In these uncertain times, Cheyenne Regional Medical Group is here for you. We offer **flexible appointment options** in **specialty and primary care** to meet your healthcare needs.

MyChart’s online SmartExam feature has been expanded to serve patients four years of age and older.

SmartExams are provided by the following Primary Care clinics:
- Cheyenne Plaza Primary Care
- Cheyenne Plaza Internal Medicine
- Cheyenne Family Medicine
- Cheyenne Children’s Clinic
- Family First

In addition to in-office appointments, **patients can now meet with their specialty or primary care providers via telephone or video visits. Please contact your provider to see which type of visit is appropriate for you.**

We are in this together.
The University of Wyoming Family Medicine Residency has developed three ambitious programs that expand patient care services for the people of Wyoming and enrich medical education for students and residents. Work on the first program started several years ago when the University of Wyoming Family Medicine Residency Program in Casper was awarded a grant from the U.S. Health Resources and Services Administration (HRSA) to expand patient access to addiction services, which they used to start a medication-assisted treatment (MAT) clinic. The clinic’s multidisciplinary team includes an addiction counselor, nurse practitioner, pharmacist and social worker. Clinic psychiatrist Frank Del Real, MD, specializes in addiction medicine. In addition to treating patients with opioid use disorder, they also treat patients with alcohol dependence. The clinic has been very successful in meeting the needs of a traditionally underserved population of patients. They’ve recently added telemedicine services and they are expanding to open MAT clinics in Cheyenne and Laramie.

In addition to treating patients, the program has expanded educational opportunities for students and family medicine residents including training in motivational interviewing and SBIRT (screening, brief intervention and referral to treatment). Residents take training courses to be eligible for an X-waiver to prescribe buprenorphine; almost all of the residents who graduate from both the Casper and Cheyenne programs this year will have taken the X-waiver training courses, and many of these residents will go on to provide addiction services once they are in practice.

A second program that the residencies have started is the Rural Training Track (RTT) in Thermopolis, which aims to both meet the healthcare needs of Wyoming and to increase the number of graduates who stay in the state after completing residency. This program is also supported by a HRSA grant and received ACGME accreditation in 2018. The program expanded the size of their program from eight to nine residents per year in order to add a specific RTT-designated resident, and residents in the RTT program spend their first year of residency in Casper and then their other two years in Thermopolis under the guidance of Travis Bomengen, MD. RTT programs generally attract high-quality medical students who have a real interest in rural primary care. The first Casper RTT resident started in the program in 2020 and will be transitioning from Casper to Thermopolis this summer. The second RTT student will start in Casper this year. The program will very likely prove to be a pipeline to bring primary care physicians to Thermopolis and the extended Bighorn Basin, and there is now the potential to expand the RTT to other locations in Wyoming through both the Casper and Cheyenne residency programs.

The clinic has been very successful in meeting the needs of a traditionally underserved population of patients.

A third program that the residencies have started is the Geriatric Fellowship Program that is offered through the Casper residency program. Initial work on the fellowship started five years ago and is supported through a grant from the Elbogen Foundation. The program received Geriatric Fellowship Accreditation in 2016. The fellowship uses a 0.5 FTE/24-month format to allow fellows to continue working on a part-time basis during their training. The first fellow, Tabitha Thrasher, DO, started in 2018 and graduated in 2020. She has stayed on to become the fellowship director. Read more about Dr. Thrasher on page 34. The second physician to enter the fellowship program will be starting this summer. The Geriatric Fellowship Program works with a number of partners, including the Geriatric Center at the University of Wyoming, with a team-based approach and an emphasis on helping the elderly to stay in their own homes for as long as possible. The geriatric fellowship has the added benefit of supporting a geriatric education track for family medicine residents to provide the training and expertise needed to take care of our state’s aging population.

The medication-assisted treatment clinics, Rural Training Track and Geriatric Fellowship Program are all ambitious programs that enrich both patient care services for the people of Wyoming and have done an outstanding job of developing these new programs. We in Wyoming are fortunate indeed to have such great primary care programs in our state.
W

When the planning started for this issue of Wyoming Medicine magazine, we thought 2021 would look far different than it has looked thus far. The magazine editorial group discussed needing updates on the most recent legislative session and deep dives on tobacco laws at the state and federal level. We talked through a lot of options, but nowhere in that list was coronavirus and the havoc that it would wreak on our lives.

Each year, at the conclusion of the legislative session, I find myself in a reflective space. Did the Wyoming Medical Society do all we could to advocate on behalf of our members? Did we do justice to the faith that so many place in us to carry their message and educate on complicated issues that so often get unnecessarily politicized? I believe we did. Although not every outcome was ideal, and the approach was different in some ways than in years past, we were able to gain advantages that hold promise for legislative wins in years to come.

The legislative process is physically, mentally, and emotionally draining even in the best of sessions. However, in many ways, this year felt like one of the most contentious. I found myself regularly contemplating how I could personally better influence positive change and how WMS could elevate our organization as a greater contributor to meaningful solutions for our state.

The words and ideas of the author and organizational psychologist Adam Grant continue circling in my mind. Grant’s research focuses on motivation, generosity and creativity, with one of his most recent projects delving into the power of knowing what one doesn’t know. The fact that he dedicated his latest book doesn’t know. The fact that he dedicated his latest book to influencing the beliefs of some legislators who seemingly came to Cheyenne to unravel Wyoming’s public health infrastructure? How could I have listened more empathetically to those who claimed providing access to preventive healthcare for Wyoming’s working poor through expanding Medicaid would somehow lead to the state’s demise rather than moving Wyoming forward in addressing our growing concerns around healthcare access and cost? How could WMS have communicated better internally about strategically pivoting on key issues in the name of protecting and preserving our finite political resources?

Grant teaches that, “when we try to change a person’s mind, our first impulse is to preach about why we’re right and prosecute them for being wrong. Yet experiments show that preaching and prosecuting typically backfire—and what doesn’t sway people may strengthen their beliefs. Much as a vaccine inoculates the physical immune system against a virus, the act of resistance fortifies the psychological immune system. Refuting a point of view produces antibodies against future attempts at influence, making people more certain of their own opinions and more ready to rebut alternatives.”

Students of Grant’s writings know that rather than setting out to change minds, they should seek to influence others by helping them find their own intrinsic motivation to change. One should approach these interactions with motivational interviewing in mind, and listening with great intent. Holding up a mirror so the other person can see their own thoughts more clearly can help to gently persuade them to see an issue through another lens. Seeking first to understand how others see an issue rather than hitting hard with persuasive arguments consistently proves more fruitful in building relationships and developing the trust that’s necessary in establishing meaningful influence. However, that’s often easier said than done, especially in policy debates where the temptations of the preacher and prosecutor methods appeal to our instinct and pride in the moment.

As many of you are aware, we knew that we would be unable to win or influence certain legislative proposals that WMS historically took strong positions against. We instead entered neutral positions on many bills, including a handful that we previously strongly opposed. A benefit of these neutral positions was the creation of a safe space where legislators did not feel threatened, and the WMS was able to gain and strengthen important relationships and set the groundwork for important work in the years to come.

WMS’s neutral position on so many legislative issues this year allowed this process of motivational persuasion rather than preacher and prosecutor to unfold. WMS was elevated and able to shine as a resource for legislators. We were able to support individual members in their efforts to advocate personal positions, sometimes even in contradiction with each other.

The longer I have this great privilege of serving WMS, the more I appreciate the valuable role WMS plays in being a trustworthy and reliable resource for lawmakers. The brain trust that lives within our membership is impressive and no advocate in our state is more proud of the members they represent.

I’ll wrap up this edition of the Director’s Column with a heartfelt thank you. A thank you to our members who stick with us not because they agree with every position we take, but because they have faith in WMS, as the leading advocacy voice for physicians and physician assistants in our state, to magnify their voice. Our members place great trust in WMS to message the black and white perspectives of medicine within the gray world of politics. They do so believing that being part of the messy political process is better than standing on the outside looking in, despite knowing that consensus will inevitably escape us on some issues. I firmly believe Wyoming physicians and PAs agree on far more than they disagree, and we can better climb the policy mountains before we when we climb them together.
Why your physician license application asks about your health

By Kevin Bohnenblust, JD
Executive Director, Wyoming Board of Medicine

With spring comes the season for renewal of Wyoming physician licenses. The renewal application includes questions regarding whether, since the last renewal, the physician has had legal issues, problems with credentials or licenses in other jurisdictions, and health and wellness issues. Wyoming Board of Medicine staff reviews the affirmative answers to determine if more questions need to be asked. How do you answer the questions about your own health? The following information can help you understand what the Wyoming Board of Medicine is looking for.

