



WYOMING Medicine

Practicing Medicine
with Marijuana
just Miles Away

Jason Otto Named State PA of the Year

PAGE 18

Palliative Care in Rural Settings
Stretches Physicians

PAGE 34

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Spring 2015

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Contents

Editor's Page	4
Legislature Looking at What to Do with Five State Facilities <i>Robert Monger, MD</i>	
From The Director	6
We're Going to Jackson <i>Sheila Bush</i>	
Business Briefs	8
Clinical Corner	12
Drug Donation Program Running Strong After 10 Years <i>Tom Lacock</i>	
Physician Assistance Line Seeing Use from Wyoming Physicians <i>Tom Lacock</i>	
Physician Assistant Profile	18
Otto Named State PA of the Year <i>Kelly Lieb</i>	
WMS News	19
Three Earn WMS Scholarships	
Partner Message	20
Feature Story	22
Practicing Medicine with Marijuana just Miles Away <i>Tom Lacock</i>	
Legal Perspective	27
What a Physician Can Say About Marijuana <i>Nick Healey, JD</i>	
Medical Education	28
Third Year WWAMI Students	
Policy Interview	34
Palliative Care in Rural Settings Stretches Physicians <i>Tom Lacock</i>	
Board of Medicine Report	38
Adding Another "Wyoming First" to the List <i>Kevin Bohenblust, JD</i>	
Technology Bites	42
Partner Message	43
Membership List	48



Legislature Looking at What to Do with Five State Facilities

By Robert Monger, MD



The Wyoming Department of Health owns and operates five facilities in our state including the Wyoming State Hospital in Evanston, the Wyoming Life Resource Center in Lander, the Retirement Center in Basin, the Veterans' Home near Buffalo, and the Pioneer Home in Thermopolis. The facilities are expensive and sometimes not utilized to their fullest extent. It appears that over the next few years each of them may be closed or significantly changed.

There is an active and ongoing debate about the future of all of the facilities and a joint legislative-executive task force studying the issue recently delivered its initial report to the Joint Labor, Health and Social Services committee. For the Veterans' Home the task force recommends demolition of the non-historic buildings and reconstruction of the facility to include a skilled nursing facility; for the Pioneer Home the task force recommends studying the potential for privatization or long-term lease.

For Wyoming physicians the most interesting part of the discussion is what to do with the Wyoming State Hospital. One problem at the State Hospital is that it is very full most of the time and often there are no beds available for new patients. The upstream effect of this is that patients who are admitted in an acute psychiatric crisis to inpatient units in places like Casper and Cheyenne sometimes wait weeks or even months for a bed to become available in Evanston for them to be transferred to.

The problem the State Hospital has is that often once patients are stabilized from their acute crisis there is no place to discharge them to. Compared with many other states Wyoming has very few mental health facilities for psychiatric patients who need intermediate or long term care, and so many patients who are transferred to the State Hospital in an acute crisis stay there much longer than what would otherwise be needed.

A separate study currently being conducted by the Wyoming Department of Health involves the development of a utilization

review program at the State Hospital to document appropriate levels of care and barriers to discharge for the patients there. While it is still early in the project preliminary findings indicate that many of the patients at the State Hospital could be safely discharged to a lower level of care once their acute crisis has been stabilized if appropriate facilities were available. This would free up beds for treatment of more patients in an acute crisis.




Wyoming Life Resource Center

Courtesy of County 10

One option that the facilities task force has developed is called "One Campus, Long Streets," and it integrates care between the State Hospital, the Life Resource Center, and possibly the Retirement Center. This option would utilize the State Hospital for acute crisis stabilization and use the Life Resource Center for intermediate and long term care; the Retirement Center would either be closed or possibly also used for long term care. Another option called "One Facility,"

would close all three facilities and construct a new, one-campus facility.

None of this will be cheap: preliminary cost estimates for the different options are in the range of \$100 million dollars. It is anticipated that this topic will be studied by the Legislature in 2015 interim with a decision to be made during the 2016 legislative session.

What can you do to help? The Health Department and the Legislature are on the right track by gathering data and developing options, but they need input from Wyoming physicians. If you have comments or ideas about how to best use these state facilities please contact your legislator or the Wyoming Department of Health; if you're not sure who to contact please call the WMS office and someone there will help put you in touch with the appropriate person. Changing and closing these facilities will impact healthcare in our state for many years to come and Wyoming physicians need to get involved early in the process to ensure the best possible outcome. 



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FROM THE DIRECTOR

We're Going to Jackson

By Sheila Bush



It's been said that we must know where we've been in order to know where we are going, and the Wyoming Medical Society is no exception to the rule. Established in 1903, WMS has been serving Wyoming physicians and their patients for over 110 years.


Working into our 112th year as an organization we've accomplished a lot in protecting the medical profession and patient care in the state. Relationships are the lifeblood of WMS and at the center of all we do as an organization.

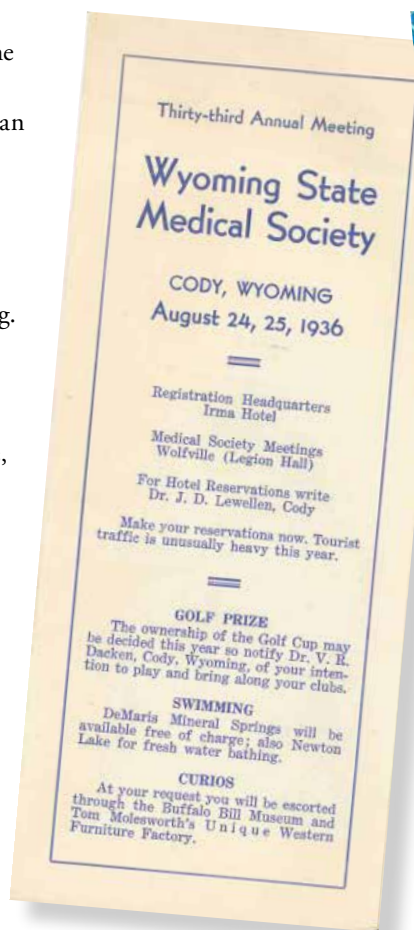
It's only natural that when thinking of these relationships we think of the WMS annual meeting. Since the year of WMS's inception, we have held an annual conference. It, like so many other things, has seen a number of iterations, but looking through historic meeting programs the theme that remains constant is one of camaraderie and friendship to promote the spirit of solidarity for medicine and the profession. In 1947 we were the Wyoming State Medical Society and the Sheridan County Medical Society hosted WMS to celebrate our 44th Annual Meeting. The registration fee was \$7.50 for a comprehensive three-day session that included scientific programming, and the gaveling-in of our House of Delegates. In 1941 the Natrona County Medical Society hosted us and big on the agenda was

the need for ladies' entertainment. So great was our interest, in fact, that we dedicated a portion of the meeting to the issue, and ultimately the wives of all Casper doctors formed a Committee on Ladies' Entertainment.

These historic programs are fun to peruse; in fact I've spent most of my morning doing so. I am filled with pride, and humbled at the honor of leading this amazing organization composed of individuals whom I deeply respect and admire. I cherish the differences in opinions, the educated views that dramatically vary between people, specialties, and work environments and embrace the challenge of bringing those together to find commonalities behind which we can rally to improve medicine and each of our members' lives.

The 2015 annual meeting is going to be great. Back at the foot of the Teton Mountains at the historic Jackson Lake Lodge we will offer quality CME chosen by our own physician leadership across the state. Speakers will focus on clinical topics as well as some

important ones related to work-life balance and remembering the joy of practicing medicine. WMS, in our effort to find those aforementioned commonalities will spend time dividing CME halls to tailor programming to both employed and independent physicians. If all goes the way I hope it will, the occasion will provide ample opportunity to raise a glass with old friends and toast to new ones. 



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A new smartphone app, which hopes to help lower rates of complications associated with early birth, has seen heavy use in the first six months after its development by the Wyoming Department of Health and WYHealth.

The Due Date Plus app has been downloaded 580 times in six months and been opened for over 3,200 individual sessions, according to Department of Health data. According to the developer of the app, it was piloted at no cost to the state through a partnership with Wildflower Health. The app hopes to lower rates of complications like early delivery, low birth weight, C-sections and re-admissions by helping pregnant women to track their pregnancy milestones, use a weight gain calculator, and get information on more than 50 risk factors for pregnancy complications.

WDH Looks for Diabetes Patients For Choice Rewards Program

WYHealth and the Wyoming Department of Health are searching for those living with diabetes and interested in participating in the Choice Rewards program. The program asks participants to call with a nurse, to discuss diabetes, keep a log, check blood pressure and meet with your physician and diabetes educator.

The program does provide a \$25 incentive card for its participants. To enroll, contact your physician or call 888-545-1710.

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FitLogic Program Offers Help to Medicaid Clients

The Department of Health is offering a program called FitLogix to Medicaid clients for weight management. For those who qualify, they will receive a digital scale and activity meter. A health coach will offer tailored support via phone. Participants will receive gift cards as well.

To enroll, contact your physician or call 888-545-1710.



Teens on Medicaid have Option for Weight Management

A new program for kids and teens' weight management is also being offered at no cost to Medicaid clients. Back in Whack will work to realign focus on to healthy habits and incorporate physicians, a phone-based nurse/coach and family through informational DVD's, self-discovery exercises and other activities.

To enroll, contact your physician or call 888-545-1710.

SANFORD CANCER CENTER

Currently enrolling patients into KEYNOTE 055, a new clinical trial for refractory head and neck cancer.

