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The Wyoming Medical Society (WMS) is the premier membership organization dedicated to promoting the interests of Wyoming physicians and PAs through advocacy, education and member services. **WYOMING MEDICINE** (ISSN-2154-1681) is published bi-annually by WMS at 122 East 17th Street, Cheyenne, Wyoming 82001. Contact WMS at 307-635-2424 or info@wyomed.org.

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ABOUT THE COVER

A bull rider competes in the Cheyenne Frontier Days rodeo in July 2023.

PHOTO PROVIDED BY CHEYENNE FRONTIER DAYS.

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Not Just Politics:

Wyoming Medical Society offers members connections and support

BY KRISTOPHER SCHAMBER, MD

Established in 1903, the Wyoming Medical Society is celebrating 120 years of physician advocacy efforts. I am proud of the work WMS is doing on behalf of our profession, but I must admit, it has sometimes been an onerous time to be in advocacy. With the increasing politicization of medicine and healthcare, the policy environment presents plenty of challenges to our society. While it certainly feels like a good majority of our time has been spent on our legislative efforts, it would be an oversimplification of our work to not also highlight the time, energy, and resources our board of trustees and staff have dedicated to important *non-legislative physician support*. This is work that I am honored to be a part of, and I'd like to take this opportunity to detail a number of those different efforts.

> Creating a culture of participation, engagement, and connection is a top WMS priority.

Connecting our members

In 2017 WMS created the Wyoming Leaders in Medicine Physician Leadership Academy. Since that time 67 physicians and PAs have graduated from the program. This program has been a tremendous accomplishment for WMS, and one of the things we are most proud of. Plans are underway to kick off the seventh cohort in 2024. If you have not yet experienced this program, I personally encourage you to apply. It is an experience that will impact you for years to come.

WMS has long supported medical education in our state, and in Wyoming this means the WWAMI medical school and the UW Family Medicine Residency programs in Casper and Cheyenne. At every opportunity, WMS will go above and beyond to help encourage homegrown and locally cultivated medical education, because we know the future of Wyoming healthcare depends on it. In 2022 WMS highlighted the WWAMI program with a celebratory gala event, and in 2023 we created a "speed dating" event for medical students to meet with local physicians from a wide range of specialties. In the last two years, both WWAMI students and UW residents have had the opportunity to present at poster session events at WMS annual meetings, and both programs have benefitted from WMS seeking scholarship and grants for their participation in these events. We work with leadership from each organization to seek new and different ways to support medical education and foster relationships between our members and students.

WMS has partnered with the Wyoming Women in Medicine group to help support the unique challenges that come with being a woman practicing medicine, particularly in a rural state like Wyoming. This group, led by WWAMI medical students each year, hosts virtual and in-person events to connect female peers from across the state and gathers at the WMS Annual Meeting each year. Contact WMS if you are interested in participating.

WMS actively seeks to be involved with specialty societies and county medical societies from around the state. We partner with these organizations to share information, promote events, and help create member engagement opportunities. Whether it's helping to plan a specialty society conference or a county medical society barbecue, the WMS staff is eager to serve the needs of these organizations. Creating a culture of participation, engagement, and connection is a top WMS priority.

Partnership connections

In the past few years, if not longer, many members have expressed concern with some of the questions found in the Wyoming licensure applications, specifically regarding questions and wording around mental health and impairment. It turns out this is an expansive issue across the country, and a number of states have already changed their licensure applications. WMS Executive Director Sheila Bush has worked with the Wyoming Board of Medicine Director Kevin Bohnenblust and Chair-Elect of the American College of Physicians Board of Regents Eileen Barrett, MD, a nationally recognized leader on this topic, to help direct a change in language for our applications. Thanks to the willingness of the Wyoming Board of Medicine to partner on this important issue, we are confident that 2024 will bring meaningful updates to the physician and PA application forms.

You have probably also heard, or are at least aware, of the heartbreaking story of the Casper woman who was sexually assaulted by a Wyoming physician. WMS, in partnership with the Wyoming Board of Medicine, Wyoming Nurses Association,

Wyoming State Board of Nursing, and the Wyoming Coalition Against Domestic Violence and Sexual Assault convened a working group to develop patient education on sexual misconduct and patient rights in the clinical space. With patient safety in mind, this coalition created two brochures that can be displayed in clinics around the state and handed out to empower, support, and protect vulnerable patients, while still safeguarding the physician practice from unnecessary and burdensome government interference.

Technology connections

WMS has been working diligently to create and maintain technology connection opportunities to meet you where you are. Not only can you find WMS information on our member website, in our magazine or via email, but you can also find us on the WMS app, THE WIRE platform, social media (Facebook, X, LinkedIn, Instagram, and YouTube), the WMS patient facing website, and our online learning calendar. Keep reading below to learn about all of the ways we're connecting with our members.

The WMS Benefit Marketplace gives you access to hundreds of discounts

Within the last year WMS created an app that houses information from our website, and it also serves as an all-inclusive digital resource during the annual meeting. While the conference is taking place you can find schedules, maps, event details, and more. Additionally, both the app and WMS website allow members to access the WMS Benefit Marketplace, an exclusive members-only portal. This portal gives you access to hundreds of discounts for virtually every type of practice service you could imagine. Visit the WMS website or download the WMS app in your preferred app store to get started.

Finally, in the past two years, WMS developed a member engagement tool called THE WIRE, the purpose of which is to allow any member to propose a piece of legislation or internal policy/procedure change, or elicit feedback on any other topic of importance. Ideally, this provides a safe space for colleagues to discuss important topics with substantive discussion. WMS made a significant investment in this technology platform in hopes that it would enhance the member experience and allow physicians from all over Wyoming to feel better connected to the way WMS represents them across the state. THE WIRE is only as meaningful as we make it, so please join THE WIRE conversation on the WMS website or app today.

It's exciting to see the efforts being made at WMS to engage our members, protect our practice, and leverage technology to keep our membership informed. We hope you will take advantage of all your WMS membership has to offer. It is YOUR voice we want to hear, so please take a few moments to connect with WMS! *Our ability to represent YOU depends on it!*

Peer Review

A Higher Power

Physician obligations to report another physician's conduct under Wyoming law

BY NICK HEALEY

Wyoming physicians are sometimes confronted with the awkward and difficult choice of whether to bring a colleague's potentially unprofessional, unethical, or harmful conduct to light by making a report to a hospital's peer review committee, or even the Wyoming Board of Medicine in some circumstances. However, physicians are often unsure whether such a report is justified, and whether it is ethically or legally required. Whether a report is justified or ethically required in any particular situation is beyond the scope of this article–however, we can shed light on whether it is required by Wyoming law.

I. Generally, Wyoming law does not require physicians to report colleagues to the Wyoming Board of Medicine.

Unlike many states, Wyoming-licensed physicians can, but are not required to, report another physician to the Wyoming Board of Medicine for conduct violating the Wyoming Medical Practice Act. The Board is empowered to accept and investigate reports of conduct that violates the Wyoming Medical Practice Act including, but not limited to: errant behavior, criminal conduct, and the provision of care that falls below the applicable standard of care.[1] Moreover, physicians making good faith disclosures to the Wyoming Board of Medicine, without malice and in a reasonable belief of the accuracy of the disclosure, are protected from legal actions for damages by the Wyoming Medical Practice Act.[2]

This lack of a reporting obligation is in contrast to other Wyoming professions. Wyoming nurses, for example, are obligated to report other Wyoming nurses to the Wyoming State Board of Nursing for violating the Wyoming Nursing Practice Act,[3] and the knowing and willful failure to make such a report can be a violation of the Wyoming Nursing Practice Act, subjecting the nurse to discipline by the Wyoming State Board of Nursing.[4]

II. Wyoming physicians may have reporting obligations in other contexts.

Wyoming physicians may, however, have reporting obligations under the Wyoming Medical Practice Act when

[1] Wyo. Stat. Ann. § 33-26-202; § 33-26-402.

[2] Wyo. Stat. Ann. § 33-26-408.

[3] Wyo. Stat. Ann. § 33-21-153.

[4] Wyo. Stat. Ann. § 33-21-146.

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Peer Review

acting in certain contexts, such as a medical staff committee member, or under federal law.

A. Medical staff reporting obligations

It may fall to physicians serving on the medical executive committee of a Wyoming hospital to fulfill the hospital's obligation under the Wyoming Medical Practice Act to report corrective action taken by the hospital against a physician. The Wyoming Medical Practice Act requires hospitals to report any "action" taken against a physician on the basis of unprofessional conduct or substance abuse to the Wyoming Board of Medicine. The hospital's medical staff bylaws may place this obligation on the medical executive committee, since, generally, hospital medical staff is heavily involved in the corrective action function. It is worth noting that the hospital's reporting obligation under the Wyoming Medical Practice Act is broader than the hospital's obligation to report corrective action to the National Practitioner Data Bank (NPDB). Under the federal Health Care Quality Improvement Act (HCQIA), hospitals and other healthcare entities must make a report to the NPDB of any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days, the hospital's acceptance of the surrender of privileges, or any restrictions placed on those privileges.[5] The hospital's obligation under the Wyoming Medical Practice Act covers "any action" taken on the basis of unprofessional conduct (as defined by the Act) or substance abuse, regardless of the length of time the action lasts. Moreover, although employment actions (such as terminations) are generally not reportable to the NPDB, they may be reportable under the Wyoming Medical Practice Act.

Some medical staff bylaws (and employment agreements) may also require a physician to report inappropriate conduct by another physician by incorporating professional codes of conduct. For instance, medical staff bylaws commonly require medical staff members to adhere to all aspects of the American Medical Association's Code of Medical Ethics, which includes certain reporting obligations. For instance, AMA Code of Medical Ethics opinion 9.4.2 states that physicians who strongly believe the conduct of a colleague threatens patient welfare or otherwise violates ethical or legal standard should report such conduct to appropriate clinical authorities, the hospital's peer review board and the local medical society.[6] Where that conduct threatens the health and safety of patients or violates state licensing provisions, it should be reported to the state licensing board.[7] Medical staff bylaws may also incorporate specialty society or board codes of conduct, either explicitly or by reference, which contain similar reporting obligations.

B. Federal law obligations

The Emergency Medical Treatment and Labor Act (EMTALA) imposes its own reporting obligation for violations by hospitals and their physicians. A hospital that receives what it suspects to be an improper transfer must report their suspicions to the Centers for Medicare and Medicaid Services or the relevant state survey agency within 72 hours of when the hospital suspects they have received an improperly transferred individual.[8] A transfer will be improper if the transferring hospital's physician wrongly certified that the benefits of the transfer outweighed the risks, the transferring physician misrepresented an individual's condition, or the transfer is a result of an on-call physician failure or refusal to appear within a reasonable period of time.[9] Importantly, the transferring hospital must send the individual's records and must inform the hospital if the transfer is associated with an on-call physician's failure or refusal to appear.[10] While there is no list of information that is required to be reported, hospitals and physicians making such a report will likely include such information necessary to identify those involved with the improper transfer and the reasons why it may have been improper.

