

# WYOMING Medicine

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## Physician Leadership

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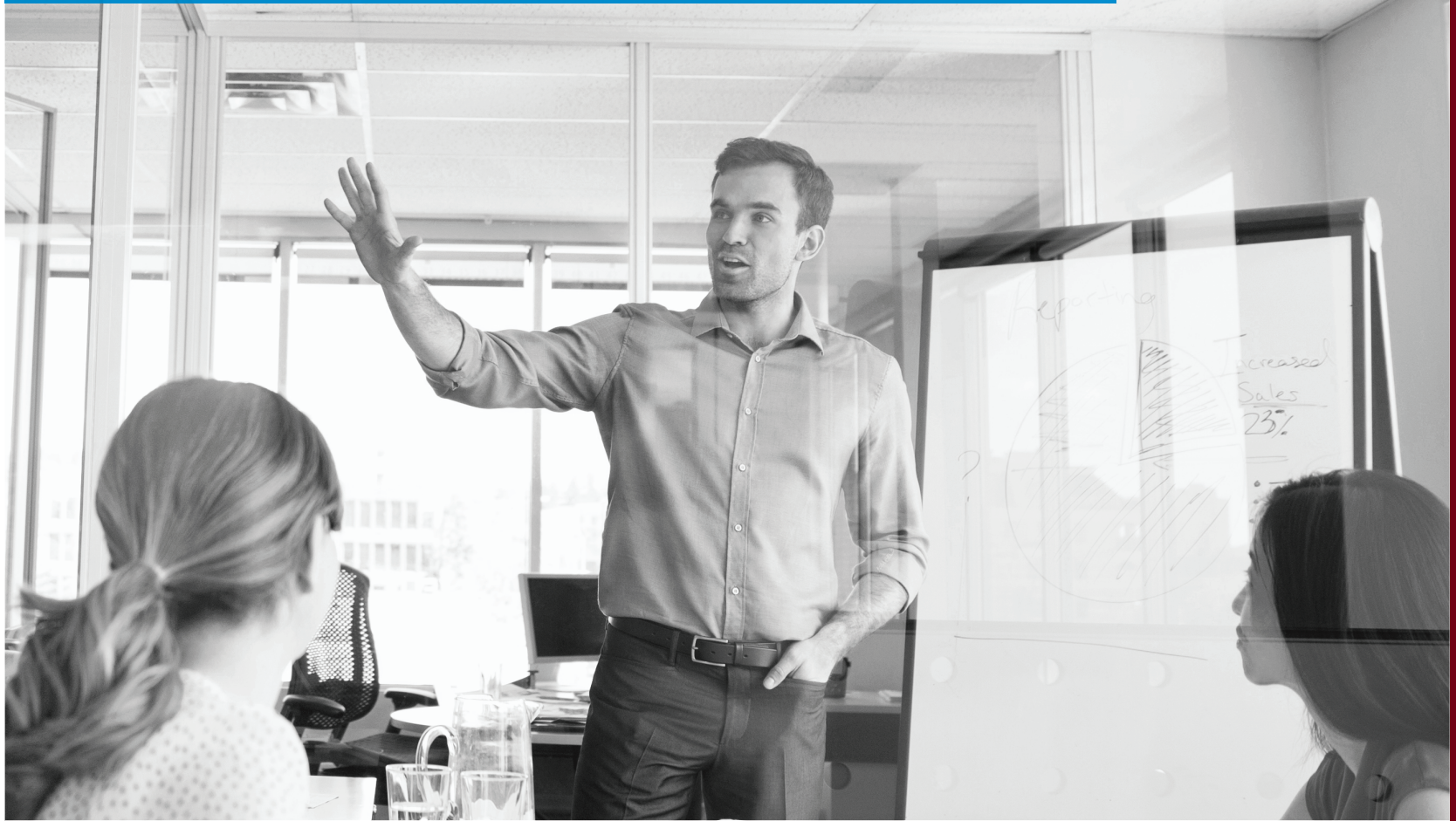
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# WYOMING Medicine

## WINTER 2017

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# Raising the State Tobacco Tax

BY ROBERT MONGER, MD



**N**ext year may finally be the year that Wyoming increases the tobacco tax. The Wyoming state tax on cigarettes is almost the lowest in the country at only \$0.60 per pack and hasn't been raised since 2003.

The average state tax in the United States is currently \$1.69 per pack, and in some states the tax is more than \$3.00 per pack. Local cigarette taxes also apply in many places; for example, in Chicago the combined state, county and city taxes add up to more than \$6.00 per pack of cigarettes.

There are many smokers in Wyoming. The Centers for Disease Control (CDC) estimates that almost 20% of adults in Wyoming are smokers, and that 800 adults in Wyoming die each year from their smoking habit.

And although the legal age to buy cigarettes is 18 years old, the CDC estimates that 15% of Wyoming high school students are smokers.

Groups like the Wyoming Medical Society and the American Cancer Society have been lobbying the Wyoming Legislature for years to raise the cigarette tax because it is well established that the more cigarettes cost to buy, the fewer cigarettes people smoke.

Based on data from other states that have raised their cigarette taxes, it is estimated that if Wyoming raised its cigarette tax by \$1.25 per pack that 3,500 current adult smokers in Wyoming would quit altogether, and it would prevent 3000 Wyoming youth under age 18 from ever becoming adult smokers. This would go on to prevent 1,800 premature smoking-caused deaths.

While the public health argument for raising the cigarette tax is compelling, it has not been persuasive for Wyoming legislators.

There is a strong pro-tobacco lobby in Wyoming that argues that raising the tobacco tax will hurt the small businesses in Wyoming that sell cigarettes, and Wyoming legislators have consistently and reliably voted for tobacco in recent years. So,

what's different now that things might change?

Simply put, what's different now is that the state needs the money. The state budget has become very tight, and the projected new annual revenue from increasing the cigarette tax by \$1.25 per pack is \$26.14 million dollars.

How could the state spend an extra 26 million dollars per year? Along with other state agencies the Wyoming Department of Health (WDH) could use the money.


WDH has been the target of numerous budget cuts in the past year. For example, the Tobacco Prevention and Control Program and the Substance Abuse Prevention Program fall under the same unit (0550) for funding allocation.

At the beginning of the 2017/18 biennium the unit was allocated \$4,588,365 of state general funds (SGF), but then during the 2017 legislative session their SGF budget was decreased by \$2,167,711, leaving the unit a SGF allocation of only \$2,426,654 for the biennium.

It's a classic example of penny wise and pound foolish: cutting preventative services helps balance this year's budget, but it'll cost the state much more money later on to treat all of the illnesses and addictions that could have been prevented.

Additionally, at the October 2017 meeting of the Labor, Health, and Social Services Committee WDH Director Tom Forslund testified that the Wyoming Medicaid program currently faces a more than \$20 million budget deficit.

Raising the state tobacco tax by \$1.25 per pack would bring the tax up to the national average, prevent thousands of Wyoming kids from ever becoming smokers, prevent 1,800 premature smoking-caused deaths, and the revenue could be used to restore funding to public health programs and help bridge the Medicaid budget gap.

Talk to your legislators. 2018 may finally be the year that Wyoming increases its tobacco tax. 

**The Centers for Disease Control (CDC) estimates that almost 20% of adults in Wyoming are smokers, and that 800 adults in Wyoming die each year from their smoking habit.**

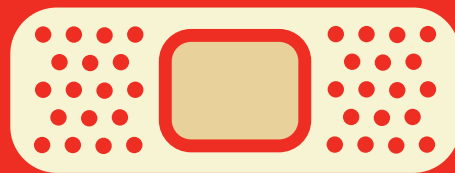
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## Exciting Changes Within WMS Foster Statewide Physician Growth and Connection

BY SHEILA BUSH  
WMS Executive Director



Louis Leo Holtz once said, “In this world you’re either growing or you’re dying so get in motion and grow,” and the Wyoming Medical Society (WMS) is doing some serious growing. Yes, WMS remains first and foremost the voice of medicine at the State Capitol and in meeting rooms across the state advocating for physicians and their patients. But we are so much more than that, and we can’t wait to share what the future holds for Wyoming physicians.

As was announced in an earlier publication of this magazine, WMS was awarded a generous grant from The Physicians Foundation to launch a physician leadership academy. Physicians are already leaders, and with the Wyoming Leaders in Medicine Physician Leadership Academy (WLM), WMS can play a critical role in connecting our physician leaders.

Through the program physicians will be given tools and support to grow in their own leadership styles with an aim of ultimately growing a statewide team of physician leaders poised to guide the future of healthcare delivery in Wyoming.

Several years ago, a physician whom I will forever consider a friend introduced me to the books of Patrick Lencioni. Many of you may know him for his cleverly titled books on leadership and management, one of my favorites being *The Five Dysfunctions of a Team*. Lencioni is credited with saying that, “If you could get all the people in [an] organization rowing in the same direction, you could dominate any industry, in any market, against any competition, at any time.” WLM is aimed to not only build better individual leaders, but to be an important player in getting physician leaders in the boat together and rowing in the same direction.

The first leadership session of the 2017-2018 class kicked off in October with the help of West Park Hospital and several incredible Cody physicians along with the expert guidance and leadership of FutureSYNC, Int. It immediately became evident that the WMS leadership program will be so much more than delivery of curriculum and imparting wisdom on the science of leadership.

While content focused on communication, emotional intelligence and more will provide the foundation for the program,

the new relationships, strengthening of friendships and expanding of networks may prove to be the true win for Wyoming and our physicians. Getting in the boat together and rowing in the same direction is easier when the boat is filled with familiar faces and people you consider friends.

WMS is making sure that we do our part in facilitating the statewide physician team by building relationships across the vast Wyoming miles and enabling and encouraging medicine to row together when the time calls.