Led by Sanford Health oncologist Steven Powell, MD and otolaryngologist John Lee, MD, KEYNOTE 055 is studying the investigational drug, pembrolizumab (MK-3475).

Eligible refractory head and neck cancer patients will receive pembrolizumab every three weeks, and may continue for up to 24 months. Referral consults are available over the phone.

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Drug Donation Program Running Strong After 10 Years

BY TOM LACOCK



Donated medication sits in sorting bins waiting to be processed at the Wyoming Medication Donation office in Cheyenne.

As the legislation enacting the Wyoming Department of Health's Medication Donation Program turns 10 years old this year it is tough to say the program has been anything but a huge success. Over the last year the program has seen over 13,000 pounds or \$3.2 million worth prescriptions donated and distributed to around 1,500 patients statewide for reuse.

Natasha Gallizzi is a pharmacist and manager of the program and said the Donation Program takes sealed, unused medication, and distributes it through a network of clinics, while sending some direct to more rural patients through the mail.

"We help reduce waste of unused medication, help avoid pollution by not allowing unused medications to get into our groundwater," Gallizzi said. "We also reduce emergency room visits by helping people get the medication they need for chronic disease management."

Elizabeth Hoy is the CEO of Healthworks in Cheyenne and has seen the work of the Drug Donation Program first-hand.

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Wyoming Medication Donation Program Manager Natasha Gallizzi visits with a staffer about a prescription last month in Cheyenne. The Medication Donation Program sends sealed, and unused medication which has been donated to those around the state in need of low-cost prescription medication.

Healthworks is a federally-qualified community health center that sees about 4,000 patients a year. The doctors at Healthworks see everyone regardless of the ability to pay and have primary care, dental care, and a pharmacy on-site. Hoy said she believes the Drug Donation Program saves her clients well over \$1 million a year.

“We help avoid pollution by not allowing unused medications to get into our groundwater.”

“Principally, it means we can provide the medication needed to treat chronic illness to any patient who walks in our door, regardless of whether they have insurance or the ability to pay, said Hoy. “When someone comes in the door, we can work with them to make sure they get their medication for a price they can pay.”

Gallizzi heads up the program and, along with two pharmacy techs, receives the donated drugs in Cheyenne from collection sites and facilities like patient-centered medical homes, nursing homes or pharmacies around the state. The drugs are processed and incinerated if they are past an expiration date or otherwise unusable. The medication that can be used is then put online for providers and pharmacists to check out during examinations where a prescription is suggested.

I've seen it grow from a closet at the free clinic in Cheyenne to a time when we are serving the entire state,” Gallizzi said. “It is interesting and I really like it.”

Tom Lacock is the Communications Director of the Wyoming Medical Society.



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Physician Assistance Line Seeing Use from Wyoming Physicians

BY TOM LACOCK



Dr. Robert Hilt knows the feeling all too well. As a young pediatrician practicing in the state of Washington he said it was common to have a feeling of being on your own when faced with a diagnosis that would otherwise require a specialist and the nearest hospital was miles away.

These days Hilt and his staff in Seattle offer the sort of aid he wishes he had in his younger days to Wyoming's health system through use of the Physician Assistance Line (PAL). The PAL allows Wyoming providers direct access to a child psychiatrist between the hours of 9 a.m.- 6 p.m. Monday through Friday. Wyoming providers can discuss medications, symptoms and get recommendations from a child psychiatrist regarding children in the Medicaid program and then receive written documentation and recommendations before the end of the next business day. The program also offers assistance through its website, which program managers say can receive over 300 unique visitors a month at: www.wyomingpal.org.

“Sorting out which kids need hospitalization and which can be well served in other ways is a challenge...”

“It feels, for me, like I am addressing the problem that I felt first hand,” Hilt said. “I was struggling to do things in community practice I had not been trained to do in general pediatrics practice. When I was in general pediatrics training, if I had a patient with a mental health problem, I could get them into the university mental health clinic. In rural practice, that option isn’t there.”



Dr. Robert Hilt

Hilt said the PAL services are especially important given the fact 14 percent of Wyoming's high school students self-reported having made a plan to commit suicide in 2013.

“Sorting out which kids need hospitalization and which can be well served in other ways is a challenge that we often find ourselves helping to partner with primary care providers about,” Hilt said.

Dr. James Bush is the state's Medicaid Medical Officer and he said the PAL has seen extensive use among Wyoming providers. This year alone, the PAL has been used 108 times by Wyoming providers. The PAL has also been used for consultations by multi-disciplinary team for children in crisis to get the team a psychiatrist consultation 165 times this year. Bush said the result has been a




50 percent drop over the last three years in residential treatment center placements, and another 50 percent drop in the number of children who are in the too much, too many, too young program which requires physicians who are prescribing high amounts of psychiatric medication to children to explain the reasoning for doing so.

Bush said the state of Wyoming has roughly 25-26 psychiatrists and, when the PAL was originally set up in 2010, the state had just five child psychiatrists. The addition of the PAL has tripled the number of child psychiatrists licensed in Wyoming.

“...developing wrap-around services, for family supports for kids having difficult problems”

“A while back we did a needs assessment amongst our primary care physicians and it was very clear that due to the relatively low numbers of psychiatrists in the state, especially around child psychiatrists, a lot of primary care doctors were being pressed into duty to diagnose and manage children that they felt they were uncomfortable doing,” Bush said.

Bush said the program seems to be working well, but it will be revisited at the end of Feb. to figure out what gaps in coverage exist and what can be done.

“We are always looking to see how we can be most helpful and continuing our conversations with the state as they evolve their care system, such as developing wrap-around services, for family supports for kids having difficult problems,” Hilt said. 

Tom Lacock is the Communications Director of the Wyoming Medical Society.



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Otto^{NAMED} State PA OF THE *Year* BY KELLY LIEB

“[Jason is] truly a one-of-a-kind individual.”

IAN HUNTER, MD, PRIMARY SUPERVISING PHYSICIAN

The Wyoming Association of Physicians Assistants has named Jason Otto, MPAS, PA-C as its 2014 Physician Assistant of the Year. Otto works at Big Horn Mountain Medicine — hospital-owned internal medicine group — in Sheridan.

“I would like to thank all of my colleagues at the Wyoming Association of PAs for honoring me with this recognition,” Otto said upon receiving the recognition. “I am certainly humbled in accepting this award from my peers as I know all of you are just as deserving of this commendation.”


Otto, a Powell native and University of Wyoming graduate, moved with his family to Sheridan after earning his MPAS from Rocky Mountain College in 2009. He said his decision to become a PA was influenced to some degree by two cousins who are also PA, including Roxie Herman, who practices in Wyoming. Otto said he is currently working on roughly 75 percent outpatient work with his primary supervising physician being Dr. Ian Hunter.

“It seemed like a potential fit, and once I got into some related classes and took a job at a hospital in Billings, MT where we were living at the time, I knew I was moving in the right direction. Otto said. “I am constantly humbled by how much there is yet to learn and how much I still feel like I am learning every day, but the challenges faced daily are what keeps my interest high.”

Dr. Hunter offered praise on his colleague as well; pointing out Otto is also a strong community member and a hard worker.

“He’s a huge reason for the success of internal medicine in Sheridan and holds this place together,” said Hunter. “Beyond that, he is just a good person—he’s adopting a child, active in his church. I have no idea what his IQ is but it’s high. When I walk into a patient’s exam room, I’m greeted by the patients saying, ‘Well, where’s Jason?’”

Director of the Big Horn Health Network, Lynn Custis added, “Jason is a huge asset to our organization. He is caring and compassionate, always willing to take on challenges. He is a hard worker, respectful to his colleagues and co-workers. Truly a one-of-a-kind individual.”

Otto and his wife have three boys, ages 10, eight, and 21-months. He said spending time with his family would keep him from accepting his award in-person as he will be taking his older boys backpacking in the Big Horn wilderness the weekend of the WAPA Annual Meeting. 

Kelly Lieb is a physician assistant in Sheridan, Wyo. and sits on the Board of Directors for the Wyoming Association of Physician Assistants.



WYOMING
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Three Earn WMS Scholarships


The Wyoming Medical Society awarded three scholarships to medical students in 2014 from its Centennial Scholarship program. Amanda Kennedy of Wheatland earned a \$1,500 scholarship, while Tyler Baldwin of Riverton and Hannah Phillips of Gillette were both awarded \$1,000 apiece.

The Wyoming Medical Society celebrated its 100th Anniversary in 2003 and in recognition of that anniversary, Newcastle physician Michael Jording, MD, founded the Wyoming Centennial Scholarship Fund.

Due to the diligent efforts of Dr. Jording, WMS leadership and staff, \$50,000 was raised by Wyoming physicians and contributed to the corpus of the fund. That \$50,000 was matched by the state of Wyoming and placed in an endowment at the University of Wyoming.