Why does the Wyoming Board of Medicine ask questions about a licensee’s health and wellness on applications for licensure and renewal?

The Wyoming Medical Practice Act exists to protect the people of Wyoming. It ensures that the physicians and providers care for our citizens. To that end, over the past 14 years the board has not denied an application for licensure based on the disclosure of a physical or mental health issue, or because of substance or alcohol abuse.

Following the interview, if the board believes the applicant can safely and skillfully practice, a license is issued and no further action is taken. If the board believes that, with monitoring, treatment, or other precautions in place, the applicant is able to practice safely, the board may offer a license to the applicant with a stipulation for those safeguards.

While the board takes its responsibility to protect the people of Wyoming quite seriously, it also seeks to give applicants and licensees an opportunity to practice their profession and provide care to our citizens. To that end, over the past 14 years the board has not denied an application for licensure based on the disclosure of a physical or mental health issue, or because of substance or alcohol abuse.

How about when a licensee discloses a new health or wellness issue on their annual license renewal application?

Disclosures made in the license renewal process are reviewed in the same manner as those made when applying for an initial license. If the issue could adversely affect the licensee’s ability to safely and skillfully practice, the licensee is asked to provide more information. That information is then provided to the board’s officers, who determine whether there is sufficient concern to ask the licensee to meet with two members of the board to discuss their situation.

After that informal interview, if the assigned board members determine the licensee is able to safely and skillfully practice, the following interview, if the board believes the applicant can safely and skillfully practice, a license is issued and no further action is taken. If the board believes that, with monitoring, treatment, or other precautions in place, the applicant is able to practice safely, the board may offer a license to the applicant with a stipulation for those safeguards.

While the board takes its responsibility to protect the people of Wyoming quite seriously, it also seeks to give applicants and licensees an opportunity to practice their profession and provide care to our citizens. To that end, over the past 14 years the board has not denied an application for licensure based on the disclosure of a physical or mental health issue, or because of substance or alcohol abuse.

How about when a licensee discloses a new health or wellness issue on their annual license renewal application?

Disclosures made in the license renewal process are reviewed in the same manner as those made when applying for an initial license. If the issue could adversely affect the licensee’s ability to safely and skillfully practice, the licensee is asked to provide more information. That information is then provided to the board’s officers, who determine whether there is sufficient concern to ask the licensee to meet with two members of the board to discuss their situation.

After that informal interview, if the assigned board members determine the licensee is able to safely and skillfully practice,

What does the Wyoming Board of Medicine assess a licensee’s health and wellness disclosures?

The information disclosed on an application is reviewed with key factors in mind:

First, and most important, does the condition disclosed have a bearing on the person’s ability to safely and skillfully practice medicine? If the answer is “yes,” no further inquiry takes place, and the matter is closed.

Next, is the condition well-managed and stable or, better yet, completely resolved? If so, again, the review ends and the matter is closed.

Because the application has limited space for explaining a “yes” answer to one or more of the health and wellness questions, board staff may contact the licensee to seek additional information and, if appropriate, medical or other records.

What happens if an applicant for initial licensure discloses a health or wellness issue?

If the disclosure is made on an application for initial licensure, the applicant may be invited to personally interview with the board. In that meeting, the applicant is given the opportunity to explain the condition and how it has been handled or is being managed. The interview is confidential and occurs while the board is in executive session.

Following the interview, if the board believes the applicant can safely and skillfully practice, a license is issued and no further action is taken. If the board believes that, with monitoring, treatment, or other precautions in place, the applicant is able to practice safely, the board may offer a license to the applicant with a stipulation for those safeguards.

While the board takes its responsibility to protect the people of Wyoming quite seriously, it also seeks to give applicants and licensees an opportunity to practice their profession and provide care to our citizens. To that end, over the past 14 years the board has not denied an application for licensure based on the disclosure of a physical or mental health issue, or because of substance or alcohol abuse.

How about when a licensee discloses a new health or wellness issue on their annual license renewal application?

Disclosures made in the license renewal process are reviewed in the same manner as those made when applying for an initial license. If the issue could adversely affect the licensee’s ability to safely and skillfully practice, the licensee is asked to provide more information. That information is then provided to the board’s officers, who determine whether there is sufficient concern to ask the licensee to meet with two members of the board to discuss their situation.

After that informal interview, if the assigned board members determine the licensee is able to safely and skillfully practice,
they will ask the board officers to close the matter. If, on the other hand, they identify concerns, the licensee may be directed to undergo an evaluation to ascertain if there is a way to remediate the condition or otherwise ensure patient safety. Only in the rare circumstance where the licensee is found to have a health or wellness issue that could endanger patients, yet refuses to be assessed or put adequate protections in place, does the matter move into the formal disciplinary process.

That’s all well and good, but why should I trust the board and disclose a health or wellness condition? Am I putting my privacy at risk?

It is critical to note that this information is held in the strictest confidence. The Wyoming Medical Practice Act specifically states that all records of the board related to license applications are not public records, and cannot be disclosed to anyone or used in any proceeding except in a matter before the board itself, or as part of judicial review of a board matter. The board, through the attorney general, vigorously resists the occasional attempts by outside parties to access these records, and Wyoming courts consistently uphold the confidentiality of the board’s licensure files.

Doesn’t this process discourage applicants and licensees from seeking help for health and wellness issues?

The board strives to protect the dignity and privacy of applicants and licensees when asking questions about health and wellness issues while meeting its responsibility to protect the public. To help with this balance, the questions on the applications about mental and emotional health, and substance and alcohol abuse, carry this disclaimer:

NOTE: If you have a fully-executed contract in force with the Wyoming Professional Assistance Program (“WPAP”), you may answer “No” to this question.

This “safe harbor” provision allows applicants and licensees to enter into the WPAP monitoring program voluntarily without disclosing either their health or wellness condition or their participation in that program to the board. As long as the licensee stays compliant with their WPAP monitoring agreement, the board will never know of the condition.

As testament to the success of this approach, more than half of the physicians and physician assistants participating in WPAP do so on a voluntary basis and the board does not know their identities. When they renew their licenses, they can answer “no” to the health and wellness questions with confidence.

The health and wellness questions are intended to strike a careful balance between the board’s need to protect the public and a licensee’s health, well-being, and right to privacy. If a licensee ever has questions about how to respond or what the board does with information it receives, they are always welcome to contact the board.
One of the common questions I receive is, “Why does Wyoming Medicaid want lead levels screened at 12 and 24 months of age if the screening questionnaire shows low risk for lead poisoning?” The short answer has been that the Centers for Medicare and Medicaid Services (CMS) considers every Medicaid child to be at risk and requests screening. Because CMS asks for the information, each state has to report their compliance.

Wyoming consistently has one of the lowest rates of lead screening in the nation. In 2019, 6,207 1- to 2-year-olds in Wyoming were eligible for lead screening. Of these, 1,384 were screened and 38 were reported as “lead poisoning” defined as having a lead level of 5 or greater (see figure).

Of those counties where routine screening is occurring, we see an incidence of 2 to 4 percent screened with the diagnosis of lead poisoning. At the same time, however, many counties have almost no lead screening.

Many physicians feel there is no lead problem in Wyoming. How do we know that to be true if we are not screening?

According to a 2016 position paper of the American Academy of Pediatrics Council on Environmental Health, there are problems with any detectable level of lead. Their position paper concludes that low-level lead exposure, even at blood lead concentrations below 5 µg/dL (50 ppb), is a causal risk factor for diminished intellectual and academic abilities, higher rates of neurobehavioral disorders such as hyperactivity and attention deficits, and lower birth weight in children.

No effective treatments ameliorate the permanent developmental effects of lead toxicity. When this data was presented to our Medical Advisory Committee, they asked Medicaid to help raise awareness of this issue and to promote increased lead screening for at least two years. The idea was to gain more insight into what the real risks of lead exposure are across the state.