Wyoming Medicine readers can learn more about the program in this edition of our magazine in the article by FutureSYNC, International’s President and Founder Wendy Samson. She shares exciting details about the 2017 year, the vision of the program, and some of the important aspects of leader-

ship development and its ties to mitigating against the risks of physician burnout, improving professional satisfaction, and increasing physician retention.

The leadership academy is just one aspect of WMS’s newly renewed focus on initiating physician connections and building relationships within medicine across the state. I’d be remiss to not mention our

upcoming annual meeting scheduled for January 19-21, 2018, at Snow King Resort in Jackson Hole.

In keeping with our dedication to strengthening the fabric of Wyoming’s physician community, this meeting will explore a new model with limited CME and increased opportunities for socializing and spending quality time with family- whether that’s on a sled or skiing the slopes. If you haven’t already, check out the WMS annual meeting site at [www.wmsannualmeeting.com](http://www.wmsannualmeeting.com) to see the 2018 speaker lineup, information on discounted ski passes to Jackson Hole Resort and reduced room rates at the newly-renovated Snow King Resort.

Whether it’s our new leadership academy, the advocacy we provide serving as the sole voice of medicine at the legislature, or the social events the county and state societies provide throughout the year, WMS and our component county societies have something for everyone. We couldn’t do what we do without our members, listed in the back of this magazine, to whom we owe a great deal of gratitude. Thank you. 

“In this world, you’re either growing or you’re dying so get in motion and grow.”

LOUIS LEO HOLTZ



## Physician Leadership



# Physician Leadership

## Our Wyoming Challenge

BY WENDY SAMSON  
FutureSYNC, Int.

FUTURESYNC  
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synchronizing solutions & igniting workplace performance

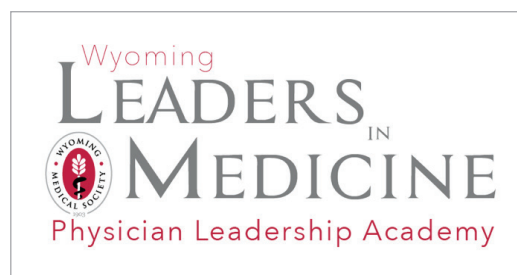
According to 2013 data from the American Association of Medical Colleges, Wyoming has one of the lowest levels (ranked 47 out of 50 states) of active physicians in the country, averaging 191 physicians per 100,000 residents. That number drops to 63 per 100,000 in population when you consider just primary care physicians. That means a higher standard of knowledge is required for rural healthcare providers who are miles from specialists, in addition to miles from other providers who could otherwise share knowledge on all things from immunizations to business practices.

Wyoming Medical Society's (WMS) "Wyoming Leaders in Medicine Physician Leadership Academy" has been designed to help physicians determine better ways to communicate with other healthcare professionals, as well as allow for relationship-building among doctors who are intent on a "warm hand-off" in regard to patient care. Beyond the doctor-patient connection, Wyoming physicians are now expected to

contribute beyond the realm of direct patient care and into the realm of systems development, solution building, and impacting healthcare policy.

In addition, WMS intends to impact physician burnout in Wyoming. In a recent study, Kandi Wiens, an executive coach and organizational-change consultant, and Annie McKee, PhD, a senior fellow at the University of Pennsylvania and director of the PennCLO Executive Doctoral Program, interviewed 35 Chief Medical Officers (CMO) to find out how they cope with the inherent stress of executive-level positions and managing healthcare professionals. Among the strategies for coping with those stressors were understanding emotions, managing emotions and

behaviors, active listening, staying connected to others, and acknowledging and managing conflict. The Physician Leadership Academy's curriculum addresses all of these stressors and skills.





## Physician Leadership

### Current Class Quotes

“In just the first two sessions, I have learned a great deal about leadership, and even more about myself. This course is already providing a great foundation with which I can take a more active role in improving my leadership.”

**KRIS SCHAMBER, MD**

“The Wyoming Leaders in Medicine Program has been fantastic thus far. I have been practicing medicine for some time now both clinically and in an administrative role, and through the Physician Leadership Academy I’m constantly learning new skills and ideas which will benefit both aspects of my practice. It has afforded me the opportunity to explore parts of Wyoming I have not seen since I was a child, to rekindle relationships with old friends and to meet many amazing colleagues from around the state. No matter the stage of your career, I highly recommend the Physician Leadership Academy.”

**DAN SURDAM, MD**

“The WLM program is an undeniable success. I’m proud of the job we’ve done at WMS securing the grant from the Physicians’ Foundation and securing FutureSYNC, the veteran facilitators from our sister program in Montana. As a participant in the inaugural class, I’m impressed with the diversity in geography and medical specialty and leadership style. We are learning an incredible amount from one another. I encourage any interested physician to apply.”

**PAUL JOHNSON, MD**

“We are only two sessions into the Wyoming Physician Leadership Academy, and I can already say with confidence that this opportunity for leadership development will represent a pivot point in my career. The teaching & learning, the camaraderie, and the exposure to innovative approaches to healthcare across Wyoming has been incredible and inspiring. In each session I look forward to taking home new and effective strategies for real life challenges in healthcare. This has been one of the best personal investments I’ve made in a very long time.”

**BETSY SPOMER, MD**

“I am proud to be a part of the Wyoming Physician Leadership and the life-changing experience it has provided. Without a doubt, this transformational program is a significant influence for a better future of Wyoming.”

**SPENCER R. WESTON, M.D.**

### Physician Leadership—Our Wyoming Design & Intent

WMS has partnered with their Montana neighbors in the pursuit of a well-crafted leadership development program that has been intentionally influenced by Leadership Wyoming’s success in regard to creativity, participant experience, and outcomes. Montana launched their physician leadership development efforts five years ago and has since impacted the lives of almost 100 physician leaders in their state. We are pleased to announce that the first class of Wyoming’s Physician Leadership Academy successfully launched this month.

WMS selected FutureSYNC International (FSI) to create and facilitate the leadership development programming. The FSI team specializes in serving the house of medicine and embraces the WMS vision of lifelong leadership learning, the coaching and mentoring of other physician leaders, and solution-based learning experiences.

Headquartered in Billings, Montana, FSI has conducted leadership development training and research in communities across Montana and the United States for more than 23 years. The CEO and Catalyst Growth Coach Wendy Samson is known for customizing curriculums to address specific organizational needs and objectives. She has authored and offers trademarked programs like Mosaic Manager™ and Executive Intelligence™, and founded The Rocky Mountain Center for Women in Leadership. FSI has worked extensively in the healthcare industry



Garth Reber, MD presenting on Care Delivery and Cultural Sensitivities.



with multiple hospitals/clinics, long-term care facilities, and health-related associations.

FST's curriculum was vetted by the Wyoming Advisory Council of Physicians to ensure the relevancy to the practice of medicine in Wyoming.


The program consists of seven sessions that focus on developing core leadership skills in a powerful and personal way.

The modules include:

- Emotional Intelligence
- Relationship Management & Communication
- Meaningful Influence
- Team Engagement
- Thinking Strategically
- Critical Thinking... The Advanced Leadership Kit
- Change and Transition Management
- Personal Accountability Cultures
- Generations Working Together

The sessions are designed to engage and unite participants. Physicians will learn practical and action-oriented skills to effectively lead in their practice or healthcare organization.

### Physician Leadership—Wyoming is Poised to Lead

The inaugural program participants are already finding that further development of their leadership competencies will have a positive impact on their communication, effectiveness, engagement levels, and expanding their sphere of influence as well as their overall well-being. 

**Join the 2018 Physician Leadership Academy class and BE POISED TO LEAD! Find out more about the 2018 application process at the WMS Annual Meeting in January!**



# Save the date

# Frontiers in Primary Care

**April 19-21, 2018**

Ramkota Hotel & Conference Center  
Casper, Wyo.

Look for more information at [WyomingMedicalCenter.org/Frontiers](http://WyomingMedicalCenter.org/Frontiers)

Mark your calendars for the annual Frontiers conference, now called Frontiers in Primary Care.

This conference is designed to provide current information on selected medical topics of clinical relevance through the expertise of distinguished faculty. Now held in Casper, the new conference is an opportunity for physicians, nurse practitioners and physician's assistants to network with specialists and learn the latest treatment protocols for their patients.

#### Keynote Speaker

#### Joseph Maroon, M.D.

Dr. Maroon is a world-renowned neurosurgeon, team doctor for the Pittsburgh Steelers, and author and co-developer of the NFL's head injury program. He will join us at Frontiers to talk about sports injuries and physician wellness.



## Physician Leadership

# Medical Leadership In an Unconventional Setting

BY TY STOCKTON  
Wyoming Medical Society

Students in a NOLS class practice carrying a litter.

Most medical professionals will never have to warm up a hypothermic patient in 20 degrees below zero ambient temperatures. Few will have to boil water to sterilize it, then prepare saline on their own. And many would never dream of making a diagnosis without the aid of lab tests or medical imaging.

But some willingly put themselves in just these situations. To ensure they are prepared for the challenges they'll face in natural disaster relief efforts, backcountry rescues, military expeditions or similar settings, many seek out Wilderness Medicine training like that provided by the National Outdoor Leadership School (NOLS) in Lander, Wyoming.

**As members of a team, the weaknesses can be mitigated, and the strengths can be enhanced.**

Physicians, paramedics, EMTs and other medical professionals aren't the only ones who take the Wilderness Medicine courses, though, which presents unique challenges for the NOLS staff. There may be vast differences in abilities and knowledge of the participants in these classes.

Dr. Brian Gee, the medical director at NOLS, realizes everyone has strengths and weaknesses. As members of a team, the weaknesses can be mitigated, and the strengths can be enhanced.

"I first met (Dr. Gee) shortly after we moved our offices to the NOLS headquarters building in Lander," said Gates Richards, the NOLS special programs manager. "I was on an ambulance shift, and we were delivering a patient to the ER. As



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## Physician Leadership

we wheeled the patient in, I heard the ER doc say to the charge nurse, ‘I get three attempts at this, and then she’s yours.’ I watched as the physician tried to start an IV in the patient three times and fail three times. He then scooted away from the patient and said, ‘I do this periodically to remind myself where my strengths and weaknesses are and what my role is in the ER.’ I then watched the nurse get the IV on the first attempt. Without looking.