Conclusion

Irrespective of whether a physician is, or feels they are, under an ethical obligation to report the conduct of a colleague, there are circumstances under both Wyoming law, and otherwise, where the physician may be legally obligated to make a report. Wyoming physicians should, therefore, carefully review all the sources of such obligations they may be subject to, and ensure they understand them, so they can fulfill those legal obligations should the requirement arise.

[5] Natl. Pract. Data Bank, *Reporting Adverse Clinical Privileges Actions*, https://www.npdb.hrsa.gov/guidebook/EClinicalPrivileges.jsp (accessed September 27, 2023).

[6] Am. Med. Ass'n, *AMA Principles of Med. Ethics: II: 9.4.2 Reporting Incompetent or Unethical Behavior by Colleagues*, https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/9.4.2.pdf (accessed September 27, 2023).

[7] Id.

[8] Centers for Medicare and Medicaid Services, Certification and Compliance For EMTALA, https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/emtala.pdf((accessed September 28, 2023); 59 Fed. Reg. 32106 (June 22, 1994).

[9] 42 U.S.C. § 1395dd.

[10] 42 C.F.R. § 489.24(3)(2)(iii)

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The Award Goes To

Dr. James F. Bush

Retired Medicaid medical director recognized by Wyoming Medical Society as 2023 Physician of the Year

BY GAYLE M. IRWIN

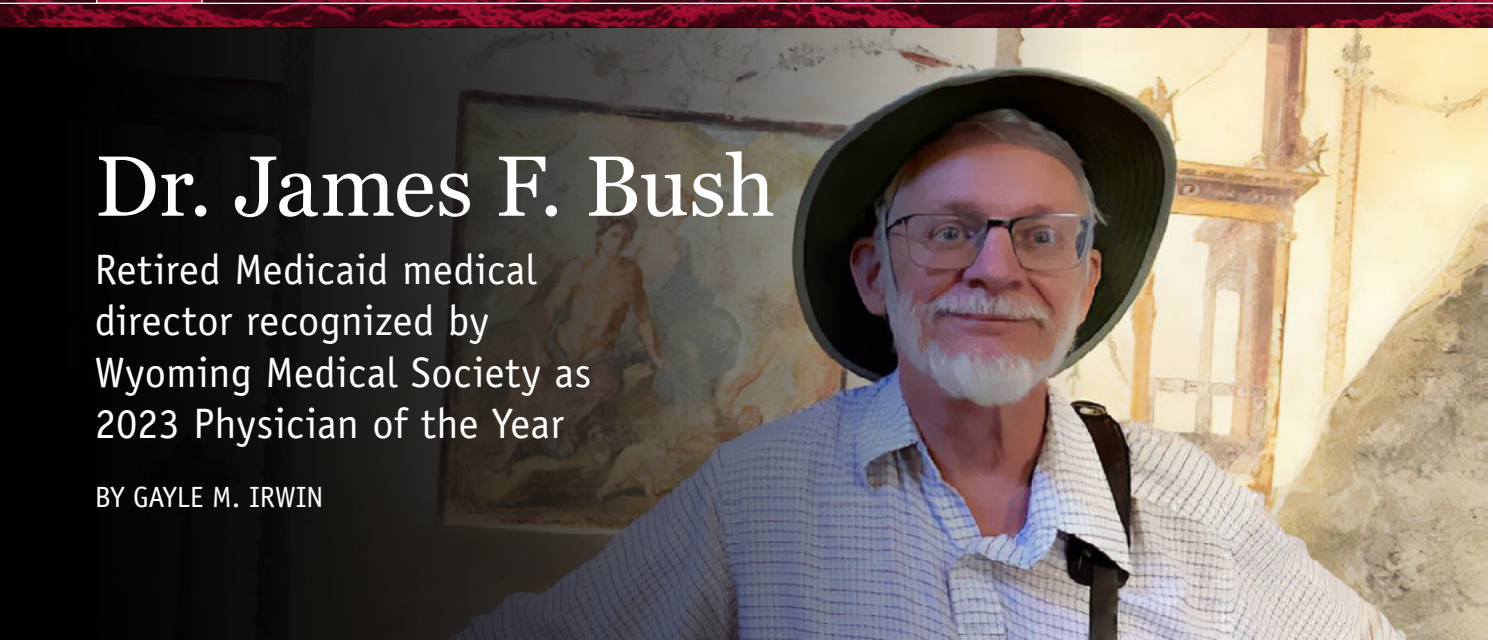

PHOTO COURTESY OF DR. JIM BUSH Dr. Jim Bush visited Pompeii, Italy, after retiring in the spring.

Jim Bush, MD, spent more than 40 years in the field of medicine, including almost 16 with the Wyoming Department of Health as the state's Medicaid medical director. He retired from his position and from the field of medicine in early 2023, and in September, he was presented with the Physician of the Year Award by the Wyoming Medical Society.

"I was absolutely astounded," he said about receiving the award. "I never expected they'd give it to someone who was the Medicaid director. It was quite an honor."

Dr. Bush is noted for his commitment to medicine, patients, and the state of Wyoming, and many of his former colleagues hailed the recognition.

"I had the good fortune to work as a colleague with Dr. Bush for 11 years at the Department of Health," said Lee Grossman, state Medicaid agent. "His passion for quality patient care was unmatched. If he knew care could be improved, there is no one he would not personally call. That personal investment in each case is what I always remember about my time with Dr. Bush. His drive inspired me and continues to inspire those he worked with in state government."

"Dr. Bush has always been a forward thinker," said Tim Caswell, Medicaid data warehouse manager. "He would always talk about how he tracked his patients with specific conditions in spreadsheets so he could track their improvements, and this was before EHRs were available. He then brought that same mind thought to the state of Wyoming to try and improve Medicaid members' health outcomes by implementing improvement programs. As a man that wore many hats, he was able to bring different programs together to focus on the same goal, which would end up benefiting Medicaid members as well as all of the other patients that a provider may see in their clinic."

Joins Wyoming Medicaid to fix system flaws

Dr. Bush began his work in Wyoming as the Medicaid medical director in 2007. He spent the next 16 years looking for ways to improve the system. He also served as a staff physician for the Wyoming Department of Health, reviewing cases for the state. He said his general response was, "It's cheaper to do it right the first time."

He came from more than 24 years in private practice as an internist in Fort Collins. He opened his solo practice in 1983.

"I was told I was a dinosaur even then," Dr. Bush said. "People said, 'That model won't last forever.' I said, 'Well, we can try.' It worked for 24 years. I had a great practice, and I had a great time."

Yet, he saw flaws in the system, especially in Medicaid.

"Organized medicine has always been very important to me," he said.

He went to Washington, DC, and lobbied Congress "to support primary care," and his experiences with Colorado Medicaid were not positive.

"I actually got two checks for one cent. Finally, I just stopped charging Colorado Medicaid and just wrote those off as tax-charitable deductions," Dr. Bush said.

"As I was approaching 52, I could see the handwriting on the wall" regarding Medicare and Medicaid and "hospitals

absorbing medical practices, and then here come the EHRs," he said.

"When I started internal medicine in Fort Collins, we had 11 independent internists in that city. There aren't any left," said Dr. Bush. "When I saw this opportunity to apply to Wyoming as the Medicaid medical director, I said, 'Maybe I could do more good, effect more change, by joining the government and interjecting my clinical experiences, not just clinical, but my business experiences.'"

Mental and physical care via telehealth

One aspect of improvement he brought to the Wyoming Medicaid program was telehealth. A value he saw was eliminating the barrier of distance.

"It was just barely getting going," he said, referring to telehealth. "Years ago, I changed the rules saying, 'Anything that's clinically appropriate being done via telehealth, we will pay the same as in person.'"

That included mental health appointments, internal medicine, family practice, obstetrics, and other physical health visits, he said.

Although telehealth appointment expenditures rose significantly over the years, the overall expenses for the Medicaid department did not increase, Dr. Bush stated.

"We were just replacing in-person visits with telehealth visits," he said. "It really helped our physicians and our patients during the pandemic years. I always believed we should use technology to overcome the geographical, low population barriers of our state."

"Dr. Bush was really passionate about leveraging and improving telehealth in Wyoming," said Stefan Johannson, director of the Wyoming Department of Health. "Dr. Bush saw early on, even long before I was here, that the state of Wyoming and the Department of Health could really be a thought leader in some of these areas, not only improving quality for the people that we serve, the members on Medicaid, the patients that we serve, but also improve the state's ability to manage a really large, basically health insurance plan. He was the bedrock of the telehealth consortium that still exists today."

That consortium, the Wyoming Telehealth Consortium, was chaired by Dr. Bush. From 2009 to 2023, he wrote policy recommendations to guide the use of telemedicine in primary care. Because of his commitment to patient care via telehealth, a legacy award was established.

"They did, without input from me, mind you, implement the Dr. James Bush Annual Award for Excellence in Promoting Telehealth," Dr. Bush said.

The first recipient to receive the award was Cheyenne Regional Hospital's telehealth program manager Kevin Smith in 2022. The award is given to an individual or organization that has accomplished outstanding work in the field of telehealth.

"I always believed we should use technology to overcome the geographical, low population barriers of our state."

In addition to writing policy, Dr. Bush wrote several other papers during his time in Wyoming, including "Medicaid Expansion: Premium Assistance and Other Options, Stemming the Escalating Cost of Prescription Drugs," and "The Integration of Care for Mental Health, Substance Abuse, and other Behavioral Health Conditions into Primary Care."

Addressing mental health issues in Wyoming's youth was an area Dr. Bush took great interest in and desired to see improvement, something he believed happened while he worked in the Medicaid office.

"Our entire state is a mental health shortage area," he said. "We bounced between three and four board-certified child psychologists. I reached out to Seattle, because Seattle is our medical school. We worked out a contract with them [for youth telehealth evaluations]."

In 2014, Dr. Bush spoke at a Center for Healthcare Strategies conference on the topic of reducing childhood use of psychotropic medications. During his talk, Dr. Bush outlined the most significant problem facing Wyoming youth with mental and behavioral health problems, especially those in foster care settings. From 2008 to 2010, more children entered foster care and mental health systems at higher costs than previous year; a 54 percent increase in psychiatric residential treatment facility bed days. He also highlighted the lack of child/adolescent psychiatrists serving the entire state: only six at that time. Studies also found Wyoming children in foster care and in residential placements were on more drugs, at higher doses, at younger ages, and that the majority of primary care physicians felt they could not meet the mental health needs of their young patients, and that even more felt they could not consult with a mental health specialist in a reasonable length of time. Working with other professionals in other states in a partnership arrangement helped course-correct these situations, in particular through the Provider Assistance Line

The Award Goes To

contract with academic center-affiliated child psychiatrists and Seattle Children's Hospital.

Studies from 2011 to 2013 provided encouraging results. In addition to a more rapid response to help the child, the state saw significant cost savings: $29,547 per child over six months.

"This model is going all around the country now," Dr. Bush said. "I've been really proud of what I did to improve children's mental health."

