seeking either an evaluation on their mental capacity to stand trial, or they have been found not guilty by reason of mental illness of committing a crime. These patients stay in Evanston until a judge determines they are fit to transition out of the hospital, though some never leave. Mullenax noted one patient sent to Evanston after being found not guilty of a crime by reason of mental illness died about five years ago after arriving at the state hospital in the mid 1960's.

"We are the safety net and the end stage, meaning we (the state of Wyoming) have exhausted our resources and they are being sent to the state hospital," says Dunkley. "Operationally, we are within our budget with the exception of our Title XXV expenses (monies paid to other contracted hospitals), which is over budget and of which we use operational budget money to support."

The Forensic Side of the Hospital

Forensic patients in the hospital are in a setting similar to a jail. They live in individual cells and spend their days going through therapy, exercising and reading in pods. Guards and hospital workers tend to the forensic unit without weapons and are trained in using submission holds which are used if patients become violent.

The Wyoming State Hospital also employs forensic psychologists whose job it is to evaluate clients and offer an opinion on whether the patient is fit to stand trial. The state hospital

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employs two evaluators and is in the process of trying to hire two more. Finding time to address a backlog of evaluations is difficult, and Dunkley admits the hospital routinely asks the state's judges for an extension from the 30 days it receives to complete an outpatient evaluation.

"For an outpatient evaluation, it is running around 90 days from when we get an order until we are able to complete an evaluation," Dunkley says. "The rule is we have 30 days and we are constantly asking for extensions just because if you are the judge, you call up and say you need this person, the evaluation completed, we say to you, 'Okay, but that person is number 27 and we are not going to get to them for a while.'"

In March, Dunkley says the Wyoming State Hospital had around 30 on its outpatient waiting list for an evaluation. He says hospital staff can complete 30-35 outpatient evaluations in a year. The state hospital also performs inpatient evaluations, but also deals with a lack of beds. Patients generally must stay in jail, or a facility such as Wyoming Behavioral Institute or Cheyenne Regional's Behavior Health Services - if space is available - until a bed opens at the State Hospital. This comes with a cost of $787 per night plus the cost of treatment and is paid for by the State.

Civil Adult Care

On the other side of campus is the 61,000-square foot Adult Care Facility, which was built in 2004. On the civil commitment (those sent to the hospital through the Title XXV process) side, the state hospital is battling increased numbers of patients and nowhere to put them. Mullenax touts the strong care at the state hospital, but in mid-March the waiting list for the facility was 21-deep. He says the average length of stay on the civil side is 130 days.

Dunkley says the hospital's 24.5-percent readmission rate on the adult psychiatric services side is about average for state mental hospitals in the West. He adds that the hospital did a study a few years back that suggested 60 percent of civil placements done a year ago had a co-occurring diagnosis of substance abuse as well as mental illness.

"I don't know that you can separate them, the mental illness or substance abuse. It is always a question for the physician (of) which comes first," says Mullenax.

Task Force Could Lead to Some Relief in Evanston

For someone who has seen two other studies of the state hospital, its mission and its future with little change, Mullenax has a remarkably rosy outlook concerning the current Joint Legislative and Executive Task Force on Department of Health Facilities. The task force has a request to examine the missions and facilities at state-owned facilities in Lander, Thermopolis, Basin, Evanston and Buffalo and offer a road map for their respective futures.

"(When) I started here in 1994, they had just completed the facility study for this campus," he says. "The recommendation out of that study was to (demolish) this whole campus and build south of us. Since then we have had two other facility studies that have, in essence, recommended the same thing. This study makes me hopeful. This has been a much more thorough, organized and supported study."

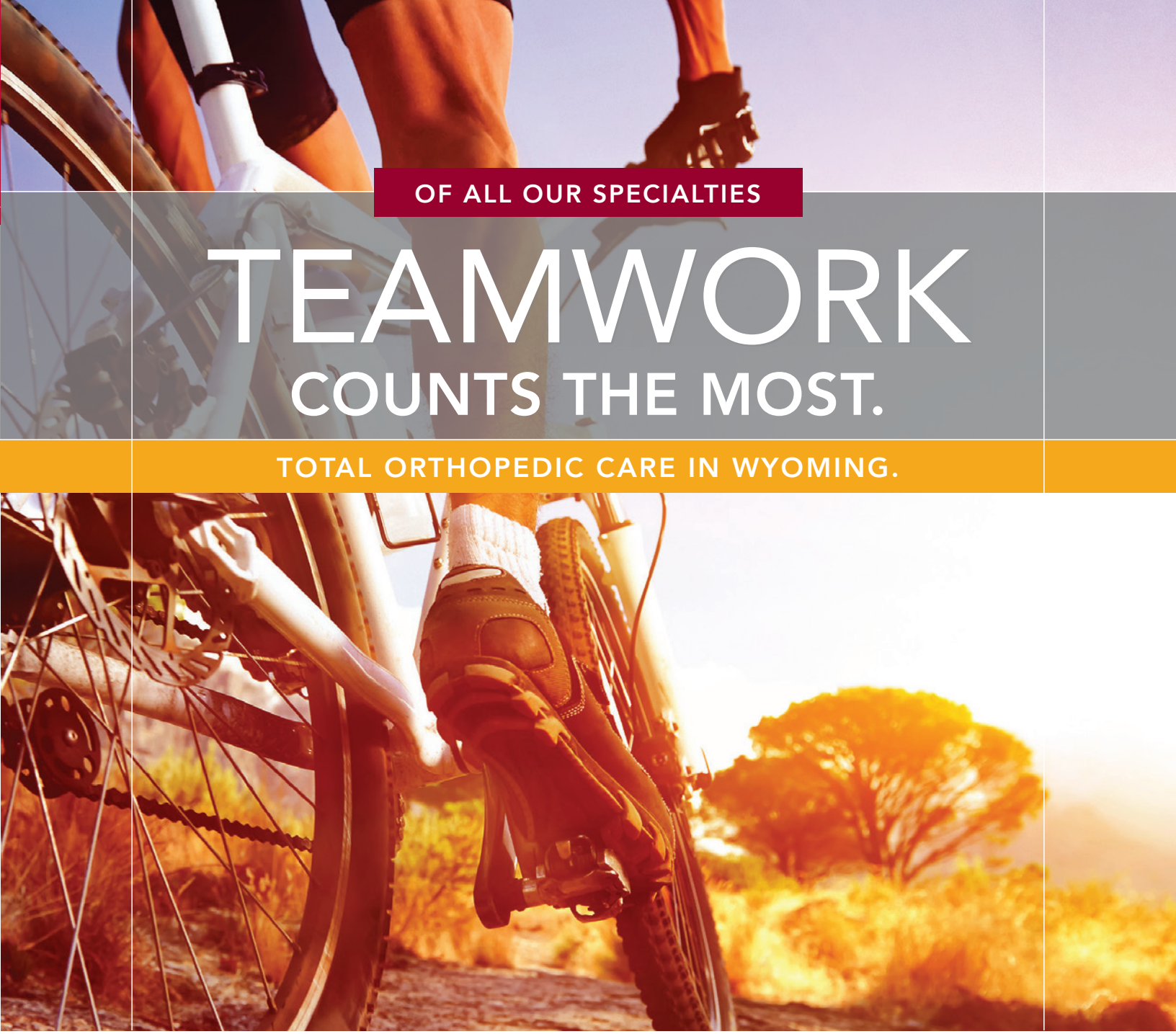
Rep. Lloyd Larsen (R-Fremont County) leads the task force and says work was done both in addressing state law and in setting aside state funds in order to address building concerns in Evanston and Lander at the Wyoming Life Resource Center. Larsen says the task force recommends moving some of the geriatric psychiatric patients from the state hospital in Evanston to the Wyoming Life Resource Center into a Greenhouse model.

A Level I and Level II study of the facilities in Evanston led to the task force recommending the razing of a majority of the older buildings at the state hospital, and new construction being added to the south end of the campus where the adult care facility currently exists. New wings would be added for both Title VII and TItle XXV patients. Areas for acute access would also be addressed.

"This task force has not let the grass grow," Larsen says. "They have been very engaged over the last two years in identifying how these populations are served and the state's role. I think we met 11 times last interim because we know we have pushed this off for about eight years now, and we need to make sure we aren't just piddling around. These people are important to the state and we need to make sure we are addressing their needs."

The construction in Evanston and Lander will cost in the neighborhood of $150-160 million and, if state investment income comes through as expected, Larsen said shovels could be in the ground in 2017 or 2018 at the latest. These buildings could also better address the needs of the population served in Evanston in a safer manner for staff and clients. In addition, Larsen says some of the current facilities would be built to address a concern of a fault line that goes through Southwest Wyoming near the State Hospital.

"There is hope, not dread," says Dunkley. "The task force has really taken this project seriously and we are grateful for that. Our director has supported these facilities along with the task force. There are probably no individuals who are more involved than they are. Something good will come of their studies."



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Mental Health in Wyoming

Legislature Gives State More Options to Treat Mental Health Patients in Crisis

But psychiatrists concerned about non-physicians treating patients

BY KERRY DRAKE
for the Wyoming Medical Society

The number of people experiencing a mental health crisis who are a danger to themselves or others has been skyrocketing every year in Wyoming. So has the cost of involuntarily hospitalizing these patients.

State lawmakers and mental health care officials combined their efforts in 2015 to find ways to reduce the problems in Title 25, the system that determines what mental health services the state will use to treat these high-risk individuals. Currently the law gives judges only two options: commit them involuntarily to the State Hospital in Evanston or let them go.

While they say more work needs to be done about the issue of payment reform, legislators believe changes approved during the recent legislative budget session could significantly lower costs.

But some psychiatrists in the state are worried that lawmakers may have created a system that puts non-medical professionals in charge of the treatment of severely mentally ill patients.

> "We're hoping to reduce the state's costs because we will be diverting people away from the high cost of hospitalization into community care."
>
> REP. ERIC BARLOW (R)
> Gillette, WY

Wyoming is following a national trend – it is experiencing a sharp rise in the number of severely mentally ill people who must be involuntarily hospitalized. From Fiscal Years 2012-15, this population increased from 208 to 341, an increase of about 65 percent. Meanwhile, the state is projected to spend about $13 million more than it has budgeted for Title 25 in FY 2015-16.

The passage of Senate File 58, sponsored by the Legislature's Joint Labor, Health and Social Services Committee, provides the courts with another alternative. Patients who are examined and determined to not need high-cost, high-maintenance hospitalization will be directed by the courts to obtain outpatient care at community mental health and substance abuse centers.

To understand the fiscal reason behind adding the option, compare the $4.4 million per biennium budgeted for the State Hospital to operate Title 25 and the $100 million in two-year funding available for community-based mental health treatment throughout the state.