“The doc was Brian, and over the subsequent 15 years or so our relationship has evolved from MD and EMT to friends and coworkers. Throughout that time, Brian has always placed a high priority on the quest for knowl-

edge, the acknowledgment that each member of any team brings a different set of skills to any situation, and the importance of a leader to recognize their role in the larger team.

“I was on an ambulance shift, and we were delivering a patient to the ER. As we wheeled the patient in, I heard the ER doc say to the charge nurse, ‘I get three attempts at this, and she’s yours.’”

GATES RICHARDS  
NOLS Special Programs Manager

I’ve had the opportunity to both learn from and to teach Brian. His willingness to engage wholly in the process is what I think all leaders should practice.”

For Dr. Gee, that exercise was more than simply determining his own shortcomings. It also served to remind him that what comes naturally to one person might be a struggle for someone else. Further, it gave him the opportunity to attempt the tasks others are expected to do, so that he might better understand that person’s point of view.



Students practice patient assessment.

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## Physician Leadership



A team of students works together to move a patient in a litter over rough terrain.

Tod Schimelpfenig, the director of medical curriculum for NOLS, said that ability to see things from various sides is crucial in Wilderness Medicine.

“A lot of our classes prep private citizens for remote environmental medical skills,” Schimelpfenig said. “Some help medical professionals switch their thinking for those environments. We often have classes for search and rescue groups who work in the National Park Service, for example; special forces operatives; disaster teams; or just people who want to go to Everest Base Camp and serve as medical personnel.”

Simply having to explain how to treat complex medical ailments in primitive conditions is a tall enough order on its own for the NOLS instructors, but because they deal with students ranging from lay people to seasoned medical veterans, Schimelpfenig said the NOLS staff needs a unique set of leadership skills. He said working at the school even before he was tabbed for his current position, as well as more than 40 years of EMT experience, helped him develop those skills for his highly-specialized job.

“What I do is pretty unique,” he said. “I don’t know that there are a lot of people who do what I do. I’ve had a long career with NOLS, and the focus is so much on leadership, it’s been ongoing training. I just started to apply that to what I was doing when I got this job about 15 years ago.”

Despite the obvious differences between the Wilderness Medicine courses Dr. Gee and Schimelpfenig design and the courses taught at medical schools, Schimelpfenig said the fundamentals are still the same.

“We train medical students and a course for Harvard residents, give them a five-day medical course then take them into the wilderness for three weeks; I’m trying to stay on top of the current state of the practice, just like medical school instructors do,” he said. And like those traditional instructors, he said he tries to identify and help his faculty understand the nuances of arguments when there is a lack of clarity or standards. “There is a lot of gray in medicine, and I help my faculty understand that and sort through the literature as it evolves. Are we going to make practice changes based on a current study, or watch it over time? So it’s similar, I’d say.”




A student practices building a splint using improvised materials.

But other aspects present their own challenges. “We teach so many lay people, we have to translate what a physician might understand to what a lay person might be able to do,” he said. For instance, his students often find themselves miles from modern medical facilities and have to deal with pressing medical issues. However, the foundation of effective treatment is the same, no matter whether technological assistance is available or not – and because of the differences in backgrounds, this again is a reminder of the importance of Dr. Gee’s willingness to walk in another’s shoes for a while.

“There’s a strong leadership component in our curriculum where we talk to folks a lot about communication,” Schimelpfenig said. “A lot of it hinges on communication – being able to ask questions, advocate, be a good member of a team. We talk a lot about situational awareness, making sense, making decisions.”

So there are similarities. But there are also differences. Many of those differences help physicians who take the courses im-

prove their critical thinking and decision-making skills, and even their leadership abilities. They may not find themselves spending a night tied to somebody with a broken pelvis on the side of a cliff, trying to mitigate the bleeding into the patient’s chest; or spending six days carrying a woman with acute appendicitis out of a remote wilderness – unless they find themselves traveling with extended expeditions into the wildest places on the globe, like Dr. Gee and Schimelpfenig do. But their lessons and experiences will strengthen their leadership abilities and help them come up with out-of-the-box solutions to problems. 

***NOLS Wilderness Medicine courses are available for medical professionals in two-day and five-day, intense, hands-on options, as well as extended expeditions. Courses can count toward continuing education requirements as well. Visit [NOLS.edu](http://NOLS.edu) or call 800-710-6657 for more information.***



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## Physician Leadership

# A Close Up of Agencies

## Fostering Physician Leadership in Wyoming

BY KANDICE HANSEN  
Wyoming Medical Society

Opportunities for physician leadership in Wyoming are widespread. Some of these opportunities are highlighted below. Getting involved in one area of physician leadership often launches physicians and physician assistants into other areas of leadership and opens doors to new relationships, cultivates new connections and facilitates a high rate of professional growth.

### County Societies


Wyoming also has county/area societies that function on a local level. These societies exist to connect local physicians and

physician assistants, provide education, and to establish connection between the community and the physicians/physician assistants. The Trustees of these societies (elected by the county medical society) represent the county society interests at the state level by serving on the WMS Board of Trustees. The Wyoming county/area societies include: Albany, Campbell, Carbon, Converse, Fremont, Goshen, Johnson, Laramie, Natrona, Northeastern Counties, Northwestern Counties, Platte, Sheridan, Sweetwater, Teton Mtn., and Uinta.

To find out more about the county-level societies, please visit the WMS website or contact WMS by emailing [info@wyomed.org](mailto:info@wyomed.org)

### Specialty Societies

Numerous specialties have established their own state-level society or chapter derived from the national-level specialty society. Although it certainly is not an exhaustive list of these societies, WMS oversees the following specialty societies: Wyoming Academy of Family Physicians (WAFP), Wyoming Chapter of the American Academy of Pediatrics (WY-AAP), Wyoming Association of Physician Assistants (WAPA), Wyoming Association of Psychiatric Physicians (WAPP), and the Wyoming Chapter of the American College of Physicians (WYACP). To find out more or connect with any of these societies, please contact WMS by emailing [info@wyomed.org](mailto:info@wyomed.org)

Don't see your speciality listed? WMS recommends reaching out to the national-level organization to find out if Wyoming has an operational chapter set up. 

## What leaders are saying

"I have enjoyed serving on the WMS board for multiple reasons. First, I am one of those of the opinion that if you want to see change then you need to be an agent of change and not one of those who stays on the sidelines and complains. Frankly, I was shocked once I learned the significance of the issues that the WMS addresses. From major legislative issues that literally affect how a physician practices day to day over to providing a unified voice in push back to insurance changes over to patient safety issues...the WMS touches them all.

Second, the involvement allows for me to escape the fishbowl of medicine in which I live. I have the chance to think about healthcare issues that not only affect my practice but affect healthcare across our state and across our specialties. I think that this helps to keep my focus broad instead of pinpoint on my EMR inbox day in and day out.

Lastly, serving on the board allows for me to meet and interact with physicians from all around the state that I would otherwise not have met. I like to think of our board meetings as a statewide physicians lounge where we all get together to tackle the issues of our day.

I feel honored for the chance to serve our profession and state."

DEAN BARTHOLOMEW, MD, FAFPP

"I was fortuitous for me to have been on the Wyoming Board of Pharmacy during difficult discussions about immunizations and allergy extracts, subjects near and dear to me professionally, and I interacted with and was fortunate to befriend so many people."

SIGSBEE DUCK, RPH, MD





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## Physician Leadership

Name of Organization	Opportunities
<b>WYOMING BOARD OF PHARMACY</b>	<p>The Governor appoints one physician to the board of pharmacy for a six year term.</p>
<b>WWAMI</b>	<p>Physicians can apply to be a member of the Admissions Committee. This committee has four member slots, and each member serves a six-year term. Physicians also have the opportunity to engage in teaching WWAMI students from all five participating states during their clinical phase. Preceptors around Wyoming take students for six-week clerkships in surgery, OBGYN, psychiatry, internal medicine, family medicine, and pediatrics. Other required clerkships include emergency medicine, neurology, and advanced outpatient care. Finally, physicians in Laramie and Cheyenne can also serve as preceptors for the students (once a week) during their foundations phase.</p>
<b>WYOMING MEDICAL SOCIETY BOARD OF TRUSTEES</b>	<p>The WMS Board of Trustees is composed of executive officers and up to 16 county component society seats, who provide statewide representation. Retired physicians, physician assistants, residents, and students are also represented on the WMS Board. These individuals participate in determining policy, responding to developing situations, and receiving and acting upon reports from committees and task forces. The Board, as a body, has full authority to act and speak for the WMS membership.</p>
<b>WYOMING MEDICAID P&amp;T/DUR PROGRAM</b>	<p>The contributing membership of this advisory group is composed of clinicians from various medical and behavioral health fields as well as Wyoming licensed pharmacists.</p>
<b>WYOMING MEDICAID MEDICAL ADVISORY GROUP</b>	<p>The contributing membership of this advisory group is composed of representatives from various medical and behavioral health fields as well as Wyoming Hospital CEOs/CFOs and the applicable healthcare associations.</p>

## Mission

## Contact

The Board of Pharmacy is that State agency charged with the responsibility of protecting the health and welfare of the residents of Wyoming regarding pharmaceutical services.

Mary K. Walker  
Executive Director  
(307) 634-9636  
Email:  
bop@wyo.gov  
Website:  
<http://pharmacyboard.state.wy.us/>

WWAMI is Wyoming's Medical School! The University of Wyoming participates in the WWAMI Medical Education Program, which is affiliated with the University of Washington School of Medicine (UWSOM) in Seattle, Washington. WWAMI is an acronym for the five states that participate in this program: Washington, Wyoming, Alaska, Montana and Idaho. The UWSOM curriculum, content and testing is the same at all WWAMI sites. Students that complete this four-year medical education program receive their doctor of medicine degree (M.D.) from the UWSOM. The WWAMI program reserves twenty seats each year for qualified Wyoming residents.