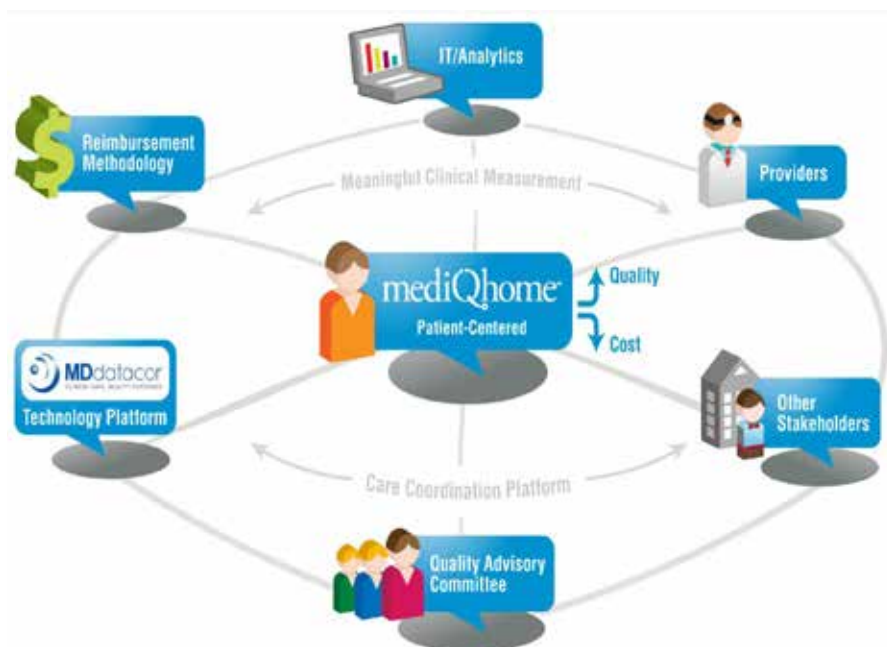
Funds for scholarship awards are generated from investment revenues and 2007 marked the first year that enough money was available to award scholarship money to a student. Scholarship money is dedicated to Wyoming's medical school students through the Wyoming WWAMI program. The first Centennial Scholarship Award winner was Luke Goddard of Sheridan, Wyoming.

Today the scholarship pays for sometimes as many as three scholarship awards to WWAMI first year students and an award to the outstanding WWAMI graduate headed into residency training.

Anyone interested in donating money to the fund to further ensure its future success is encouraged to contact the Wyoming Medical Society in Cheyenne, or contact WMS past president Michael Jording, MD, directly. 



Patient Centeredness: Realigning Care, Quality and Payment



“We wanted to provide the highest quality care to the patient at the lowest cost possible. We believe it is important that the patient is an integral part of the healthcare team.”

Factors such as legislative reform and technological innovation are bringing changes in the practice of medicine. One frequently mentioned example is patient-centered care. Every patient has different values, preferences, and desired health outcomes based on his or her unique background, experiences, and lifestyle. Patient-centered care involves transforming the relationship between providers and patients into a patient-provider partnership with treatment options based on a patient's unique concerns, preferences, and values.

The concepts of patient-centered care, medical homes and care coordination have been around for years. More and more Wyoming physicians are engaged in this care model and several clinics have already made a commitment to redesign their approach to care.

Seven clinics in Wyoming have already achieved Patient Centered Medical Home (PCMH) recognition from The

National Committee for Quality Assurance (NCQA) and other clinics are participating in similar initiatives that help transition their office organization toward a PCMH model. Blue Cross Blue Shield of Wyoming (BCBSWY) recognizes the value of these efforts and is supporting their development.

As Terry Johnson, RN, Practice Manager for Babson and Associates Primary Care, P.C., a Level 3 NCQA Medical Home in Cheyenne puts it, “we wanted to provide the highest quality care to the patient at the lowest cost possible. We believe it is important that the patient is an integral part of the healthcare team.”

BCBSWY is providing clinics a web-based, multi-provider, patient-focused information and decision support tool that tracks quality performance across 15 chronic diseases and preventive care suites. BCBSWY believes that this program, called MediQHome, can help improve the quality of healthcare

for all Wyoming residents, while reducing costs and eliminating disparities in healthcare access.

BCBSWY is working with several forward thinking clinics to support their transition through its MediQHome initiative. Four practices have fully implemented the new tool including:

- Babson and Associates Primary Care, P.C. (Cheyenne)
- Memorial Hospital of Converse County Physician Clinics (Douglas)
- Platte Valley Medical Clinic, P.C. (Saratoga)
- Western Medical Associates, P.C. (Casper)


“The MediQHome is a great tool for pre-visit planning especially for diabetics. It’s great that the data is live. It helps us be ready for the next day’s visits,” said Johnson.

Data can be configured to meet the specific uses and needs of each individual clinic.

Several other Wyoming clinics are in the initial stages of the MediQHome program including Lander Medical Clinic, Family Medicine of Cheyenne, and Jackson Whole Family Health among others.

To assure that Wyoming practices have input in the design and implementation of the MediQHome program, BCBSWY has enlisted the help of a number of physicians, other primary care practitioners and office administrators from around the state to serve on its Clinical Quality Committee.

“We have statewide representation of providers to help with the development of MediQHome to select the most appropriate clinical suites,” said Joseph Horam, MD, a Cheyenne pediatrician and Medical Director for BCBSWY. “They give us direct feedback from practices who are utilizing the product as to what works and what needs improved. The intent is to develop MediQHome into a value based payment program. Our Clinical Quality Committee is critical to this.”

BCBSWY currently pays participating clinics a care management fee for their quality data. The data tool is provided free of cost, works with each office’s EHR system and can be used across a physician’s entire patient panel, not only for BCBSWY insured members. 

If you’d like to learn more about MediQHome, please contact Kellie Grady, MediQHome Program Manager, at kellie.grady@bcbswy.com



Cheyenne Regional

CRMC Fundraising for Remodel to Benefit NICU




Parents of premature babies in Southeastern Wyoming are facing very difficult decisions - to give birth in Colorado or to give birth in Wyoming and have their infant flown to Colorado after birth for care in a specialized setting. The Cheyenne Regional Foundation is hoping to change that through their annual Denim and Diamonds Fundraiser.

“I can’t stress how emotional it is when I hear that mothers and being separated from their children at a young age because we don’t have the service level,” said CRMC CEO Margo Karsten, herself a mother of three premature babies.

The event, which is slated for June 26 in a historic World War II airplane hanger in Cheyenne, will include performances by Chancey Williams and the Younger Brothers Band, as well as Brand 307. Tickets for the foundation’s premiere fundraising event of the year, go on sale April 1 and range in price from \$100 a ticket to \$10,000 per table. CRMC Foundation spokespersons say they expect around 700 to attend the event.

The money raised will go towards CRMC’s Mother-Baby Unit and purchase advanced medical equipment to help the facility care for premature babies at a younger age. Currently, premature babies with a gestation period of 32-34 weeks are able to stay in Cheyenne. With the improved equipment and upgrades, that number could drop to 28 weeks. The last renovation of the mother-baby unit was done in the early 1980’s.

“It’s heartbreaking to witness parents being separated from their new baby,” said CRMC Labor and Delivery Nurse Sarah Whitman. “Keeping families together is a more holistic approach and much less stressful for not only the parents, but their neonate.” 

Practicing Medicine with Marijuana



Left: Choice Organics Budtender, Kate McKita fills a bottle with product for a client last month in Fort Collins. Choice Organics prides itself on being the first legal dispensary in the nation and allows clients to purchase a number of marijuana and hemp-based products for both recreational and medicinal uses

In the case of marijuana, the difference between a criminal charge and a possession of a legal recreational or medicinal substance depends on which side of the Wyoming-Colorado border you practice. While the definition of marijuana is clearly laid out in state law, what a physician can tell a patient surrounding pot is a bit hazy.

“I have patients that use marijuana and specifically for purposes that they consider medical,” said Casper neurologist Dr. David Wheeler. “In Wyoming there is no instance where someone with a prescription of or possession of marijuana is legal, so my advice has to be I can’t help you get it, prescribe it to you and you and I can’t talk about or document usage of it or else we both get in trouble.”

The Legalization and Medicinal process in Colorado

On Nov. 7, 2000 the voters of Colorado passed a state constitutional amendment to allow the medical use of marijuana for persons suffering from debilitating medical conditions. The amendment allowed a patient and/or caregiver to have two ounces

of marijuana and six plants per patient. In Feb. of 2009, the Obama Administration announced it would not enforce marijuana laws in those states that had medicinal marijuana. More recently, in 2012, the state of Colorado passed Amendment 64, legalizing recreational marijuana, allowing Colorado residents 21-or-older to purchase one ounce, or those from out-of-state a half-ounce.

“Best case scenario is we need to pick a lane,” Executive Director and Chief Medical Officer of the Colorado Department of Public Health and Environment Larry Wolk, MD, MSPH said when asked about the future of marijuana in Colorado. “We need to make a decision whether this is medicine, or recreational product, or a natural food product, and in that case the THC would have to be taken out and then we are talking about hemp. I think



just Miles Away

BY TOM LACOCK



The display case at Flower Power Botanicals in Fort Collins contains a number of sprays, creams, and other forms of marijuana and hemp-related products, advertised as medicinal.



A budtender at Choice Organics in Fort Collins fills a customer order for recreational marijuana near two jars featuring different strains of marijuana.

we have all three lanes going simultaneously and it is difficult to straddle those three lanes.”

Wolk said the process for determining medicinal amounts of marijuana allowed from recreational amounts depends on the term, “medical necessity,” which is what is needed for physicians to write a recommendation for medical marijuana.

He added that the “medical necessity,” distinction allows patients to purchase more marijuana, which generally means physicians are regularly approached for a recommendation. Wolk said they tend to see physicians react in three different ways. The first, he said, are those who have done the research and make a recommendation based on a certain strain of specific amount, more like someone would who is recommending a natural food product. Another 800 or so docs, according to Department of Health numbers, prescribe marijuana three or fewer times a year and for small amounts. The final category is a group of writers who ask for a financial kickback to receive a medical necessity recommendation. Wolk said he has

referred 25 physicians to the state’s board of medical examiners for this reason.