The number of patients ordered by courts to be committed to the State Hospital every year far exceeds the 75 beds the facility has designated for the program. The average stay of a Title 25 patient at the hospital is 126 days, but judges may order hospitalization for up to two years, which greatly reduces the availability of beds and leads to long waiting lists for patients.

"Basically there's no room at the inn," says Stefan Johansson, administrator of the Wyoming Department of Health's Unit for Policy, Research, and Evaluation.

The State Hospital's overflow is now sent to hospitals throughout the state and facilities like the Wyoming Behavioral Institute in Casper, where mental health care is much more expensive. The funding shortfall has been intensified by the fiscal problems of Wyoming state government, which is struggling to make up revenues lost due to lower prices and production of oil, natural gas and coal.

In 2015 the Legislative Management Council directed a subcommittee to study the issue and make recommendations to the Joint Labor panel. The result was SF 58, which added the directed outpatient option and created a "gatekeeper," a single entity that is responsible for determining what is the appropriate treatment for at-risk patients in their respective counties.

Karl Cline runs Peak Wellness Center in southeast Wyoming

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and said his group will likely apply to the county commission to become the gatekeeper in Laramie County. His concern is that the Title 25 bill as it stands is unfunded. An organization such as this will have to provide the service without any extra compensation. He adds that no one will override the provider in this setting, but does point out the gatekeeper can suggest other options and do so in front of a judge, if necessary.

"The gatekeeper is intended to be a voice of reason and a voice of advocacy for that client who is being held or potentially held against their will to go to the State Hospital or another hospital," Cline said. "The intention is to divert that person if they can be diverted from the State Hospital system."

While judges are responsible for signing the court order that states whether involuntary hospitalization or outpatient care is needed in each case, the gatekeeper in each county recommends a course of treatment to the court. The gatekeeper also keeps everyone in the Title 25 process -- including courts and county attorneys -- in the loop regarding how the patient is doing in treatment and provides updates at least every six months.

"There are two processes going on," explained Republican Rep. Eric Barlow of Gillette. "There's a legal process and a health care outcome that we're looking for. We're hoping to reduce the state's costs because we will be diverting people away from the high cost of hospitalization into community care."

But some mental health professionals are concerned that SF 58 is vague about the role of gatekeepers. Dr. Jason Collison of Cheyenne, president-elect of the Wyoming Association of Psychiatric Physicians, said the difference between "treatment centers" and "treatment providers" is not clearly defined by the new law. He pondered if it's possible they could be defined as a jail.

"Are we using mental health patients as guinea pigs? What if a treatment center can be a non-locked, unregulated facility where someone has the potential to harm themselves?" Collison asked. "That would be very scary. These are life-and-death situations, and Wyoming has the highest rate of suicide in the nation."

The psychiatrist said patients involuntarily committed have always been treated at hospitals. "Are non-physicians going to be treating people? If we're experimenting with treatment that turns out to be lesser care, you would expect some negative outcomes."

Johansson said the Department of Health, consulting with county commissioners, will decide what agencies, hospitals or others are qualified to be gatekeepers. The department is currently promulgating rules for the new gatekeeper system.

For the first 72 hours a person in a mental health crisis is detained, evaluated and treated, the county gets the bill. After that period, the state takes over.

> "We have the State Hospital and we have community resources, and they're not communicating with each other. We're trying to encourage that connection."
>
> STEFAN JOHANSSON
> Administrator of the Wyoming Department of Health's Unit for Policy, Research, and Evaluation

Johansson said the Title 25 subcommittee recommended payment reform to the Joint Labor Committee but there wasn't enough time to properly consider it. The group will continue to meet this year to examine how to provide funding incentives to community facilities dealing with "system shock" as reforms created by SF 58 are implemented.

Johansson noted that payment reform will involve targeting a lower-income, higher-need population than currently receives services at community-based treatment centers.

"In addition to increasing base payments to centers for keeping the doors open and providing access for patients, we want to carve out a significant amount of money to be geared toward rewarding providers for social services support and outcomes," he said.

"If you keep a patient from being hospitalized that month, you would get a monthly reward payment," Johansson explained. "If you are able to provide housing that is not available [from federal programs], or you help patients obtain employment, you would get monthly reward payments."

But Collison said improving the lives of patients is part of the job and the responsibility of care providers, not something extra.

Johansson said the gatekeeping portion of Title 25 reforms will be tested before being implemented statewide.

"Very soon we will most likely try to pilot this gatekeeper concept in one or more counties," he related. "We'll designate a gatekeeper and see if this function has an impact on the volume [of involuntary commitments] and the high costs we're seeing."

Title XXV Hearings via Videoconference

Title XXV hearings in Cheyenne have taken to a new medium, using video conferencing to hold hearings remotely from Cheyenne Regional Medical Center's emergency department, as well as CRMC's Behavioral Health Services (BHS) campus.

Starting in December 2015, three district court judges (Steven Sharpe, Thomas Campbell, and Catherine Rogers) have devoted an hour to an hour and a half each week to remote Title XXV hearings. The process removes the need for patients to be transported to a courtroom, and allows for faster access to programming within the hospital.

"It is the best process, the most patient-friendly process I have seen since I have come to America," says Sharon Pendlebury of CRMC's BHS and a native of England. " All of the other health systems I have worked in, patients who were going through involuntary commitment could attend hearings, but often they would be taken to court handcuffed and shackled as if they were criminals."

Sharpe says the Title XXV law requires an evaluation within 24 hours on a patient who may be considered a threat to themselves or others, or unable to meet their most basic needs because of mental illness. The law also provides these clients with a Title XXV hearing for placement within 72 hours. Twice a week at noon and once again Friday morning Sharpe says the district court judges have Title XXV hearings, generally getting through four or five cases each session.

During the hearings themselves, a large television shows a videolink to the hospital or BHS, with the county attorney sitting next to the judge in the courtroom.

Laramie County District Court Judge Catherine R. Rogers sits at the bench while demonstrating the court's Tandberg system it uses for Title XXV hearings from its courthouse in Cheyenne.

The county attorney lays out the burden of proof for a detention, and the client's attorney can join either in-person or at the treatment facility. The patient may testify and is subject to cross examination. The hearings are also recorded through the videolink system.

"It seems to work really well," Sharpe said. "It is easier for the attorneys and you don't have to have a patient be transported for the hearing. We can see them, they can see us, and we can ask questions of the mental health professionals.

"The technology (set up by the Wyoming Supreme Court) works surprisingly well. There have been rare moments where the picture will lock up or something will happen, but the benefits far outweigh the problems."

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Exactly What Happened to WINhealth?

The Oral History of WINhealth's fall into receivership.

BY TOM LACOCK
Wyoming Medical Society

Nearly nine months after it officially entered a rehabilitation receivership, the question of WINhealth and what led to its demise has been discussed in physician lounges and board rooms around the state.

On Oct. 21, State Insurance Commissioner Tom Glause filed a rehabilitation receivership petition in district court in hopes that a cash infusion or a buyer could be found for the ailing insurance company. In January, after a buyer could not be found, WINhealth was ordered into liquidation by Laramie County District Court Judge Thomas Campbell. Once it was put into liquidation, the assets were put into the Wyoming Life and Health Liquidation.

This spring, WMS sat down to talk individually with some of the major players involved in the last year of WINhealth's life. Ultimately, all parties agreed it was a matter of rapid growth and a lack of cash reserves to support a population with more pent-up demand for medical services than anyone saw coming. The WMS now presents the Oral History of WINhealth's fall into Receivership.

The First Act - Venturing Into The ACA

Stephen Goldstone, former CEO of WINhealth: WINhealth went into the individual healthcare exchange knowing that it was a significant risk. However, WINhealth throughout its history had always struggled to grow and in some sense struggled to gain relevance and that was important to us, because without people taking WINhealth seriously we weren't able to get providers to contract with us. It was a circular thought process. In order to grow we needed to have a stronger provider network. In order to have a stronger provider network we needed to grow. The exchange offered us that opportunity.

When we set our initial premiums on the ACA's Health Insurance Exchange we did so thinking we had been relatively conservative and based on the best information we had at the time. As it turned out, we were underpriced in relationship to Blue Cross. What that did was generate enrollment that significantly exceeded our expectations. We had expected to add 6,000 members the first year of the exchange and instead we added about 9,000 members. That was a short-lived victory because many of those members had more significant healthcare needs than any of us could have predicted, coupled with continual changes in the rules in the exchange. It put us at risk almost from the get-go.

Tom Glause, Wyoming State Insurance Commissioner: WINhealth nearly tripled in size in two years. But I really don't look at the Affordable Care Act (ACA) as the root cause of WINhealth demise. I come back to the two most common causes of insurance company failure: rapid growth and inadequate capital. The way the Risk Based Capital (RBC) is determined, the more members you have, the more risk you have, the more capital you need. So pre-ACA, when WIN had 5,000 members and $8 million in surplus capital, they had a pretty good RBC. But as you grow 10,000 new members into the equation, that $8 million is diluted pretty quickly. I think that it would have taken probably $20 million in surplus to make WINhealth viable.

Goldstone: WINhealth was a not-for-profit organization and had very limited ability to raise money. The two entities that sponsored WINhealth - Cheyenne Regional Medical Center and Southeast Wyoming Preferred Physicians - weren't

willing or able to deploy additional cash. Then the hospital announced it wanted to divest its interest in WINhealth.

Glause: Coming into my tenure as insurance commissioner (which began Jan. 3, 2015), we were watching and monitoring WINhealth closely. My predecessor had required that WIN file monthly financial statements. I was aware of that and we were monitoring the situation closely from the first day I came in. Once we got through the Legislative session and I got my feet wet to where I could really focus on them more, we began requiring a weekly conference with them to assess where they were in their cash flow position.

Goldstone: There was a confluence of events that conspired collectively to create the situation that we were faced with. Once the government announced they were only going to pay 12.6 percent of the risk corridor payments, that was the final nail in the coffin.

There are three R's of the ACA the government put into place. There is the transitional reinsurance, the risk adjustment and the risk corridor. We had no idea how much we were owed under the risk adjustment, and in June 2015 we were told we would be paid $13.5 million for reinsurance. But (later) we were told by the government we owed $6 million in the risk adjustment. That money was transferred to Blue Cross because Blue Cross's population was sicker than our population.

The second shock was late in September, when we were informed that the government was going to pay just 12.6 percent of the $5.5 million we were owed. So the first shock came in June 2015 and that really tasked us with a sense of anxiety at that point. Clearly, we knew we were going to struggle from a cash flow perspective. And then the final shock took place in late September or early October when we were told we would collect 12.6 percent for the risk corridor payment. At that point it wasn't doom, it was reality. At that point the insurance commissioner had no choice but to take action.