Deb Dolph  
Administrator/Program Operations  
(307) 432-9264  
Email:  
debdolph@wyomed.org  
Website:  
<http://uwmedicine.washington.edu>

“Advocating for Wyoming doctors and their patients.” The Wyoming Medical Society was founded in 1903 to provide representation, advocacy and service to Wyoming physicians. They strive to be an efficient, member-driven, responsive organization, capable of anticipating and responding swiftly to the changing health care environment. WMS serves their membership, and their patients, and works to improve the health of Wyoming's citizens.

Sheila Bush  
Executive Director  
(307) 635-2424  
Email:  
info@wyomed.org  
Website:  
<https://www.wyomed.org>

The mission is to enhance quality of patient care by assuring appropriate drug therapy, optimal patient outcomes, and education for health care providers.

Aimee Lewis,  
DUR Manager  
(307) 766-6750  
Email:  
alewis13@uwoyo.edu

The committee advises the Wyoming Department of Health on issues regarding all aspects of the Medicaid Program.

Dr. James Bush,  
Medicaid Medical Director  
(307) 777-7245  
Email:  
James.Bush@wyo.gov  
Website:  
<https://health.wyo.gov/healthcarefin/medicaid/>



## Physician Leadership

# Prepare for the Next Step

BY TY STOCKTON  
Wyoming Medical Society

**H**ospitals face increasing scrutiny from government agencies, the media, and the public in general. In order to provide the best possible care, satisfy outside interests, and remain financially viable, many hospitals have turned to shared governance models. These models take advantage of the physicians' (and sometimes nurses') knowledge of clinical situations and patient care to better inform the business-minded administration of issues that are about more than the bottom line.

"There are a lot of options for physicians who want leadership training," said Dr. Jeffrey Chapman, the Cheyenne Regional Medical Center's Chief Medical Officer. The American Association of Physician Leaders has conferences and online courses; there are programs that offer a masters in medical management, which is the equivalent of MBA but enrollment is limited to physicians; and more.

Medical schools are getting better about leadership instruction, too. They never used to teach leadership, but now, one of the in things is med schools offering an MBA."

Dr. Chapman's hospital uses Advisory Board for much of its leadership training. Advisory Board is an all-inclusive, research-based institution that provides training for all aspects of

medical care, from administrative procedures to patient care.


"We instruct groups ranging from 30 to 50 people in person, in experiential workshops, and we talk about core skills that allow you to be effective in leadership roles and facing the challenges physician leaders face," said Paul Merrylees, the Practice Manager for Talent Development at Advisory Board.

"We provide support on change leadership, business leadership skills, working with a budget, issues having to do with changes occurring in organizations or regulatory changes; the seminars presents the information in terms of 'here are the

changes we see,' and we progress to 'lets talk about the implications for physicians.'"

Advisory Board is only one of many resources available to physicians and hospitals. Others include the American Hospital Association's Physician Leadership Forum, the American Medical Association, the American Association for Physician Leadership, and even Leadership Wyoming right here in the Cow-

boy State.

Each organization employs different methods of engagement, modes of instruction, and intensity. For more information about these programs, visit their websites or arrange for an in-person presentation. 

**In order to provide the best possible care, satisfy outside interests, and remain financially viable, many hospitals have turned to shared governance models.**

## Resources for Physician Leadership Training Opportunities

### ORGANIZATION NAME

Advisory Board

### WEBSITE

[www.advisory.com](http://www.advisory.com)

### PHONE NUMBER

202-266-5600

### LOCATION

Washington, D.C.

### ABOUT

The Talent Development program at Advisory Board is one of several options the company offers to enhance leadership skills. All the programs, including Talent Development, are research-based, including ongoing research in the 3,100 hospitals and health systems Advisory Board partners with.

### ORGANIZATION NAME

Leadership Wyoming

### WEBSITE

[www.leadershipwyoming.org](http://www.leadershipwyoming.org)

### PHONE NUMBER

307-577-8000

### ABOUT

Though not specifically tailored to physicians and health care facilities, Leadership Wyoming provides a strong curriculum for leadership training. Candidates for Leadership Wyoming interact with other leaders from a variety of industries across the state, and they work together to come up with solutions to various challenges.

Leadership Wyoming helps participants learn about the issues of concern to all businesses and agencies, and encourages students to think outside the box to find answers to difficult questions.

### ORGANIZATION NAME

American Association for Physician Leadership

### WEBSITE

[www.physicianleaders.org](http://www.physicianleaders.org)

### PHONE NUMBER

800-562-8088

### LOCATION

Tampa, Florida

### ABOUT

The AMA offers a plethora of training, including the Organized Medical Staff Section and its Candidate School.

The Organized Medical Staff Section is open to physicians nominated by their peers to represent the interests and concerns of their medical staffs, as well as to serve as liaisons between the AMA's Organized Medical Staff Section and medical staffs across the United States.

The Candidate School strives to prepare interested physicians for political offices. U.S. Senator and physician Dr. John Barrasso spoke at the 2016 Campaign School training.

### ORGANIZATION NAME

American Hospital Association's Physician Leadership Forum

### WEBSITE

[www.ahaphysicianforum.org](http://www.ahaphysicianforum.org)

### PHONE NUMBER

312-278-0702

### LOCATION

Chicago, Illinois

### ABOUT

The AHA's Physician Leadership Forum offers a host of leadership resources, including reports such as the New Guiding Principles on Integrated Leadership, Governance of Physician Organizations, Creating the Hospital of the Future, and more.

The Forum also offers webinars and other online resources.



## Physician Leadership

# Doctors as Leaders

BY TY STOCKTON  
Wyoming Medical Society

Physicians might be the most highly trained people in the professional world. Some take that training several steps further with specialization. They learn how to remove tumors, transplant organs, diagnose a rare malady and save countless lives. Very little, if any, of that training involves running a hospital, managing a budget or leading a team of fellow physicians.

Yet many large hospitals such as the Mayo Clinic and the Cleveland Clinic are now headed by physicians with a Doctor of Medicine (MD) degree, rather than by business leaders with a Master of Business Administration (MBA). These hospitals may be better prepared to solve challenges within the medical fields, but are they as successful overall as the hospitals led by non-physicians holding business management degrees?

Wyoming Medical Center in Casper sees the benefit of placing physicians in positions of leadership – enough to create a shared governance model and institute a Joint Operations Board comprised half of physicians and half of administrators.

“The idea is to help both the hospitals and the physicians work together,” said Dr. Robert Neff, the chairman of the Joint Operations Board at Wyoming Medical Center. “The most successful hospitals are the ones where the physicians are engaged with the management. If it were just administrative, we might miss important considerations on the clinical side. On the other hand, the physicians will put the patient first, but there might be regulations or business issues the physicians might not be aware of. The Joint Operations Board makes us very collaborative. We can cover issues affecting both the physicians and the administration.”

Cheyenne Regional Medical Center also recognizes the importance of giving physicians training for leadership skills.

“We just finished a 16-month series of four-hour seminars on talent development with Advisory Board,” said Dr. Jeffrey Chapman, CRMC’s Chief Medical Officer.

Advisory Board is a research-based organization that focuses on the medical industry. “We provide provider organizations



Robert Neff, MD

with training support for physicians as well as non-physicians,” said Pete Merrylees, the Practice Manager for Talent Development at Advisory Board. “The starting point is that there is a common situation where physician leaders find themselves in leadership positions, but their training hasn’t been in leadership or management. They’re asking, ‘How do I direct change?’ But they don’t necessarily have the tool kit for that role as a leader.”

The talent development seminars CRMC participates in are one of many methods Advisory Board and other training companies use to give these highly-trained professionals the information they need to succeed in leadership roles. There are as many methods as there are hospitals seeking leadership training for their physicians. Wyoming Medical Center, for instance, also employs management training for its physician leaders.

“Since the Joint Operations Board’s creation, we’ve been given lots of opportunities for leadership training,” Dr. Neff said. The physicians who participated attended seminars, read books chosen specifically to improve their leadership skills, and were even tested on their progress. Much of the leadership training at Wyoming Medical Center was administered by the American Hospital Association’s Physician Leadership Forum.

“Our Joint Operation Board’s chair and co-chair went to the Governance Institute in September,” Dr. Neff said, explaining that his hospital is excited to help train its physicians to become better leaders.

The leadership instruction may differ somewhat from one hospital to the next, but at hospitals where physician leadership is

promoted, the outcomes are similar.

“It’s a lot of work, but it’s rewarding,” Dr. Neff said. “We get to meet with the hospital board of directors and give the physicians’ point of view.” He said the Joint Operations Board has helped implement ideas to improve patient care – from things as small as making the spaces in the parking lot bigger to acquiring software that puts important medical resources right at the doctors’ fingertips.

“And it’s encouraging to know we’re being heard,” Dr. Neff said. He explained that there was a policy in practice that the physicians thought didn’t make sense, and physician input swayed the board of directors to change the policy.

“The physician’s voice is heard, and it improves the work experience,” Dr. Neff said.

Back in the capital city, Cheyenne Regional Medical Center is observing many of the same benefits to leadership training.


“We absolutely see a spark with the people who participate,” Dr. Chapman said. “One of the things I’ve been thinking about or working on is ownership. Everyone in the hospital has ownership of their work. If you have a rental car and it’s dirty and the service due light comes on, you just take it back to the rental

agency. If it’s your car, you wash it and take care of the service. Involving physicians in decision-making, which we’re trying to do now (physicians sit with executive team), gives them ownership and gets them excited about their work and the work of the hospital again.”