When lead screening required venipuncture, there was much greater resistance to ordering lead screening. Fortunately, screening can now be done on a capillary sample. Only those who screen positive require a confirmatory venipuncture to be ordered.

Wyoming Medicaid pays code 83655 at $14.84 for lead testing, and a quick search on the internet shows you can buy the reagents at around $7 per test. Some equipment providers will supply the machine at no cost if you purchase a monthly supply of tests.

We’re asking you to please help us improve our screening rates for the good of Wyoming and its citizens. The risk of ignoring this problem is just too high.
The First Patient
Medical students practice respect at WWAMI Anatomy Lab

BY ELIZABETH SAMPSON
PHOTOS BY JANELLE ROSE

When medical students start their training they may try to imagine who their first patient will be. Will it be a grandmother with a heart condition? Could it be a young athlete with a broken arm? No matter who they might envision, Alison Doherty, PhD, will actually be introducing them to their first patient in the first weeks of medical school—though they may never learn their patient’s name.

Doherty is a clinical associate professor and director of the WWAMI Anatomy Lab at the University of Wyoming (UW). WWAMI is the University of Washington’s multi-state medical education program that Wyoming medical students participate in. WWAMI stands for Wyoming, Washington, Alaska, Montana and Idaho.

Each WWAMI student Doherty takes under her wing learns to treat the people who have donated their body as their first patient. As the students begin their work in the Anatomy Lab, the donors they study teach the students not only every system of the human body, but also what it means to treat all patients with dignity.

“Dr. Doherty has immense respect and gratitude for the donors, and she really expects nothing less from anyone else who has the privilege of going into the lab,” said first-year medical student Taylor Thompson. “It’s really inspirational to see and work with her every day and see that that never wanes at all.”

Doherty explained she takes the time to ease students into the prospect of human dissection through a carefully planned series of steps. First is a lab overview that explains the donation process and what that donation means to the donor and their family members. Next they are given very basic information about the donors, including their age at death and their biological sex. The students look at CT scans of the donors and try to determine the cause of death based on information from the scans. Then they present their diagnosis to their peers.

As they get closer to going into the lab for the first time, Doherty gives them time to ask questions. “We talk to students about any fears they may have, what they are expecting and how we can change that perception,” Doherty said. “We have a nice sit down before students even make it into the lab and talk about some of these feelings and talk about what they may expect—and try to enlighten them in terms of what will actually occur in the lab.”

Then it is time to enter the lab. “After quite a bit of lead up we introduce them to the lab with the body donors covered,” Doherty said. “That really helps to get some of the student nerves out of the way. We really don’t want to throw a student into a donor setting where they have to instantly come in and start a dissection—because that’s not a very kind way for our students to have

Expectations are high for first-year students

Tools at the Anatomy Lab.
An “incredible privilege” to learn from donors

that first introduction to their first patient.”

Doherty knows this from her own experience.

“When I went through my first donor experience, you are thrown in there,” she said. “There’s no information, you have no idea what to expect, there’s no intro. You’re given a dissection kit and told to bring your gloves and a lab coat and you go.”

Doherty’s kinder approach resonated with third-year medical student Renae Wollman, who grew up in a Hutterite community in South Dakota. Like many of her peers, she was excited and apprehensive on her first day at the Anatomy Lab, but Doherty’s measured path to introducing her students to their Anatomy Lab donors eased Wollman’s nerves.

“Even before we started our official medical school training we were introduced to our donors,” Wollman said. “She cultivated this relationship really early on in terms of these are the donors you are going to be working with for the next two years. She didn’t jump right in with, ‘Here’s your anatomy lab, here’s your donor, go straight to work.’ She made sure we had time to process and adjust to our medical student roles.”

When it was time to actually begin working with the donors, thinking of them as her first patients helped Fatima with her own emotions.

“When you think about working on a donor, it makes you really, really nervous,” Fatima said. “I wasn’t sure how I would react to that, but with Dr. Doherty framing it as, ‘this is our first patient, and we will treat them with the same amount of care if not more because we are so grateful.’ That really helped to ground you.”

Fatima said each time she was in the Anatomy Lab, she learned more than she could have ever imagined.

“It’s such an incredible privilege to be able to learn in that manner,” Fatima said. “Every time I went in there I was amazed at how incredible the human body is and how intricate everything is.”

Thompson had the opportunity to study abroad during her undergraduate education and enrolled in an anatomy lab class while there—giving her a unique perspective of how Wyoming’s Anatomy Lab excels. She said her experience in another country was drastically different than what she had seen in Doherty’s lab.

“It was shocking because they did not keep track of their donors,” Thompson said. “At this foreign school I went to there would be bins of different things. You would grab an arm out of one bin randomly. There were 200 kids in that class, and no one had any concept that this was a human arm you were dealing with.”

For Wollman, who is considering a surgery-oriented medical career, her education in Doherty’s lab helped ready her for her surgical rotation.

“It absolutely prepares you,” Wollman said of the dissection work in the lab. “It’s certainly lower risk than having a living person in the operating room, but I think with the way Dr. Doherty taught us, it almost felt the same. She did a very good job of consistently reminding us that we are to respect our donors and preserve their dignity as we are privileged to learn from them. I think that translated really well to the operating room, because it didn’t really feel like that much had changed.”

Donor memorial service introduces students to patient families

WWAMI Anatomy Lab students are invited to participate in a memorial service with donor families at the University of Colorado Anschutz Medical Campus. The campus is home to a memorial garden dedicated to the donors, and each year students place an etched stone in the garden to commemorate their gratitude to the donors.

“After attending the memorial service, I think many of us consider doing the same.”

“After attending the memorial service, I think many of us consider doing the same.”

Doherty explained the memorial service allows students to pay their respects to the people who donated their bodies for their educational benefit. The ceremony often includes music, poetry readings and students reading letters of thanks to donor family members.

These family members also get to speak about their loved ones, revealing what their lives were like and what they loved.

“That is something that’s really critical for students to grasp: one, what this meant for that donor and for the family members of that donor; but two, to hear from a family member who has lost a loved one in this medical realm,” Doherty said. “To hear back from the family members about how much that person meant, it really gives a human quality to the culmination of that experience with any of the donors that we have in our program. There is not a dry eye in the room.”

Wollman said when she attended the memorial service it really brought home the individual stories of the donors she worked with.

“There’s a personal story with every single donor,” Wollman said. “They lived full rich lives. It’s amazing when someone chooses to donate their body to further medical training and scientific knowledge. After attending the memorial service, I think many of us consider doing the same.

Fatima called the experience a humbling one; especially hearing from the donors’ families.

“It was such an incredible experience to hear about the wonderful human beings that they were,” she said. “We got to learn about the people who made that decision to contribute to our learning this way and how wonderful they were to their families; in their pursuits and the things they were interested in.”

For Doherty, the memorial ceremonies are some of the best memories of her medical career. She explained the memorial service allows students to really grasp: one, what this meant for that donor and for the family members of that donor; but two, to hear from a family member who has lost a loved one in this medical realm.”

Wollman said, “They lived full rich lives. It’s amazing when someone chooses to donate their body to further medical training and scientific knowledge. After attending the memorial service, I think many of us consider doing the same.”

Fatima called the experience a humbling one; especially hearing from the donors’ families.

“It was such an incredible experience to hear about the wonderful human beings that they were,” she said. “We got to learn about the people who made that decision to contribute to our learning this way and how wonderful they were to their families; in their pursuits and the things they were interested in.”

For Doherty, the memorial ceremonies are some of the best memories of her medical career. She explained the memorial service allows students to really grasp: one, what this meant for that donor and for the family members of that donor; but two, to hear from a family member who has lost a loved one in this medical realm.”

Wollman said, “They lived full rich lives. It’s amazing when someone chooses to donate their body to further medical training and scientific knowledge. After attending the memorial service, I think many of us consider doing the same.”

Fatima called the experience a humbling one; especially hearing from the donors’ families.

“It was such an incredible experience to hear about the wonderful human beings that they were,” she said. “We got to learn about the people who made that decision to contribute to our learning this way and how wonderful they were to their families; in their pursuits and the things they were interested in.”