> "WINhealth nearly tripled in size in two years. But I really don't look at the Affordable Care Act (ACA) as the root cause of WINhealth demise. I come back to the two most common causes of insurance company failure: rapid growth and inadequate capital."
>
> TOM GLAUSE
> Wyoming State Insurance Commissioner

Stephen Goldstone, former CEO of WINhealth

Glause: There was hope, but the CEO, Goldstone, came to the terms pretty quick that there were three options for WINhealth. One was to liquidate it. Two was to find a buyer, or three was to find a large capital infusion, which was unlikely. The hospital, Cheyenne Regional, did loan them $6 million in June and had they not loaned them the money we would have been dealing with this sooner. Fortunately for everyone we were able to get it to the end of the year and transfer most of these lives during open enrollment.

Goldstone: We had contacted a buyer. We had an organization that was very interested and they were a start-up company in the process of raising equity capital. Had we another 60 or 90 days they would have been likely to have their capital in place and would have been able to make a credible offer. Without their capital in place the insurance commission was not willing to consider that a viable option.

When it became highly unlikely we were going to find a credible buyer in the short window we were given, it was inevitable the insurance department would put WINhealth into receivership. We didn't contest it. The process was not adversarial, but perhaps it was unnecessarily uncomfortable. We recognize the position the commissioner was in and his need to protect the citizens of Wyoming. There were frequent occasions with him between spring 2015 to the time we went into receivership that the department had weekly phone calls with the CFO and we were keeping them very well-informed. In the end the commissioner got a court order to take control of the plan. He came over to inform the employees that WINhealth had been put into receivership and, quite frankly, he fired me on the spot.

Glause: If there was one surprise, as I had gone to the national meetings and visited with colleagues, everyone had told me when these health insurance companies fail, they fail fast. You really don't appreciate that until you live it, and how quickly their risk-based capital will drop.

Life Since WINhealth Entered Receivership

Wendy Curran, Blue Cross Blue Shield: We have dramatically upped our staffing, a number of them from WINhealth just to handle the claims processing, but more than that the premium payments and membership cards and customer service. Everything had a big increase and we had to step up to do that. We have people sitting downstairs in the hallways and in what used to be storage rooms because we know the service to take care of them is just as important to them having insurance in the first place. We have more than doubled what we had in our enrollment in the healthcare exchange program. It was a significant jump very quickly.

When we found out the insurance commissioner put WINhealth into receivership, it was all hands on deck. We worked very closely with Enroll Wyoming and had a couple meetings with the insurance commissioner's office to talk about how broadly and effectively we needed to get out to people. We cataloged a list of small groups that we thought were covered by WINhealth and had extensive outreach to say, "we understand this has happened. We are here if you want to talk to us. If you don't, that is fine."

> "We have always maintained what we believe is a strong capital reserve to cover those risks. This is by nature a conservative company operating in a conservative state. We have never had glitz and glamour."
>
> WENDY CURRAN
> Blue Cross Blue Shield of Wyoming

Glause: We authorized a full assessment of the Wyoming Life and Health Guaranty Association for 2016, but only called half of that. So far we have raised about $16 million. We are doing them in $5 million batches. The $15.5 million we have paid out in claims have gotten us through the end of the year. What you'll see now is we will probably reduce that out to paying about $1 million a week going forward. The capacity of the guaranty association is $10.9 million per year. Companies in the Wyoming Life and Health Guaranty are assessed 2 percent of the average amount of premium they have written over the last three years. Even companies who have withdrawn from the Wyoming market are still being assessed based on their activity over the last three years. The insurance companies get a premium tax credit over the next 10 years. Ultimately, it is state dollars that is paying the insolvency.

Thankfully, the prior staff at the Insurance Department and commissioners and legislature had the foresight to add HMOs to our guaranty association. A lot of states do not extend coverage to the HMOs. We are fortunate ours did and maximum limits have been extended from $100K max to a $300,000 maximum limit per life. I was hoping we were going to get through this without anyone hitting the $300,000 limit and we have had a single individual who has reached the maximum limit. We do have reinsurance to go above the $300,000. We are watching our large loss claims very closely. Keep our fingers crossed we are going to come out pretty good.

Lessons Learned

Goldstone: Clearly in hindsight, we could have charged more. We could have set initial premiums higher. That would have changed the mix of enrollees. WINhealth had 6,000 members before the exchange - commercial groups. We grew from 6,000 to 15,000 members in a 60-day period of time and underestimated the stresses on the organization. Clearly the government had made commitments to the industry that didn't come through and the rules kept changing. Given all that, I am proud of what we accomplished. Clearly I would have written a different ending had I been given the opportunity (to re-write history).

Curran: If you didn't start with good reserves, you aren't going to make up good reserves selling in the small group or individual markets on the health insurance marketplace. You can't build a reserve margin into your premiums due to the ACA's requirement that 80 percent of premiums are spent on healthcare and 20 percent on administration. There are restrictions on what you charge and spend on healthcare. It is a different system. It is very important to realistically set your premium rates not to be the cheapest on the market, but accurately reflect what you think the costs will be going forward.

Glause: The one thing that I get asked a lot is was it management, was it lack of skilled people in the right positions? I have to say, I am impressed with the skill set and the employees of WINhealth. They are very competent. Typically, the claims are adjudicated quicker than they have money to pay them.

Goldstone: There are some external things which could have positively impacted WINhealth. Had the state expanded Medicaid, it may have positively impacted the next enrollment. I don't know if we'll ever know that for sure. The fact healthcare is so expensive in Wyoming is another factor. Clearly at the end of the day, WINhealth knew when we decided to enter the exchange we were entering uncharted territory. I think the fact we did as well as we did for as long as we did was a credit to the employees who worked at WINhealth, and continue to do so. If

Wendy Curran, Blue Cross Blue Shield of Wyoming

we had it to do over again, I think we would do the same thing.

Could it Happen to Blue Cross?

Glause: No. Blue Cross of Wyoming is one of the financially healthy companies in the nation. Their reserves are sufficient, and it is not money that they have made off the ACA, but money they have made in other years and ultimately they will receive a tax credit of 1/10th of what they have paid over the next 10 years as part of the Guaranty Association paying in to cover WINhealth claims.

Curran: We have always maintained what we believe is a strong capital reserve to cover those risks. This is by nature a conservative company operating in a conservative state. We have never had glitz and glamour. We are just an old-school company. The financial backing is very strong and very stable.

Remaining Insurance Climate

Glause: We are in a unique situation in Wyoming. We have limited population and high medical costs, and so those two factors contribute to a hard-to-predict risk factor. Moving forward, if and when we have new companies come into Wyoming, we need to take a hard look at their capitalization above what those bare minimum requirements are.

We are having trouble attracting other carriers to the individual market. We just don't have a lot to offer, especially in terms of population, because you have to spread the risk over a large population in order for the risk to work out. If you have one or two, three premature births over a small population, that has a lot more impact than if you can spread it out over a larger population. We have been contacted by some companies with potential interest. I've talked to U.S. Health and Human Service Secretary Sylvia Burwell personally and CEO of Healthcare.gov Kevin Counihan and it gets to be a real difficult line to walk. First and foremost, we are regulators and don't have a lot in terms of things to entice them to say we need more insurance companies in Wyoming. We can't really incentivize it. It is tough being a regulator trying to recruit business; it is somewhat a conflict of interest. I do think we will see some entities entering the market in targeted areas.

Curran: We don't think it is a fragile insurance market. We think it is more limited competitive market than it was six months ago. On the other hand we are seeing more activity from some of the larger insurance companies who haven't been here before. The United's, the Cigna's are certainly coming and talking to groups here more. I don't think it is fragile. I think that WIN's financial condition was a limited occurrence caused by decisions over the years by the company that didn't pan out. I don't think it is fragile in that sense.

I think for the small group and individual market the shock has set in and this is a new reality. I think with the changes in the small group market we will be working with more small groups than in the past. I think we will support a lot more small groups which will require more staff resources. We still want to offer healthcare at an affordable price. We don't want to be the biggest company in the West."

What is to keep those left in the market from raising rates or lowering reimbursements?

Glause: The ACA has safeguards built in with the 80-20 medical loss ratio in the individual marketing and 85-15 loss ratio in the group market. In other words they can only spend 80 percent of what they receive in premium must, by law, be spent on health care.

They still have to meet those medical loss ratios, so it doesn't do them any good to jack up their rates or force reimbursements down, or they will be reimbursing that to consumers

Curran: Federal oversight. The ACA actually justify rate increase. You don't get to pick a number and say, this looks good for us. We have to submit our rates in May. From May-Sept, the federal government goes through them with a fine-toothed comb. It is probably the deepest level of rate oversight we have ever had. If you raise your rates significantly they publish your name on the list of the most expensive rates and that isn't good for anyone. At the end of the day, if we raise them too high, we are going to be out of the administrative category and we are going to give it back through rebates to the members.

We have pressure and that puts pressure on the providers. We also know if anything is fragile it is the healthcare system in Wyoming. We don't have a lot of extra doctors, we don't have a lot of extra money. We have to have the services of everyone in the state because we don't have competition. We have to maintain decent relationships with everybody. We can't just slash-and-burn reimbursement rates."

Post Script

Since WINhealth was placed into the liquidation process under the watch of the State Insurance Department, the company continues to operate on a skeleton crew, which is processing claims. Glause says the employees at WINhealth will continue to process claims as quickly as they come in. He requests physicians submit any claims as quickly as possible.

WWAMI Student Profiles

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?

Amanda Johnson

Wright, Wyoming

1. University of Wyoming; Physiology and Molecular Biology with a minor in Neuroscience
2. The highlight of this first year of medical school has been working alongside my incredible classmates and learning from the many talented physicians that serve this wonderful state.
3. I am considering general surgery as a field of practice because of my interest in anatomy and excitement to be in the operating room working with the healthcare team.
4. I have always loved and have a deep appreciation for the wonderful people and breathtaking landscapes of the western region of the United States, especially Wyoming. I would be thrilled to practice anywhere in this area of the country!
5. 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.

Isaac Newton Hayward

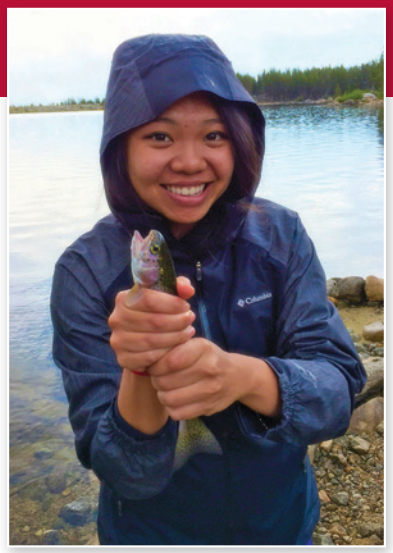
Laramie, WY

1. University of Wyoming, Physiology
2. Having the chance to precept with current providers in Laramie and Cheyenne has been enjoyable and educational. Usually students don't have the opportunity to work with patients much until third year of medical school. So going into the Ivinson Memorial Hospital's Emergency Department to work with my preceptor was really exciting!
3. At this point I am thinking of doing Emergency medicine. I really like the variety of the ER, and not knowing what is going to walk through the door next really tests one's knowledge of medicine. Also with emergency medicine I would have the opportunity to work in any size community almost anywhere.
4. I could never live far from the mountains. Ideally I would end up in a place where I can enjoy time with my family when not at work. Easy access to the outdoors and hunting is extremely important to me, which makes the Wyoming region ideal.
5. One aspect that makes the first year of WWAMI so unique is the small class size. I have always enjoyed smaller classes more than big lecture halls full of students. The close interactions make for an enriched learning environment, and great opportunities to get to know and work with classmates. The comradery that WWAMI promotes would be hard to find at other medical schools.