Dr. Chapman also said his experiences with former military personnel is an awareness of the second- and third-level consequences to actions. He tries to explain to physicians he works with the importance of these indirect results of decisions, both for patient care as well as for leadership of teams and departments.

“You tend to focus on the direct impacts,” he said, “but you don’t think about second and third level. Now I step back and think about who else is affected by the decisions I make.”

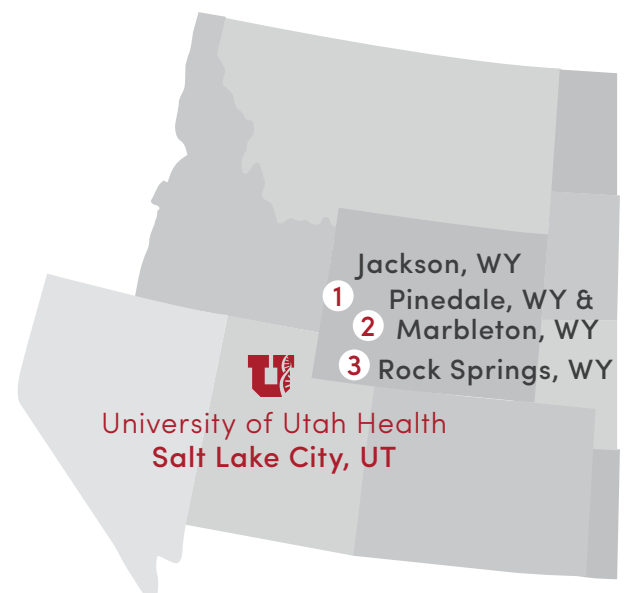
With his awareness of those cascading results, Dr. Chapman sees them in leadership development, as well.

“We see other benefits, as well,” he said. “We’re working on the patient experience steering committee now, and we are already seeing improvements in patient care, and I think that comes from talent development. Getting people trained to become future leaders truly improves the workplace and the patient care.” 

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- 2 Sublette County Rural Health District
- 3 Memorial Hospital of Sweetwater County



## Physician Leadership

# From YouTube™ to Your Local Emergency Department

## Implied Consent for Law Enforcement, Blood Draws in DUI Cases

BY NICK HEALEY, JD  
Dray|Dyekman|Reed|Healey PC



**T**hrough the magic of YouTube™, almost everyone in the country (if not the world) has seen the video of a Salt Lake City police detective dragging a screaming emergency department nurse from a hospital for refusing to allow the detective to draw blood from an unconscious DUI victim. The attention generated by that video has highlighted a confusing area of the law for health care providers, and this article is intended to provide answers to some of the most frequent questions that arise in these types of situations.

### **If a law enforcement officer tells me to perform a blood draw on a patient, do I have to comply?**

No. Wyoming law does not require a physician (or any other provider) to draw blood from a patient, even if the patient is brought to a hospital under arrest by a law enforcement officer. Other states (notably Georgia) may require a physician to draw blood if directed by law enforcement. Wyoming law does not. In the heat of the moment, law enforcement officers may claim that the physician is obstructing justice by refusing, but this is unlikely (notwithstanding the Salt Lake City nurse's arrest). Refusal to draw blood is not obstruction as long as you do not prevent the law enforcement officer from conducting the blood draw him/herself (which Wyoming law also permits law enforcement officers to do, if they have been trained to do so).

### **Don't patients have to consent to have their blood drawn?**

In most circumstances, yes. But, like most other states, Wyoming law states that the patient's consent to the blood draw is implied where the patient is an adult (or "youthful driver" discussed below) under arrest for DUI/DWI, the patient is a

commercial motor vehicle driver, or law enforcement has a search warrant directing the specimen collection. The patient may, however, still refuse the blood draw, but their consent is initially implied.

### **What if the patient is not under arrest, but unconscious?**

The patient's consent is also implied if they are dead, unconscious or not in a position to consent. In the case of death, hospitals will often be unwilling to proceed with a blood draw unless the family consents. While the family's consent is probably not necessary (since the patient's consent is implied), since the provider has no obligation to perform the blood draw, the provider can refuse to conduct the blood draw until the family consents.

### **If the patient is a minor, does the minor's parent or guardian have to consent to the blood draw?**

Wyoming law is not perfectly clear on this situation. Generally, minors cannot consent to their own health care (with certain limited exceptions), and a parent's or guardian's consent would be required. However, Wyoming law states that for "youthful drivers" (under 21), consent to a blood draw is implied if the patient is under arrest for DUI or DWI. Since an individual reaches the age of majority for most purposes at 18, this leaves open the question of whether consent is implied if the patient is under 18. In that situation, providers can choose not to conduct the blood draw if they feel uncomfortable doing so without a parent's or guardian's consent (since the provider is not obligated to conduct the blood draw in the first place).




### What if the patient refuses to comply, even though their consent is implied?

Patients can still refuse the blood draw even though their consent is implied, unless the law enforcement officer has a search warrant for the blood draw or the accident being investigated was one in which serious bodily injury or death occurred. In those situations, the patient cannot refuse the blood draw. That does not mean, however, that the provider is required to draw the blood – if the patient is violently uncooperative, the provider is not required to draw the blood and should use their own judgment about whether they are willing to do so. While law enforcement investigations are important, the safety of the provider, his/her staff, and other members of the public are also important and should be the provider's paramount concern.

### If the law enforcement officer asks me to collect a urine specimen instead of a blood sample, is that covered by the patient's "implied consent"?

Yes. Although generally a blood sample will be requested, the law enforcement officer can request a urine specimen rather than a blood sample, and the patient is legally considered to have consented. Depending on the circumstances, the patient may choose to give a urine sample rather than a blood sample, or vice versa, but the law enforcement officer's choice dictates this in most cases.

It's important to state that nothing in this article is intended to encourage physicians to refuse to comply with law enforcement requests for blood draws. Law enforcement officers already have a difficult job contending with various health care privacy laws- not to mention actually performing investigations and enforcing the law! The vast majority of health care providers are eager to comply with legitimate law enforcement requests for assistance and should be. But, increasingly, society recognizes that patients have specific rights in the health care setting in addition to every individual's Constitutional rights be free of unreasonable search and seizure. The intersection of all these laws is murky, leading to confusion among providers, and hopefully this article assists in clearing up some of the confusion. 



**1 OF 7**

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## Physician Leadership

# 2017 Wyoming Physician of the Year

Sigsbee Duck, M.D., RPh

BY KANDICE HANSEN  
Wyoming Medical Society



Sigsbee Duck, M.D., RPh

The familiar sound of “Forever and Ever, Amen” filled the room as the Randy Travis ringback tone resonated from the speakerphone. An equally rich and vibrant voice then answered, and for the next 40 minutes from a fogged-in cabin in Jackson, Sigsbee Duck, M.D., RPh, shared his journey as a physician. Overarching themes of being intentional about stepping into physician leadership and leaning on family support paved the way to what he believes is one of the biggest honors of his life—being named the 2017 Wyoming Physician of the Year.

Born and raised in Mars Hill, North Carolina, Dr. Duck was introduced to medicine at a young age. His father, a general practitioner who did some specialty work in obstetrics, and his mother, a nurse, served as role models and

major influences in his life. “He was my best friend. I always wanted to be just like my Dad, so ultimately through a course of events I went to college, graduate school and medical school,” he stated.

After attending Mars Hill College and graduating from Wake

Forest University in 1974 and then the Mercer University School of Pharmacy in 1977, Duck completed medical school at East Carolina University School of Medicine in 1981, followed by a surgical internship at the University of Kentucky Medical Center in 1982. He then completed his residency at Emory University Medical Center in Atlanta, Georgia, in 1986. He is Board Certified by the American Board of Otolaryngology and a Fellow of the American Academy of Otolaryngic Allergy.

“My philosophy is once you’ve grown through this process, younger folks need to become more involved with their future and they need to participate.”

SIGSBEE DUCK  
M.D., RPh

He has been in private practice since 1986 and began practicing medicine in Wyoming in the mid-1990's, starting in Gillette and transitioning to Rock Springs 14 years later. When asked about his experience in building his life in Wyoming, he said, "I have always loved it."

Eager to share the significant place his family holds in his life, Duck spoke fondly of Cindy, his wife of nearly 36 years, and his three children: Marguerite, an ICU nurse in St. Louis; Riley, a third-year medical student at the University of Louisville; and Zachary, a Frontier Airlines Captain based out of Las Vegas. "Without the support of your wife and family, you can only take leadership so far," he said. Along with "the most incredible family in the world," Duck also credits his border collie, Blaze, his dachshund, Mandog, and his deceased basset hound, Harley, with being the support behind his successes.

Duck's views on physician leadership are grounded in taking action and being intentional. He was strategic in rebuilding the Campbell County Medical Society during his time in Gillette and similarly revived the Sweetwater County Medical Society with the assistance of the Sweetwater Memorial Hospital staff.

While strengthening the local medical societies, he also actively participated in the state medical society. He served as both a Trustee and President on the Wyoming Medical Society Board. "Wyoming Medical Society became such a large part of my life because I met and became friends with so many really remarkable people," he recalled. "I'll always be proud of and invested in the Wyoming Medical Society... You can't be an ef-



Dr. Paul Johnson presents Dr. Duck with the WY Physician of the Year Award.



Dr. Duck with his wife and children



## Physician Leadership



Duck's father and mother



Dr. Duck greatly enjoyed being a pilot. He is pictured here with his son Zachary.

fective leader without support from the WMS staff.”

He was also appointed by the Governor to serve on the State Board of Pharmacy and held the appointment for 4 years. “It was fortuitous for me to have been on the Wyoming Board of Pharmacy during difficult discussions about immunizations and allergy extracts, subjects near and dear to me professionally, and I interacted with and was fortunate to befriend so many people,” he reminisced.

He noted that there is an interesting dynamic to being a physician in Wyoming- the geographic area is large, but it is very small networking-wise. Due to the nature of the small population, it is very possible to effect change. “You simply have to participate,” he said with conviction.