Caring for state funds and residents, especially the vulnerable

He took his job of saving the state money seriously, however, not at the expense of a patient's quality of life. He approved new and developing treatments if he believed those would ultimately help the patient and save the state money.

For example, for a child spending much of his time in a hospital's intensive care unit due to seizures, Dr. Bush approved use of an "orphan drug" that didn't have FDA approval yet. He decided to allow the medication to be used because he found "10 years of European articles showing the use of that drug for that reason" and that research compelled him to approve the drug for this youngster.

"I don't think he had any more hospitalizations that I'm aware of," Dr. Bush said. "Even though we used state general funds, we saved the state money. I have a fiduciary responsibility to the people of the state, but I have a clinical responsibility to do what's right."

He also recalled a 2-year-old girl whose internal organs didn't develop properly. She wasn't growing normally and she experienced jaundice.

"I said, 'If we don't do the right thing, she's going to die,'" Dr. Bush remembered saying.

After various medical treatments, she began thriving, "plump and red-cheeked, growing pretty normally," Dr. Bush said.

"If you can do the right thing first, you get better outcomes and bigger savings," he said.

His clinical experience as a physician and his business experience as a solopreneur blended well in his position as Wyoming's Medicaid medical director. He often made time to talk to state physicians before making decisions and therefore, established relationships with Wyoming doctors.

"The doctors were really pleased that I would reach out to them and talk to them, even if I didn't approve [their request] and have a courteous, respectful conversation with them," he said. "I wanted to support our physicians, I wanted to support our patients, and make it easy. I can't say how many docs said Medicaid was their favorite payor because we were easy to work with."

PHOTO COURTESY OF DR. JIM BUSH Dr. Jim Bush visited Pompeii, Italy, after retiring in the spring.

"Dr. Bush was such a committed professional," Johannson said. "He was really able to balance both sides of the house. ... The state Department of Health and Wyoming Medicaid are deeply indebted to Dr. Bush and some of the things that he set up and some of the tracks our agency is continuing and will continue. ... He's got a legacy in the state of Wyoming that is somewhat unmatched in terms of the level of commitment and the results that we saw."

The elderly and other vulnerable adults also concerned Dr. Bush. He knew of many who were exploited and he desired to see that issue addressed, including by the state legislature. He worked with the state's AARP office in bringing the issue to light. He served as a contributor to several reports on neglect and exploitation of elderly and vulnerable adults and made recommendations to the Wyoming legislature to keep this population of citizens safe.

"My heart is in helping the vulnerable of Wyoming and the medical community of Wyoming," Dr. Bush said.

Following in his father's footsteps

Dr. Bush grew up in Texas and received his medical education at the University of Texas Southwestern Medical School in Dallas. He spent three years of residency at the University of Texas Health Science Center San Antonio and became certified by the American Board of Internal Medicine in 1983, just before moving to Colorado.

His interest in medicine developed because of his father, whom he called, "the first anesthesiologist in Dallas." During the summer he volunteered at the hospital where his father practiced, watching him work many times.

"He did his own pre-ops," Dr. Bush recalled. "He would see every patient before surgery. The patients loved and respected

him, and, of course, he was doing great work. That was the reason I decided to go into medicine. [But] I fell in love with internal medicine instead of anesthesia."

Strong Wyoming medical legacy

Dr. Bush's legacy as Wyoming's Medicaid medical director remains strong, and he looks upon his time there with fondness.

"In my 16 years as Wyoming's Medicaid medical director, I've had full support of the governor, the head of the department of health, and the Medicaid director ... [and] not once did any clinical decision or judgment I made get questioned," said Dr. Bush. "I had unbelievable support, and the support I had from everyone in Medicaid was just fantastic."

"We used to refer to him, half- jokingly but half-seriously, as our ideas man in the department," said Johannson. "He was always proposing new things to do; we should look at this service differently, we should pay for this service differently, we should stand up this program, that program. He was always trying to have our Medicaid program and our department, as much as we could be, on the cutting edge while also managing the day-to-day, which we have to do efficiently and effectively, but it was all related to that passion and that drive to innovate and to change and do things differently. It's all about the need to improve outcomes for people's lives and potentially lower costs and kind of grow the financial position of the state by nature of doing things better."

"Throughout his career with the Wyoming Department of Health, Dr. Bush led and supported numerous initiatives promoting cost-effective healthcare and improved health outcomes," said Teri Green, a former colleague at the Wyoming Department of Health. "He participated at the local, city, state, and national level in designing innovative quality measure programs, partnering with medical professionals across the continuum of care. Jim was instrumental in standing up a health management program for all of Wyoming Medicaid clients, that was recognized nationally by the Disease Management Association of America. He understood the healthcare infrastructure and landscape of Wyoming and worked to create policy appropriate for our state."

PHOTO COURTESY OF DR. JIM BUSH Dr. Jim Bush enjoys bird hunting with his French Brittany dog.

Those successes, and the people with whom he worked, brought delight to Dr. Bush.

"I enjoyed going to work every day," he said. "We did some amazing things. We sent patients to San Francisco for transplants, we'd send patients to Seattle for orthopedic surgeries–if we couldn't find anything around, we'd go to the best in the nation. But, I think, in the end run, it saved the state money. We did some studies on that, and we did. I think that was a very important part."

He also enjoyed his association with other physicians and members of Wyoming Medical Society.

"I enjoyed getting to know them not only as colleagues, but as friends," Dr. Bush said.

During his career, he served on various hospital committees and state and national medical committees. He served as chairman of Hospice for Larimer County for a few years and as chief of staff at Poudre Valley Hospital, among so many other positions. He was a member of different medical organizations, including the Wyoming Medical Society.

"I believed in giving back to the community," he said.

Dr. Bush retired earlier this year to pursue activities outside the world of medicine, including traveling and hunting. During the spring, he spent a month touring Europe, including areas of Italy. Although he primarily resides in Colorado, Dr. Bush maintains a home in Cheyenne and frequently returns to Wyoming, especially during bird hunting season when he and his French Brittany dog take to the fields and plains. He's also hunted big game with his daughter.

Dr. Bush and Kay have two adult children, a son, James, who lives in Cheyenne and is an attorney for Legal Aid of Wyoming, and a daughter, Kathy, who works at a museum in Colorado.

The legacy Dr. Bush leaves upon his retirement continues to impact his former colleagues at the Department of Health.

I just couldn't speak higher of Dr. Bush," Johannson said. "It's just a testament not only to his knowledge and abilities and what he brought to the position, but also to the quality of his character."

Teri Green said, "Jim's accomplishments during his time with Wyoming Department of Health have resulted in long-lasting, significant successes for patients, providers, and payors. We are grateful for his contributions."

Prior Authorization

Important Oversight or Delay Tactics?

Doctors push back against prior authorization complications

BY ELIZABETH SAMPSON

Oncologists like Banu Symington, MD, are used to having tough conversations with patients. Telling someone they have cancer is never easy, but when an insurance company denies coverage for cancer treatment, the conversation becomes something else altogether.

Recently Dr. Symington, who is the medical director of the Sweetwater Regional Cancer Center in Rock Springs, had to have this exact conversation with one of her patients. The patient, having already faced job loss and a cancer diagnosis, now had to contend with being denied coverage for medicine that could save his life. He made an appointment with Dr. Symington to ask what was going to happen to him.

"I've done what I can do several times, and I can't get your current insurance company to approve it," Dr. Symington told him. "I'm going to have to hope for the best that the treatment they will approve is going to keep you alive, but I can't guarantee it."

As for her patient?

"He's distraught, but what can he say?" Dr. Symington said.

Unfortunately, Dr. Symington is one of many doctors who has had to battle to help their patients get coverage for the care they need. Many doctors across Wyoming say the insurance prior authorization system has become burdensome for them and harmful for their patients.

Meanwhile, a recent and distressing insurance mandate is angering Dr. Symington and putting her patients in danger. She said some insurance companies are starting to say they will only pay for cancer treatments that are administered at an off-site infusion center with no doctors on staff, rather than at a cancer center.

"I'm responsible medically and legally for the side effects, but they will not deliver it where I am physically," she said. "They are coercing patients through financial pressure to get their infusions at an off-site location to save themselves money. It is not with patient comfort, convenience or safety in mind. It is their bottom line."

> "I know it is definitely impacting physicians like me all over the state."

She said if a patient has a bad reaction to the cancer treatment at the cancer center, the ER's code team can be there to help in a minute—not so at an infusion center.

"The private infusion center calls 911 when there's a reaction," she said. "The patient at the private infusion center

will be waiting for the ambulance to come and transport them to the emergency room."

She knows that if a patient does have a bad reaction while at the infusion center, she could be sued because she wrote the order for the treatment, but if she refuses to write the order she could be accused of abandoning her patients.

She wonders if these tactics are being implemented first in rural states, which frustrates her even more.

"They're rolling this out in rural centers because we don't have the might to fight it," she said. "I feel there is urgency, and we're not acting urgently enough. It's going to take action by patients—not doctors—but patients to make this different."

Tyler Quest, MD, a dermatologist with his own practice in Casper, described a patient of his who spent a miserable two months covered in a full-body rash after an initial prescription was denied by the patient's insurance company. The denial letter suggested that the patient try medications from a different brand name in the same drug class that patient had already tried.

Dr. Quest began working on an appeal process, which involved filling out many pages of information, wasting time on hold and even making a call to the insurance company to tell them that his patient was at risk of hospitalization if he did not get medication.

As a dermatologist, Dr. Quest said he knows that the complex medical dermatology cases he and his colleagues treat require extremely expensive medication, and he understands why these costly medications can trigger a review from insurance companies. However, the same review and prior-authorization processes can occur for $5 and $10 medications as well, he said.

"I'm not against insurance companies having formularies, but the suggestion of trying one medicine when he had already tried almost an identical medication before was just another delay and not appropriate for him," Dr. Quest said.

Kevin Helling, MD, a general surgeon in Casper with a focus on bariatric surgery, said when he is helping a person plan for a weight-loss surgery, he likes to give them a month or two to have time to be medically prepared and well-informed about life post-surgery, but some insurers require as long as six months waiting time before they will cover the surgery.

"I can say with certainty I've had patients who have had medical conditions that have worsened to the point where it definitely has impacted their lives because they're waiting for months to get a service," he said. "It's been studied and there's no evidence base whatsoever to demonstrate making someone wait six months gives them a safer or better outcome after the surgery."

On the other hand, if he can get the patients into surgery quickly, they spend less time suffering with whatever caused them to seek surgery in the first place.

"If we can get their surgery done, their medical conditions melt away," Dr. Helling said.

Administrative burdens and costs leading some doctors to leave medicine

It's not just patients who are suffering as they wait for treatment and medications to be approved. Doctors are struggling as well with the added workload that takes them away from time with their patients.

"It is not uncommon for a patient's care to be delayed for 30 days or longer while prior authorization steps are being completed," Dr. Quest said. "Our office will receive confusing forms that are 14 or more pages, and then the next day you will get additional forms asking similar questions in different ways, asking for laboratory work, etc. As a very small practice we have to have an additional employee just to work on these forms that otherwise could focus on clinical work."