Makenzie Bartsch
Casper, WY

1. University of Wyoming- Kinesiology and Health Promotions
2. I really love anatomy so I have most enjoyed gross anatomy and having the chance to learn on a cadaver. It makes it so much easier to remember and seem so much more applicable than learning anatomy from a book.
3. I seem to be less sure the more new specialties I am exposed to. I am exploring internal medicine, emergency medicine as well as possibly cardiology or oncology. I see aspects I love in each one. The excitement and variability of emergency medicine, the possibilities in internal medicine and the patient relationships and challenges of cardiology and oncology all hold immense value in my eyes. I look forward to more exposure in each and I am excited to see which path I will follow.
4. Having grown up in Wyoming I am confident I will never live too far away from the mountains and wide open spaces. Wyoming and Montana are my home and have the most quality people of anywhere in the world. I look forward to practicing and eventually raising a family with the ideals of the Rocky Mountains to guide me. I love to travel the world but I will always be thankful to call Wyoming my home.
5. There are so many things to like about WWAMI that it is hard to pick just one. My classmates have become my best friends and make each day very entertaining. I also love all the resources we have to succeed in WWAMI. I can feel that the whole state is backing us and as a class, we are given no excuse to fail. The physicians around the state have also been fantastic. Whenever I have met a Wyoming doctor they have wholeheartedly offered their help if ever I would need it and endless encouragement, which is a very special thing.

Widya Adidharma
Laramie, WY



1. Michigan State University, double major in neuroscience and human biology.
2. The great friends that I've made.
3. Surgical specialty. Surgery combines art and science. I enjoy the finesse of scalpel handling along with the intellectual challenge of the field. I also value the intense demands of the career path and its active, direct approach to treating diseases.
4. Mountain West region. After living in the south and midwest, and visiting the East, I realize that there is no other place I can call home. Our region boasts the most beautiful landscapes, friendliest inhabitants, and greatest variety of activities.
5. I like the early clinical exposure that was introduced into our new curriculum. I think this early exposure really supplements our class material, and I understand a concept better when I see the clinical relevance.

WWAMI Student Profiles

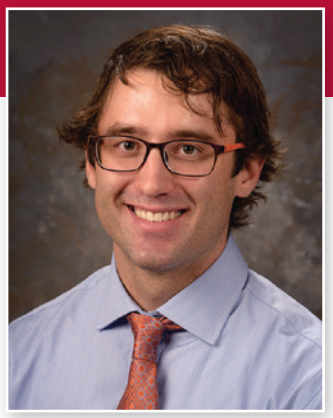
Lindsay Dodds
Casper, WY

1. I graduated from the University of Wyoming with a degree in Physiology and a concentration in Neuroscience.
2. My favorite part of medical school thus far has been working with doctors and patients at Cheyenne Children's Clinic and Ivinson Memorial Hospital. It has been a great opportunity to translate what I have learned in the classroom to working with patients.
3. Currently, I am unsure of what I would like to specialize in. I am looking forward to exploring my options during our clinical rotations phase.
4. Eventually I would like to come back to Wyoming to be close to family.
5. I like that the program focuses on the people that will be our future patients. For instance, this summer I plan to work on a community health project in a rural Wyoming town in hopes of better understanding the medical and health needs of rural citizens in our state.

Claire Korpela
Sheridan, Wyoming

1. University of Wyoming, BS in Chemistry and Molecular Biology
2. I really like meeting with my preceptor and making connections between what we are learning in class and what I am seeing in the clinic. It makes it seem even more real that I am on my way to becoming a doctor.
3. At this point, I really have no preference.
4. I have grown to love Wyoming, so I intend to come back and practice here.
5. I love that all of our instructors have put in so much extra time to ensure that the new curriculum is working for us. Their efforts have made a huge impact on how my performance has been in the classroom.

David Wilson
Cheyenne, WY



1. University of Wyoming, BA English and Political Science, BA Physiology
2. Clinical immersion at TRUST site in Lander, WY
3. Neuroscience related, neuroscience research background
4. Rural west. Desire to provide for underserved areas and remain close to great outdoor recreation access.
5. Very personalized with an individual focus. Our education and training is chief concern and substantial resources and efforts are constantly provided to ensure our success.

Lindsay White
Douglas, WY

1. University of Wyoming, Physiology and Spanish
2. For me, the highlight of medical school thus far is following physicians in the hospitals. The opportunity to learn from practicing physicians and observe their interactions with patients has been invaluable. Applying the concepts I have learned in class to actual patients makes me excited about my future in medicine.
3. I am very interested in OB/GYN and general surgery. These areas of practice appeal to me because I enjoy a balance of patient interaction and the technical skill required for surgery.
4. I would love to practice in a rural area. Rural medicine appeals to me because I want to know my patients and feel integrated into the community. I also enjoy many outdoor sports and hope to pursue those passions throughout my career as a physician.
5. I love the support, connection and family feel of the WWAMI program. The opportunity to get to know physicians, instructors, patients and fellow classmates on a personal level has been wonderful.

WWAMI Student Profiles

Mathias McCormick
Laramie, WY

1. University of Wyoming, Physiology, Molecular Biology, Neuroscience Minor
2. Although it has been an empowering and exciting experience to expand our knowledge base so rapidly, being a part of the tight network that our class has formed has been incredible. Helping each other mold into professionals and enduring this enormous life change has felt gratifying.
3. Even after the first semester of medical school, I feel like I have changed my mind various times and have felt drawn to different areas. Generally speaking, I have found emergency medicine quite intriguing and like that it greatly builds upon my EMT training. Internal medicine is also receiving my attention because of the variety, challenging nature, and numerous opportunities within that specific field.
4. I have a hard time seeing myself get established anywhere but the Rocky Mountain region. I love mountain biking, skiing, and the great outdoors far too much for me to feel excited about settling down elsewhere. We are lucky to live in this part of the country.
5. I love the support we receive from the state, community, university and physicians—we interact on a daily basis with individuals that are committed to teaching and helping us establish a strong foundation that we can draw upon for the rest of our careers. The small class size allows us to have more meaningful interactions with each other and our teachers.

Natalie Meadows
Jackson, Wyoming

1. University of Utah, Spanish, Minor, Human Biology
2. Making wonderful friends in Laramie, AND getting to know people I have encountered in the clinics and hospitals and hear their stories. It's amazing to finally be at a point in my life where I can see how to use the knowledge I am gaining to improve the lives of those around me.
3. I have strongly considered OB/GYN for sometime, because I like working with my hands and I hope to build strong, longitudinal relationships with my patients. I very much like the concept of physicians as educators, and I believe that OB/GYN and Women's Health practice will facilitate many learning and educational opportunities for me, and my future patients.
4. I'm a mountain girl through and through, so wherever I end up I won't be too far from 'em! Likewise, I enjoy the pace of life and friendly attitudes in the west. Essentially, I hope to practice as a physician in the rocky mountain region.
5. For me the WWAMI program was a compilation of every attribute I sought after in a medical school. Unquestionably, the national prestige earned by UWSOM was a very attractive feature, but I would say it was the WWAMI program's ability to provide a diverse set of clinical learning opportunities, and emphasis on various aspects of primarily medical care that truly swayed me over. The program, through the University of Washington School of Medicine, also helps to quench a bit of my personal interest—to address the specific health care needs of Latino patients—through their pathway programs, specifically the Hispanic Health Pathway.

Dana Morin
Sheridan, WY

1. Duke University, Biology, concentration in Anatomy, Physiology, Biomechanics
2. After several long months of adjusting, enduring, and often struggling, it was so rewarding to finish the first full semester of medical school with my classmates. We had a midterm and a two-part final in a period of days, and while the stress ran high, we all made it through. It was definitely a first-semester worth celebrating, and just remembering how far we've come (and have to go!).
3. I've always had a deep interest for neonatology, as I am fascinated by the fragility and resilience of newborn life. I want to meet patients and their families in trying times and play a part in their enduring and overcoming the challenges that they face.
4. I would love to practice somewhere in the Mountain West with access to both the city and the beautiful outdoors.
5. WWAMI is such a unique program, and I love how there's a great sense of community amongst our class, faculty, and the administration. Also, it's awesome to know that we have such solid support from the state as a whole.

Isaac Wentz
Casper, WY

1. University of Wyoming, Biology, Bachelors; Walden University, Mental Health Counseling, Masters
2. The best part of medical school has been surrounding myself with some of the brightest and personable people of Wyoming. These people are not only my peers in the classroom but also my mentors, healthcare providers practicing in hospitals and clinics. I know the willingness of these quality people to work with me is a gift, and will be necessary for me to achieve my dream of becoming a quality physician.
3. I remain open to new experiences and have loved all the specialties I have experienced. However, I have found myself spending a lot of time thinking about psychiatry and emergency medicine. Psychiatry is simply because I miss my former life as a counselor and working in the mental health field. Emergency medicine is also a match, because I believe in my strength to stay calm in stressful situations and would love to work with the spectrum of people and health concerns.
4. Wyoming has roped me in over the years. I look back now and feel blessed to have been raised here. The people are real and there is space to breath, and I look forward to raising a family and developing my career here.
5. My motivation for many years was getting the chance to be part of the WWAMI program. It is an amazing program focused at filling the healthcare needs of Wyoming people and giving a few the chance to pursue a career in medicine. It has been gratifying to have the opportunity in my first year to work with people serving in and utilizing Wyoming healthcare.

WWAMI Student Profiles

Rachael Piver
Cheyenne, WY

1. University of Wyoming, Chemistry
2. One of my favorite experiences thus far was our Immersion at NOLS. It was a great way to start learning and get to know the other medical students. I think it helped our class to become good friends.
3. Honestly, I'm not sure yet. There are things that I like about each area that I have seen so far so it would be hard to decide right now.
4. I would like to come back to Wyoming to practice. I love the area and most of my family is here.
5. I really appreciate our professors and administration. They go out of their way to make sure our class has the right material and environment to learn effectively. They are just really good to us.