“What we have seen is a number of doctors who have been disciplined for signing orders that provided people 3-5-6 pounds of pot,” said Alfred Gilchrist, CEO of the Colorado Medical Society. The Colorado Medical Society said it also wrestled with the subject and how to educate its membership. Gilchrist estimated 60 percent of its membership was against legalization. The Colorado Medical Society currently has sessions planned for this spring and summer to understand the concerns and questions its membership has surrounding marijuana.

Marijuana’s “medicinal,” status in Colorado didn’t come through the normal channels of clinical trials and research, rather the voters of Colorado bestowed the term “medicinal,” on the drug. There are reports on some Colorado residents receiving relief from marijuana for various ailments such as epilepsy, chronic pain. Thus far these are anecdotal, according to the Colorado Epilepsy

Foundation. There are some reports that are positive enough to bear future study. The Realm of Caring Foundation, which is affiliated with the operation growing a specific strain of marijuana, has reported that 85 percent of the initial cohort of children experienced a reduction in seizures of 50 percent or more.

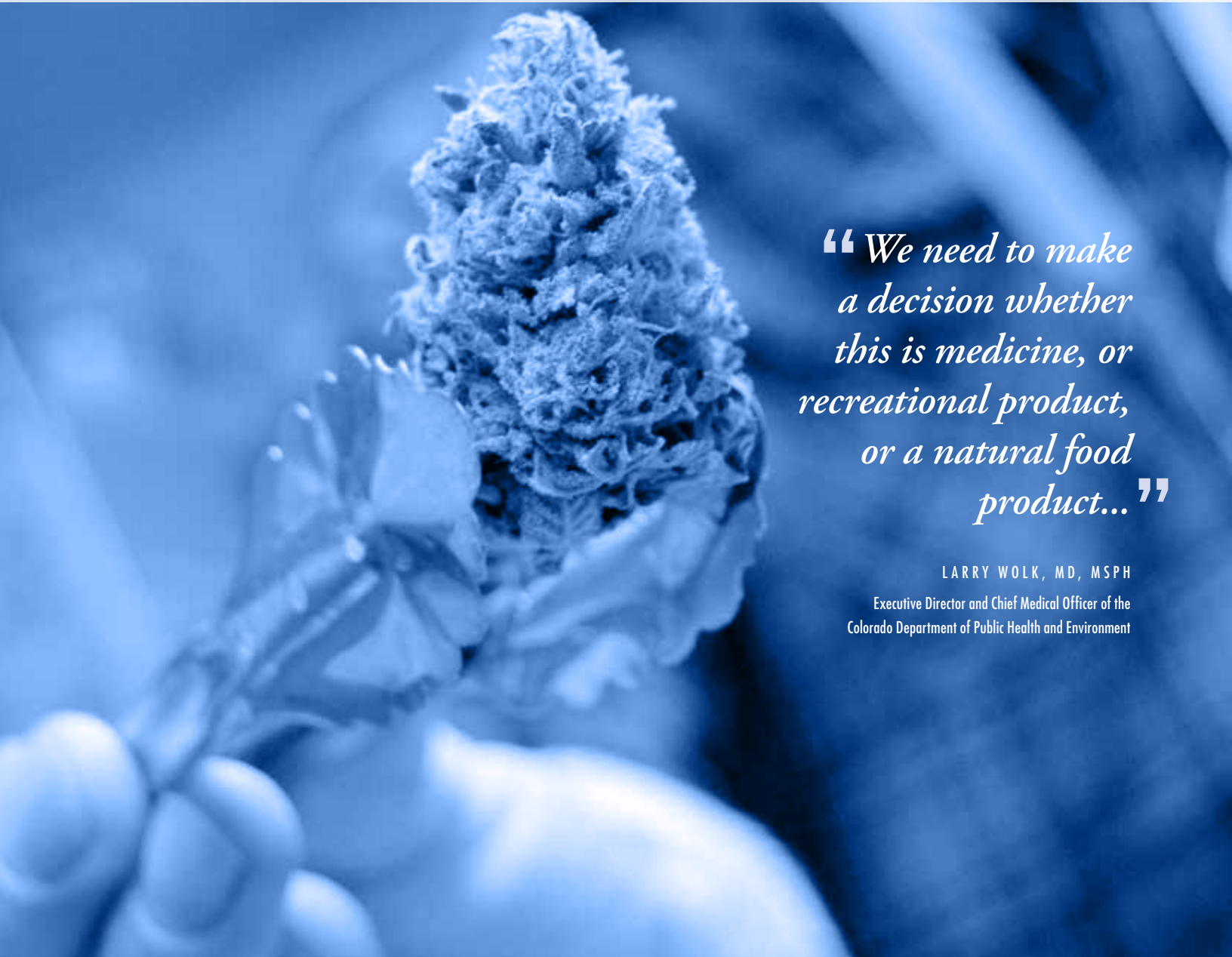
Wolk said the Colorado Department of Public Health and Environment is using some of the excess funds it has received from the fees associated with 115,000 registrants for medical marijuana cards into researching the concept of marijuana as a medicine. Nearly \$10 million of Colorado money is going to nine different researchers, including the University of Colorado, to check out the impacts of marijuana on various conditions such as palliative care for children with brain tumors, eating disorders, inflammatory bowel disease and PTSD in military veterans.

Marijuana from Colorado coming to Wyoming

Brian Kozak - Chief of Police in Cheyenne, which is just 12 miles from the Colorado border - admits even he laughed when he saw the numbers the computer spit out. For the calendar year 2014, the number of marijuana possession arrests and citations were... Four hundred and twenty.

"Yes, that is 420. I didn't make that up," Kozak said with a chuckle.

420 is a code-term that refers to the consumption of cannabis. Observances based on the number 420 include smoking cannabis around the time 4:20 p.m. on any given day, as well as smoking and celebrating cannabis on the date April 20.



“We need to make a decision whether this is medicine, or recreational product, or a natural food product...”

LARRY WOLK, MD, MSPH

Executive Director and Chief Medical Officer of the
Colorado Department of Public Health and Environment

Kozak said that number is relatively consistent with what the city has seen over the past two years, and up from three years ago. Kozak said Cheyenne's community action teams, which tend to have the most contact on drug complaints, say nearly all of the marijuana coming into Cheyenne currently is coming from Colorado. He said much of it is coming from co-op growers.

While some are smuggling it up to Wyoming illegally, others are purchasing it legally in Colorado and taking it home to Wyoming in hopes of receiving relief from various ailments. Corri Nelson is an administrator at Choice Organics in Fort Collins, which advertises itself as the first legal dispensary in the state. She said many of her clients come from out-of-state and suggests one-third or better do so in an effort to self-medicate. She points out that the dispensary also carries products with CBM or CBS, which are effectively hemp and can be transported back to Wyoming legally.

What can be said and to whom about marijuana?

Wyoming physicians say they are hearing more requests for the drug to be used medicinally. Wheeler said while it wasn't unusual for patients to ask him about the possibility of using medical marijuana for their symptoms of multiple sclerosis, chronic pain or headaches, it is now commonplace.

"I don't think a day goes by now where someone doesn't ask me if marijuana in some form would help them with their condition," Wheeler said. "Even more recently and frequently, I am getting more direct questions about using Charlotte's Web extractions for people with epilepsy."

Charlotte's Web refers to a strain of medical marijuana grown in Colorado Springs, which is low in THC, the compound that



Corey Ellison of Flower Power Botanicals in Fort Collins fills an order for a client last month. Flower Power Botanicals provides medical marijuana to licensed patients in Colorado. The store offers everything from edibles, and lotions, to marijuana which can be smoked.



David Flanzbaum fills a customer order at Flower Power Organics in Fort Collins.

Budtenders, or those who work in dispensaries on either the medical or recreational side, are not allowed to recommend specific products, but Nelson said they could offer an idea of what a particular strain has done for others.

"In general we stick to the rule of thumb that we are all in this together and what works for one person for headaches might not work for the next six," Nelson said.

As Nelson sat inside Choice Organics last month, a number of cars and SUV's with Wyoming license plates dotted the parking lot. Nelson said she has had her medical card for marijuana since she was 22 due to a case of Endometriosis. She said she no longer takes any pain medication.

"When I got my med card I had such confidence in what it was doing for me I wanted to share that," she said. "I love what I do. The medical side kept me here and I got to know the people who came here very quickly. It is nice to know we are helping people."

produces marijuana's psychoactive effects, and high in CBD, which is believed to reduce seizures in those suffering from a certain form of epilepsy. According to the Epilepsy Foundation of Colorado, the medication is administered as a liquid and named for Charlotte Figi, a young epilepsy patient.

"There are thousands and thousands of people accessing it now, and the reports are that it is very helpful to a lot of people," Wheeler said regarding the compound. "The problem with that information is it doesn't reach the threshold of what we would call clinical or scientific data, so as a practitioner of medicine, I cannot feel comfortable advising patients a drug that hasn't been vetted through the proper channels and vetted and doesn't have a clinical basis to it."

Cheyenne physician Kristina Behringer said she understands there are benefits of marijuana in regards to anxiety, and pain relief. She said in some ways she would rather see patients use marijuana than some of the pain drugs currently being distributed.

"I would rather see a patient using marijuana to control their pain then taking morphine, or Percocet," she said. "I think that there is a more malignant drug traits of those types of medications than there is small quantities of marijuana."

The fact is marijuana remains illegal in Wyoming in any form seems to raise the question of what physicians are allowed to tell their patients about marijuana. Wheeler said if his patients talk to him about their experiences with marijuana, he doesn't document them out of concern for the legal exposure. He said he finds the fact he cannot talk to his patients about marijuana's impacts on their health to be a situation he finds frustrating.