Each payor has their own rules for what needs prior authorization, what forms they want filled out and different lengths of response time, which makes it difficult for medical practices to streamline their part of the process.

"Patient harm is a primary driver for prior authorization reform, but so is the drain on healthcare resources and the burden on physician practices," said Jack Resneck, Jr. MD, immediate past president of the American Medical Association. "Physician offices find themselves using inordinate amounts of staff time and resources submitting requests to health plans for the authorization of medically necessary care. While health plans may eventually authorize most requests, the process can be a lengthy administrative nightmare of recurring paperwork sometimes transmitted by fax, multiple phone calls arguing with health plan employees who often aren't qualified to assess care plans, layers of appeals, and bureaucratic battles that can delay or disrupt a patient's access to vital care. AMA survey data show that, on average, physician practices complete 45 prior authorizations per physician per week. This adds up to nearly two business days, or 14 hours, each week dedicated to completing prior authorizations.

Dr. Quest said the prior authorization process is so time consuming he has considered selling his practice to a larger group or joining a hospital, and said it can feel like the insurance company is trying to get him to give up when they send him 14-page documents to fill out over and over.

"I know it is definitely impacting physicians like me all over the state," he said. "I've been on Facebook groups where people say they don't know if I can be a doctor anymore because of

Prior Authorization

all this paperwork we're dealing with. It feels like you're just sometimes fighting an invisible person. Sometimes there's no name attached to these denials, and you don't know where to turn."

Dr. Helling said he pays a full-time employee whose only job is to interface with the insurance companies trying to get treatment approved for his patients.

"I have a medical practice of one doctor—just me," he said. "I don't know what a large group of 10-12 doctors would have to put into this.

Doctors take issue with insurance company claims

There are several things doctors are saying they take issue with when it comes to prior authorization. For one, several doctors said insurance companies have indicated doctors may not be up to date on current guidelines and therefore prior authorization can be a helpful tool.

Kris Schamber, MD, Wyoming Medical Society president, disagrees. He said if he treats 100 patients for a particular illness, and prescribes a tried-and-true, older medication to 80 of them, but discovers that 20 patients don't respond to the old medication, he must go through the prior authorization process because the insurance company assumes he is not practicing evidence-based medicine. They are aware of and track the prior authorizations, but he does not believe they track the other care provided that does not raise to the level of prior authorization.

"In their minds, these providers are always sending these crazy things, or they don't know how to practice," he said. "When denying a prior authorization, they almost always comment on guideline-based care, 'The guidelines don't support this treatment or diagnostic.'"

Dr. Schamber said he always considers guidelines when discussing treatments or diagnostics with his patients, but he said a guideline is not an absolute referendum on care for a given medical condition or treatment course.

"Individual patients frequently do not fit within the confines of the studies that guide care," he said. "If they don't fit within those guidelines for whatever reason, I'm using my medical judgment to guide treatment, understanding 'the guidelines,' other studies, and individual patient characteristics. I need something different, but insurance companies are forcing us to work through the guidelines on every single patient, which is not appropriate."

In fact, Dr. Schamber said there can be potential harm if patients are forced to go through the steps required by an insurance company. While they may require patients to try a set list of medications before they can have coverage for the medication their doctor believes is best for them, those medications may not work for a variety of reasons.

"It takes many months or longer to jump through the hoops, proving that a number or treatments don't work until we finally get approval for the initial requested medication," Dr. Schamber said. "It costs money, and it takes away from our patients' care."

Dr. Helling said he actually finds himself waiting for insurance companies to catch up with the latest recommendations.

"In October the guidelines for who qualifies for weight loss surgery were officially updated to lower the BMI requirement," he said. "I have yet to see a payor adopt these formally published expert guidelines, at least in Wyoming."

Dr. Resneck noted health plans suggest prior authorization requirements are limited to high-cost medications and procedures and are necessary to make sure lower-cost alternatives are the norm.

"This may have been true decades ago, but in my experiences, and the experiences of my colleagues, that is simply no longer the case," he said. "The prior authorization burden has spiraled out of control, and most of authorization requests I now fill out are for generic, long-standing medications for which there is no obvious, cheaper alternative. This is not money or resources well spent."

In addition, the approval process health insurers impose on medical services or drugs is generating a toll that far exceeds any purported benefits.

"While health insurers claim prior authorization requirements are used for cost and quality control, a vast majority of physicians report that health plans impose authorization policies that conflict with evidence-based clinical practices, waste vital resources, jeopardize quality care, and harm patients by delaying, denying, or disrupting access to appropriate care," Dr. Resneck added. "The byzantine system of authorization controls needs reform that reduces waste, improves efficiency, and protects patients from obstacles to medically necessary care."

He shared results from the AMA's annual survey that physicians confirm patient harm from the prior authorization requirements. The survey noted 94% of physicians report care delays, 80% report treatment abandonment, and 89% report a negative impact on patients' clinical outcomes.

"But perhaps most disturbing is that 33% report that prior authorization has led to a serious adverse event for their patients such as hospitalization, permanent impairment or even death," Dr. Resneck said. "The negative impact of prior authorization requirements on patients' health and well-being is really staggering."

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Prior Authorization

"the Wyoming Medical Society is pushing hard for action from the state legislature–and lawmakers are listening."

WMS advocates for change

As doctors grow more frustrated, the Wyoming Medical Society is advocating for change. WMS representatives testified at a June 22 Wyoming Legislature Joint Labor, Health and Social Services meeting as legislators discussed a draft bill for the upcoming 2024 session. The bill draft, 24LSO-0068, addresses insurance company prior authorization regulations.

Currently, Wyoming has no laws in place concerning prior authorization limitations or timelines.

"Wyoming has a lot of work to do in terms of prior authorization reform, but Wyoming physicians and patients have reason to be hopeful as the Wyoming Medical Society is pushing hard for action from the state legislature–and lawmakers are listening," said Dr. Resneck.

Neighboring states are already enacting prior authorization reforms.

"Montana has pushed ahead with small reforms to reduce the volume of prior authorization to complement some existing transparency requirements and is likely to come back to the table for broader legislation next year," Dr. Resneck said. "North Dakota established a study committee this year to look at the impact of prior authorization on patients, providers, insurers–including the burden, time, costs, utilization. States like Colorado, Texas, Illinois, Ohio, Michigan, and others have been able to implement broader reforms that address response times, prior authorization volume and transparency. And states like Oregon and Washington have also enacted reform laws that require prior authorization data reporting, improve the clinical validity of the coverage criteria, promote continuity of care, and streamline the process."

Suggested changes

There are a variety of ways the process could be streamlined to eliminate the heavy administrative burden of prior authorization, according to the Wyoming Hospital Association.

"We think that there needs to be some regulation, and that insurance companies need to be reined in on how they manage those processes," said Josh Hannes, vice president of the WHA.

From drastically reducing the number of procedures that require prior authorization to limiting the amount of time insurance companies have to respond, the WHA is looking for practical steps to eliminate the bureaucratic burden on hospitals.

"If something is going to be denied, then you get that physician or somebody in their office on the phone with the insurance company so they can talk through it," Hannes said. "We don't want to have to jump through all these hoops to get care approved. If there is something that can be handled in a phone call and quickly explained, we want to make sure that process is a lot easier."

The WHA is also working with the Wyoming Department of Insurance to require insurance companies to share data on their prior authorization processes—how many they receive for what services, how many are denied and why, the time it takes them to get responses out.

"We think that's critically important because it's a truly opaque process right now where there's not a lot of insight outside of the insurance company into the effectiveness," Hannes said.

Hannes said in some cases the data could prove there is a legitimate reason for insurance companies to require a standard of proof before a physician proceeds with certain procedures.

"It could very well be that there could be some value sometimes to doing this, but right now it seems they're implementing this process to delay payment or to deny payment, and we're asking for evidence that that's not the case," Hannes said.

Dr. Helling suggested that one way to make the process better is to require peer-to-peer reviews be done by an insurance doctor of the same specialty.

"Historically that would be another gastrointestinal surgeon," Dr. Helling said. "Lately the peer review discussion is with a physician that is not specialty specific. I could be talking to a pediatric endocrinology physician about an adult gastric bypass patient—and they always say no."

For the WMS, the bottom line is medical decisions should be made by patients and their doctors, and insurance companies should not dictate what care is appropriate.

"We don't believe the legislature nor the insurance companies should be dictating the practice of medicine," Dr. Schamber said. "Insurance companies, in addition to their original purpose of covering medical care, are now deciding what medical care is appropriate, effectively practicing medicine. And it's all about saving money for the company, at the expense of the patients they deny care for."

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Patient Care

Rodeo Medicine

Even the toughest cowboys need doctors

BY WHITNEY HARMON

PHOTO BY WHITNEY HARMON Jory Wasserburger, MD, and paramedics tend to an injured contestant and volunteer during the World Championship Indian Relay Race at the Sheridan WYO Rodeo.

With the College National Finals Rodeo calling Casper home, Sheridan hosting the World Championship Indian Relay Races, Cody being dubbed the "Rodeo Capital of the World," and the world-famous Cheyenne Frontier Days right in our own backyard, it's no surprise that rodeo is the official state sport of Wyoming and a huge part of celebrating our Western heritage.

Wyomingites have long held a special place in their hearts for this rough and tumble sport, with nearly every town across Wyoming hosting at least one rodeo over the course of the summer. Where there are rodeos there are contestants in need of medical attention.

Rodeo medicine's humble beginnings

Tandy Freeman, MD sat down with WMS to share the history of how medicine in rodeo got its start. For most of rodeo's storied history there has not been organized medicine. Rodeo medicine really began with an orthopedic surgeon who was one of the first to orient his practice towards taking care of athletes. James Pat Evans, MD, (affectionately known as "J Pat") was the original sports medicine physician in his part of the world. He was head team physician for the Dallas Cowboys for 19 years and the Dallas Mavericks for 10 years.

During his time with the Dallas Cowboys, Dr. Evans worked with athlete Walt Garrison, who was a starting fullback for the Cowboys and a professional steer roper. Growing up rodeoing in Lewisville, Texas, Walt was a cowboy long before he was Dallas Cowboy. In fact, his signing bonus with the Dallas Cowboys was a two-horse trailer and a trailer hitch–that's how much of a cowboy this man is. Walt would bring his rodeo buddies by the office to see Dr. Evans, and he began forming patient relationships with rodeo contestants.

Through these connections, Dr. Evans was asked by ProRodeo Hall of Fame bull rider Donnie Gay to cover the 1979 Superstars Rodeo event, where he worked beside athletic trainer Don Andrews. Andrews was a trainer for the Dallas Black Hawks, a minor league hockey team, and the director of

> They decided someone should treat cowboys as what they are–professional athletes.

a sports medicine program in Fort Worth. During the rodeo, the two of them agreed that rodeo contestants were every bit as athletic as any other professional athletes they worked with, and they questioned why they didn't have access to the same type of healthcare that other professional athletes did. They decided someone should treat cowboys as what they are–professional athletes.