Stephanie White
Cheyenne, WY

1. Kenyon College, History with a concentration in Asian and Middle Eastern Studies
2. The highlight of medical school for me has been working with patients in our primary care preceptorships.
3. Most medical students do not begin working with patients until their third year. We are so privileged to have the opportunity to develop our clinical skills at this stage so that we are more prepared to enter clerkships and residency.
4. I am currently undecided but I have really enjoyed my rotations in emergency and family medicine because of the variability of cases. I am also passionate about mental health, so I hope to become more familiar with psychiatry to see if it might be a good fit for me.
5. As a fourth-generation Wyomingite, I hope to return to the state to practice. Wyoming has a widespread need for providers and as a result, there are unique opportunities for physicians to help a community reach its individual needs by practicing in multiple capacities.
6. One of my favorite aspects of the WWAMI program has been spending the first year with 20 students. There is a wonderful camaraderie in our classroom and the small class size allows for a more interactive experience with our professors and instructing physicians.

Brian Schlidt
Casper, WY

1. University of Wyoming, Physiology
2. I've greatly enjoyed working with my preceptors both this semester and last, as it helps give meaning to everything that I've been learning in class.
3. Undecided
4. My plan is to return to Wyoming, as I enjoy living here and serving the residents. I am also still several years out from building enough preference points to finally draw a resident moose tag.
5. From the small class size, the enthusiastic professors, the reputation of the University of Washington, and the incentives to come back to Wyoming, it's hard for me to focus on just one aspect of this phenomenal program.

Weston Hampton
Casper, WY

1. University of Wyoming, Physiology
2. I have enjoyed having the opportunity to work with patients early in my medical education, both in private clinic and hospital settings.
3. Internal medicine is sparking my interest. It provides lots of opportunities for one-on-one patient contact and a high degree of versatility in what I would see every day.
4. I would like to come back to the Rocky Mountain region to practice, it has ample outdoor recreation and patient populations that are small enough that I could really get to know the people.
5. The WWAMI program gives me the chance to work with patients early and allows us to move around to regional sites during clerkship years to gain a broader perspective of medical practice.

Michael Dee Alley
Lander, WY

1. University of Wyoming, double major in molecular biology and physiology
2. The chance to learn every day and the time spent in clinic.
3. Surgery because it can produce instant results for patients.
4. I would like to end up in the Lander area—the area I grow up in. It would be very rewarding to give back to this community someday and Lander is fairly central in Wyoming allowing easier access across the state.
5. It's wonderful to have an entire state behind my education, providing support in many ways. I also like the small class size for the first year.

WWAMI Student Profiles

Daniel McKearney
Powell, WY

1. University of Wyoming, Physiology
2. The highlights of my first year have all come from clinical experiences. At least once a week, we step away from the books and see how the sciences actually apply by working with doctors and their patients. The clinical experiences are a great reminder of what our class has to look forward to and they motivate us to keep working hard in the classroom.
3. Right now, I'm interested in orthopaedic surgery. I want to be in a field where I use my hands, work with a team consistently, and restore function in my future patients. But my eyes are still wide open for other opportunities to serve.
4. Wyoming is where I want to be. It's been a great place for me to grow up and get an education, I want to give back to my home state as a future physician.
5. Our class has been the best part of the program. The first year hasn't been easy but I feel incredibly lucky that I'm going through it with a group as motivated and tight-knit as our class.

Janelle Strampe
Green River, WY

1. South Dakota School of Mines & Technology, B.S. Chemical Engineering, M.S. Biomedical Engineering
2. My highlight of medical school so far was having the opportunity to scrub into my first surgery back in October, only a few months into my education. Already in my preceptorship and hospitalist experiences I am able to work with patients directly and practice my history and physical exam skills. I didn't expect to get hands-on experience in an operating room or in clinic setting so early in my medical education.
3. As a result of participating in collegiate athletics, struggling through several knee surgeries, and enduring various other injuries throughout my career, my interest has grown in orthopedic surgery and continuing in a sports medicine route. Although, I am really excited about learning about the many opportunities and other fields as I venture through the WWAMI program that I could potentially pursue in my future. Medicine is exciting and full of opportunities!
4. I would love to practice in the Midwest or Pacific Northwest. Growing up with three active older brothers has attributed to my enjoyment of hiking, fishing and camping and I am looking forward to enjoying an active lifestyle with my future family.
5. I love how the WWAMI program is really catered towards giving the students the best education possible while allowing for a variety of experiences. It is amazing how we get the opportunity to see what rural medicine is like, but also do rotations in a large metropolitan area like Seattle and truly figure out what specialties and lifestyles are best for each of us in the long term.

Kayla Morrison
Casper, WY

1. Gonzaga University, Biology and Philosophy
2. Getting to be with patients from the very beginning.
3. I'm keeping myself open to all of the possibilities for now.
4. Wyoming is home. I would love to come back here and practice in the environment that has been so influential to me. Besides, I couldn't walk away from elk hunting.
5. I appreciate that it's an immense opportunity for Wyoming to directly invest in students who are committed to the needs of this area. It also allows for the students to be more than a face in a crowded lecture hall. We have been selected to be part of how Wyoming is addressing health care in the future, and that is a wonderful thing.

WMS Proposes Medical Expert Database

BY TOM LACOCK
Wyoming Medical Society

Getting five lawyers in a room to talk is difficult. Getting them to agree on anything can be impossible. A winter meeting at WMS headquarters in Cheyenne to gauge interest in a for-profit medical expert database did both.

During the December meeting, the WMS proposed an online directory of WMS physicians interested in contracting with attorneys for medical consultations. The response from the attorneys was a unanimous yes, with offers to help educate Wyoming doctors on what to expect if they sign up for the list.

From the attorney's perspective, finding physicians willing to act as consultants happens via word of mouth between fellow attorneys. This can lead to long wait times until a physician with the requested credentials is located or responds.

Then, physicians say there is a lack of understanding for how they might offer consulting services to attorneys. A medical experts directory could address both issues.

The proposed directory would appear on the WMS website and be accessible to attorneys for a renewable one-year subscription fee. Attorneys would then contract directly with physicians who would be used as consultants. The directory would be a benefit of WMS membership and require WMS members to sign in to become a part of the list.

Two of the attorneys in the room have offered to explain why they believe a medical expert database is a good idea for Wyoming doctors and lawyers. Their thoughts follow this page and next.

We will also have a panel of attorneys at the annual meeting, and they will make the case there as well. If the feedback from doctors is positive, the WMS will work on the database and try to have it in place by the start of 2017.

Why an Expert Database Makes Sense

BY ROBERT W. TIEDEKEN, JD

The Wyoming Medical Society's proposed expert list is an exciting idea. I have practiced law since 1981. For most of my 34 years I have represented clients with personal injuries. My clients get injured, my clients get care and treatment, and sometimes need to litigate their claim. The assistance and support of their physicians is absolutely essential to prove the claim. In many of these cases, the defense may raise certain medical issues which also need to be addressed.

Simply stated, lawyers need the help of physicians and we hope the Wyoming Medical Society Medical expert list will provide a place to go for answers to important medical questions and testimonial assistance in that regard.

What I envision as a plaintiff's attorney is a list of medical specialists willing to provide honest, fair and unbiased reviews and opinions on a medical question. In accordance with the guidelines of many medical specialty groups, I envision a list of actively practicing board-certified specialists who have an interest in the medical questions that often arise in our system of justice - and a willingness to participate in that system.

There is a real need in Wyoming for medical expert analysis. Some of the inquires might involve questions of possible malpractice. What better way to weed out unsupportable claims than having a list of qualified experts where an attorney in Wyoming can confidentially go to get a fair, unbiased and cost-effective initial review? It might even further reduce claims.

However, none of us can overlook the unique intimacy of our state. We are small. We all know each other. Given this reality, it is important to note that consulting experts - unless specifically retained to testify - do not have to be disclosed. Further, initial review of potential malpractice claims is done in a confidential manner. If any group needs help and guidance early on it is the attorneys who are evaluating potential claims. No Wyoming attorney should expect Wyoming physicians to testify against each other. Fair and impartial review is the goal.

Robert W. Tiedeken, Lawyer

Malpractice questions are definitely not the only focus. In personal injury cases there is often a need for orthopedic specialists who would agree to evaluate a client and be willing to assess causation and prognosis for various injuries. Access to neurosurgeons, rehabilitation physicians, internal medicine physicians, psychiatrists, or for that matter most specialities

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A Guide to Legal Medical Expert Consulting

BY TRACI L. LACOCK, JD
Hirst Applegate, LLP

Medical consulting on a legal matter is an important service to provide for lawyers in a variety of situations and we are excited to hear the Wyoming Medical Society is considering a medical expert database. These areas are important considerations when performing consulting work.

Medical Consulting is Different than Being a Formal Medical Expert

Lawyers need varying degrees of assistance. Sometimes it can be as informal as a phone call asking your initial thoughts or opinions on a matter. Many times a lawyer will ask you to complete a formal record review and orally give your opinion on medical issues in a case. Lawyers also need more formal arrangements with medical experts requiring a complete record review, multiple conversations to discuss opinions, a formal written report, independent medical examinations, as well as deposition and trial testimony. When first speaking with an attorney ask them what they foresee needing in the case. If you do not have time or experience to entertain more formal arrangements, lawyers can still use your expertise in a variety of ways. The WMS expert database will be a great tool to efficiently communicate the type of consulting work you are willing to perform.

Current Curriculum Vitae and Rates

Have a current curriculum vitae (CV) available for attorneys that request your consulting services. The CV should include publications and presentations. This document is used to evaluate your specialty and expertise. The WMS expert database will include your CV, so it is readily available for attorneys. You will also need to have your hourly rates available. Rate sheets are effective because consultants typically have different rates depending on the task they perform. For example, different rates can apply to tasks such as record review, drafting reports, independent medical examination, attending depositions and trial testimony.

Be Prepared to Consult with Counsel Over the Telephone

Generally, legal counsel will need to consult with you over the phone rather than exchanging emails or other written communication. All communication between an expert and attorney is generally subject to disclosure. Therefore, communication in consulting work is typically performed over the phone. Make sure your office knows you are working with a particular lawyer or firm. It is also helpful that the lawyer have a point of contact in your office to relay communications.

Give Straightforward Answers

When a lawyer consults with a medical expert they need the unabashed truth about their case (or whether to take a case). Many times lawyers use physicians to evaluate the merits of their case. It is important for a consultant to speak up if they disagree with a lawyer's assessment of the medical issues in a case. Unfavorable medical opinions about a case are just as valuable as favorable ones.

Adequate Time

Lawyers understand that a majority of their medical experts are physicians with busy practices. As an expert you will be asked to complete a record review of including but not limited to the entire medical file, police reports, photographs and depositions. These files can be voluminous. Ask the attorney about the file size before giving an estimate of time to review or determining whether you can consult on the case. The attorney should be sharing their deadlines with you, but ask before taking the case. If you are reviewing the file and there is something that you need to review completely, ask the attorney for it. Finally, if you do not have the time do not accept the assignment.