“My philosophy is once you’ve grown through this process, younger folks need to become more involved with their future and they need to participate,” Duck said. He feels the Wyoming Leaders in Medicine Physician Leadership Academy is a great way for doctors in the state to launch their leadership roles. “The program is very important to help younger physicians realize the importance of involvement in local and state affairs... To try to have at least some say so in the future of healthcare so our patients will ultimately receive better care- which is what it’s all about.” He believes that these agencies and programs are what encourage comradery amongst physicians and knows this is an even greater need than it used to be due to the constantly changing healthcare environment.

Perhaps one of the greatest achievements in his numerous physician leadership roles, Duck was recently named President-Elect of The Triological Society this year. This national-level, academic society is the most prestigious society in otolaryngology and consists of very few private practitioners. Fellowship is achieved by presenting a thesis in the field of otolaryngology

Due to the nature of the small population (of Wyoming), it is very possible to effect change.

considered acceptable to a panel of peers.

Duck recalls making numerous trips to Chapel Hill while conducting research for his thesis which was presented- and won an Honorable Mention award- in 1997. “I am just very honored and humbled to have been chosen to be president of such a fabulous organization,” he stated. “It’s a really big honor and it will be a unique experience.”

It was one of Duck’s most prominent mentors in the area of physician leadership, Dr. Rick Pillsbury, that introduced him to The Triological Society. At the time of their interaction, Pillsbury was President of the American Board of Otolaryngology, Dept. Chair at the University of North Carolina and served in numerous other leadership capacities. “He has been a very inspirational force in my life,” Duck remarked. Another large influence in Duck’s life was Dr. Gerry Burke from UCLA.

Currently finding more time to live out and expand upon his interests that go beyond medicine, Duck was appointed by the

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**Misha Schryer**  
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## Physician Leadership




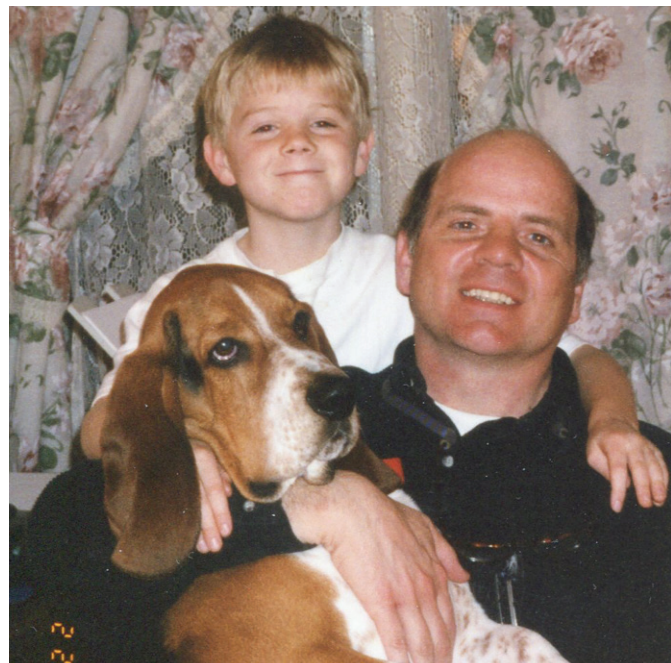
Dr. Duck and his wife Cindy

Governor to sit on the Wyoming Aeronautics Commission last March after sitting on local airport boards for several years. “You’ve got to get involved on the local level,” he said. He has had a lifelong passion for aviation and obtained his pilot’s license at an early age.

When asked what people might not know about him, Duck shared that he loves music. He can play guitar, loves to sing and has even been known to unexpectedly sing a song instead of deliver a speech.

He is an avid reader and loves to play golf. You may also see Duck shredding the slopes on his snowboard- which is not a surprise when coupled with the youthful and energetic nature that he emanates.

Kindled by intentionality and gratitude, Duck’s attitude towards life and leadership has earned him many incredible opportunities and genuine, long-lasting relationships. After taking a moment to reflect on our conversation, he returned once again to discussing his friendships and family. He closed the discussion by saying, “I am blessed... I am one blessed individual and faith has seen me through.” 



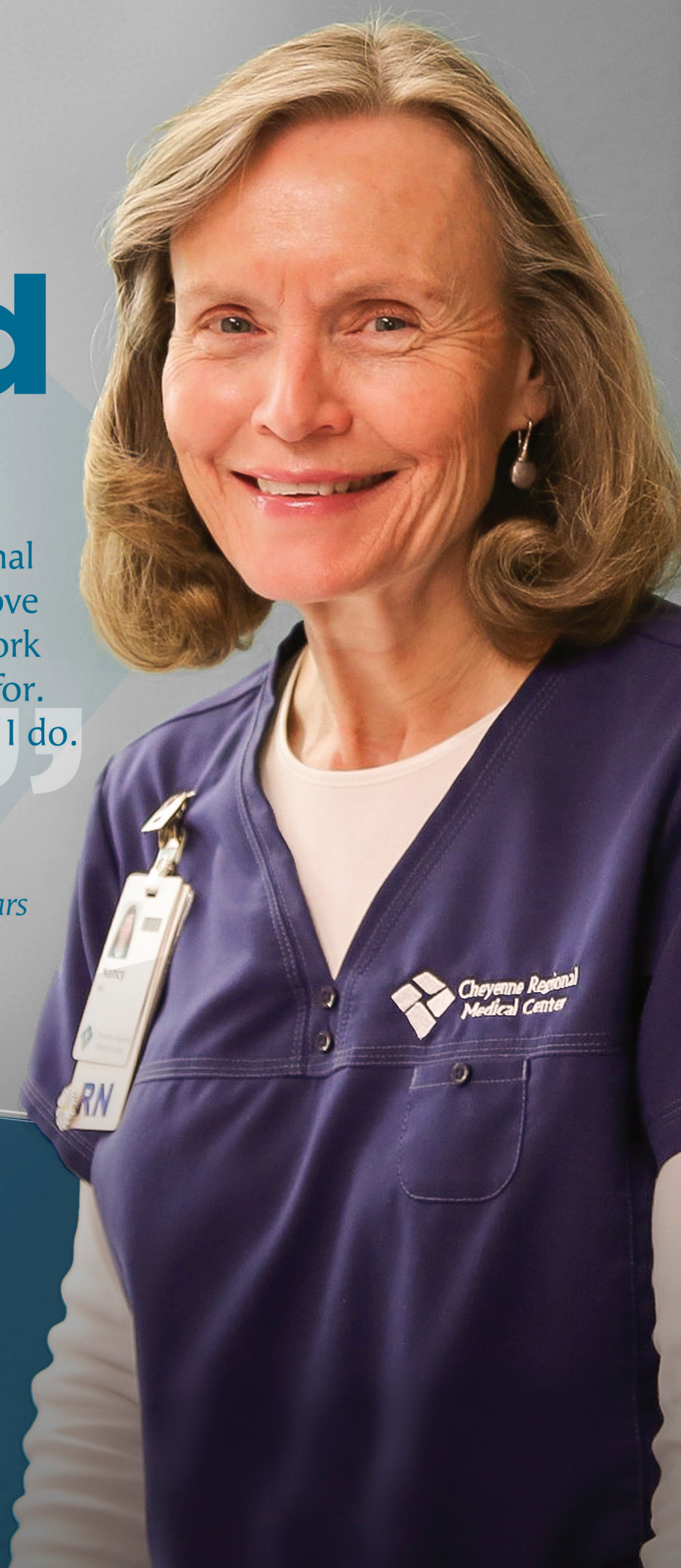
Dr. Duck with his son Zachary and beloved basset hound Harley

# Cheyenne Regional **proud**

“I’ve worked at Cheyenne Regional Medical Center for 45 years. I love the atmosphere, the people I work with and the people that I care for. This is my niche – I LOVE what I do.”

## **Nancy Sargent**

*Same Day Surgery Nurse, 15 years  
Emergency Department Nurse, 30 years*



**Cheyenne Regional  
Medical Center**

**[cheyenneregional.org](http://cheyenneregional.org)**

# University of Wyoming Family Medicine Resident Profiles

There are two University of Wyoming Family Medicine residency programs in Wyoming, one in Cheyenne and one in Casper. Below are profiles of the current third-year residents who will be graduating in June 2018.

## Wyoming Medicine Questions

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

### **Katrina Quick, MD** Casper, Wyoming



1. Born in Boston but grew up overseas in Pakistan, Kenya, France and Switzerland before returning to the greater Boston area at age 16. Attended American University of the Caribbean, on the Caribbean island of St Maartin.
2. I have always wanted to practice rural, underserved medicine and discovered the Casper program while looking for full spectrum Family Medicine rotations in medschool. While rotating in Casper for an audition rotation I was particularly attracted to the area because of the outdoor opportunities and adventures as well as the frontier medicine practiced on a daily basis.
3. The small, close knit community and people of Wyoming is what makes it a unique place to work. Wyoming medical center in particular provides a cohesive, supportive working environment where physicians, nurses, and axillary staff have the same shared mission to provide the best patient care possible, and where residents are treated with mutual respect.
4. The Casper program is well suited for independent learners who are proactive about their learning experiences and embrace learning opportunities at every turn.
5. I plan to practice full spectrum, rural family medicine with obstetrics and hope to pursue a fellowship that will further enable me to do so confidently.

### **Nina Panasuk, DO** Casper, Wyoming



1. I attended medical school at the Rocky Vista University College of Osteopathic Medicine after living in Montana for most of my life.
2. The residency in Casper is close to Montana.
3. Wide open spaces, rural communities and friendly people.
4. The program is great with wonderful staff and faculty.
5. I will be the newest hospitalist at a clinic in Billings, Montana.