With support from Garrison and Gay, Dr. Evans and Andrews were able to convince the Professional Rodeo Cowboys Association (PRCA) that rodeo could be even better if someone would invest in the cowboys' well-being. In 1980, they covered 10 rodeos around the U.S., working out of the back of a pickup truck with a small stockpile of supplies and attended the National Finals Rodeo, where their idea was catching on. But one thing was clear–they needed resources.

In 1981 the Justin Boot Company agreed to sponsor the program, and the Justin Sportsmedicine Team (JST) (originally called the Justin Heeler Sports Medicine program) was born. Since its humble beginnings, the program has expanded to cover over 130 major PRCA rodeos each year, equating to around $3 million in annual medical care. JST has also paved the way for similar programs to fill in coverage gaps for the 600+ PRCA sanctioned rodeos across the country.

Enter Professional Bull Riders (PBR). The PBR was founded in 1992 by a group of 20 bull riders who believed that bull riding could succeed as a standalone sport. In 1994, a PBR athlete was severely injured in Del Rio, Texas with a laryngeal fracture. The medical facilities in Del Rio at the time were not sophisticated enough to handle this type of trauma, and the cowboy was in serious trouble. He survived, but following this injury the bull riders knew they needed more medical support. Familiar with the JST, the athletes went to the Justin Boot Company and asked them to sponsor a similar program for PBR events. They agreed, and a PBR-dedicated sports medicine team was formed under JST. The entities would later separate, but medicine dedicated to PBR athletes sprouted here.

The making of a rodeo legend

If there was a buckle for "All-Around Rodeo Medicine Champion," Tandy Freeman, MD would be a multi-decade top contender. Dr. Freeman serves as medical director and head team physician for both the JST and the PBR Sports Medicine Team. Practicing orthopedic surgery in Dallas, Dr. Freeman is considered one of the top rodeo physicians in the world. He is held with the highest regard in the sport, as evidenced by his many rodeo accolades. This includes being awarded the Jim Shoulders Lifetime Achievement Award, which recognizes non-bull riders who have significantly contributed to the advancement of the sport of bull riding and rodeo.

PHOTO COURTESY OF THE JUSTIN SPORTSMEDICINE TEAM. Tandy Freeman, MD, head team physician and medical director for the Justin Sportsmedicine Team and PBR Sportsmedicine Team.

Dr. Freeman completed his first residency in general surgery at the University of Utah, a second residency in orthopedic surgery at UT Southwestern, and a sports medicine fellowship at the American Sports Medicine Institute. As a resident, Dr. Freeman worked under Dr. Evans who would later hire him at his practice. Dr. Freeman served as head team physician for the Dallas Mavericks and as an orthopedic consultant for numerous sports teams. Upon his retirement, Dr. Evans handed the JST rodeo reins to Dr. Freeman.

When asked why he chose to focus on sports medicine in rodeo, Dr. Freeman's response was, "serendipity." He credits his career path to meeting his mentor Dr. Evans and his love for the rodeo community. Likening rodeo to growing up in his small Texas town, Dr. Freeman said, "the rodeo community is tightly bound, and I'm a part of that community. For some of the folks, I'm their only doctor. This is really what has kept me involved."

Dr. Freeman also enjoys the unique challenges that come with practicing medicine in rodeo. "The athletes are fun to take care of and they are a challenge. I use every bit of the medicine that I've learned, no two nights are the same."

Patient Care

PHOTO BY WHITNEY HARMON Travis Chipman tends to a patient in the Justin Sportsmedicine trailer at the Sheridan WYO Rodeo.

Justin Sportsmedicine Team

Physicians, like Dr. Freeman, participate in the program as volunteers. While most physician volunteers work locally, Dr. Freeman covers at least 34 PBR events and certain PRCA rodeos each year around the country.

With program growth, the JST began to hire athletic trainers to fill program manager positions around the U.S. As independent contractors, most of the program managers have "normal" day jobs and work for JST on the side. They can travel thousands of miles per year covering rodeos, where they take responsibility for the medical organization of each rodeo in their region and coordinate with contracted emergency medical services and local volunteers before each rodeo.

They also make arrangements for situations, such as where to send injured athletes. "In some cities there are several options, and in small towns, travel might be the only option. We have relationships with hospitals and physicians everywhere, so we know where we're going if an athlete requires major trauma care," Dr. Freeman noted.

Behind the chutes in rodeo medicine

Travis Chipman is one of the program directors for the JST. Based out of San Antonio, he travels around 17,000 miles per year hauling one of three Justin Sportsmedicine trailers. In addition to working full-time as an athletic trainer and his work with JST, Chipman is the chairman of the Medical Committee for the San Antonio Stock Show & Rodeo. As a former high school and college contestant, he's seen a lot of rodeo action and has a passion for taking care of the athletes.

Chipman highlighted some of the challenges that come with working at different rodeos across the country. "At the San Antonio rodeo I have 300 volunteers that work the 22 rodeo days. We man multiple first aid stations, we have 12 paid paramedics on-site, and we have so many people that volunteer we have to turn people away."

Volunteers range from neurosurgeons to people with no medical background who help them scribe. The JST has their own electronic medical records system where every patient interaction is tracked to provide continuity of care for the athletes as they travel.

In contrast to his hometown rodeo, there are a lot of rodeos he goes to where "there might only be one paramedic unit

PHOTO BY WHITNEY HARMON Jory Wasserberger, MD, left, works as a volunteer at the Sheridan WYO Rodeo with Justin Sportsmedicine Team Program Manager Travis Chipman.

on-site with two staff and that's it," Chipman said. "Technically, those paramedics are there for the rodeo contestants, but if someone in the crowd goes down with a heart attack, they're going to receive first aid. This can present a challenge for us if an athlete also goes down," says Chipman, who believes medical volunteers are integral for the safety of the athletes. "I try to encourage [rodeo committees] to seek community volunteers so we can avoid these situations. Every rodeo needs local volunteers," Chipman said.

> Knowing the difference between being hurt and injured can make or break a cowboy's career.

JST does not provide medical care to non-PRCA athletes, further illustrating the need for volunteers. During the 2023 Sheridan WYO Rodeo, a volunteer working the track gates and an Indian Relay contestant (non-PRCA) both sustained major injuries during a race when the rider's horse collided with a gate. Luckily for the injured men, orthopedic surgeon Jory Wasserburger, MD, a local volunteer, and the paramedics were there to help.

Rodeo injuries, a horse of a different color

Dr. Freeman differentiated patient treatment in rodeo from other professional sports because a rodeo athlete can have an injury, like a torn ACL, that will not hinder them from competing in the same way it would if an athlete tried to play football with the injury.

"You can still ride a bronc or a bull with a torn ACL if the pain is manageable, so we have had to get creative with it. You cannot ride in a standard ACL brace, so we use an old paddle

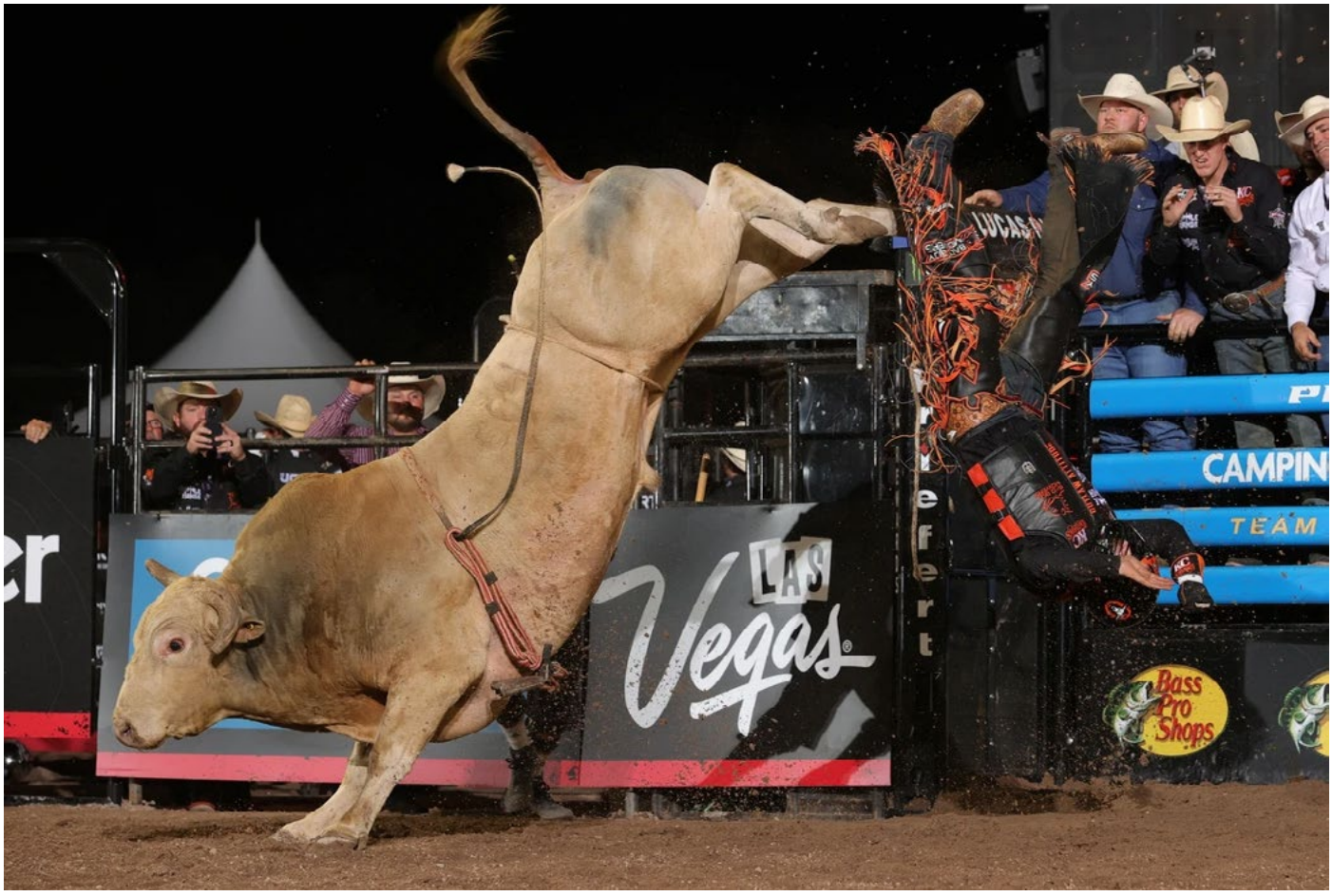

PHOTO COURTESY OF PROFESSIONAL BULL RIDERS. A competitor loses his seat during Professional Bull Riders event during Cheyenne Frontier Days in July 2023.

Patient Care

PHOTO BY KELLY ETZEL DOUGLAS A saddle bronc contestant rides during Cheyenne Frontier Days in July 2023.

brace and tape. This is just not something you see in any other sport," he said.