"As a clinician it is incumbent on me to address all medications whether it is related to drugs I give to them, or someone else does," Wheeler said. "If we are stuck in a scenario where we can't safely discuss what they are doing for their health care, we aren't providing full medical care like we should be."


What can be said according to the Board of Medicine?

Wyoming's Board of Medicine licenses and regulates the practice of medicine by physicians and physician assistants. The board also handles complaints when physicians or physician assistants are accused of breaking the Wyoming Medical Practice Act.

Kevin Bohnenblust is the Board's executive director and said he doesn't anticipate the Board of Medicine being worried about physicians who talk to patients interested in going to Colorado to ingest medical marijuana. He said he believes there is a role for a doctor to play in that conversation.

"As far as counseling someone who was going to do that - it would come down to a standard of care question in that, it is a legal substance 12 miles south of here," Bohnenblust said. "I would think the board likely would not say, no, you can't counsel the patient who is asking you about marijuana. If he says that, it is fine, but you have to be aware of these concerns. I don't think the board is ever going to have a problem with the doctor saying that to a patient."

Bohnenblust said the state board of medicine likely wouldn't concern itself with a physician counseling others or even using marijuana themselves, should they be a Colorado resident, where it is legal. He said the board would likely be called if there were a complaint about a physician being unable to perform due to a marijuana addiction, or showing up to work high.

"Legal and separate use on the other side of the state line, the board isn't going to have a problem with it, so far as it doesn't interfere with the practice of medicine," he said. 

Tom Lacock is a staff writer for gowyo.com and a contributing columnist for Wyoming Medicine.



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What a Physician Can Say About Marijuana

BY NICK HEALEY, JD

Nick Healey, legal counsel for the Wyoming Medical Society, cautioned that discussing the use of medical marijuana with patients remains a legal grey area. There are, however, some legal protections for Wyoming physicians that choose to discuss the use of medical marijuana with patients.

"Wyoming hasn't specifically addressed the issue, leaving Wyoming physicians without much guidance as to what they can discuss with patients and what they can't," said Healey. "Wyoming law protects physician-patient communications from being used against the patient in court, except in very specific situations, so physicians shouldn't be concerned about simply discussing a patient's marijuana use during an office visit, or accurately noting those discussions or a patient's marijuana use, medical or not, in the medical record."


Wyoming's Medical Practice Act, Healey noted, requires physicians to keep 'complete' medical records that 'accurately describe the medical services rendered to the patients, including the patient's history.' Healey suggested there might be more legal risk, both from a licensure perspective and a liability perspective in not recording the patient's marijuana use than in accurately recording it. In addition to the Wyoming legal protections for physician-patient communications, federal law also protects a physician from being required to provide information that may incriminate a patient to law enforcement. Healey added that under HIPAA, a physician is prohibited from providing protected health information to law enforcement, generally unless it's necessary to locate or identify a suspect.

"If a patient gets further treatment from another physician, and the patient experiences an adverse event because marijuana use isn't noted in the medical record, there's a significant chance that the physician that didn't note the patient's use is going to face a malpractice lawsuit," Healey said. "Although

many Wyoming physicians find HIPAA burdensome, in this situation, it can protect you."

Courts outside Wyoming have found a physician has a constitutional right to discuss the use of marijuana for medical purposes with patients. The federal Ninth Circuit Court of Appeals held in 2002 that a California physician's recommendation to a patient to use medical marijuana was protected by the First Amendment. The Court in *Conant v. Walters* held that, so long as the physician didn't assist the patient with obtaining or individual instructions on how to use the marijuana, the physician was free to discuss generally whether marijuana may alleviate the patient's symptoms. Healey cautioned against Wyoming physicians relying too heavily on that ruling, for the time being.

"Wyoming is in the [federal] Tenth Circuit, not the Ninth Circuit, so the Court's decision doesn't specifically cover Wyoming," Healey said. "Second, California has permitted medical marijuana, in some form or another, since the mid-1990's, so while the Court was ruling on an issue of federal law, the fact that marijuana was legal under state law undoubtedly played a part in its reasoning. This ruling may well not cover a situation such as a Cheyenne physician recommending that a patient cross state lines into Colorado to obtain something that is illegal in Wyoming, even for medical purposes."

"Wyoming physicians should be free to discuss all available treatment options with their patients. There are strong legal protections in place to allow Wyoming physicians to do that. So long as the physician isn't helping the patient obtain marijuana or skirting the law in bringing it into Wyoming, this shouldn't be an issue for most physicians." 

Nick Healey is a partner at Dray, Dykeman, Reed & Healey, P.C. and a member of the Wyoming Medical Society General Counsel.



Third Year WWAMI Students



WYOMING MEDICINE QUESTIONS:

1. What is your hometown?
2. What undergraduate institution did you attend?
3. What was your major?
4. What has been the highlight of medical school so far?
5. What are you most looking forward to this coming year?
6. What field of practice are you considering and why?
7. If you have completed a rotation in Wyoming, what town was it and what did you like about the community?
8. What do you like about the WWAMI program?



ELLEN THOMPSON

1. Wyoming hometown is Riverton, but I am originally from California.
2. Yale University (Pre-medical work at University of Wyoming)
3. English Literature
4. The people - both classmates and outstanding faculty.
5. Learning more clinical and physical exam skills.
6. I have no idea yet! But I know I would like to find a field that has a good mix of basic medicine with hands-on work. One field I am thinking about is rehab medicine.
7. I did a RUOP in Riverton and Lander. I loved seeing the same patients in different settings and seeing the progression (and resolution!) of illness.
8. I really liked the personal attention in our first year. I also like the opportunity to get to experience medicine in rural communities.


ERIK JACOBSON

1. Casper, WY
2. University of New Hampshire
3. Biochemistry
4. The labor and delivery floor
5. Surgery clerkship
6. I am considering orthopedics. I enjoy surgery and thinking about 3-dementional problems. I also like the idea of helping people stay active.
7. N/A
8. There are some amazing doctors to learn from in rural WWAMI. Adding that to the experience of the huge UW system in Seattle is pretty special.





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MICHAEL SANDERSON

1. Casper, WY
2. Brigham Young University
3. Exercise Science
4. Working with the interventional radiologists (Like Dr. Eric Cubin in Casper, WY).
5. Finally landing on a career choice, and beginning focused training relative to that choice.
6. Interventional Radiology. IR is amazing and is the future of procedural medicine. Also, I really liked my pediatrics rotation, so that's high up in the mix as well.
7. I did my pediatrics clerkship in Cheyenne, WY. It was an amazing experience. All of the docs at the Cheyenne Children's Clinics were great physicians and awesome teachers. I'm sure I wouldn't be as interested in pediatrics had I done my clerkship somewhere else. Cheyenne's a cool town with great people; being a born and raised Wyoming boy, they're my people, and it was a great experience working with them in the health care setting.
8. I like the WWAMI program because it gives me the opportunity to make every day a high level learning experience. For every clerkship I've completed so far, I've had access to not just one, but many physicians to teach me and give me feedback on my knowledge and clinical skills. Most medical students have very limited access to just one. That kind of learning environment is what allows the WWAMI program to graduate doctors who are so well prepared for clinical medicine.



SARAH SOWERWINE

1. Hulett, WY
2. University of Montana
3. Cell and Molecular Biology
4. Having my hands inside of abdominal cavities.
5. More "hands on" experiences.
6. OBGYN or Surgery. Most likely OBGYN because the practice allows for long-term relationships with your patients as well as surgery and offers numerous international healthcare opportunities.
7. N/A
8. I like that we have the opportunity to rotate through many amazing communities in beautiful states.

TOBIN DENNIS

1. Wilson, WY
2. UC Davis
3. International relations and History
4. 3rd year rotations throughout Wyoming
5. Matching
6. Emergency Medicine and Internal medicine
7. I have been in Jackson, Sheridan and Rock Springs. I love the small town feel of all the places I have worked. I really enjoyed knowing most of the physicians who work in the area and seeing patients around town.
8. I like the ability to do rotations in places I am interested in working in the future



KARREN LEWIS

1. Laramie, WY
2. Michigan State University
3. Interdisciplinary Studies: Health Science and International Relations
4. It is hard to pick one moment, but I really enjoyed my Global Health Immersion Program (GHIP) between first and second year. It was an excellent opportunity to work on community medicine in Iquitos, Peru. I was able to work with midwives and see a whole different style of medical health systems.
5. This coming year I will be expanding to do a Masters of Public Health. I am excited to learn skills to add to my future practice as a physician. I am also hoping to continue my work with service learning and expanding UW student run free clinics.
6. I am undecided between OB/GYN and Surgery. I really enjoyed both rotations and they both have excellent application to international work as this is a main interest of mine. Hopefully I will be able to do a couple more rotations in these two fields to help make my decision.
7. I completed Psychiatry in Casper, WY. It is a great location for outdoor activities and easy access to surrounding locations. I really enjoyed getting to share the beauties of Wyoming with the other medical student on the rotation with me.
8. It is an excellent program! I have loved being able to learn medicine all around the region and work in such a variety of communities. I enjoy working directly with attendings and have been able to learn and be more hands on in patient care than at academic centers. I was surprised that after half way through my OB rotation I had delivered more babies than the new family medicine residents starting their OB rotation. No other program allows you this type of experience!