For Doherty, the memorial ceremonies are some of the best memories of her medical career. She explained the memorial service allows students to really grasp: one, what this meant for that donor and for the family members of that donor; but two, to hear from a family member who has lost a loved one in this medical realm.”
Anatomy Lab experience may be unrecognizable to past students

From a more respectful introduction to their donors to safer lab working spaces, the medical school anatomy lab experience has changed in noticeable ways in recent years. Students are still expected to answer anatomy questions in a pin test format, but Doherty said those tests are clinically relevant to what they are learning about.

“We no longer have these pin tests that are cloaked in a surgical area where we expect students to identify anatomical structure through a surgical window,” she said. “We’re not here to trick students to learn every little detail of every little system. We want them to take away from us something that is useful for their career.”

Doherty has also made a point to teach the Anatomy Lab with a team approach. She said in previous anatomy labs, a donor would be assigned to a single group of students. “I am really trying to get away from that,” Doherty said. “In the clinical setting patients really aren’t just one physician’s patient. They really are a team’s patient.”

“Anatomy probably changed more than any other topic.”

Doherty noted that the UW lab has nine donors at most. Four of them are for prosections (three of those being last year’s donors), which are the dissections she and her team complete to exacting standards as an example for the students. The other five donors are assigned to the 20 students in each cohort. As each student interacts with all five donors, they have a better chance of seeing variations in human anatomy.

“They really have to understand how to capitalize on their learning and recognize what each donor has to offer,” Doherty said. “Students really benefit from understanding the anatomical variation that we have here even in a very small cohort of donors.”

The entire curriculum of the Anatomy Lab experience has shifted as well. Tim Robinson, PhD, is the director of the University of Wyoming’s WWAMI Medical Education Program. He noted that a major curriculum change occurred about five years ago. Now students study seven blocks—such as circulatory systems—with three threads running through them, including the anatomy thread, or human form and function. Robinson said with the change in curriculum, Doherty now teaches in connection with the block students are in.

“Anatomy probably changed more than any other topic,” Robinson said. “Instead of it being its own course, it’s called a thread now. In each WWAMI course there are anatomy topics that are taught. She has to not only deliver her anatomy content, but she also has to be aware of the context with which it is being taught. When the students are in the cardiovascular, pulmonary and renal course, then she’s teaching the anatomy associated with those biological systems.”

Robinson went on to explain that when the major curriculum change occurred, Doherty was the anatomy director for the entire University of Washington Medical School (the university that leads the WWAMI program).

“She was very instrumental in developing what the anatomy curriculum would look like,” he said. “She is an innovator in terms of instruction. She is a leader within the whole University of Washington School of Medicine when it comes to active learning.”

Doherty grew up in Lander and is a UW alumna. She went on to earn her master’s and doctorate from Kent State University in Ohio, and during her five and a half years as a PhD candidate, she also taught human gross anatomy and microanatomy at Northeastern Ohio Medical University. She then transitioned to Colorado State University where she did postdoctoral work with animal models in human disuse osteoporosis. With her love of Wyoming and her strong ties to the state, she took the opportunity to return, starting with the WWAMI program in 2014.

Doherty was a key player in designing the new University of Wyoming Anatomy Lab. According to Robinson, when the WWAMI curriculum changed, UW went...
The “keystone” to medical education

from having 20 medical students to 40 medical students on campus.

“We have twice the number of students now, so we had to build a new lab,” Robinson said. “Dr. Doherty went out and looked at different labs, and she designed our $1.5 million state-of-the-art facility that we now have. I’ve been in several labs during my time as WWAMI director, and I’ve never been in a lab that is as professionally run or as organized as Dr. Doherty runs here with Wyoming WWAMI.”

Many anatomy labs around the country are very outdated, Doherty said, especially with consideration to ventilation and working with chemicals.

“We are constantly getting additional information about the safety of working with formaldehyde and other embalming fluids,” she said, noting she worked with UW’s safety office to improve the safety of the lab. “Even though we have a very good chemical disposal system at UW, I really saw areas where we could improve the anatomy lab working environment.”

She also worked to implement better lighting in the lab. Not only does the new lab have windows that let in natural light (dispelling the old dark, creepy basement lab notion), the lab now has adequate surgical lighting over each donor table.

Thompson, who worked in the old lab as an undergraduate and now in the new lab as a medical student, notes the new lab is much larger.

“It’s a wonderful lab,” she said. And for someone like Thompson who loves studying anatomy, working with Doherty in the new lab has been a gift.

“I have always thought anatomy is the keystone to everything else we’re learning,” Thompson said. “It’s just so amazing to be able to go into the lab and see it firsthand. It’s so much more meaningful than looking at a picture in a textbook when you’re actually finding a certain nerve or vessel. It’s the foundation of everything. You need to know every part of the human body to know how it’s all working together.”

Anatomy Lab faculty and students prepare for a session at the lab in the University of Wyoming in March.

Anatomy Lab Director Alison Doherty, center, works with students at the lab. Doherty takes the time to ease students into the prospect of human dissection through a carefully planned series of steps.
Spring is a time for renewal, and for introducing Wyoming students who are in their first year of the WWAMI program. WWAMI stands for the five states that participate in the four-year medical education program: Wyoming, Washington, Alaska, Montana and Idaho. Each year, the program reserves 20 seats for qualified Wyoming residents, who spend 18 months on the University of Wyoming campus, followed by two years at clinical sites throughout the WWAMI region. This year we asked them just one question: What is the best thing about being a medical student? Find their answers below.

Cody Abbott
Thermopolis

My favorite thing about medical school so far has been the exposure to so many fascinating topics taught by so many incredible teachers ranging from clinical medicine to emerging academic topics. It’s all so interesting and inspiring!

Bret Andrew
Casper

My favorite thing about medical school is the relationships I’ve made with my colleagues. I am furthermore grateful for the opportunity we’ve had to impact our community so early in our careers.

Drew Adriaens
Sheridan

The best part of medical school has been the close relationships formed with the other students in my class. I really enjoy the opportunity to work on patient cases related to the disease processes we are learning which serves as a stimulating way to learn and get to know one another.
WWAMI Student Profiles

Luiza Bosch
Pinedale

So far one of my favorite things about medical school has been my classmates. I am so proud to be their peer and they are such a joy to be around. I couldn’t have asked for a better group of people to go through this journey with.

Cade Budak
Moran

My favorite thing about medical school is our access to physicians from various specialties who come to help us with cases in their respective fields. It is awesome to get to learn “clinical pearls” with these opportunities.

Austin Ellis
Byron

The best part of medical school has been building relationships with so many incredible individuals in the WWAMI program. It has been a lot of fun to learn about medicine from the local physicians and my fellow classmates.

Maison Furley
Sheridan

Medical school has been my goal from a young age, but I never imagined how much I would enjoy it. My favorite part thus far is the feeling of learning enough to truly make a difference in someone’s life and getting to experience true patient interactions so early in our education.

Blake Hopkin
Powell

My favorite part of medical school has been learning in a collaborative environment alongside colleagues and friends. Our small, tight-knit cohort has shaped my experience in ways I never anticipated.

Madeleine Isler
Laramie

My favorite thing about medical school is being able to learn so many new things every day surrounded by driven, intelligent, supportive and wonderful people. Pushing yourself to the next level in learning has its difficulties and hardships but is full of rewards from achieving and pursuing your goals.

Ariel Gjovig
Gillette

My favorite things about medical school are being surrounded by incredible, caring classmates and having opportunities to learn in clinical settings and participate in community improvement efforts! I love that we get to learn from members of our community, while also giving back so early on in our careers.

Holly Huber
Green River

My favorite thing about medical school is spending time with my amazing classmates. It already feels like I’ve known them for years!
WWAMI Student Profiles

Joseph Keating
Casper

My favorite part of medical school has been going through the trials and tribulations of becoming a doctor with the wonderful group of nerds that make up the E-20 class.

Sierra Levene
Laramie

The best part of medical school so far has definitely been forming so many great lifelong friendships with my classmates. I’ve also really appreciated all the opportunities that WWAMI and local docs have provided us, including scrubbing into surgeries!

Jackson McCue
Cheyenne

The thing that I like most about medical school is being in the thick of it. We all worked long and hard to get here. I get a kick out of remembering that the mountain of work I get to do now is all I wished for a year ago.