Accuracy is Key

It is essential for the medical consultant to accurately reflect the medical records relied upon for their opinions. Even the tiniest inaccuracy is easy prey for the other side. If the attorney asks you to write a report, make sure you allow plenty of time to proofread and check for accuracy before sending.

Be Willing to Work for Both Sides

Generally, to thrive as a legal medical consultant it works best to perform work for both plaintiffs and defendants. Working for both sides lends credibility, demonstrating your opinions are available to both sides. Also, lawyers like to use unbiased experts that have a history of working for both plaintiffs and defendants.

Ask Questions

If you have not performed consulting work do not shy away from it because you lack experience. Attorneys always seek out medical experts, particularly those who practice in our Wyoming communities. As you begin to work in this area, ask questions of other medical providers and lawyers who have experience in this arena.

Lawyers value and need your medical expertise, and together an important and invaluable partnership can be formed.

Traci L. Lacock is an associate attorney at Hirst Applegate, LLP. tlacock@hirstapplegate.com

Taking Down the Shingle

What are a physician's obligations when closing a practice?

KEVIN BOHNENBLUST, JD
Executive Director
Wyoming Board of Medicine

Things always change. While a physician may practice many years in a community, there usually comes a time when he or she feels it's time to move on. If a physician is practicing in a group or is employed by a facility, the transition is often as simple as other physicians in that group or facility taking over the patients. On the other hand, if a physician is practicing solo, or a physician in a group is the sole specialist in a given field, moving on means change – and sometimes upheaval – for patients.

To address those situations and balance patient protection and giving physicians guidance, in 2007 the Board of Medicine adopted a rule regarding closure or relocation of a medical practice. The Wyoming Medical Society actively participated in the rulemaking process, and the final product reflected its contribution. The rule is applicable not only to closure of the practice and relocation by the physician, but also to physician retirement without leaving the community.

The rule does not mandate notification of patients, saying the physician "should notify patients of such termination, sale, or relocation and unavailability" of the physician. [Ch. 3, § 5(b), emphasis added.] It then goes on to explain a recommended process which can serve as a sort of "safe harbor" from allegations of patient abandonment.

The process starts by publishing a notice (usually an advertisement) in the newspaper of greatest circulation in the county in which the physician practices or practiced. The notice should be published each week for four consecutive weeks. It should set out the date of the termination, sale or relocation of the physician's practice. It should also provide the address at which patients can obtain their records from the physician or the practice, or from another physician who has taken custody of those records.

The rule goes on to say that a copy of the notice "shall also be submitted" to the Board of Medicine no less than one month before the date of the termination, sale or relocation of the practice. It also provides that a physician may, but is not required to, "place a sign in a conspicuous location on the façade of the physician's office or notify patients by letter, of the termination, sale or relocation of the practice."

Finally, the sign or notice shall advise patients of their opportunity and right to transfer care or receive copies of their records.

In addition to the process of providing notice when a physician closes a medical practice, he or she has a continuing obligation to provide patients with their records as required in the Board's rules [Ch. 3, § 4] and by the HIPAA privacy rule. This is the area where the Board gets the most complaints, and physicians should begin to address the disposition of patient records as soon as they decide to close the practice.

When physicians follow these guidelines and publish a notice, send letters to patients and make arrangements for the custody and accessibility of patient records, the Board of Medicine has had no issue with the handling of the closure of a practice.

WMS Medical Expert List

CONTINUED FROM PAGE 42

can arise. Lawsuits can present questions of disability, mental competency, rehabilitation, future surgeries or care, functional capacities, reasonable and medical necessity of treatment, costs of future care, and as previously noted, standards of care. Our courts and lawyers have a tremendous need for medical evaluation, review and possible testimony which is not in any way limited to personal injury litigation. Family law, criminal cases, estate disputes, and workers compensation are some examples of cases that will present issues needing the help of trained physicians.

The first key is support of such a list. The need is there. Time commitments are involved but those issues can be agreed to at the outset. Volunteering for the list would not necessarily mean testimony in a court of law. The parameters of the review can be set by you. If the case demands more participation than desired, then review could be declined. On the other hand, if the Wyoming Medical Society would embrace the idea of an expert list it could promote better relationships between the attorneys and physicians of Wyoming. That would be a good thing. With some organization and structure my hope is for successful collaboration of the physicians of this state with the justice system that needs your expertise.

Robert W. Tiedeken, JD is an attorney with Wolf Tideken and Woodward and can be reached at robert@wolftiedeken.com

UCHealth
COLORADO HEALTH MEDICAL GROUP

UCHealth Unmasks New Sleep Apnea Treatment

Poudre Valley Hospital first in Colorado to offer latest technology for those who can't tolerate CPAP

BY KATI BLOCKER
UCHealth

UCHealth is the first health system in Colorado and neighboring states to offer an alternative treatment option to people struggling to sleep. Sleep apnea — a condition in which a person involuntary pauses or stops breathing when asleep — affects about 18 million Americans, according to the National Sleep Foundation.

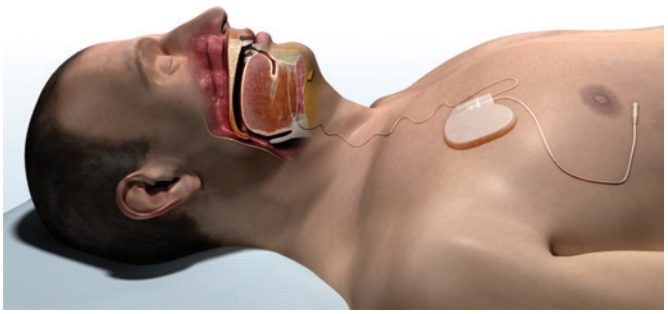
"When you don't sleep well and you're not rested, the effect on your awake time is pretty profound," says Dr. Mark Petrun, whose specialties include sleep medicine. "It affects your concentration, alertness and ability to get things done."

Besides wreaking havoc on a person's daily life, sleep apnea has serious and life-shortening consequences, such as high blood pressure, heart disease and stroke, he added.

The most common treatment for sleep apnea — and until recently, the only option with a fairly high success rate — is the use of Continuous Positive Airway Pressure, or CPAP, while a person sleeps.

The CPAP machine supplies constant and steady air pressure through a hose and mask. Although the device is effective in treating sleep apnea more than 90 percent of the time, the number of people actually wearing the device longer than four hours per night drops to about 60 percent, says Cindy Crosby, manager of UCHealth's Poudre Valley Hospital Sleep Disorder Center.

Inspire therapy, recently approved by the FDA, provides a person relief without a mask or oral appliance, says Dr. Matthew Robertson, an otolaryngologist with Alpine Ear, Nose and Throat. In a 90-minute outpatient procedure, a small battery is implanted under the skin in the upper chest of the patient. From that device, one wire is directed to a nerve in the tongue and another to the rib cage, which senses the patient's natural breathing patterns. During inspiration, an electrical stimulus is delivered to the tongue, which gives it tone and prevents it from falling backward and obstructing the airway. The device is controlled by a small hand-held sleep remote that can turn on the device at night and off in the morning when the person is awake.



Potential patients go through a well-developed screening process, which includes a sleep study and drug-induced sleep endoscopy before it's determined if Inspire is right for them.

Potential Inspire therapy patients also must have these qualifications:

Suffer from moderate to severe obstructive sleep apnea (apnea-hypopnea index of 20-65)

Obstructive sleep apnea is the most common type of sleep apnea and occurs because throat muscles intermittently relax and block the airway during sleep. The most common symptoms include snoring, gasping or choking during sleep, frequent nighttime awakenings, morning headaches, daytime sleepiness, irritability and difficulty with focus or concentration.

In obstructive sleep apnea patients, oxygen levels in the blood decrease because of this blockage. The brain senses this problem and arouses the body from sleep just long enough to open the airway. This cycle of obstructing and waking disrupts sleep. People with moderate obstructive sleep apnea have 15-30 of these apnea events per hour throughout the night. (The apnea-hypopnea index is the number of recorded apneas or hypopneas per hour of sleep). Inspire therapy studies report

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EHCW
Educational Health Center of Wyoming

UW Residency Programs Receive Key Federal Health Care Designation

BY UNIVERSITY OF WYOMING FAMILY MEDICINE RESIDENCY PROGRAMS

A new federal designation for the University of Wyoming Family Medicine Residency Programs in Casper and Cheyenne will allow them to focus on increasing access to care for thousands of medically and financially underserved residents in Wyoming's two most populated areas — Laramie and Natrona counties.

The residency programs, doing business as the Educational Health Center of Wyoming (EHCW), received designation as a Federally Qualified Health Center (FQHC) Look Alike organization from the U.S. Department of Health and Human Services.

After an 18-month process that included a 95-page application and a visit by federal site reviewers, the EHCW was deemed compliant with the 19 program requirements of a health center and health center Look Alike.

To achieve compliance, EHCW staff members conducted a needs assessment for the EHCW service area of Natrona and Laramie counties; demonstrated accessibility of services, expanded hours and after-hours care; maintained quality improvement protocols; demonstrated financial management and budgetary oversight; and provided proof of a local governing board that oversees the credentialing and privileging process of EHCW providers and ensures appropriate governance of the residency programs.

"This designation will provide us with the additional resources to both increase and improve access to care for our underserved population," says CEO Dr. Beth Robitaille. "Both residency programs have been providing comprehensive health care to Wyoming residents for more than 30 years and, now that we are a FQHC Look Alike, the benefits will allow us to strengthen our efforts to improve the health and well-being of the people who live in our communities."

The designation will bring profound benefits to the EHCW and its patients. The EHCW will receive millions of dollars in enhanced Medicare and Medicaid reimbursements, which will support the purchase of necessary medical equipment and the recruitment and retention of quality practitioners who can increase access to care by serving more patients. Enhanced reimbursements will also offset the astronomical costs of uncompensated care and help to ensure financial viability of the organization.

"We have been tasked by Governor Mead and the Wyoming Legislature to seek viable financial models for the residency programs, and achieving the Educational Health Center was one of the recommended avenues for the Residency Stakeholders Working Group," says Joseph Steiner, EHCW board chairman and dean of the College of Health Sciences at UW. "In addition to the financial benefit of enhanced reimbursements, loan repayments will support our recruitment and retention efforts, and affordable prescriptions will relieve some of the financial burden of our more vulnerable patient population."

EHCW patients will receive significantly discounted medications under the 340B Drug Pricing Program as a result of the designation. This program is offered to FQHC and FQHC Look Alike health centers in an effort to remove financial barriers to care. The EHCW will collaborate with local pharmacies to offer many expensive medications at a much lower cost to its patients.

The FQHC Look Alike designation also will give the EHCW the opportunity to serve as a National Health Service Corps member site, providing valuable loan repayment for providers and increasing the likelihood of recruiting and retaining exceptional practitioners.