Further, if an athlete requires transport to a hospital, Dr. Freeman will join them there to ensure treatment is designed for rodeo, not the average patient or even the average professional athlete. "Rodeo is just different. Knowing the difference between being hurt and injured can make or break a cowboy's career."

Dr. Freeman also discussed how the injuries themselves are distinctive. "It's high energy trauma in rodeo. The shoulder and knee injuries that I take care of are so severe on the spectrum compared to other sports because of the energy you have with a large animal like a bronc or a bull going up against a much smaller man. The force endured is off the scale compared to other sports. Injuries are oftentimes more similar to the trauma you see in a car wreck than a sports injury, which is just one of many things in rodeo that is unique."

The most common injuries that are seen in the arena range from extreme trauma to expected sports injuries, with TBI, spine injuries, liver lacerations, splenic rupture, ligament and joint injuries, fractures, contusions, and lacerations being among the most common. As one of the most prevalent rodeo injuries–concussions–are taken seriously. Athletes can be pulled from competition if they are suspected of having a concussion. As for competing in a helmet or a cowboy hat, the PRCA does not enforce any rules for mandatory helmet use. However, the PBR does require that athletes born after October 15, 1994 wear helmets.

The JST trailer is equipped with basic first aid items, but extensive injuries must be treated in a clinic or hospital. For these situations the PRCA and PBR have mandatory accident insurance programs for contestants, which offers limited coverage for injuries incurred during sanctioned events.

The business of rodeo

For Chipman, a marked difference between medicine and rodeo medicine is accounting for the business side of the sport. While contestants are patients first and foremost, "the reality is that with every injury that occurs in the arena, there is a calculation being made by the cowboys–what do I stand to lose if I don't compete?"

Rodeo is "pay to play" and unless concussion protocols are in place or there is a catastrophic risk, PRCA athletes have the autonomy to make their own decisions to compete injured. Chipman describes his role as "both paternalistic and advisory," regularly counseling athletes on making "good" decisions.

"You're an adult, you make your own decisions, but I'm going to tell you all of the disadvantages of doing what I'm going to tell you not to go out and do," said Chipman. "I spend a lot of time talking with [the contestants]... saying things like let's make a smart businessman decision here." On the PBR side, Dr. Freeman added, "you're not just dealing with an athlete when there is an injury. Team coaches and owners are involved, too."

The world needs more cowboys (and cowboy doctors)

The presence of healthcare volunteers at rodeo events allows contestants to focus on what matters most–their ride. If you'd like to volunteer, contact your local rodeo to get involved. To volunteer with JST, visit www.justinsportsmedicine.com and fill out the contact form.

Rodeo has been captivating audiences with sensational displays of bravery for centuries, and its impact is felt across states like Wyoming. Rodeo medicine professionals and volunteers are tough, composed and vitally important to the contestants who entrust them with their careers and their lives. Rodeo would not be the same without them, because even the toughest cowboys need doctors.

Analysis of 4 Years of Injury in Professional Rodeo

- Serious head injuries have been shown to occur in rodeo athletes at a rate of up to 15 per 1,000 rides. Other athletes, such as professional football players, suffer serious head injuries at a rate of 5.8 per 100,000 players.
- The average ground reaction force produced by the hind hooves of a large bull is 106.3 kN. In comparison, the force produced by an Olympic boxer delivering a straight punch is 3.4 kN.
- Bull riding is responsible for the greatest proportion of rodeo injuries, accounting for 28 – 50% of all rodeo-related injuries. Subsequent injury rates included: saddle bronc and bareback riding events (20 – 23%), calf roping (3 – 12%), steer wrestling (8%), team roping (1 – 4%), and barrel racing (0 – 3%).
- Rough stock riders account for 88.7% of all injuries in professional rodeo.
- Head injuries account for the greatest total number of injuries (54.3%), followed by thoracic (15.7%), lower extremity (12.9%), spine (10%), upper extremity (10%), and pelvic (4.3%).
- Lower extremity injuries account for the greatest number of patients requiring surgery (12.9%), followed by head (5.7%), spine (4.3%), upper extremity (4.3%), and abdominal (1.4%).

Clin J Sport Med. 2020 Nov;30(6):591-597. doi: 10.1097/JSM.0000000000000654. Analysis of 4 Years of Injury in Professional Rodeo Amanda J Sinclair Elder 1, Collin J Nilson, Craig L Elder

PHOTO BY KELLY ETZEL DOUGLAS A bull rider gets bucked off during Cheyenne Frontier Days rodeo in July 2023.

Medicine and War

Support for Ukraine

Wyoming doctors find a way to help kids in a country at war

BY RACHEL GIRT

PHOTO COURTESY OF DR. KENT KLEPPINGER Each flag placed in Independence Square in Kyiv signifies a person who died in the war with Russia.

Kent Kleppinger, MD, a pediatrician based in Laramie, is on a mission to support doctors in Ukraine who are struggling amidst the devastating war crisis.

This story isn't about Dr. Kleppinger's personal contributions. "It's about healthcare and kids," he insisted.

Known as "Klep" to his patients, Dr. Kleppinger tends to wear Hawaiian shirts instead of scrubs. He is not a celebrity, a mountain climber or an adventure seeker. He is a gardener with, until the recent addition of another doctor, a solo rural practice.

In February 2022, Russia launched an invasion of Ukraine, resulting in millions of refugees seeking safety in neighboring countries. The haunting images of mothers desperately protecting their children from harm weighed heavily on Dr. Kleppinger's mind.

Something inside him snapped. He made the decision to help, regardless of how crazy it sounded. He doesn't speak Ukrainian and has no family ties to the area.

According to UNICEF, the war in Ukraine has left an estimated 27.3 million people–including 7.1 million children–in need of humanitarian assistance.

With the commencement of the war, a third of Ukraine's healthcare workforce, including doctors, nurses, and support staff, left the country. The exodus has severely impacted their healthcare system, which will require significant time and effort to rebuild, he said.

"They are hurting and want to catch up badly," he said.

In 2022, Dr. Kleppinger embarked on his first journey to provide medical care in a war zone. His trip was not without its challenges, such as the language barrier, finding a place to volunteer and making travel arrangements.

As a solo practitioner at the time, Dr. Kleppinger couldn't afford to take six months off to join organizations like Doctors Without Borders. However, he was determined to dedicate two weeks to helping kids in need.

Initially, Dr. Kleppinger considered collaborating with a relief agency in Poland for a week. However, he quickly dismissed this idea when he discovered that he could only volunteer for a limited number of hours each day.

Helping more children

Taking a chance, he googled the Ukraine Ministry of Health and called at 12:30 am MST–Ukraine is about nine hours ahead of Wyoming. He called to offer hands-on pediatric assistance and was put through to the Deputy Minister of Health, who spoke English.

The U.S. government advised citizens not to travel to Ukraine, so Dr. Kleppinger was worried about visas or other paperwork. The deputy minister reassured him that nothing was needed.

The deputy minister told Dr. Kleppinger, "Just come."

The children's hospital system in Kyiv, a city of three million people, is composed of nine children's hospitals. Dr. Kleppinger called five of them before finally connecting with someone who spoke English and received the same invitation, "Just come."

In September 2022, he flew to Lublin, Poland, the closest large city to Ukraine. He rented a car, planning to drive the almost 400 miles to Kyiv. When he reached the border, guards turned him back because rental cars are prohibited in a war zone. He drove back to Lublin and took the train to Kyiv.

Dr. Kleppinger worked in a pediatric clinic alongside staff

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ENROLL WYOMING

Remind them that Wyoming Medicaid renewals have started

Families can update information by going to www.wesystem.wyo.gov or calling 1-855-294-2127 and find free renewal help by visiting enrollwyo.org or dialing 211

Medicine and War

doctors, seeing well visits and acute care visits of children from birth to age 16.

Throughout his time in Kyiv, Dr. Kleppinger treated approximately 200 children. Due to safety concerns related to missile attacks, he was asked not to take any photographs of the patients, hospitals, or surrounding areas.

While he has no photos of them, the children left a mark on his heart.

"They are wonderful, nice, kind people, and their parents are very loving and caring for their kids," Dr. Kleppinger said. "Some of the most beautiful children I have ever seen."

Although his volunteer efforts were much appreciated, Dr. Kleppinger discovered a great need for education, protocols, and training through conversations with residents in the OB/GYN department and neonatologists. Additionally, there was a need for portable, high-flow nasal cannulas to transport infants to safety during air raids.

Upon returning to the U.S., Dr. Kleppinger helped raise $8,000 in three months in support of a refugee resettlement organization in Lublin, Poland and the neonatal ICU group.

He also sought ways to provide educational support and protocols for his Ukrainian colleagues. Initially, he reached out to the National Academy of Pediatrics, but limitations in their bylaws prevented them from helping.

This led Dr. Kleppinger to contact Andrew Rose, MD, then the president of the Wyoming Chapter of the American Academy of Pediatrics. The Wyoming chapter expressed its commitment to establishing connections between Ukrainian and Wyoming pediatricians.

Helping was an easy decision to make, Dr. Rose explained. "Those pediatricians are doing their best in such a horrible situation. We wanted to help in any way we could and show support," he added.

Dr. Kleppinger explained that support could even be as simple as a Ukrainian pediatrician reaching out to a Wyoming doctor, "I've got a patient, and I'm thinking that I want to use this antibiotic; what do you guys use?"

"We are hopeful to have the Wyoming network up by the end of this year," Dr. Kleppinger said.

Dr. Kleppinger also contacted the Children's Hospital Colorado, which offers advanced training to develop, strengthen, and sustain knowledge and expertise in the pediatric medical field. The hospital's programs are affiliated with the University of Colorado Denver School of Medicine.

Children's Hospital Colorado gave Ukrainian pediatricians access to a website with a video library that contains the past four years of videotaped lectures.

This past May, Dr. Kleppinger returned to Ukraine for two weeks to see kids, lecture, and discuss education opportunities for physicians.

PHOTO COURTESY OF DR. KENT KLEPPINGER Dr. Kent Kleppinger takes a photo in front of a destroyed Russian armored vehicle in St. Michael's Square in Kyiv.

He met with Oleg Valenshuvoskiy, MD, PhD, head of the Kyiv District's OB/GYN, and spent two days discussing details to set up a medical exchange program.

Under the exchange program, Ukrainian faculty from the children's hospitals could visit the Children's Hospital Colorado for intensive specialized two to four week training sessions. The Ukrainian doctors would live with sponsor physician families to learn more about American culture. The faculty then would return to the Ukraine to teach the other residents.