Audrey Lucas
Wheatland

I love that I am part of something so much bigger than myself and am reminded all the time that being a physician is a privilege. Scrubbing in for surgery is pretty cool, too.

Rikki Nelson
Cheyenne

Some of my favorite days in medical school are when I get to work with patients during hospital mornings or primary care practicum sessions. I’m grateful for the community support that allows us students to practice our clinical skills!

Grace Nicholas
Cody

My favorite thing about medical school has been the fostering environment and the variety of educational experiences both in the classroom and clinic.
HELP PATIENTS
OUTSMART COVID-19

The risk for severe COVID-19 illness increases with age and certain medical conditions. In fact, roughly 70 percent of Wyoming’s COVID-19 related deaths were among people with known conditions that put them at higher risk of severe illness.

HELP OUTSMART COVID-19

Find helpful provider resources at: tinyurl.com/mczjw34 or at: health.wyo.gov/publichealth/immunization/
Find a great reputable resource for your patients who have questions about COVID-19 vaccines at: getvaccineanswers.org/

Taylor Thompson
Cody

My favorite part of WWAMI has been the early clinical experience we get because the patient contact is one of the main reasons I am entering the medical field. My other favorite part is the 19 amazing classmates/friends/future colleagues I get to be with every day.

Bryce Snow
Cheyenne

While it’s easy to say the classic “learning about the intricacies of the body” because of course that’s why we are all here, I’d have to say my favorite thing about medical school is hands down the people I’ve met. The relationships formed with our professors, preceptors, patients and classmates are ones that I’ll cherish for a lifetime!

Dane Patey
Casper

My favorite thing about medical school is working with so many different physicians in so many different facets of patient care. Every visit to the emergency department or the hospital is always a new experience with new obstacles and new patients.
Being Superhuman

BY BETSY SPOMER, MD
Soul Honey Coaching

The most profound thing I have learned from living and working as a physician in the time of a worldwide pandemic, is purely and simply that I am superhuman. Note, I am not talking about having exceptional ability or powers, as in being “superhuman.” In fact, it is quite the opposite. COVID-19 has been a stark reminder of my human vulnerabilities. Just like all humans on this planet, I find myself susceptible to and fearful of illness and death, grief, the loss of friends and loved ones, and especially to loneliness. It’s humbling, and I had many moments in the past year in which I’ve found myself feeling sad and defeated.

Thankfully, there is so much more to being human than suffering. In the last year, I have also become far more aware of and in touch with the finer human qualities of empathy, kindness, compassion and sensitivity, in both myself and others. There is just something about shared hardship that brings out the best in people. For that I am grateful.

I look around and I am in awe of the exceptional human beings—especially doctors and other healthcare professionals—who have truly risen to the occasion, risking it all in the name of health and healing. They have boldly and selflessly faced a giant—a novel virus rapidly wreaking havoc—and without hesitation they have gone about the business of simply figuring it out. They have used every tool in their arsenal; from science to collective wisdom, to passion, to persistence, to instinct, to faith and just plain guts. The ways in which healthcare professionals have performed over the last year have been as close to superhuman as imaginable.

And yet, as we all know, being called on to deliver in this superhuman fashion can often take a toll. As we emerge into a post-COVID world and start to cautiously breathe again, many may feel beat up and burned out. Others may find themselves weary of the pandemic and chomping at the bit to get back to doing what they were trained to do. Still others may be wary of going back to business as usual, as they now recognize their own very real vulnerabilities and the ways in which the social system relied on them down. And, of course, there are many grieving the loss of friends and loved ones, or perhaps dealing with personal health or financial concerns. For many of us right now, our well-being is tenuous, at best.

With COVID-19 nearly behind us (fingers crossed) and our well-being tetering precariously in front of us, we have a very important choice at hand. We have the opportunity to choose secondly, discover and capitalize on personal gifts, unique attributes and dreams

First things first: make it a priority to meet your basic human needs

These needs include adequate sleep, regular exercise, a nutritious diet, physical and psychological safety, a sense of belonging, and a personal sense of value and knowing that you truly matter. These are called primary needs because you must meet them in order to survive and ultimately to thrive.

As a family practice physician and a life coach, I spend a lot of time trying to figure out the secrets to health and well-being. And, although I could give you a long list of evidence-based tips, tricks and strategies, I feel strongly that there are really just a few key areas that provide the greatest return on investment of time and energy. There are no real surprises here, other than perhaps the simplicity of these concepts.

First things first: make it a priority to meet your basic human needs

These needs include adequate sleep, regular exercise, a nutritious diet, physical and psychological safety, a sense of belonging, and a personal sense of value and knowing that you truly matter. These are called primary needs because you must meet them in order to survive and ultimately to thrive.

As long as our basic human needs are met, we will be, consciously or subconsciously, distracted by the pursuit of these basic needs.

In this moment whether we fall back into old patterns—such as the superhuman practices of martyrdom, perfectionism, overwork and people pleasing—or whether we will choose a new path that honors, respects and even capitalizes on our humanness. It is my hope that we choose a more human approach going forward; that we look back on our experiences through fresh eyes, with the intention of learning and growing in healthier and more humane ways.

As a family practice physician and a life coach, I spend a lot of time trying to figure out the secrets to health and well-being. And, although I could give you a long list of evidence-based tips, tricks and strategies, I feel strongly that there are really just a few key areas that provide the greatest return on investment of time and energy. There are no real surprises here, other than perhaps the simplicity of these concepts.

First things first: make it a priority to meet your basic human needs

These needs include adequate sleep, regular exercise, a nutritious diet, physical and psychological safety, a sense of belonging, and a personal sense of value and knowing that you truly matter. These are called primary needs because you must meet them in order to survive and ultimately to thrive.

As we learn from Maslow’s Hierarchy of Needs, as long as our basic human needs are met, we will be, consciously or subconsciously, distracted by the pursuit of these basic needs. As a result, the higher-level needs of joy, beauty, meaning and fulfillment are unlikely to be fully appreciated until our basic needs are satisfied and no longer a distraction.

This concept seems simple, and yet, for most of us in healthcare, to fully embrace it will require a true paradigm shift. No longer can we operate from the old paradigm of being superhuman and somehow not subject to those basic human needs; but rather, we must acknowledge and accept that these human needs are very real for all of us and that we simply must make them a priority. This is foundational if we truly want more joy and meaning in our lives.

Secondly, discover and capitalize on personal gifts, unique attributes and dreams

These are the things that make us special, light us up, and breathe life into our lives. You have spent your entire career learning how to deliver the “gold standard” of medical care. Now is your time to discover and reveal how your personal style, gifts and passions can be harnessed and lived out. This is about living a life in alignment with that which you love and care about, and there is plenty of evidence to support it. For example, Dr. Lotte Dyrbye from the Mayo Clinic reports from her research on burnout that if we spend at least 20% of our time doing what is meaningful to us, we will experience more joy and satisfaction in our lives. It’s simply time to find ways to do more of what really matters to you.

Lastly, but certainly not least, let’s take a stand for one another

As healthcare leaders you have an opportunity to support each other’s wellness, gifts and passions. Remind colleagues just how much they matter by encouraging them to get enough sleep, take breaks, use up their vacation time, or pursue a passion project. Your encouragement helps them to prioritize personal wellness and live a life full of what truly matters. Whether you provide support for a peer who is struggling, help to design more humane organizational policy, or advocate for more joy in the workplace, you shift the culture of healthcare toward well-being and meaningful work.

I hope you take the initiative to write your own personalized wellness prescription. With this, it is my hope that you will experience more joy, satisfaction and well-being, in ways that make you feel uniquely strong, special and more of the superhuman you are.
G enerosity from over 800 volunteers, including doctors and nurses, combined with community financial support has kept the Downtown Clinic doors open for 22 years, providing free healthcare to over 9,000 people in Laramie.

“We think that free healthcare should be high quality and innovative,” said Pete Gosar, executive director for the Downtown Clinic. “We’re so grateful that our medical team agrees with that, and they’re willing to go the extra mile.”