DEREK PAUL WILLE



1. Cody, WY
2. Brigham Young University
3. Exercise Science
4. Everyday you learn something totally new. Sometimes it can be frustrating because you feel like you will never learn everything you need to know, but at the same time you love it because that is what makes medicine so fascinating!
5. Interviewing at various residency programs throughout the country. Match day will be exciting!
6. Radiology. The technology fascinates me and I love seeing all the pathology that walks through the hospital doors. I feel that radiologists are a crucial part of the medical team and add so much to patient care.
7. Jackson, WY - RUOP - great location and great people. It was fun to visit with people from all over the world.
8. The interaction with my fellow classmates and the kindness and help received from the faculty.



RYAN GRIESBACH

1. Laramie, WY
2. University of Wyoming
3. Molecular Biology, Physiology
4. WWAMI-lympics. A ten event friendly competition between all the WWAMI sites organized by Tobin 5.
5. Interventional Radiology clerkship
6. Interventional Radiology- I feel that minimally invasive procedures are going to provide the surgeries of tomorrow. I also enjoy the integration of multiple technologies into medical care 7.
7. Internal Med- Lander: A very friendly community that made you feel at home. Surgery- Casper: A place that would take on almost any case referred to them. OBGYN- Sheridan: A community that was invested heavily in teaching me everything that they could, and showed me the passion they have for their field 8.
8. It offers a multitude of avenues to customize your experience. Whether you want to experience the rare and unusual at a tertiary referral center sees, or gain hands on experience a rural place, you can set up the program to fit your preferences.



ALEX COLGAN

1. Cheyenne, WY
2. Regis University in Denver
3. Biology and Philosophy
4. Working with patients! Despite going through a difficult time in their lives, people come in still enthusiastic to contribute to making us better doctors and better people.
5. Experiencing new disciplines in medicine. Each specialty can have a uniquely diverse perspective on medicine, and being able to sample and work within different perspectives each rotation is an incredible opportunity.
6. Emergency Medicine, because of the breadth and scope of the practice. I like being able to be one of the first people a patient sees in the hospital, and being able to build the clinical picture instead of just working within it.
7. N/A
8. I love the diversity of the WWAMI program, not only diverse students from all over the country, but diverse locations to practice medicine, diverse options moving forward towards a career in medicine, and diverse clinical sights for ANY kind of experience that a medical student could hope to find!



KRISTA LUKOS

1. Wilson, WY
2. University of Delaware
3. Health & Exercise Science, Psychology
4. Bee-boppin' all over the Northwest.
5. Having only 1 year left to go!
6. Internal medicine
7. N/A
8. We're lucky to learn from and work with physicians outside the structured institution of academia. I'd certainly bet that we have more fun than most 3rd/4th year medical students.

ANDREW MAERTENS

1. Big Horn, WY
2. University of Redlands, Redlands CA
3. Biology
4. All the interesting people you meet along the way; patients, classmates, mentors and teachers.
5. Deciding a career, having some time off to travel.
6. Still undecided, but leaning towards a surgical field.
7. Will complete a family medicine rotation in Buffalo, WY.
8. Unique opportunities to learn medicine in every setting from large tertiary care centers in Seattle to small towns across the WWAMI region.

DANIEL HOLST

1. Sheridan, WY
2. Wake Forest University
3. Molecular Biology
4. Getting engaged to my beautiful girlfriend! Also, actual patient care during 3rd year, as well as presenting research at the 2014 Annual American Urological Association conference in Orlando, FL.
5. Picking a specialty.
6. Some type of surgery because the operating room is the most exciting part of medicine to me.
7. N/A
8. Getting to meet people from all over the western U.S. and experiencing patient care in a wide variety of hospitals and clinic settings, from huge academic institutions to community hospitals.



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IN RURAL SETTINGS STRETCHES PHYSICIANS

BY TOM LACOCK





Lander Oncologist Dr. Carmen Pisc said she is being asked to take a larger part in the end of life care decisions for her patients. It is a role she said she enjoys and is in the process of getting a certificate in palliative and hospice care through Harvard.



The scene is becoming routine for Lander Oncologist Dr. Carmen Pisc, and it is one that she doesn't shy away from. Pisc was recently brought to a home of a patient dying of lung cancer to perform palliative care. Pisc said she was instantly met by the gravity of the situation.

"People think of palliative care and hospice and people think you are going to put them in an empty room and wait for them to die," she said. "At the end of this two hours consult, we were hugging and crying together and there was an ah-ha moment where they figured out that this poor man could be in his own home, surrounded by his own family. His fears were addressed. He was terrified he was going to die by suffocation. We went through every step and he died peacefully in his own home."

While hospice centers are available in some of Wyoming's largest communities, taking on the role of someone willing to talk about and work with end of life issues in rural Wyoming has fallen to primary care physicians, as well as other specialists.

Working within the confines of tradition

When not practicing at Rocky Mountain Oncology in Lander, Pisc is working on a certification in Palliative Care and Hospice Certification at Harvard Medical School. Pisc is well traveled having come from Romania to the United States 25 years ago, practicing in Boston, and Pennsylvania before moving to Wyoming.

Pisc said in order to do her work in the field of hospice care and palliative care she has to work through three issues. The first is distance between medical care and some of the ranches and residents living far away from communities, which serve them. The second

"People here are tough, they are ranchers and very private. They don't like to complain and think they can deal with everything. They just toughen up."

is the rugged individualism that leads its residents to keep pain and suffering to one's self. The third is simply gaining the trust of her new patients who, in some cases come from different cultures than she does.

"People here are tough, they are ranchers and very private," she said. "They don't like to complain and think they can deal with everything. They just toughen up."

Dr. Dean Bartholomew's situation is the opposite of Pisc's. After growing up in Saratoga watching former WMS Physician of The Year Dr. John Lunt act as the community's physician, Bartholomew has returned to the valley to take Lunt's place. For that reason he has a level of familiarity with his patients that can be odd at times.

"We have a nursing home here and admitting a former teacher or parent of a friend—sometimes you step back and say, that is mind-blowing to admit someone who was my teacher," he said.

Bartholomew said with the closest hospice centers existing in Casper and Cheyenne and no home hospice care companies in the valley, he has taken on the role of end of life counselor. He said over that time he has seen 30-40 patients through end of life with fewer than 10 choosing to spend their final days in a hospice.



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Platte Valley Medical Clinic and its partners have recently opened a room for those transitioning to end-of-life care in the Saratoga area. In this photo, Dulcie Schalk (left), of the Corbett Medical Foundation Board stands next to Tonya Bartholomew, co-owner of the Platte Valley Medical Clinic.

“The support a family needs to do end of life care at home is something that has become an important part of my practice and something I enjoy the most,” he said. “When done right it is a positive experience. I explain to the families from the get-go, if this is something the patient wants to do, let’s try to facilitate that. It sounds scary, but I have yet to see a family that says I wish we had done that differently.”

Bartholomew said his practice offers patients use of a hospital bed, as well as oral medication for pain control. He said he would also send either himself or a nurse to the home of his patients to provide care. He also spends time with the family once the loved one has passed away helping to call the coroner and remove the body from the home with staff from a funeral home.

“Cheyenne and Casper are big cities for someone who lives in a town of 1,700,” he said. “For someone to pick up and move to a hospice center where they won’t know the doctors they won’t know the nurses, it is a long ways from their families. It isn’t how they are built.”

What communities are doing

According to Marcy Schueler of the Johnson County Health Care Center in Buffalo, a community of around 4,700, there are resources available to those facing end of life in Johnson County. She said Johnson County Health Care Center’s hospice care began in 1994, and serves approximately 30 patients a year with no cost to patients of their families.

“It is a wonderful program that our whole community is proud of,” Schueler said. “We do a community fundraiser every two years for Hospice that is well-attended, and other smaller fundraisers throughout the year.”

Schueler said the hospice program employs four nurses, one physical therapist, three nurses aids, an occupational therapist, a speech therapist, a social worker. Ministerial care is also offered through the program.

Laurie Wright said wanting to be close to home in their final days and years, is universal. That has made Cheyenne Regional Medical Center’s PACE program so popular. Wright administers the program, which is a managed care and day program for those 55-and-over.

“The whole goal of PACE is to let people remain in the community safely as long as we can,” she said. “We focus on catching people on that preventive side. If we can keep people healthier for the rest of their life, everyone wins.”

The program was built with an eye for managing the care and recreation for 64 seniors within three years of its opening. This month the PACE program will turn two years old and has already expanded in physical size and participation to host 78. Wright said the program is a managed care program in which PACE gets paid a per-month amount from Medicaid and Medicare to manage participants’ care, and pays all their medical needs with no co-pay or deductible.

The PACE offers transportation of seniors to its facility in central Cheyenne, which offers everything from a lab, on-site medical clinic, radiology facilities, computers, to a physical therapy gym, and other recreational opportunities. The program also houses one of two geriatric specialists in the state. While not typically considered end of life care, Wright said it a prevention program that helps lead to a more successful end of life.

“That allows our patients to end their life on their terms,” Wright said. “How they spend the last days, weeks, months of their lives can be of their interest.”

Steps being taken to make the process easier

Bartholomew said his end of life planning starts with a conversation, hopefully when it becomes obvious it is needed. The Providers Orders for Life Sustaining Treatment is a medical order form signed by the provider and the patient or his/her representative, which takes into account the patient’s wishes as verbally expressed or outlined in a living will and place them in a medical order to be followed by providers around the state. Legislation seeking a consistent POLST form has gone through the State Legislature this year.

Bartholomew and the Platte Valley Medical Clinic in Saratoga are also in the process of dedicating part of the town’s nursing home into a single room for end of life care. The room will have a separate entrance from the rest of the home and feature amenities like a refrigerator, microwave oven, and pullout bed for use of a patient’s family.