## Brian Melville, DO

Casper, Wyoming

1. Most of my family lives in Utah, but I've lived a lot of places. I attended Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania.
2. Wyoming is not far from my family in Utah. I also lived in Wyoming previously, and I loved the area.
3. There is plenty of space and outdoor activities.
4. Our residency affords the opportunity to train in full-spectrum Family Medicine which prepares a new graduate to practice with a larger scope than many other residency programs. It's a good pick for those who are up for a challenge and want to do everything.
5. I am open to practicing in Wyoming or practicing closer to family in Utah. My plans are not definite at this time.



## Kody Seeley, DO

Casper, Wyoming

1. I am from Colorado and went to medical school at the Western University of Health Sciences College of Osteopathic Medicine of the Pacific.
2. I wanted training in full spectrum rural family medicine.
3. The patient population and variety of opportunities for family medicine trained physicians.
4. The Casper residency program will give you the tools to learn full spectrum family medicine in rural America.
5. Outpatient rural family medicine and low risk obstetrics.



## Kim Whitaker, MD

Casper, Wyoming

1. I am from Toronto, and I attended SABA University School of Medicine.
2. Wyoming has so many great outdoor activities and amazing people. I also liked the strong full-spectrum medical training available at the Casper residency program.
3. Rural training and Wyoming Medical Center in Casper is one of the largest hospitals in the state, which gives us a lot of clinical exposure during residency.
4. Wyoming is gorgeous and there is great camaraderie among staff and residents.
5. I will be practicing in Hood River, Oregon.



# University of Wyoming Family Medicine Resident Profiles

## Phil Carron, MD Cheyenne, Wyoming

1. I was born on Francis E. Warren Air Force Base in Cheyenne, but grew up outside of Washington D.C., in the northern Virginia suburbs. I graduated from St. George's University in 2015.
2. UWFMR is a program that focuses on being an "all-around" type physician. It offered a unique suburban/rural type setting that I was looking for because it reflected the type of environment I see myself practicing within in the future.
4. UWFMR-Cheyenne is a program that allows for a lot of hand-on experience including obstetrics. It is an unopposed program that increases your direct exposure to ancillary services such as surgery, cardiology, etc. It is a smaller community which allows for personal relationships with other specialties. We also rotate at Children's Hospital of Colorado (Anschutz Campus) which is a wonderful experience as it is in the Nation's Top 5 Children's Hospitals.
5. Unfortunately I do not plan on practicing in Wyoming. I am planning to move back east to the Manhattan area and work within urgent care/emergency medicine settings.



## Kathlene R. Mondanaro PhD, DO Cheyenne, Wyoming

1. I was born in southwestern Connecticut, and lived in both Connecticut and New York while growing up. I generally say that I am from the New York City area since I moved around a bit.
2. When I applied to residency, UWFM-Cheyenne had a group of residents with a broad range of ages, life experience and international work, education or living experience. Those were important to me. I also wanted to be very broadly trained and UWFM provided that opportunity; there was a strong emphasis on OB, surgery and procedures training when I applied. Because I wasn't sure exactly what I wanted to do in primary care, I wanted to fulfill UWFM's motto of "Best All Around" so my future choices would not be limited.
3. I only know the Cheyenne area. We have a great medical community here with solid, broadly trained primary care physicians, and relatively convenient access to outstanding specialists. We also have good working relationships with physicians in the Denver-based tertiary care centers. Many people consider that the best of both worlds. Even though I think of myself as a city girl, I LOVE the easy commutes with no traffic here! That way I can spend my very limited time off living my life, rather than spending it in a car. I enjoy outdoor activities. We have easy access to great hiking, cycling and running trails. The persistent wind is definitely a unique experience.
4. See the above answers. If those appeal to you, then UWFM Cheyenne might be a good program to consider.
5. I am currently interviewing for a variety of positions including OB fellowships, Residency Faculty positions, and "normal" positions such as Hospitalist and out patient care. I am interested in practicing in Wyoming and/or Colorado – probably both.



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# University of Wyoming Family Medicine Resident Profiles

## Adam Hoopes, DO Casper, Wyoming

1. I am from Idaho Falls, Idaho I went to medical school at the Pacific Northwest University of Health Sciences, College of Osteopathic Medicine.
2. I have always loved Wyoming.
3. Learning how to best use limited resources to practice great medicine.
4. This is a great residency program and they should complete their medical training here.
5. I hope to work as a hospitalist at Wyoming Medical Center here in Casper.



## Mark Wefel, MD Cheyenne, Wyoming

1. I am from Laramie, WY most recently, and was lucky enough to have been able to attend the Univ. of Washington through the WWAMI program
2. Wyoming is one of the last places you can truly practice family medicine. What better place to train to work in Wyoming, than a Wyoming residency.
3. The people, state, and medical community. The population is such an independent population with diverse and interesting people that it makes practicing here fun. The state is like a small town with long roads and we are generally caring for our friends and family and that makes the job even more rewarding and fulfilling and allows for close collaboration with physicians from across the state.
4. It is a good place to learn the art of medicine. Some faculty have many years of experience that can not be beat. The skills learned allow a physician to be able to work in a rural location and care for their patients with confidence.
5. I plan to practice and stay in the state of Wyoming as this is where I have settled and am raising my family. I could not think of a better place to live and practice.



## Christopher J. Godwin Cheyenne, Wyoming

1. I'm from Tyler Texas and I attended TCOM for medical school
2. I chose Wyoming for the rural family medicine training.
3. Wyoming is unique in that it's the least populated state in the whole country with a cowboy culture.
4. I'd tell them the above on why I picked it here.
5. I'm interested in practicing in Wyoming but other states seem more interested in recruiting than Wyoming does.





## Bryce Lunt

Cheyenne, Wyoming

1. Born in Mesa, AZ but lived everywhere because of my dad being in the air force. The longest placed I lived in was Saint George, UT. I went to medical school at the University of Sint Eustatius School of Medicine (Carribbean)
2. I did a sub internship here and loved the program and knew that Cheyenne was a place where my family could thrive
3. The doctors I consult with on a regular basis are personable and always willing to teach.
4. This program is super supportive. You work hard, learn a lot, but able to have a personal life.
5. Hopefully moving back to Arizona, I love the heat!



## Daniel Burris, MD

Casper, Wyoming

1. I am originally from East Texas. I attended St George's Medical school in Grenada West Indies
2. I wanted to get a full spectrum, unopposed rural training in the mountain west of northwest.
3. Wyoming is a unique place to practice due to its isolation.
4. I tell medical students that the people of the residency program are the strength of the program. It is a wonderful group of people. I also tell them that it is good for those who enjoy outdoor activities like hiking, fishing, camping and hunting.
5. I plan to focus on outpatient care and possibly urgent care. Yes, I am interested in practicing in Wyoming, the mountain west, and the northwest.



## Brody Reid, MD

Casper, Wyoming

1. I am from Illinois and I attended the American University of Caribbean School of Medicine for medical school.
2. The amazing outdoors and the ER track.
3. The rural nature of the state.
4. This residency is a great place for independent learners interested in family obstetrical care.
5. I will be practicing in the ER in the northwest.





# Patient-Centered Medical Homes Focus on Team Support and Well-Rounded Care

BY KAY RIOS

Even the name Patient-Centered Medical Home (PCMH) creates a sense of comfort and specialized care. The underlying concept certainly supports that sense. A PCMH differs from the traditional clinic in that it uses a model of primary care that follows the joint principles of the PCMH developed by the American Academy of Family Physicians, American College of Physicians, American Academy of Pediatrics and the American Osteopathic Association. The model adopted by Cheyenne Regional Medical Center (CRMC) and its affiliated clinics is led by a primary care physician and is patient-centered and team-based, with the focus being to provide safe, high-quality, coordinated and accessible care. This work is being done in collaboration with the Wyoming Institute of Population Health, a division of CRMC formed to help Wyoming communities and their healthcare providers develop a more proactive approach to patient care and population health management.

Matt LaHiff, the Wyoming Institute of Population Health's Senior Practice Transformation Partner and a certified Content Expert, explains that standards for recognition as a PCMH are established under the National Committee for Quality Assurance. There are six main standards with multiple elements under each standard and several factors under each element:

- The first standard focuses on patient-centered access, providing the right care at the right time in the right setting. "We set expectations that our PCMHs need to respond to patients in a certain number of hours, whether during regular busi-

ness hours or after hours. This standard is also about providing access to specialties within the clinic, including behavioral health and Transition Across Community Team (TACT) nurses for high-risk patients," LaHiff says.

- The second standard requires team-based care that includes physicians, nurses, therapists, medical assistants, other clinicians and employees working at the front desk. "Of course the patient is also a vital part of that team," LaHiff says.

- The third standard, population health management, requires identifying populations within the clinic that need proactive management. One example would be in how the diabetic population is cared for: "You proactively manage the patient's care," LaHiff points out. "For example, you may remind the patient to get an A1C test, or, if the pa-

tient misses an appointment, you reach out to the patient so that he or she can keep up to date in the care plan."

- The fourth standard focuses on care management and support. "We create an individualized care plan using evidence-based guidelines. While we encourage self-support for our patients, we also consider housing insecurity, food insecurity and transportation issues and how those may be addressed and resolved," LaHiff says.
- The fifth standard involves care coordination and care transition. This includes referring patients

These models take advantage of the physicians' knowledge of clinical situations and patient care to better inform the business-minded administration of issues that are about more than the bottom line.



Dr. Bob Prentice and his patient

to specialists or other support systems. “We also make sure we do our part in a timely manner and that we’re proactive in encouraging patients to meet their appointments and undergo the required testing,” LaHiff says. “In addition, we ensure that the patient’s primary care provider receives and reviews test results.”

- The sixth, and final, standard involves performance measurement and quality improvement. “This is the largest standard because it draws from the other five,” LaHiff says. “It looks at how we track what we’re doing and how we report to our teams and to the patients. It’s a much more transparent way of doing things.”