The Downtown Clinic has grown since Mary Burman, PhD, nurse practitioner and former dean of the University of Wyoming Fay W. Whitney School of Nursing, and Diana Esteve, nurse and former Albany County Public Health director, opened it in 1999. The nurses, along with help from Daniel Esteve, nurse and former Albany County Public Health director, of Wyoming Fay W. Whitney School of Nursing, and Diana PhD, nurse practitioner and former dean of the University for 22 years, providing free healthcare to over 9,000 people agree with that, and they’re willing to go the extra mile.”

Downtown Clinic. “We’re so grateful that our medical team and innovative,” said Pete Gosar, executive director for the clinic and Pete’s sister, called the students a “fantastic asset.”

“We have a regular influx of folks who are in development towards their profession and come with a lot of enthusiasm and some really interesting ideas,” Dr. Gosar said.

Two UW pharmacy students run the onsite pharmacy and are overseen by a volunteer pharmacist. The clinic’s pharmacy works with the medical team to discuss the best treatment options. The prescribed medications then are gifted to the clients.

“We felt that it’s important to remove that financial barrier of having to decide whether to buy medicine or food for their family,” Dr. Gosar said.

Two additional volunteers are dedicated to obtaining donations of branded medications like insulin and inhalers that the clinic and clients cannot typically afford.

“Our diabetic clients are getting the insulin that they actually need, not what they can afford,” Dr. Gosar added. “We’re getting the options we want as clinicians and the best possible for our clients.”

Community support for the clinic has been quite comprehensive. The clinic receives imaging services from Ivinson Memorial Hospital and discounted lab services from Wyomed Laboratory. Nutritionists and orthopedists have volunteered to help clients. Local churches make food for volunteers and clients. Prior to the COVID-19 pandemic, a local gym even opened its doors for clinic clients to work out.

The clinic provides free healthcare to about 500 individuals annually who have no health insurance and are at less than 175% of the federal poverty level. UW students, children and those eligible for Medicare or Medicaid are not eligible. Clients range in age from over 18 to under 65.

Through fundraising, donated services and grants, the clinic can provide primary care, medications and even some specialty care for about $800 a year, Pete Gosar said.

The Downtown Clinic serves a very mobile, diverse population, and the number of active clients can vary, depending upon what is happening in their lives, often following employment. About 20 percent of clients are native Spanish speakers. Some clients include family members of foreign UW graduate students who are not covered by insurance.

More than half of our clients work and are not lazy,” Dr. Gosar emphasized, wanting to dispel any stereotypes of those seeking free healthcare. “They don’t get the luxury of laziness. They never eat if they are lazy. Some can’t work because they are caring for others.”

Dr. Gosar readily admitted to being very passionate about helping her clients. After being diagnosed with terminal cancer several years ago, she reevaluated how she wanted to spend her time. She closed her practice in Buffalo, eventually moving to Laramie and joining her brother Pete at the Downtown Clinic.

“I was intrigued to work with one of my family members and see what we could build,” Dr. Gosar recalled.

Community support for the clinic has been quite comprehensive. The clinic receives imaging services from Ivinson Memorial Hospital and discounted lab services from Wyomed Laboratory. Nutritionists and orthopedists have volunteered to help clients. Local churches make food for volunteers and clients.

During its weekly Monday Huddle, the clinic disseminates information about clients, discussing challenges, medications and possible solutions. A full-time client care coordinator follows up on screenings, vaccinations and other services needed.

“I’ve never worked at a place that had such positive energy and was such a joy to come to work,” said Ann Marie Hart, PhD, a nurse practitioner, UW professor and director of the Doctor of Nursing Program at the UW. “Nobodies volunteers or works there who isn’t committed to providing excellent care for our clients.”

Hart has volunteered at the clinic since 1999. Today, she serves as the clinic’s co-medical director with Dr. Gosar and volunteers once a week.

“I’m very proud of where the clinic stands today, offering some of the best primary care services in southeastern Wyoming,” she said.

“That being said, I’m sad that the clinic still needs to be in existence and that Wyoming hasn’t passed Medicaid expansion to provide healthcare to low income, uninsured individuals,” she added.
Dr. Tabitha Thrasher
Wyoming's first UW-produced geriatrician practices in Casper

BY GAYLE M. IRWIN

The University of Wyoming Family Medicine Residency Program in Casper recently welcomed the state’s first University of Wyoming-produced geriatrician. Tabitha Thrasher, DO, didn’t set out to become a doctor for older patients, even though she had worked in nursing homes while attending high school in Missouri. “I loved that population,” she said. “My favorite person was my maternal grandma. She lived on a farm about 10 miles from the town we lived in, and we were very close. She was this quiet, stoic person.”

Dr. Thrasher said she learned patience and a willingness to listen to others from her grandmother. Those traits can be useful in her practice. “I'm not sure it correlated directly because of his death, but it just kept coming back to me ... it was more of a calling,” she said. “My father passed away in 2003, and I didn’t understand medically what was happening, which frustrated me, so this piqued my interest in medicine. I knew I wanted to do something that would allow me to interact with people and to help them.”

She and her husband, Nate, lived in Colorado Springs at the time. She worked for a defense company and began taking pre-med at the University of Colorado—Colorado Springs. “It was just my husband and I in Colorado at the time. I worked full-time and took classes on the side,” she said. “He worked as well. I made it through pre-med that way.”

She attended classes in person. “I had a very nice boss that would allow me to make up time if I needed to for lab or other things,” she recalled. “A lot of [classes] were after hours or during lunch breaks. I took one or two classes a semester, so it took a while.”

Prior to medical school, Dr. Thrasher traveled to Guatemala for a medical mission. That solidified her decision. “I decided to fully pursue becoming a physician,” she said. “I graduated and got married right before 9/11, so tourism slowed down a bit. I had to re-think my direction.”

Before pursuing medicine, Dr. Thrasher studied tourism management at the University of Central Missouri. She made that choice because, coming from a family of six, she didn’t think she could get into medical school. “I wanted to work in a big hotel and do event planning,” she said. “I graduated and got married right before 9/11, so I had to re-think my direction.”

That new route became medicine, particularly after her father passed away. She moved to Casper in 2012 for her residency at the University of Wyoming Family Medicine Residency Program. Her husband stayed in Colorado. “By the end of the first year, we realized we didn’t like living apart, so he came up here,” Dr. Thrasher said.

Residency and focus
During a rotation in northeastern Wyoming, she worked with Newcastle physician Mike Jording, MD, spending a month learning more about family medicine in rural areas. “She was well-accepted by our patients and staff,” Dr. Jording recalled. “Things can get busy here, but she took care of the patients and handled them with great skill.”

He said she took time to listen to the patients, especially the elderly. “She listened to the life experiences of the patients, and she was respected,” he said. “I think her move into the specialty [of geriatric medicine] was an easy step for her to make.”

Dr. Thrasher thought highly of her experience there as well. “Dr. Jording and his staff were amazing with education, and they were all very kind, open, and generous with their time,” she said.

During a rotation in northeastern Wyoming, she worked with Newcastle physician Mike Jording, MD, spending a month learning more about family medicine in rural areas. “She was well-accepted by our patients and staff,” Dr. Jording recalled. “Things can get busy here, but she took care of the patients and handled them with great skill.”

He said she took time to listen to the patients, especially the elderly. “She listened to the life experiences of the patients, and she was respected,” he said. “I think her move into the specialty [of geriatric medicine] was an easy step for her to make.”

Dr. Thrasher thought highly of her experience there as well. “Dr. Jording and his staff were amazing with education, and they were all very kind, open, and generous with their time,” she said.

After completing her residency, Dr. Thrasher and her family moved to Oregon where she worked at an outpatient clinic for a retirement community. She spent more than two years caring for the elderly. She maintained contact with Cindy Works, MD, at the University of Wyoming Family Medicine Residency Program in Casper from whom she learned about the Geriatric Fellowship Program at the University of Wyoming. She applied and was accepted into the program, so she and her family returned to Wyoming. “I did the fellowship part-time while also working as faculty at the [Casper] residency,” Dr. Thrasher said. “I was the first fellow in the geriatric program.”

She graduated last fall, becoming the first University of Wyoming-produced geriatrician. She serves at the University of Wyoming Family Medicine Residency Program in Casper in several capacities. As a geriatrician, she primarily works with patients 65 and older, assisting them with various issues such as falls, memory changes and medication management. “We try to help with activities of daily living,” she said of doctors in her field. “We’re trying to change our focus to what quality we can give people, keeping them functional and as independent as possible. Working on goals with them is something I really enjoy.”