“The town’s healthcare foundation sees the vision and has supported us,” Bartholomew said. “This is a service and not necessarily a business opportunity. “This is going to be a great addition for the North Platte Valley bridging the gap between staying at home or leaving for Casper or Cheyenne.”

“We focus on catching people on that preventive side. If we can keep people healthier for the rest of their life, everyone wins.”


Bartholomew said he would also like to see Medicare pay for a nurse to come administer medication. He is also interested in working further with the Center for Medicare and Medicaid or the State Department of Health to work with small clinics to better serve patients during end of life.

Pisc’s goal is an ambitious one - to develop modules for nurses coming out of nursing school, while trying to affect wholesale changes in the way end of life care is seen in Wyoming. Pisc’s final project for her program at Harvard has her trying to overcome the cultural elements involved in hospice care with the tribes in Fremont County. She said the Native American view of end of life is extremely different than what she has seen previously and is trying to establish trust as she continues her efforts on the reservation.

“That is my project, to work with the patients with the reservations to help them understand that hospice and palliative care is not about my values or our values, but their values,” Pisc said. “It is not me that is going to shape this program, but it is you (Native Americans) who will tell me how can I help you get through that final journey based on your values so that journey is not terrible painful.”

“If there is one thing I have learned it is that, although we are physicians and we are supposed to be good listeners, I have learned about myself that I am not a good listener. I have learned how to listen and speak in ways that which help me listen to the body language of the patient, their values, their wishes and try to concentrate on them more than anything else.”

Wright said she has received several calls from other areas of the state who wish to create a PACE program of their own and believes her own program will eventually expand to other communities. Until then, Wright said she has a very simple wish.

“I would love to see everyone die a natural death at home in their sleep with their loved ones around them.” 



Tom Lacock is the Communications Director of the Wyoming Medical Society.



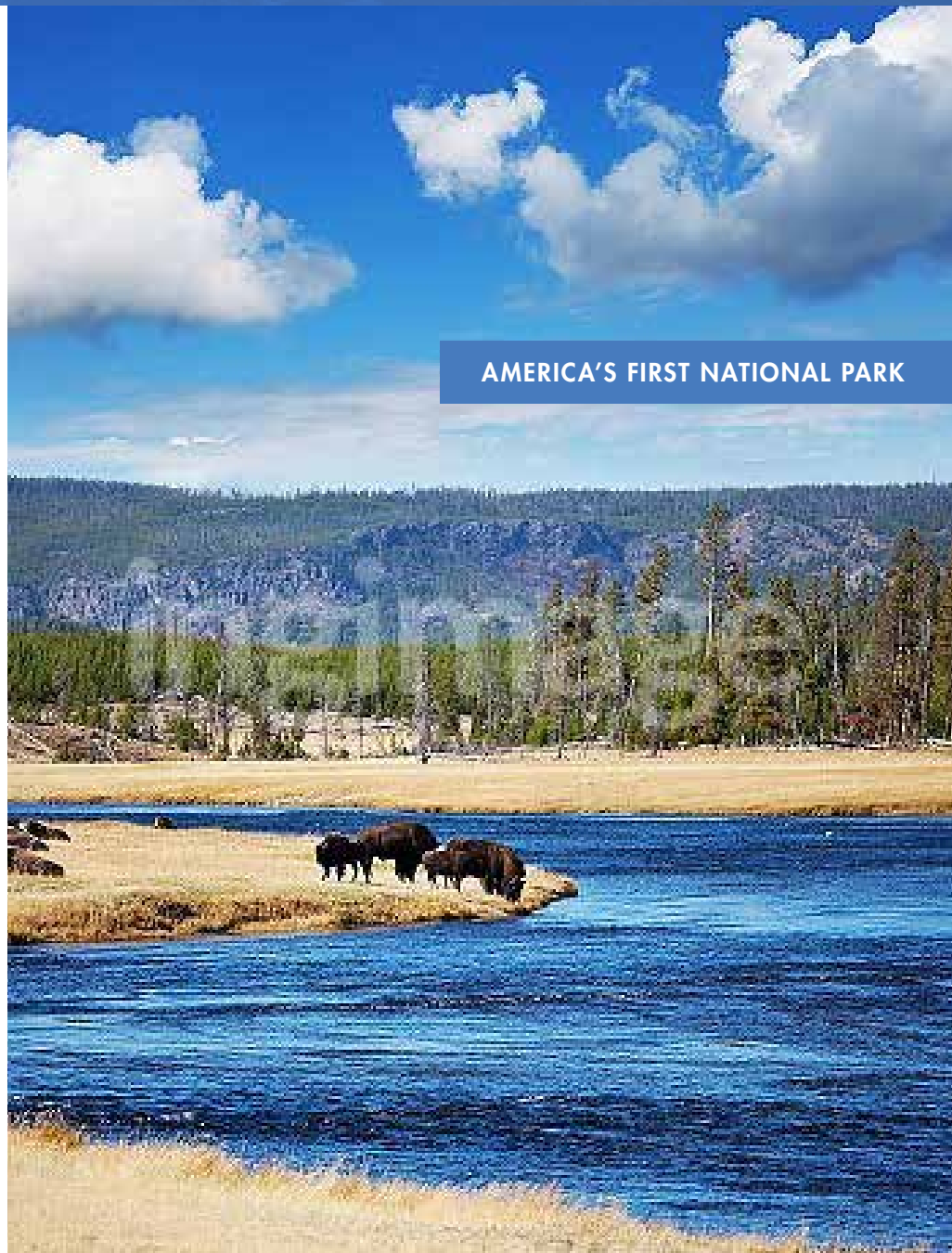
Adding Another “Wyoming First” to the List

BY KEVIN BOHENBLUST, JD

Wyoming is a “state of firsts.” It is the home of America’s first national park (Yellowstone), national forest (Shoshone), and national monument (Devil’s Tower). It was the first state to give women the right to vote and, on Feb. 27, 2015, when Governor Matt Mead signed House Bill 107, Wyoming became the first state to join the Interstate Medical Licensure Compact (IMLC).

As background, interstate compacts are agreements – like contracts – between member states to address shared concerns, and spring from the Compact Clause of the U.S. Constitution. Wyoming is already a member of 27 different compacts, addressing matters between states including river management and water apportionment, drivers’ licenses, natural resource management, transportation, emergency management, and education.

While the Wyoming Board of Medicine has worked hard for several years to address the physician shortage by streamlining its licensing process, the Board felt more could be done. In April 2013 it sponsored a resolution in the Federation of State Medical Boards’ House of Delegates calling for a study of an interstate compact to improve state-to-state portability of physician licenses. After the resolution passed unanimously, the Board actively



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Most physicians can expect to face at least one malpractice claim over a 30-year career. According to a report by the RAND Corporation, by 65 years of age, 75 percent of physicians in low-risk specialties and 99 percent of those in high-risk ones will likely have had at least one malpractice claim.

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* Figures reflect Physicians Insurance claims data over a ten-year period from 2003 to 2012 and indicates the percentage of all claims, by specialty, that ended up as lawsuits.

[‡] Includes public trial cases closed with a defense verdict during 2009-2013.

^{††} Does not include tooth claims.

The IMLC focuses on eliminating redundant requirements for licensure in states, while enhancing public protection by improving state medical boards' ability to share information on disciplinary cases.

participated in the study, which determined that the concept of a medical licensure compact held promise. A Wyoming Board staff member then participated on the team, which drafted the model language for the compact.

The IMLC focuses on eliminating redundant requirements for licensure in states, while enhancing public protection by improving state medical boards' ability to share information on disciplinary cases. Qualifying physicians will not have to produce documentation of "static qualifications" – academic record, medical license test scores, etc. – and a physician's use of the compact is entirely voluntary. If a physician doesn't want to get licensed in multiple compact states, does not qualify for the compact because of a negative history, or just doesn't want to use the compact, he or she is able to use the traditional licensing method.

Since publication of the model language last fall, more than 25 state medical boards have endorsed the IMLC as a way to advance medical license portability and the interstate practice of medicine, including telemedicine. Sixteen U.S. Senators, including Wyoming's own Mike Enzi and John Barrasso, signed a letter supporting the adoption of the IMLC, and the American Medical Association expressed its support as well. Locally, the Wyoming Medical Society's Board of Trustees heard a presentation on the IMLC in October 2014 and gave its support to the concept, as did the Wyoming Hospital Association.

Wyoming Representative Sue Wilson (R-Cheyenne) learned of the IMLC and, as a member of the House Labor, Health and Social Services Committee, quickly realized the potential the IMLC has to address physician shortage issues in Wyoming and elsewhere. Rep. Wilson (R-Cheyenne) was the lead


AMERICA'S FIRST NATIONAL MONUMENT



sponsor, and was joined by Senators Bill Landen (R-Casper), Jim Anderson (R-Glenrock), John Hastert (D-Green River) and Ray Peterson (R-Cowley), as well as Representatives Elaine Harvey (R-Lovell), Rosie Berger (R-Big Horn), Tim Stubson (R-Casper), and Mary Throne (D-Cheyenne) as cosponsors.

As of March 6, IMLC bills were pending in 15 states, with introduction anticipated in several states where legislative sessions had not yet begun. Regionally, the IMLC had been introduced in Idaho, Montana, and Nebraska, and awaits governors' signatures in Utah and South Dakota.

Once seven states have adopted the IMLC, a commission with two representatives from each state will establish the system through which physicians can get licensed in compact states. In Wyoming, the Governor will appoint the state's representatives to the compact commission.