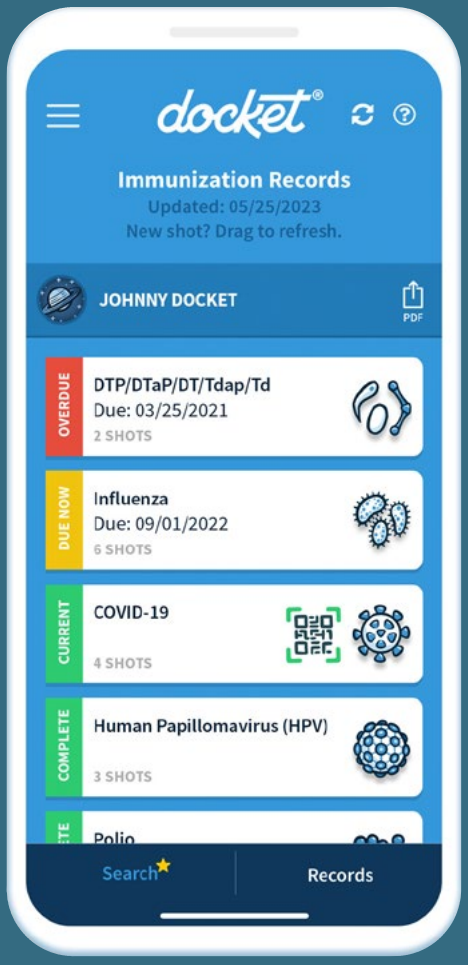
"We're also talking about putting together a delegation of pediatricians to go to Kyiv and teach residents, do lectures, and see patients," Dr. Kleppinger said. "We would be trying to cram about a semester of education into about a two-week period."

The exchange program idea is in its preliminary stages, Dr. Kleppinger said, noting that the Children's Hospital seems very eager to do this.

Dr. Kleppinger wants his story to serve as an example to others on how to offer assistance. He plans to continue to encourage efforts to help accelerate the rebuilding of the Ukrainian medical system.

"When you keep hearing the same phrase, 'Just come,' you cannot unhear it. When you see the war in Ukraine, you cannot unsee it," he explained.

Introducing the Docket application for vaccination records



Use the Docket application on your smartphone to view and download your and your child's vaccination records.

For more information scan the QR code at right, or visit immunizewyoming.com and click on the "Vaccine Records and Docket" icon.

Wyoming Department of Health | IMMUNIZATION UNIT

The Docket application is available for download on Google Play or the Apple App Store.

University of Wyoming Family Medicine Residency Program 2023-2024

Casper

Cheyenne

Year III

Mitchell Cooney, MD

Katherine Gaker, DO

Courtney Isaacs, DO

Alessandro Avila, MD

Natalie Cazeau, MD

Keenan Kuckler, MD

Jacob Parmley, DO

Emily Tutt, DO

Laura Franqui Dominguez, MD

Emily Gallegos, MD

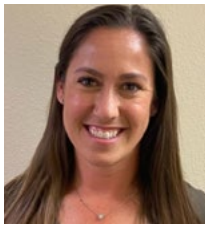
Kellan Klubben, MD

Olivia Hutton, MD

Chris Rider, MD

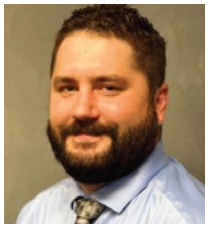
Year II

Alex Bergeron, DO

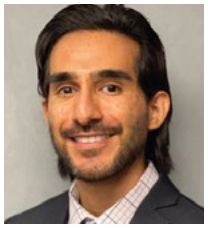


Alexa Datko, MD

Tommy Foster, DO



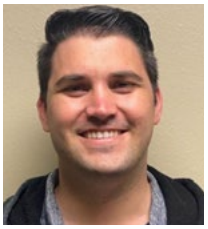
Jesse Atwood, DO



Alejandro Bernal, MD

Lucas Lebbin, DO

Jacob Nilsson ,DO



Tyson Oswald, DO

Jeffrey Harman, MD

Tianna Mack, DO

University of Wyoming Family Medicine Residency Program 2023-2024

Casper

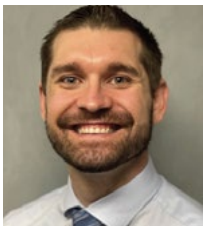
Cheyenne

Year II

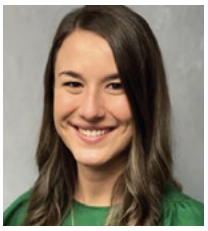
Sreedivya Veturi, MD

James Wendell, DO

Philip Gard, DO



Kallin Raymond, DO

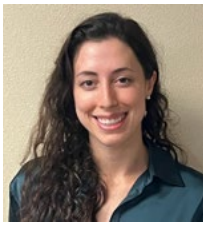


Kristi St. Clair, MD

Year I

Joseph Call, MD

Michael Fewkes, MD



Emily Hansen, DO

Michael Blomquist, DO

Alexander Gardner, DO

Marko Lubardic, MD

Daniel Samelson, DO

Shelbie Scharf, MD

Benjamin Loewen, MD

Zachary Herman, DO

Michael Swainston, MD

Nathan Toenjes, DO

Elizabeth McKenzie, DO

Christian Smith, DO

Kavitha Srinivasan, MD

uchealth

Region's first robotic liver transplant; donor's second gifted organ

Robotic liver transplants, perfected in the Middle East, and now done in Colorado, promise fewer complications, faster recovery.

BY TODD NEFF, FOR UCHEALTH

For Colorado and neighboring states, it was a first. Never before in the region had a liver-transplant donor surgery been performed by a surgical robot. Given the robotic procedure's proven advantages in shorter recovery time and fewer complications, the timing couldn't have been better.

The robotic part was new for Danel Kuhlmann also, but she had donated an organ before. In 2018, her active, healthy mother had fallen ill and ended up on dialysis for months and needed a kidney transplant. Transplant surgeon, Dr. Thomas Pshak, performed the surgery.

Early on June 9, Dr. Pshak and his colleagues Dr. Trevor Nydam and Dr. Elizabeth Pomfret manned the OR for Kuhlmann's second transplant.

Robotic liver transplants

The first robotic living donor hepatectomy was done at the University of Illinois-Chicago in 2012. Pshak says University of Colorado is in a great position to transition to robotic living donor liver transplant surgery.

Studies have shown that robotic surgery sharply speeds recovery – two to three weeks rather than six to eight weeks.

Double donor

Kuhlmann's experiences surrounding her mom's kidney transplant had been life-changing so for the second time she decided to become a donor.

In late April, a match was identified – a child. During Kuhlmann's preoperative appointment on May 25, Nydam broached the subject of robotic surgery. Kuhlmann was impressed, though she didn't quite know where he was going with it. Then, she said, "He popped the question like he was asking to marry me."

"Will you be willing to be our first robotic liver transplant donor?" Nydam asked. She said "yes" instinctively. "Because of my familiarity with the team there, I trust them and knew it would go well," she said.

Superhuman capabilities

During the procedure, the Da Vinci system sent digital interpretations of Nydam's hand and foot movements to the surgical robot. The robot removes the natural jitter of even the steadiest human hands, and its steel implements enjoy agility and precision far surpassing those of human limits – particularly in tight spaces.

The surgeon's console provided 3-D visualization while monitors around the operating table and high on an operating room wall displayed the proceedings at the same 10X magnification that the system afforded the surgeon. The robot's three surgical arms and camera needed only half-inch incisions each. The only traditional incision was a roughly four-inch horizontal cut low on the abdomen that was needed to extract a section from the left side of Kuhlmann's liver.

'Part of my legacy'

The immediate recovery was, as with any surgery involving anesthesia, "rough," as Kuhlmann put it. But she recovered as quickly as Nydam said she would. "I would honestly say that between two and three weeks out, I felt 90 to 100 percent back to normal," she said. As of early August, Kuhlmann says she was entirely back to normal and gardening, hiking, biking, power walking, and running.

She views being a double donor as being "part of my legacy," As she put it. Pshak and colleagues hope robotic surgery makes liver donation a part of others' legacies too. Pshak said, "this is the way forward to transplant more people and save more lives." View full story: https://www.uchealth.org/today/regions-first-robotic-liver-transplant-donors-second-gifted-organ/

PREMIER
Bone & Joint Centers

Treating Orthopedic Conditions Throughout Wyoming

Whether you enjoy horseback riding along one of the local trails, snowboarding through the mountains, or simply taking a walk under Wyoming's expansive blue sky, you'll find plenty to keep you busy in our great state. However, if an orthopedic condition causes you to experience pain whenever you move, then it may be time to schedule an appointment with physicians of Premier Bone & Joint Centers. With locations in 10 cities across Wyoming, one of our board-certified and fellowship-trained orthopedic doctors will diagnose your medical condition and recommend a treatment regimen that restores you to your active lifestyle as quickly and safely as possible.

Diagnosing your condition

As residents of Wyoming, we have personally experienced the kinds of outdoor activities that keep you busy. We're also very familiar with the orthopedic conditions that these activities can result in, so you can come to us whether you're suffering from:

- Foot and ankle pain
- Knee pain
- Hip pain
- Shoulder pain
- Hand pain
- Spine pain
- Wrist pain
- Elbow pain
- Neck pain
- Joint pain
- Fractures

We use the most advanced technology in order to accurately diagnose the cause of your pain. At many of our clinics this includes on-site imaging technology.

> Our team will create an effective treatment regimen to restore your mobility

Safe, Effective Treatments

Once we've diagnosed your medical condition, our team will create an effective treatment regimen to restore your mobility. Rest assured, we always pursue conservative treatments—such as immobilization, physical therapy, and over-the-counter pain medication—first. Should you require surgical intervention, however, you can rest easy knowing that our orthopedic surgeons stay up to date with the most advanced techniques and technology. In fact, many members of our surgical team belong to the American Academy of Orthopaedic Surgeons, allowing them to benefit from continual education.

Premier Bone & Joint Centers is ready to help diagnose and treat your orthopedic condition today.

A Second Generation and Family Legacy Begins at WY WWAMI

New medical student Hyrum Porter Ruby and Associate Professor of Surgery and father Dr. Blaine Ruby are making medicine a family legacy.

When he started the Wyoming (WY) WWAMI program in July, Hyrum Porter Ruby, a Buffalo native, became the first, second-generation student in the medical school's history.

As a 2023 student, known in the program colloquially as an E-23, Hyrum proudly entered the program 25 years after his father, general surgeon, Associate Professor of Surgery, and 1998 WY WWAMI alumna Dr. Blaine Ruby.

When asking Hyrum what drew him to medical school he reflected on his journey.

"The obvious answer is that my dad was a doctor, and I remember going on rounds with him," Hyrum recalled. "He took me to go see his patients and the look in their eyes— It was just really inspiring, watching him care for them."

Beyond his father's inspiration, Hyrum has experienced the medical field from both sides of the stethoscope, namely after the birth of his eldest daughter, Everly. His daughter faced early health challenges, including being born prematurely, requiring supplemental oxygen for her first few months, and receiving surgery to correct eye issues. Through these trials, Hyrum witnessed the profound impact of compassionate medical care on his daughter and wife's life, reaffirming his commitment to medicine.

"That was kind of the cherry on top – I really like everything in physiology and the human body from an intellectual standpoint, but then being able to see the impact that I can make on other people's lives is even more special," he said.