She also takes rotations at Wyoming Medical Center and

What continues to motivate me to be a doctor is the connection I get to have with my patients, to celebrate their joys, to grieve their losses; it is a true honor to be allowed to care for them.”

Applying her skills and passion
After completing her residency, Dr. Thrasher and her family moved to Oregon where she worked at an outpatient clinic for a retirement community. She spent more than two years caring for the elderly. She maintained contact with Cindy Works, MD, at the University of Wyoming Family Medicine Residency Program in Casper from whom she learned about the Geriatric Fellowship Program at the University of Wyoming. She applied and was accepted into the program, so she and her family returned to Wyoming. “I did the fellowship part-time while also working as faculty at the [Casper] residency,” Dr. Thrasher said. “I was the first fellow in the geriatric program.”

She graduated last fall, becoming the first University of Wyoming-produced geriatrician. She serves at the University of Wyoming Family Medicine Residency Program in Casper in several capacities. As a geriatrician, she primarily works with patients 65 and older, assisting them with various issues such as falls, memory changes and medication management. “We try to help with activities of daily living,” she said of doctors in her field. “We’re trying to change our focus to what quality we can give people, keeping them functional and as independent as possible. Working on goals with them is something I really enjoy.”

She also takes rotations at Wyoming Medical Center and

Her favorite patients

Dr. Tabitha Thrasher works at University of Wyoming Family Medicine Residency Program in Casper. PHOTOS COURTESY OF DR. TABITHA THRASHER
visits nursing homes, although “a pause” was put on that during the COVID crisis. She began making such visits again in early 2021.

Dr. Thrasher also serves on the board of Wyoming Dementia Care in Natrona County, and became program director of the University of Wyoming’s Geriatric Fellowship Program in January this year.

Additionally, Dr. Thrasher works as a sports medicine faculty member and assists residents of the University of Wyoming Family Medicine Residency Program in various ways.

She finds her career satisfying.

“What continues to motivate me to be a doctor is the connection I get to have with my patients, to celebrate their joys, to grieve their losses; it is a true honor to be allowed to care for them,” she said.

“I also enjoy the educational piece with the residents—they sometimes can get me to conduct lectures,” she added with a chuckle.

**Family time**

When not actively engaged in the community of medicine or the community at large, Dr. Thrasher, her husband Nate and their 6-year-old daughter Edith enjoy traveling, hiking and camping.

“I love the openness of Wyoming—I enjoy being able to get away in 10 minutes!” she said. “I also love experiencing new cultures.”

In addition to her medical mission trip to Guatemala, Dr. Thrasher has visited Scotland, Africa, Venezuela and many other places. However, when time came to set down roots, she and her family chose Wyoming.

“It was the people who drew us back,” she said.

She said she and her family plan to remain in the state for some time.

“I’m always looking for ways to engage the community more in geriatric care and to help out the community,” she said. “For the time being, I’m pretty well settled here at the University of Wyoming, and I don’t have plans to leave Wyoming any time soon.”

---

**Wyoming’s Orthopedic Experts**

- **Dr. Aukerman**
  - Sports Medicine | Knee, Shoulder | UW Team Physician

- **Dr. Bienz**
  - Hand & Upper Extremity | Total Joint Replacement
  - Nerve and Micovascular Surgery

- **Dr. Carson**
  - Sports Medicine | Knee & Shoulder | Total Joint Replacement
  - Foot & Ankle | Sport Injuries

- **Dr. Gueramy**
  - Foot & Ankle Specialist
  - Sports Medicine

- **Dr. Harris**
  - Minimally Invasive Surgery
  - Degenerative Conditions of the Spine and Spinal Deformity

- **Dr. Thurman**
  - Interventional Pain Management
  - Nonoperative Spine Care

- **Dr. Levene**
  - Sports Medicine | Knee, Shoulder
  - Total Joint Replacement

- **Dr. McKenna**
  - Hand & Upper Extremity
  - Total Joint Replacement | UW Team Physician
Decline in Childhood Vaccinations May Put Community Protection at Risk

An estimated 9 million childhood vaccination doses may have been missed nationwide by the end of 2020.

BY JOSEPH HORAM, MD
Medical Director, Blue Cross Blue Shield of Wyoming

Many Americans have delayed or stopped receiving routine and preventive care during the COVID-19 crisis. Unfortunately, this has meant significant drops in critical childhood vaccinations—a development that could affect community protections against serious diseases. To prevent further risk to our children and our communities, it’s vital that children receive the recommended vaccinations on time or catch up on vaccinations missed because of the pandemic.

According to vaccine data based on claims from millions of Blue Cross and Blue Shield members, there is evidence that the United States could be at risk of widespread outbreaks of preventable disease. Nearly 40% of parents and legal guardians say their children missed vaccinations due to the pandemic. The findings come from a new Blue Cross Blue Shield Association (BCBSA) analysis of member claims data, which examined vaccination doses delivered from January to September 2020, compared to the same time period in 2019.

Decreases in Vaccinations

Herd immunity is the resistance of a community, in total, to the invasion and spread of an infectious agent as a result of a large proportion of individuals in the groups being immunized. Losing herd immunity could erode protection for children and communities against diseases kept at bay or nearly eradicated for decades. Vaccination rates for measles and whooping cough were already trending downward before the pandemic, well below community protection levels. Other vaccines at risk for lower completion rates include pneumococcal, haemophilus influenza, hepatitis A/B and rotavirus. Since rotavirus vaccine is limited to 8 months of age, there is not a catchup strategy.

Physicians and other health professionals need to be vigilant for the potential return of these preventable diseases of childhood. We encourage parents to take their children in for wellness visit and to take measures to catch up on any vaccinations they may have missed.

Build Vaccine Confidence in Your Patients

BY HOLLY SCHEER
Community Partnership Coordinator for Wyoming Department of Health, Immunization Unit

As Wyoming has adapted to life during the COVID-19 pandemic, doctors across the state are well-positioned to increase patient vaccine confidence.

Local, community-based providers with well-established patient relationships are voices of authority for the communities in which they live and work. With the increased focus this last year on health, wellness, and preventive care like vaccines, clear communication about the benefits of the COVID-19 vaccine is more important than ever.

Far more is known now about COVID-19 than in the first days of the pandemic, both about treatment and prevention. Vaccination, along with social distancing and masking, is an effective and safe way to protect your patients from COVID-19.

Vaccination reduces your patients’ chances of being hospitalized, getting seriously ill, or dying. Adults of any age with certain medical conditions are at increased risk for severe illness from the virus that causes COVID-19. Roughly 70 percent of Wyoming’s COVID-19 related deaths have been among people who had known medical conditions that put them at higher risk of severe illness. In addition, in Wyoming, over 90% of COVID-19 related deaths were among individuals over the age of 60.

The Wyoming Department of Health (WDH) recommends that adults with high-risk medical conditions should get free, safe, and effective vaccines meant to help prevent COVID-19 as soon as they are available to them.

COVID-19 vaccination is also important for patients who have already had COVID-19. The Centers for Disease Control and Prevention (CDC) recommends that people who have recovered from COVID-19 get vaccinated to protect against reinfection and provide lasting protection against the virus.

Patients may have questions about the development and approval process of the COVID-19 vaccines. Each of the available vaccines in the United States has gone through a safety process that is the most intensive in our nation’s history. This process has introduced additional monitoring for the vaccines, including V-Safe, which has shown no unexpected patterns of adverse reactions or safety concerns.

Anaphylaxis, a concern many patients may ask about, is rare and can be effectively and immediately treated after vaccination if this reaction does occur. Patients may also have concerns over mRNA technology. mRNA vaccines are safe, do not alter the recipient’s DNA, and do not adversely affect fertility rates or pregnancy.

Wyoming’s physicians are a vital part of the communities across our state. Providing patients with clear, accurate, and effective information about COVID-19 vaccination is important as Wyoming continues to reduce community spread and moves back to pre-pandemic life.