The IMLC Commission cannot change a member state's medical practice act or regulations, nor can it grant, deny, or discipline a physician license. Those rights and responsibilities remain with the member states. The commission's role is to serve as an information clearinghouse to reduce physicians' workloads in applying for licenses in member states, and to share information among member states' licensing boards for licensing and in case of investigations and discipline. 

Kevin Bohnenblust, JD, is the executive director of the Wyoming Board of Medicine.



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If your organization is interested in testing with the Division, please fill out the following electronic form to initiate the testing process:

https://docs.google.com/forms/d/12I9OOmoJ2S2xyXBXZ2YSvRBGIKXkw_3d1XYDnwc_jH8/viewform?usp=send_form

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The healthcare industry is transitioning from the current ICD-9 medical classification code set to the ICD-10 standards on October 1, 2015. This is a significant change and could impact clinical and business operations if providers are not prepared. The Wyoming Department of Health, Division of Healthcare Financing has been working through the challenges of ICD-10 and is offering free assistance to its providers to help minimize the impact of this transition on current Medicaid operations and reimbursements.

The Division held a free training for providers, which was broadcast across the State. The training was focused addressing provider concerns on the transition, and provided guidance to providers on how to remain revenue neutral with ICD-10. The Division has posted the recording of the training on its website: <http://www.wyomingicd10.com>

The Division is also updating its website regularly with new training opportunities and free resources and tools for providers. The website also provides a collaborative forum for providers to ask questions and post discussions related to ICD-10.

To further support providers, the Division will be conducting provider testing from May 1-June 30, 2015. Providers can test coding scenarios and Medicaid claims with the updated ICD-10 code set to verify its coding practices and reimbursements from the State. Additional information on the testing options and requirements can be found on our website. 

Boley Takes Over as Hospital Association President



Eric Boley speaks during a meeting of Medicaid Expansion Coalition members at the Herschler Building in Cheyenne on Jan. 21. Boley is in his first year as president of the Wyoming Hospital Association after spending the previous 20 years in Kemmerer.

Eric Boley is the new Wyoming Hospital Association President. Boley, who is married and a father of four children ranging in age from age 20 years old to four, took over on Nov. 1 for long-time WHA President Dan Perdue. Boley is no stranger to the organization having served on its board of trustees for eight years.

He said the WHA has a three-fold mission, including advocacy on behalf of hospitals, education of the public and member boards, and representation on boards such as the American Hospital Association at the state and federal level. The WHA represents 34 members, including all 27 acute care hospitals in the state.


After 20 years of working in Kemmerer's South Lincoln Medical Center, the last decade or so as its CEO, Boley said he was helping the Wyoming Hospital Association (WHA) search for a new President last year. It was then that Boley said he began to think more-and-more about making his own move to Cheyenne.

"I never considered moving to Cheyenne or applying for this job, but the more I thought about it the more I became interested in the idea of representing all the hospitals in the state," Boley said.

Neil Hilton has been with the WHA before and after Boley's appointment to the organization's top spot. He said Boley's experience as a CEO of a hospital is a plus and Boley's experience as a member of the WHA board - as well as board chair - has served him well.

"All has been great with Eric, just as we assumed and expected it would be," Hilton said. "He was our chairman in 2011 and I was very impressed with his leadership and effectiveness."

The American Fork, Utah native said Medicaid Expansion is at the forefront of his organization's efforts for 2015, as well as doing a better job of explaining what hospitals are, how the benefit communities both economically, as well as their contribution to the overall health of a community. He said his interest is in being a very visible advocate for Wyoming's hospitals.

"I think Dan and I are a little bit different," Boley said. "Dan had a good style and was well-respected for how he handled situations. I plan on being out front, very vocal, very visible and making sure our voice is heard." 

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Want vs. Need: Recognizing drug diversion in the ED.

Prescription drug abuse continues to be on the rise. Overdose deaths from prescription painkillers have quadrupled since 1999, and 1.4 million emergency department (ED) visits in 2011 were related to drug misuse, or to abuse of pharmaceuticals.

According to the Centers for Disease Control (CDC), more than 22,000 deaths in the U.S. in 2010 were related to pharmaceuticals, comprising 60 percent of all drug overdose deaths and exceeding deaths by overdose of illicit drugs like heroin and cocaine. Pharmaceutical drugs make their way into the hands of illicit drug users through sharing among friends and family, doctor shopping, prescription fraud and theft — making the ED physician-patient relationship an ideal target to exploit.

ED physicians practice medicine in unique circumstances. Without a prior relationship with a patient, these physicians must quickly build trust, assess circumstances, and determine the best course of treatment, often within minutes or seconds. The short-lived relationship between physician and patient makes the ED a perfect target for drug-seekers. But it is also these physicians' excellent situational awareness that strengthens their ability to recognize potential drug-seeking behavior, and to respond safely and effectively.

Recognizing drug-seeking behaviors


The Office of Diversion Control within the Drug Enforcement Administration (DEA) published a brochure, *Recognizing the Drug Abuser**, which describes the common behaviors of drug diverters in the ED. For example, they might show an unusual knowledge of controlled substances, give evasive or vague answers when questioned on medical history, show reluctance to provide reference information, claim to have no regular doctor or health insurance, or request specific controlled drugs while

resisting a different recommendation.

The brochure also describes the *modus operandi* often used by drug abusers: feigning physical or psychological symptoms and trying to apply pressure to the physician through sympathy, guilt, or even direct threat. He or she may also offer excuses for not going to their regular physician, such as claiming to be an out-of-town visitor, that his or her regular physician is unavailable, or other scenarios.

Responsibilities of the physician

Physicians carry legal and ethical responsibilities to uphold the law and protect society from drug abuse, a professional responsibility to prescribe controlled substances appropriately, and a personal responsibility to protect his or her organization from being a target of drug diversion. Fortunately, the burden of success is not on the provider's shoulders alone. The Office of Diversion Control is also tasked with preventing, detecting, and investigating the diversion of controlled pharmaceuticals. Toward this effort, the DEA has developed guidelines for deterring drug diversion, and the CDC has joined in the effort with additional resources.

The DEA's guidelines include steps such as following responsible prescribing, screening for substance abuse, prescribing painkillers only when other treatments have not been effective for pain, prescribing only the quantity needed based on expected length of pain, and referencing your state's Prescription Drug Monitoring Program. Additionally, the CDC highlights the importance of incorporating awareness of state law in strategies to deter drug diversion in the ED. 

* Available online at <http://1.usa.gov/19L18st>

Trish Lugtu is the R&D Manager for MMIC. Lugtu can be reached at Trish.Lugtu@MMICgroup.com

Know How to Respond



DO

- Perform a thorough examination appropriate to the patient's condition
- Document examination results and questions you asked the patient
- Request picture ID, or other ID, and social security number — photocopy these documents and include them in the patient's record
- Call a previous practitioner, pharmacist or hospital to confirm the patient's story
- Confirm a telephone number, if provided by the patient
- Confirm the patient's current address at each visit
- Write prescriptions for limited quantities

DON'T

- "Take their word for it" when you are suspicious
- Dispense drugs just to get rid of drug-seeking patients
- Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship

Source: U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control



The World of Healthcare in an Era of Data Breaches



By Caitlin Rooney | Director of Communication, Marketing and Public Relations, WINHealth


Security in the healthcare realm has gone from backburner to something more tangible and real for consumers.

Until recently, the healthcare industry has largely stayed out of the spotlight, while retailers like Target, Home Depot, Albertsons and Michaels were haunted with data breaches throughout the course of 2014. As we settle in to 2015, the threat of a protected health information breach in a world where healthcare has gone electronic couldn't be more real. This was clearly illustrated early this year as health insurance giant, Anthem, was the victim of an external cyberattack that breached a database that contained approximately 80 million records of members and employees.

Security experts say cyber criminals are increasingly targeting the \$3 trillion US healthcare industry. Medical identity theft is often not immediately identified by patients, their provider, or their payer, giving criminals years to milk these credentials. Healthcare data may be just as valuable as credit card information on the black market because the data contains information that can be used to access bank accounts or obtain prescriptions for controlled substances.

WINhealth has become hyperaware of the increasing security threat that looms over the healthcare industry. In an effort to ensure the safety of member information, WINhealth has put together an identity theft protection program. A partnership with Mosaic Identity Services' Family Beacon PLUS program opened up the doors for WINhealth to quickly and effectively offer this incredibly important and invaluable service to our members.

As of Jan. 1, 2015 Family Beacon PLUS was made available to all WINhealth members (excluding BestLife), regardless of plan type, at no additional cost. This service provides non-stop Internet monitoring for fraudulent use of personal information, as well as automatic email notification if a potential threat is discovered. In the unfortunate case that identity theft does occur, Family Beacon PLUS also provides identity restoration services. An additional bonus of the Family Beacon PLUS program is that it not only provides coverage for the WINhealth plan subscriber, but also for the enrolled dependents of the subscriber (to include the spouse and children under the age of 26).

As WINhealth continues to enroll members with qualifying events throughout the year, and as they look forward to the next open enrollment period beginning Oct. 15, members' protected health information will remain preeminent. Stephen K. Goldstone, President and CEO of WINhealth explained, "At WINhealth, we understand that staying healthy is hard enough without having to worry about the security of your identity and personal information. Our goal is to protect our members from unwanted surprises so they have greater peace of mind and can focus on living life to the fullest." 

Caitlin Rooney is the Director of Marketing, Communications, and Community Relations for WINHealth. She can be contacted at: crooney@winhealthplans.com.

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