Established in 1976 and 1980 in Casper and Cheyenne, respectively, the EHCW clinics are community-based residency programs governed by a 10-member board. Serving more than 17,000 people each year, the EHCW provides full-spectrum family medicine to people of all ages. Services include women's health, osteopathic medicine, sports medicine, behavioral health, X-ray and lab, nursing home care and palliative care, geriatric care, internal medicine and medication management, case management, specialty and procedure clinics, patient education and inpatient hospital care.

The EHCW promotes health professional education through quality health, dental and other health-related services to the citizens of Wyoming without regard for their ability to pay.

The University of Wyoming Family Medicine Residency Program in Casper is one of two in the state to receive the designation of Federally Qualified Health Center Look Alike Organization from the U.S. Department of Health and Human Services. The designation will support the purchase of new equipment, while increasing access to care by serving more patients.

Memorial Hospital
OF SWEETWATER COUNTY

Memorial Hospital Celebrates Huntsman Cancer Affiliation

BY MEMORIAL HOSPITAL OF SWEETWATER COUNTY

Officials from Memorial Hospital in Sweetwater County, in alliance with Salt Lake City-based healthcare affiliate University of Utah Health Care, announced a new extension to their affiliation, one that will now exist between Memorial Hospital and Huntsman Cancer Institute. This innovative model brings new opportunities, expanded resources, and specialized care to cancer patients in Southwestern Wyoming.

Sweetwater Regional Cancer Center is the first of its kind in the region, and their opening in 2015 marked the first time oncology services had been offered in Sweetwater County. The new alliance builds on an existing three-year affiliation and collaboration between Memorial Hospital and University of Utah Health Care. Memorial Hospital was the first affiliate of University of Utah Health Care, which now includes a network of 15 other regional hospitals.

This integrated approach will offer patients additional access to a full range of regional and university-based resources, including the following:

- The same world-class protocols and standards that are provided at Huntsman Cancer Institute;
- Coordinated treatment plans providing care integration with HCI's multidisciplinary team of physicians and specialists;
- Designated patient navigators to seamlessly coordinate care for patients referred to HCI for a higher level of treatment;
- Physician collaboration and informational consultations regarding oncology diagnoses and treatments through telecommunication with HCI specialists;
- Virtual second opinions and consultation in real time via digital teleconferencing technologies;
- Expanded access to advanced clinical trials for qualifying cancer patients;
- Ongoing continuing education for Memorial Hospital physicians and staff.

Huntsman Cancer Institute was recently recognized as a National Cancer Institute Designated Comprehensive Cancer Center, the highest designation possible. It is the only cancer center to be designated by the National Cancer Institute in the five-state Intermountain West region.

"Inherent in our mission as a teaching hospital is our responsibility to share clinical best practices, research advances and provide our community partners with the educational resources we've developed as a university," said Dr. John Sweetenham, executive medical director and senior director of clinical affairs at Huntsman Cancer Institute. "We are pleased to participate in the expansion of resources to enhance the health and well-being of area residents."

This new multidisciplinary team approach provides patients with coordinated and comprehensive treatment plans appropriate to the individual cancer diagnoses. University of Utah Health Care and Memorial Hospital officials expressed their confidence that this alliance will not only position both organizations for success in today's rapidly evolving healthcare environment, but provide the best possible access to cancer care for our community.

Memorial Hospital CEO Jerry Klein said, "This affiliation with the Huntsman is another great partnership that not only benefits our patients, but the whole community. As we continue to bring new services and providers to the area, the relationship with University of Utah Health Care and Huntsman becomes even more important with the resources they can provide and also the seamless transition of care."

In addition to upholding the most advanced standards and protocols, Memorial Hospital and University of Utah Health Care share a deep-rooted commitment to cultivate the patient experience through compassionate, personalized care.

"Having aligned organizational values and philosophies that extend above and beyond the clinical aspects of care advances the missions of both healthcare providers," Sweetenham said. "Historically, many breakthroughs in cancer research and treatment have happened through collaboration, and we believe the Sweetwater Regional Cancer Center is poised to build upon that legacy."

Both organizations emphasize the affiliation does not change ownership, local control and governance, or restrict patient choice in providers.

Cheyenne Regional Medical Center

Antimicrobial Stewardship Program Leads to Better Management, Use of Antibiotics

BY CHEYENNE REGIONAL MEDICAL CENTER

A program at Cheyenne Regional Medical Center (CRMC) to optimize antibiotic use has received national attention for its effectiveness, as well as widespread acceptance among local physicians and cost savings for the hospital and its patients.

CRMC's antimicrobial stewardship program (AMS) was started in 2010 by pharmacist Nathon Parker, Pharm.D., and infectious disease physician Philip Sharp, M.D., who has since retired. It was updated in 2013 and is currently managed by Parker and CRMC infectious disease specialist Hoo Feng Choo, M.D.

The program was initiated as a proactive approach to help optimize the use of antibiotics in the community, "to preserve the toolbox of effective medications available to treat infections for future generations in the Cheyenne area," Parker said.

Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and 23,000 people die as a direct result of those infections, according to the Centers for Disease Control and Prevention.

CRMC's program was developed to address this problem on a local level. Specific goals were to achieve optimal clinical outcomes; minimize antimicrobial toxicity and other adverse events; reduce the costs of healthcare associated with infections; and limit the selection for antimicrobial resistant strains of bacteria.

CRMC's pilot program ran from May 1, 2014, through April 30, 2015. Data from the previous year was used as a baseline.

The AMS protocol at CRMC called for using several alternative low-cost antibiotics in place of a few "big gun" antibiotics when it was appropriate.

"By using the alternatives, we would be reserving the stronger antibiotics for those times when they are truly needed — to fight a more persistent or resistant infection," Parker said.

> "By using the alternatives, we would be reserving the stronger antibiotics for those times when they are truly needed — to fight a more persistent or resistant infection."
>
> NATHON PARKER, PHARM. D
> Cheyenne Regional Medical Center

Savings on the cost of antibiotics in the first year totaled about $430,000, around a 50-percent reduction in the amount of money spent on antimicrobial drugs from the previous year. In the program's second year, program savings totaled about $540,000. The most significant savings came from the 52-percent reduction in the use of daptomycin.

"Our AMS protocol has helped us become more judicious and selective about the kinds of antibiotics that are being used to treat certain kinds of infections. In addition to the immediate benefits we are seeing from using the alternative antibiotics, we are also decreasing the chance of developing resistance to the more powerful antibiotics like daptomycin over time, leaving us with additional weapons to fight the more potent bacteria in the future," Parker said.

Another sign of the program's success was its widespread adoption by physicians.

"The program does not restrict physician choice or their ability to treat patients," Parker said. "It simply provides a tool that helps them optimize treatment of our patients and helps us address costs, infection rates and microbial resistance to antibiotics."

Parker was invited to present the AMS program results last year at the American Society of Health-System Pharmacists conference. He has since received several calls and emails from other hospitals asking for more details.

Based on the success of the AMS model, CRMC is developing a new protocol for monitoring and treating sepsis.

"It's paramount that we are aggressive about infection prevention and that we also help preserve and effectively manage the medications we currently have to fight infections," Parker said. "Not much work is being done to develop new antimicrobial drugs so we really need to help preserve the effectiveness of the ones we have."

THE DOCTORS COMPANY

There's an App for That: Benefits and Risks of Using Mobile Apps for Healthcare

BY ROBIN DIAMOND, MSN, JD, RN
Senior Vice President, Patient Safety and Risk Management
The Doctors Company

With more than 100,000 mobile health apps now available — in addition to many new tools that allow physicians to remotely monitor their patients' conditions — physicians now must handle an increasing amount of constant data and patient information that they did not have in the past. Patients are using mobile apps to monitor their activity levels, track weight loss, improve medication adherence, and even track their blood pressure or blood sugar levels. Only 16 percent of healthcare professionals currently use mobile apps with their patients, but 46 percent plan to do so in the next five years.[1]

Mobile apps offer many potential benefits to doctors and patients:

- Mobile apps can help patients self-monitor their conditions and can alert them and their physicians to problems before they become serious medical issues.
- Some of these apps are regulated by the FDA. For example, patients can monitor their heart rhythms with an FDA-approved device that wraps around their iPhone.
- Mobile apps can be a tool for patient education.
    - A better-informed patient is more likely to understand risks and, if there is an adverse event, may be less likely to file a lawsuit.
    - Mobile apps help patients remember important information about their healthcare. Patient pamphlets and other educational materials are often lost or forgotten. Patients forget 80 percent of the information they are told and *inaccurately* remember an additional 10 percent, leaving patients with just 10 percent of the information remembered correctly.

Mobile apps can engage patients in their healthcare:

- Many patients today are interested in becoming as involved in their care as possible.
- Healthloop, a patient engagement platform that connects patients and physicians, markets its product as a way to have very satisfied patients who will publicly share their experiences. This platform monitors compliance and adherence to the treatment plan; checks in with patients, thus eliminating phone calls; collects outcome data; educates and reinforces education; and identifies at-risk patients quickly to reduce readmissions.

But not all of the apps currently on the market are approved or regulated by the FDA, and the use of mobile apps does not come without liability risks. The Doctors Company has not yet seen malpractice suits involving mobile apps because the use of these apps to monitor patients is fairly new. Malpractice lawsuits may not be filed for several years after the adverse event, so with the increased use of mobile apps for healthcare, we expect there will be lawsuits involving mobile apps in the future.

Physicians could face allegations of failing to educate the patient/family about the risks and limitations of the app or failing to act appropriately if the app goes offline or malfunctions. Product liability, negligence, contract law and even malpractice tort law could be applied to possible causes of action in lawsuits brought because of an injury connected to use of a mobile app.

Injuries could occur if:

- The physician receives information from a mobile app and does not act on this information. Physicians have a legal duty to review real-time data direct from the patient and respond. Mobile apps raise patient's expectations of how a physician will act — the patient/family expect that the patient is monitored 24/7 and the physician will respond "within a moment's notice." When an adverse event occurs, if a patient believes the physician failed to act on information from a mobile device, the patient might sue. If physicians don't respond to information from an app, this will be recorded in the metadata, which can be used in court.
- The readings received from a mobile device are wrong and treatment is prescribed based on the wrong data. There are a lot of untested apps on the market that may be unreliable or even dangerous. Apps are also vulnerable to being hacked, resulting not only in potential loss of personal

health information (PHI) but also in potential malfunctioning of the app.
- Patients rely on technology alone, leading to decreased phone contact with the physician when symptoms arise or there are changes in the condition that require immediate action.

These apps can be useful tools to support a comprehensive care plan, but physicians need to be knowledgeable about these apps so they can educate their patients about the apps' limitations and potential risks.