A recent study by the Kaiser Family Foundation identified providers as a key reason people moved from vaccine hesitancy to confidence, with 85 percent of respondents citing their provider as a key reason they would be getting the COVID-19 vaccine. It’s also important for building patient confidence and trust in public health.
A Message from the President & CEO of Cheyenne Regional Medical Center

BY TIM THORNELL

The employees and providers of the Cheyenne Regional Health System (including Cheyenne Regional Medical Center and the Cheyenne Regional Medical Group) are to be commended for their unwavering response to the pandemic. When it counted the most, they came together as one—to ensure our community and region received the vital care and support they needed. Our deepest thanks go out to each and every person in our hospital, health system and medical community for putting service before self. You are truly amazing! We also want to extend a heartfelt thanks to our first responders and those in essential businesses for continuing to serve and protect our region, despite the ongoing risk that COVID-19 has posed to their health and well-being.

Finally, I want to thank everyone who rallied to support our health system and community. So many individuals, families, businesses, places of worship, government entities and academic institutions answered the call to donate face masks, face shields and other vital medical supplies. Others contributed food and beverages to lift the morale of our healthcare workers or made donations to ensure the ongoing care and support of our most vulnerable residents.

To every person who made a donation, called to check on a neighbor, offered a much-needed word of encouragement or lifted our community in prayer… thank you and God bless you. We look forward to better days ahead.

Telehealth from the Field: Case Study Involving Remote Monitoring Problems

BY SUE BOISVERT, BSN, MHSA
Patient Safety Risk Manager II, The Doctors Company, and Chad Anguilm, MBA, Vice President, In-Practice Technology Services, Medical Advantage, Part of the TDC Group of Companies

Even before the COVID-19 pandemic, the use of remote patient monitoring was expanding. The technologies offer many benefits, but they may also create potential malpractice risks. Consider the following case example and strategies that can help mitigate risks.

Case Example
During an annual physical, the physician recommended ambulatory electrocardiography for a patient with a history of prior cardiac arrhythmia. The physician told the patient he would receive the ambulatory monitor by mail and that the package would contain everything he needed. About a week later, the monitoring package arrived. The patient was in the process of moving and set the package aside. Several weeks later, after completing the move, the patient found the box. He opened it, read the instructions, and applied the device. After a few hours, the device fell off. He re-applied it multiple times, but the device continued to fall off. After several calls with the device manufacturer, the patient gave up, tucked the device in the box, and mailed it back to the manufacturer.

A week later, the patient received a letter from the physician, stating that his monitoring results were normal. The patient—who was surprised to receive these results—followed up. During the discussion, the physician told him that the device manufacturer downloaded and evaluated the results and provided a report that the physician then shared with the patient. The physician was surprised to learn that the patient had not completed the monitoring period and the device had not performed as expected, but the results were still reported as normal. The patient lost confidence in both the physician and remote monitoring technology and did not return to the practice.

Patient Safety Strategies
Whether you have already implemented remote patient monitoring or are thinking about it, consider the following strategies:

- Use a deliberate process to evaluate potential monitoring devices.
- Determine if the equipment is classified as a medical device by the U.S. Food and Drug Administration (FDA). Often, FDA classification as a medical device is required for billing, and it is a sign that the device has been objectively evaluated.
- Ask the device manufacturer for a list of current clients and contact them to review their experiences with the company and the device.
- Schedule an in-person product demonstration and consider ease of use from the patient’s perspective.
- Make sure that patient instructions are clear. Evaluate whether the device is manageable in terms of size, and verify what data will be incorporated into the electronic health record (EHR).
- Plan and Prepare

This case study highlights the importance of careful planning and preparation when incorporating remote technologies into the patient care services offered by a medical practice. Providers who recommend products and services to their patients have a responsibility to apply due diligence in confirming that the device manufacturer is reputable, the device is safe, and the information it produces is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.

- Advise patients to call the office about any device problems or concerns.
- In the case example, the patient was planning to move. Since the patient’s condition was stable, it may have been more convenient for him to delay the monitoring until after the move. Instead, the patient forgot about the monitor, delayed application for several weeks, and then experienced problems using the device.

In the case scenario, the device did not adhere properly to the patient’s skin. This also provides an opportunity to assess the patient’s level of comfort and verify what data will be incorporated into the electronic health record (EHR).

Determine how the data will be collected, transmitted, and stored.

- Use a secure (encrypted) method for data collection, transmission, and storage. Data from remote patient monitoring devices are subject to privacy and security regulations.
- Use caution with applications that transmit data directly into the electronic health record (EHR). Test the process to confirm that the transmission is accurate and reliable. Once a decision is made to use remote technology, the next steps should be to develop appropriate use guidelines that include preparing patients, managing device concerns/troubleshooting, tracking results, and following up with patients.
Modern solutions can help pave a new path for Wyoming Medicaid providers.

Learn how we're partnering with Wyoming Medicine to help meet the health needs of Medicaid clients. Contact your provider relations representative for details and to learn how we can partner with you.

1-888-545-1710 | optum.com/wyoming

© 2021 Optum, Inc. All rights reserved.

Wyoming Telehealth Network

The Wyoming Telehealth Network has been here for you and your team this last year, providing the tools necessary to maintain high quality patient care.

WyTN continues to offer:
- HIPAA-secure Zoom Access
- Training & technical support
- Special interest groups
- Webinars and education opportunities
- Telehealth provider directory
- A redesigned website for easy access

Learn more at wytn.org/wyoming
Together for:

We wanted to find new ways to do more for those who already do so much. So we created Constellation®. Working together with liability insurance companies, we offer innovative products and services that help reduce risk, streamline care, even lessen caregiver burnout and turnover. Because at the end of a long day, good care is good business. See how working together can benefit you at ConstellationMutual.com.

Thank you for leading by example.

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

We wanted to find new ways to do more for those who already do so much. So we created Constellation®. Working together with liability insurance companies, we offer innovative products and services that help reduce risk, streamline care, even lessen caregiver burnout and turnover. Because at the end of a long day, good care is good business. See how working together can benefit you at ConstellationMutual.com.

© 2021 Constellation. All Rights Reserved.
The time to implement remote patient monitoring is now!

Used to monitor acute and chronic conditions in patients with one or more diagnoses, a remote patient monitoring (RPM) program can:

- Improve patient care and outcomes
- Reduce hospitalizations
- Improve patient engagement and satisfaction metrics

Contact Mountain-Pacific Quality Health at telehealthhelp@mpqhf.org for more information or implementation assistance.

CONCERNED ABOUT STRESS, BURNOUT, SUBSTANCE USE OR MENTAL HEALTH? GET CONFIDENTIAL GUIDANCE

Wyoming Professional Assistance Program offers free and confidential evaluations, treatment recommendations, referrals, and life coaching. We also offer a comprehensive monitoring program.

www.wpapro.org
(307)472-1222
candicec@wpapro.org

Working continuously to balance the SCALES OF JUSTICE.

We’re taking the mal out of malpractice insurance. As a relentless champion for the practice of good medicine, we continually track, review, and influence federal and state bills on your behalf. All for one reason: when you can tip the scales in favor of the practice of good medicine, you get malpractice insurance without the mal. Contact either Kim Woods at 971.223.6366 or kwoods@thedoctors.com, or Peggy Rutherford at 971.223.6338 or prutherford@thedoctors.com.
Ask about our Friends of WMS Program

Wyoming Medicine is published bi-annually. Your message will reach more than 70 percent of Wyoming physicians as well as legislators, medical-related organizations, media outlets, and other regular subscribers.

One call. One number. DocLine is staffed 24/7 with critical care-trained nurses, as well as health care policy leaders and citizens from across the state. The circulation of over 1,500 includes Wyoming Medical Society member physicians, as well as legislators, medical-related organizations, media outlets, and other regular subscribers.

Serving all UChealth facilities, including:
- Broomfield Hospital
- Grandview Hospital
- Greeley Hospital
- Highlands Ranch Hospital
- Longs Peak Hospital
- Medical Center of the Rockies
- Memorial Hospital North
- Memorial Hospital North
- Pikes Peak Regional Hospital
- Poudre Valley Hospital
- University of Colorado Hospital
- Yampa Valley Medical Center
When one number connects you to the region’s best pediatric specialists, Anything can be.

1.855.850.KIDS (5437) is your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport.

Education • Research • Advocacy • Care