LaHiff sums it up nicely: “The theory behind the concept of Patient-Centered Medical Homes is to deliver care in the clinic that the patients prefer. By connecting patients to one primary care provider, so they don’t have to hop around, it builds a more trusting relationship between patient and provider. The provider knows the patient personally, and patients are more apt to follow the care plan if they trust their provider.”

This path is where healthcare is headed, LaHiff says, and CRMC has welcomed the change. As recently as 2010, the local healthcare delivery system was characterized by poor alignment that included a lack of communication between providers and a complicated system with little access for new patients, which made emergency departments an easier, although a more expensive, option for many people. The result was inconsistent

quality, non-existent payer partnerships, uneven distribution of health information technology and low electronic medical records adoption. The local health system also frequently failed to address the social and other basic needs of the community’s most vulnerable patients.

“This was not how CRMC felt it would thrive in a reforming healthcare environment,” LaHiff says. And so CRMC has focused on adopting the PCMH model of care. The result has been positive and has also resulted in several accolades for CRMC. For example, in 2012, Phyllis Sherard, CRMC’s Chief Strategy Officer and Vice President of Population Health and Governmental Affairs, was awarded an Innovation Advisor Fellowship by the Centers for Medicare and Medicaid Innovation (CMMI) for her proposal to scale seven successful PCMH pilots statewide. Her work also resulted in CRMC and its Wyoming Institute of Population Health being awarded a \$14.2 million Health Care Innovation Award, a three-year project to create “Medical Neighborhoods” to transform the delivery of healthcare in Wyoming.

Today, as a result of its PCMH and Medical Neighborhood work, CRMC feels it is in a better position to face the future and to serve its community. “The aim of all this effort is to create healthier populations and improve the patient experience at a lower cost,” LaHiff says. “A lot of this is driving healthcare reform and quality assurance. It’s a new era of healthcare.”



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# Top Five Thoughts About Custom Orthotics from an Orthopedic Foot and Ankle Surgeon

BY DR. TIM C. GUERAMY

Foot and Ankle Specialist

1) Even before anyone thinks about prescribing custom orthotics, the most important first step is to get a correct diagnosis. Just trying out orthotics without having a trained Physician do a physical exam including gait analysis, can lead to: at best a waste of money to the worst, causing further damage. An example would be a patient with a significantly high arch with lateral foot pain and placing them in a regular medial arch support orthotic. An incorrect orthotic could exacerbate the problem and lead to more stress over the lateral foot.

2) Some patients with minor issues like a slight foot malalignments or a common diagnosis like plantar fasciitis, could benefit from just “over the counter” orthotics and range of motion exercises. Therefore, having the right diagnosis is key to prescribing the correct and most cost-effective tools to make the patient pain better.

3) After a patient sees a physician and custom orthotics are recommended, there are a few factors to keep in mind. I feel the most important is the relationship between the prescribing professional and the person making the orthotics. To make the best customized orthotics, the group making the insoles (usually a licensed Orthotist) must be able to translate what was prescribed by a physician, to the patient’s feet. I have found the most effect orthotics are designed when the physician and the Orthotist are working very closely to deliver the best product. It has been important for the prescribing physician team to meet the people making the orthotic and understand the orthotic process from beginning to end. Having this knowledge will assist the entire team to meet the patient expectations and possibly provide more valuable information to the Orthotist when prescribing orthotics. Additionally, the orthotist can always call the prescribing physician/team and provide suggestions to us for a better patient outcome.

4) The orthotics materials utilized during manufacturing can overlooked. Many larger companies will use materials that can reduce costs, such as hard plastic or cheap foam, but I have found one material does not fit all. Not only does the shape need to be customized, but the material should be customized as well. Most patients will need approximately

Having the right diagnosis is key to prescribing the correct and most cost-effective tools to make the patient pain better.

the same material, but certain diagnoses need special attention. One very important example is neuropathic patients (i.e. diabetics). Shear reducing material (like plastizote and P-cell) must be used to help decrease skin breakdown when patients cannot feel their feet. If the patient is a high-level athlete a stiffer component must be added to keep the arch from breaking down too quickly. Again, this should not be left to Orthotist discretion as they do not know the patients as well as the physician. Determine what the Orthotist has available or recommends and decide together.

5) Rounding out the top five, the physician and orthotist must be willing to go back and make modifications to the orthotics, as very few are made perfectly the first time. Also, patient’s feet are ever changing and may have different needs over time, like an increase or decrease of the medial arch, which can be as easy as a small adjustment to the orthotic. We recently had an ultra-marathoner that was using orthotics and after two 50 mile plus races started to have reoccurring medial ankle pain. A small modification of increasing the arch, resolved his pain and he was back to running.

Custom orthotics are worth the money when they are prescribed and made correctly. But for this to occur the designs must be tightly managed by the physician and the orthotist together.





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# MACRA is a Marathon, Not a Sprint: How to Get Started Now

BY ROBIN DIAMOND, MSN, JD, RN

Senior Vice President of Patient Safety and Risk Management, The Doctors Company, with contributions by Kim Hathaway, Healthcare Quality & Risk Consultant, The Doctors Company

In September 2016—just three months from the release of the final rule of the Centers for Medicare & Medicaid Services (CMS) Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)—half of the physicians surveyed had not heard of MACRA, which establishes a new way to pay doctors for Medicare patients. In January 2017, the beginning of the first performance reporting period, only 19 percent of physicians reported that they were very or somewhat familiar with MACRA.

Physicians and practice managers may feel as if they're being left at the starting line, but although the first quarter of 2017 is already over, there is still time to get in the MACRA race.

1. On your mark...
2. Assemble a team. A team is vital to tackle MACRA data collection, data analysis, and submission. Team members should come from various roles in the practice. For example, a team might include the practice manager, a physician, a clinical staff member, and an administrative staff member. The team should brainstorm strategies to incorporate metrics into existing workflow and optimize the workflow to include data collection. The team can also then educate the rest of the organization about MACRA and its role in the process.
3. Get set...
4. Decide whether to report as a group or individual. An individual is defined as a single National Provider Identifier (NPI) tied to a single Tax Identification Number (TIN). A group is defined as a set of clinicians (identified by their NPIs) sharing a common TIN, regardless of their specialty or practice site. This is also important for the method of submission, because only clinicians reporting as individuals may use a claims submission method and the CMS Web Interface is only available to groups of 25 or more clinicians. Know the criteria, advantages, and disadvantages of reporting in each category—the Quality Payment Program (QPP) website is a helpful resource.
5. Pick your pace. In this transitional year of the QPP and alternative payment models, CMS solicited feedback from stakeholders about the burden of reporting under MACRA and responded by making this a learning year. Practices have four options to choose from and can participate as much, or as little, as they choose. It is points-driven: The more participation, the

more points earned. The goal is to exceed 70 percent in the composite score to be considered for a bonus. The composite score is composed of Quality + Advancing Care Information + Improvement Activities.

6. Understand your participation options. For example, most clinicians will report under the Merit-Based Incentive Payment System (MIPS) versus an Alternative Payment Model (APM). There will be a small group of physicians in an APM who will only partially qualify and thus need to report under MIPS. It's important to understand this and report correctly to avoid a negative adjustment.

7. Select measures and submission methods. Choose measures that best fit your practice. Understand that not all of the measures are equal in value. Under the quality category, one measure could earn as many as 10 points. Take time to review your options.

8. The measures may be reported in several ways, including through the electronic health record (EHR), a qualified registry, CMS Web Interface, and administrative claims data. Submission methods are particularly important because they will increase points, which affects the composite score and may assist in maximizing payment or earning a bonus.

9. The EHR is one of the easiest ways to capture and report data. Consult your EHR vendor about functionality and creating a workflow for collecting data and reporting. EHR vendors are the primary source for ensuring the documentation of best practices data is accurately captured in the software and producing correct credits for the work provided.

10. Regardless of how reporting is done, now is the time to work out the process and learn how easy or difficult it is to upload and track progress prior to final submission. At least 90 consecutive days of data is required to be considered for a positive upward or neutral adjustment.

11. Review and improve. Evaluate past performance in the Physician Quality Reporting System (PQRS), which now becomes the Quality Measures and will have the greatest weight (60 percent of the composite score).

12. Review past performance in the Meaningful Use (MU) measures. MU now becomes Advancing Care Information (ACI) and will require greater participation than in the

past. Prior to 2017, measures had low thresholds and were easy to attain. As of 2017, it's necessary to include as many patients as possible. Practices will also have base measures to report, including conducting or reviewing a security risk analysis; e-prescribing; and providing patients with access to view, download, and transmit their health information.

13. A new performance category for 2017 is the Improvement Activities (IA). Most groups will attest to completing four activities. Small groups with less than 15 physicians will attest to two activities. These activities focus on patient safety, care coordination, and engagement.

14. Go...

15. Start now. Reporting a single measure will avoid a negative adjustment in 2019. Don't stop there—take advantage of this transition year. Don't aim for the bare minimum. Instead, use this time to learn as much as possible and close as many gaps before the year's end. This time is designed for practices to implement workflows and processes to be successful for 2018 and beyond.

16. Use this time to partner with your EHR vendor. Don't wait until the third or fourth quarter to find out data is not cal-

culating. Schedule weekly calls with your EHR account manager. Ask for a user guide, provide it to your team, and review it often to close gaps in documentation.

17. If you are already reporting PQRS and MU, you're halfway there. If you're not reporting yet, there is still time to start before October 2, 2017—and the earlier the better. The positive or neutral adjustments are less challenging to meet in 2017, and what is done this year will reflect in the 2019 public reporting and pay-for-performance. Delaying participation may make next year more challenging.

**For more information, go to the Medical Advantage Group website or contact The Doctors Company Patient Safety Department at [patientsafety@thedoctors.com](mailto:patientsafety@thedoctors.com).**

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

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### Scope of the Liver Program

- The only liver transplant program in the region.
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- Specializing in the management of liver cirrhosis, liver failure and liver cancer.
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