Consider limiting your patients to one mobile app that you agree to monitor. This will make it easier to control the incoming data and help make the best use of the app. Other important considerations include:

- Consider whether the two-way communication between you and your patient is secure and, therefore, HIPAA/HITECH compliant. Ask the vendor for assurance that the app is HIPAA-compliant and that data is encrypted for security.
- Know the app:
  - Vendor information, such as updates, downtime, and critical value alerts.
  - Is the device regulated by the FDA as a medical device?
  - Will you get alerts by e-mail or a phone call from the vendor when the app isn't working?
- Beware of the possibility of lack of security when using public Wi-Fi with the app.
- Clearly communicate and educate the patient/family about the purpose of the app and how and when the data is transmitted to the clinician.
- Avoid assuring the patient that the app will "take care of everything." Educate the patient/family about the limitations of app, with specific examples of instructions for the patient to follow. For example, can the algorithm be changed for specific patient needs?
- Identify a contact person within your organization to troubleshoot and be available to address technical problems.
- Have the patient/family sign a consent form that describes the risks, benefits, and purpose of the app.
- Do not do this alone! Avoid using medical apps without support from your organization.

References

[1] Easy on those mobile apps: Mobile medical apps gain support, but many lack clinical evidence. *Modern Healthcare*. November 28, 2015. http://www.modernhealthcare.com/article/20151128/MAGAZINE/311289981/easy-on-those-apps-mobile-medical-apps-gain-support-but-many-lack. Accessed December 16, 2015.

UCHealth Unmasks New Sleep Apnea Treatment

CONTINUED FROM PAGE 52 >

clients having a 68 percent reduction in such episodes.

"Inspire keeps the tissue from blocking the airway by delivering a mild stimulation to those muscles," Petrun says. "This gently moves the tongue and other soft tissues out of the way."

Unable to use or get consistent benefit from CPAP

Some patients can't tolerate CPAP for various reasons, such as claustrophobia or skin irritation from the mask, and though none of these reasons cause serious harm to the patient, they often result in noncompliance with treatment.

"In order for them to benefit from CPAP, they have to wear it," Crosby says. "And even patients who do comply have reported that they don't necessarily feel more rested."

Not significantly overweight

Potential candidates must have a total Body Mass Index of less than 32. The technology forces the tongue upward to allow for a clear airway. However, additional fatty tissue in the neck can affect results, Crosby said, adding that as technology advances that requirement could change.

Older than 22

Inspire therapy has only been tested on people older than 22, with the exception of children with Down syndrome. The company does hope to make it available in the future to a younger population, including those with Down syndrome who suffer from sleep apnea.A doctor will also evaluate the overall health of a potential candidate, as well as perform a physical examination of their airway to determine if Inspire therapy is the best alternative. Patients undergoing a drug-induced sleep endoscopy receive a mild dose of anesthesia to induce sleep to the point at which obstruction-causing apnea can be evaluated."It's critical to ensure that the throat is closing in a way that will respond to the therapy. The drug-induced sleep endoscopy gives us a visual map of the back of the throat," Crosby says.

UCHealth will preauthorize all qualification procedures up to this point with a patient's insurance company. If the patient is still a potential candidate for Inspire — 90 percent continue to be after the drug-induced sleep endoscopy — Inspire then steps in to help the patient get preauthorization for the Inspire therapy treatment.

Afton, WY
Michael Pieper, MD
Brian Tallerico, DO

Appling, GA
Tarver Bailey, MD

Basin, WY
Heather Sanders, PA-C

Big Horn, WY
Jonathan Herschler, MD
Edward D. Hobart, MD
D. Scott Nickerson, MD

Big Piney, WY
Carolyn Albritton-McDonald, MD
William David Burnett, MD
Shannon Evans, DO

Billings, MT
Alan Dacre, MD

Buffalo, WY
Brian Darnell, DO
Hermilio Gonzalez, MD
Grace Gosar, MD
*Lawrence Kirven, MD
Fred A. Matthews, MD
Patrick D. Nolan, MD
Mark Schueler, MD

Casper, WY
Brock Anderson, MD
James Anderson, MD
John Bailey, MD
David Barahal, MD
John Barrasso, MD
David Baxter, MD
Todd Beckstead, MD
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Robert O. Brown, MD
*Stephen Brown, MD
Michael Bruno, MD
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Thomas Burke, MD
Jane Cassel, PA-C
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Lydia Christiansen, MD
Jeffrey Cloud, MD
Malvin Cole, MD
Alana Cozier, MD
Matthew Crull, MD
Eric (Frederick) Cubin, MD
Alexandru David, MD
Frederick Deiss, MD
Zachory Deiss, MD
Frank Del Real, MD
Matthew Dodds, MD
Mark Dowell, MD
David Driggers, MD
Mesha Dunn, MD
Diane R. Edwards, MD
Martin Ellbogen Sr., MD
Rita Emch, MD
David J. Erk, MD
Shawn Ficken, PA-C
Michael Flaherty, MD
Adrian Fluture, MD
Sherrill Fox, MD
Jennifer L. Frary, PA-C
Timothy N. Frary, PA-C
Ghazi Ghanem, MD
Ronald Gibson, MD
Steen Goddik, MD
Valerie K. Goen, PA-C
Henry P. Gottsch, MD
Todd Hammond, MD
Bruce Hansen, DO
Todd Hansen, MD
Kevin Helling, MD
Diane C. Henshaw, MD
Wesley W. Hiser, MD
Douglas Holmes, MD
Dana Ideen, MD
Oleg Ivanov, MD
Ronald D. Iverson, MD
Seth Iverson, MD
Oliver Jeffery, MB ChB
Ray B. Johnson, PA-C
John Paul Jones III, MD
Mahesh Karandikar, MD
Sharon Karnes, MD
Anje Kim, MD
Caroline Kirsch-Russell, DO
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Phillip Krmpotich, MD
Tom Landon, MD
Eric Lawrence, DO
Anne MacGuire, MD
Mary MacGuire, MD
James A. Maddy, MD
Paul Malsom, PA-C
Allan Mattern, MD
*Joseph McGinley, MD, PhD
Mark McGinley, MD
Lynnette McLagan, PA-C
Joseph Mickelson, MD
Meredith H. Miller, MD
Michael V. Miller, DO
*Matthew Mitchell, MD
Eric Munoz, MD
John L. Noffsinger, PA-C
David Norcross, MD
Robert Novick, MD
Steven Orcutt, MD
Rafael Perez, MD
John W. Pickrell, MD
Eugene Podrazik, MD
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John Purviance, MD
Michael Quinn, MD
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Jo Ann Ramsey, PA-C
Robert Ratcliff, MD
Karri Reliford, PA-C
Dustin Roberts, MD
Beth C. Robitaille, MD
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Joseph Rosen, MD
John Roussalis, MD
Louis Roussalis, MD
Stuart J. Ruben, MD
Annette Russell, PA-C
Cora Salvino, MD
Angelo Santiago, MD
Sam Scaling, MD
Robert Schlidt, MD
Eric Schubert, MD
James Shaffer, MD
Kamlesh S. Shah, MD
Benjamin Sheppard, MD
Susan Sheridan, MD
William Shughart, PA-C
Karlynn Sievers, MD
Michel Skaf, MD
Michael Sloan, MD
Geoffrey Smith, MD
Lane Smothers, MD
Laura Smothers, MD
Grady Snyder, MD
Carol Solie, MD
Albert Steplock, Jr., MD
Anita J. Stinson, MD
Ronald G. Stinson, MD
Cory J. Stirling, MD
Renee Stirling, MD
Lee Stowell, MD
Werner Studer, MD
Daniel Sullivan, MD
Daniel Sulser, MD
Matthew Swan, MD
Jay Swedberg, MD
Rowan Tichenor, MD
Robert Tobin, MD
Berton Toews, MD
John M. Tooke, MD
Kati Tuma, PA-C
Brooke Umphlett, PA-C
Brian Veauthier, MD
Joseph Vigneri, MD
Robert A. Vigneri, MD
Samuel Vigneri, MD
Mark Vuolo, MD
Debra L. Walker, PA-C
Mary Weber, MD
Bob L. Welo, MD
*David Wheeler, MD
Daniel White, MD
Allan Wicks, MD
Todd Witzeling, MD
Cynthia Works, MD
Demian Yakel, DO
Linda Yost, MD
Jerry L. Youmans, MD

Centennial, CO
Mark Lea, MD

Cheyenne, WY
Rodney Anderson, MD
Janet Anderson-Ray, MD
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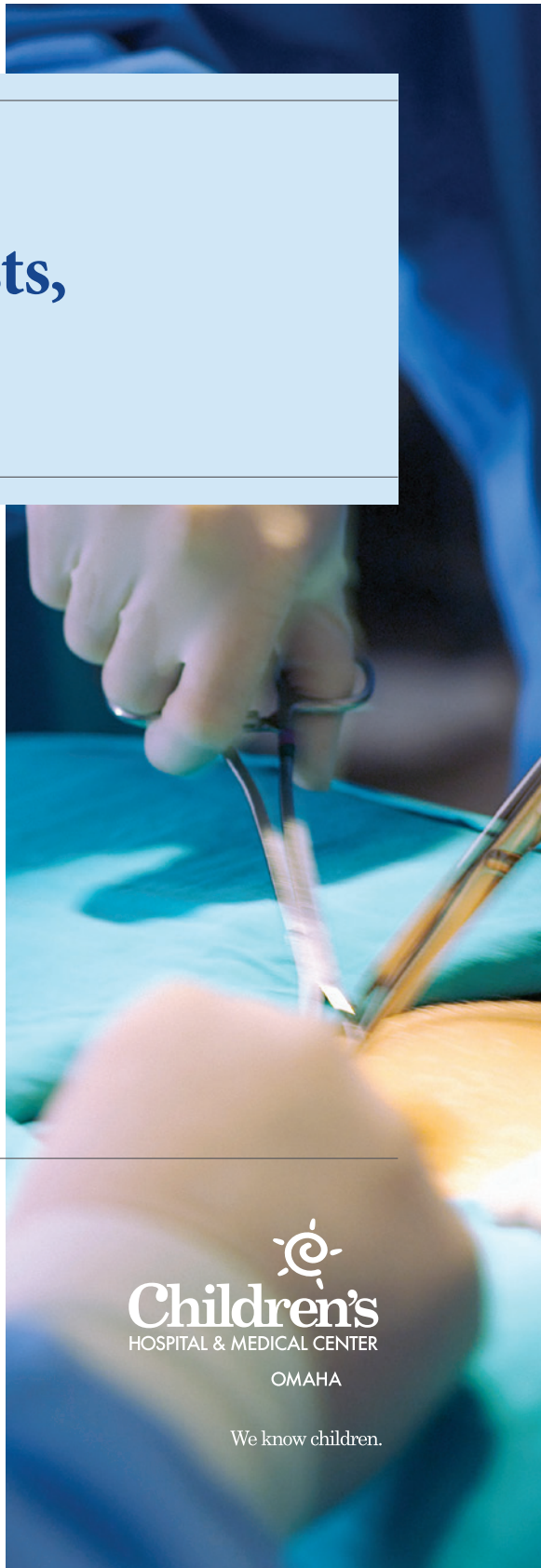

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