Hyrum's father, Dr. Blaine Ruby, began his medical journey in a more unlikely place – the College of Agriculture. As a first-generation college student and son to ranchers, Dr. Ruby was recruited onto a Livestock Judging Team and on a scholarship at Northwest College in Powell, but that all changed the summer before his junior year.

"I had this really sort of spiritual and inspirational experience during that summer while I was working here on the farm, and I felt strongly after that, that I should go to medical school," Dr. Ruby said, "but by then I hadn't done what everyone else had done."

After a call to the College of Agriculture in Laramie, Dr. Ruby was able to add all the science-based prerequisite courses necessary to apply for medical school, which meant doubling up on chemistry, biology, physics, and organic chemistry in order to take the MCAT.

His determination paid off, and Dr. Ruby graduated from WY WWAMI's second class, as 1 of 8 in a cohort he remembers fondly, and he has gone on to serve in Wyoming's medical community for more than 16 years.

"I was in a really, really good WWAMI class full of high-achieving students," Dr. Ruby said, "In medical school, there are honor societies and there are all kinds of awards that are given at graduation, and my class was exceptional."

In the coming months and years, the two will be crossing WY WWAMI paths, whether through guest lectures or clinical opportunities to do rotations, and at the end of the day, family and program support are always nearby.

"We're only a phone call away or a text," Hyrum shared about his relationship with his father

Today, the father-son duo will continue in their deep-rooted passion for medicine, supported by family and a shared commitment to improving and staying close to their hometown of Buffalo, Wyoming.

ENROLL WYOMING

Remind families enrolled in Medicaid about renewals and free assistance

Taking good care of patients requires more than prescribing medicine and regimens. Families can see improved outcomes when their treatment includes helpful information and supportive resources. Families enrolled in Wyoming Medicaid and the Child Health Insurance Program (CHIP) can benefit from reminders about eligibility renewals and free help from the nonprofit Enroll Wyoming to explore health insurance issues.

The end of the COVID-19 public health emergency declaration continues to have repercussions for patients and health care providers. While emergency measures were in effect, regularly scheduled renewals for Wyoming Medicaid and CHIP were suspended. The number of Wyoming residents enrolled grew to more than 80,000, as of the start of 2023.

Now that the declaration has concluded, the Wyoming Department of Health is evaluating thousands of families, including those who have never been through the renewal process before.

> Enroll Wyoming navigators can help a family get started or when things look complicated.

"Groups have been talking about Wyoming and Kid Care CHIP renewals for months, but we're still surprised at the number of people who haven't heard about it or taken steps to be ready," said Caleb Smith, the marketing director for Enroll Wyoming, a group that offers free assistance with health insurance issues.

Enroll Wyoming encourages those who work with families covered by Wyoming Medicaid and CHIP to remind them to take some basic steps. One, remind them to make sure the Wyoming Department of Health has their current contact information by visiting www.wesystem.wyo.gov or calling 855-294-2127. Two, encourage them to watch their mail for updates. If families receive renewal notices, they should respond and complete the forms promptly. Three, tell them they can get free help with health insurance issues and applications from Enroll Wyoming.

Enroll Wyoming navigators can help a family get started or when things look complicated. For example, just because one member of a household does not qualify for coverage, it doesn't mean that everyone is ineligible. Children may still qualify for Medicaid or Kid Care CHIP even if their parents do not. To see maximum benefits, families should check the eligibility of everyone in a home.

If someone is no longer eligible for Medicaid or Kid Care CHIP coverage and does not have alternative coverage like job-based insurance, they may qualify for the Health Insurance Marketplace, which was to make health coverage more affordable and accessible.

Free assistance is available for those who need help with renewals or finding affordable health insurance. Visit enrollwyo.org or dial 211 to get free help with renewals or find alternative health coverage.

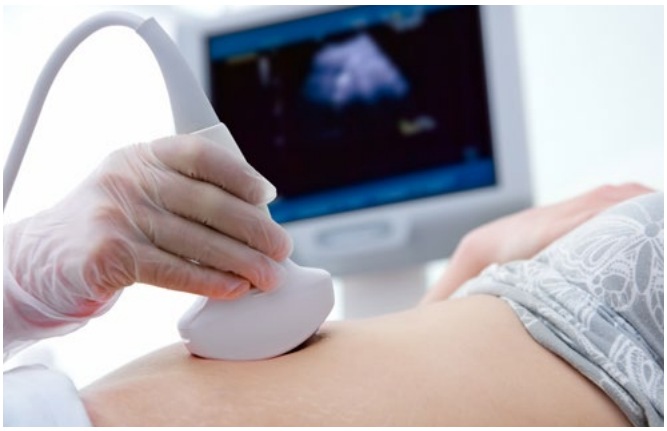
The consequences of losing health insurance can be costly to patients and their providers. Enroll Wyoming Program Manager Jason Mincer said no one wants families to miss renewals and be surprised when paying for a prescription or visiting a doctor's office. Instead, they should get all the support and information they need.

People do not have to go through the Wyoming Medicaid or Kid Care CHIP renewal process alone. Enroll Wyoming is here to help.

Children's Hospital Colorado

How Advanced Genetic Testing Helped Avert a Rare Pregnancy Complication

Katie Gleeson was searching for clues. At 10 weeks pregnant, she turned to genetic testing in hopes of learning more about herself, her unborn child and the fetus she'd previously lost. That glimpse into her genes revealed answers that were greater — and more urgent — than she ever could've predicted.



Detecting genetic anomalies early

Gleeson's journey in precision medicine began at UCHealth where she met with Manesha Putra, MD, a maternal fetal medicine physician specializing in prenatal genetics and genomics. Dr. Putra confirmed that Gleeson carried a MAGED2 gene variation, which is associated with Bartter syndrome, a rare pregnancy complication that affects a fetus' kidney function. With two patients facing a potentially life-threatening condition, Dr. Putra referred Gleeson to Colorado Fetal Care Center maternal fetal medicine specialist, Nicholas Behrendt, MD.

"Bartter syndrome is an abnormality that causes the fetus to produce a massive amount of urine, which leads to a massive amount of amniotic fluid — a condition called polyhydramnios," Dr. Behrendt explains. "Polyhydramnios can lead to significant complications, the biggest one being premature birth."

Premature birth can result in long-term consequences for the newborn, and if they're born extremely early, the newborn may not be able to survive.

Gleeson's genetic testing also revealed a gene variation that can cause heart complications, such as cardiomyopathy, a disease of the heart muscle. Although the patient's heart was healthy at the time, her care team knew that pregnancy, as well as labor and delivery, could strain the body and cause such genetic predispositions to manifest.

Despite these potential obstacles, Gleeson's genetic anomalies were detected early in her pregnancy, meaning Drs. Putra and Behrendt were in a unique position to create a personalized care plan that would keep both her and her baby healthy.

Navigating amnioreduction in a complex pregnancy

The first step in Gleeson's care was keeping her polyhydramnios at bay through the amnioreduction process.

"An amnioreduction entails putting a needle in and draining amniotic fluid several times over the course of the pregnancy to keep pressure off the uterus and prevent the patient from delivering early," Dr. Behrendt says. "We don't currently have a way to treat the genetic variant that causes Bartter syndrome inside the womb, so we had to focus on treating the polyhydramnios, the complication of her variant."

While the procedure is relatively common, Dr. Behrendt suspected that Bartter syndrome caused Gleeson to lose a previous pregnancy, increasing the importance of well-timed reductions. Additionally, given the patient's condition, Dr. Behrendt knew he'd have to drain the fluid several times.

To learn how Dr. Behrendt overcame these hurdles to deliver a healthy baby, scan the QR code and read the full story.

Cheyenne Regional Medical Center

Cheyenne Regional Medical Center Partners with Cheyenne Police Department, Laramie County Sheriff's Office to Launch Co-responder Program to Help Individuals in Crisis

Cheyenne Regional Medical Center, the Cheyenne Police Department and the Laramie County Sheriff's Office launched a new program in the summer of 2023 to help individuals in crisis connect to appropriate behavioral health and social services. The program was created with pass-through funding from the Wyoming Department of Health's Public Health Division.

The new program partners a CRMC behavioral health therapist with a local law enforcement officer during mental health calls.

"The goal is for the therapist and law enforcement professional to work together to safely engage, assess and direct individuals in crisis to the appropriate mental health and social services," said Natalie Villalobos, director of social work for CRMC's Behavioral Health Services.

"The therapists use their skills to identify how to counsel and help the individual during the initial encounter," Villalobos said. "Once the situation is de-escalated, the therapist can then refer the individual to the appropriate mental healthcare for longer-term help. The therapist and officer later follow up with individuals they've been called to help to see how they are doing."

Co-responder programs in other communities have demonstrated that partnering an officer or deputy with a mental health professional often results in less use of force and fewer injuries to officers and individuals during a mental health call, Villalobos said.

Photo courtesy of the Cheyenne Police Department

Other programs have also reduced the number of repeat calls for services, resulted in fewer arrests and minimized the strain on law enforcement resources.

"This program helps ensure that our efforts are not limited to a law enforcement response, but also includes expert behavioral health services and support," said Cheyenne Police Department Chief Mark Francisco. "Even though our officers receive extensive training, they are not mental health experts. This partnership allows law enforcement to take a step back and yield to clinicians when it's safe and appropriate to do so."

Officials from the three agencies worked together for several months to put all the pieces in place before launching the program, said Brittany Wardle, CRMC's community prevention director.

"Mental health calls are often complex," Wardle said. "We wanted to be sure the officers, deputies, therapists and others involved with the program had enough time to understand the co-responder model and received the education and training required to ensure this is a successful partnership that benefits our community."

"Having worked with a mental health co-responder program, I know the benefits of bringing a mental health professional to assist a person in crisis," said Chief Deputy Aaron Veldheer with the Laramie County Sheriff's Office Operations Division. "The Laramie County Sheriff's Office is proud to partner in this program, which will benefit all the citizens of Laramie County."

"We would like to thank everyone involved in this project," Francisco said. "It is our hope that this program provides the necessary education, treatment and healing to those in need of mental health services, which may reduce their contacts with law enforcement."

Italicized Names denotes New Members in 2023

Red names denote Wyoming Medical Society Board Members

Green names denote past Wyoming Medical Society Board Members

* denotes alumni of WY Leaders in Medicine Leadership Academy

WYOMING MEDICAL SOCIETY
Advocating for doctors since 1903

Afton, WY
Clayton Brown, MD
Donna Givens, MD

Albuquerque, NM
Helen D. Iams, MD

Alpine, WY
Micah Hoffman, MD

Arapahoe, WY
Samuel Cross, MD
Christopher Klein, MD
Erica Ramsey, MD

Big Horn, WY
Jonathan Herschler, MD
Edward Hobart, MD
Gregory G. Marino, DO
D. Scott Nickerson, MD

Big Piney, WY
William David Burnett, MD

Bozeman, MT
William Bennett, MD
Robert A. Narotzky, MD

Buffalo, WY
Brian Darnell, DO
Traci Darnell, PA-C
Hermilio Gonzalez, MD
Grace Gosar, MD
Lawrence Kirven, MD
Fred A. Matthews, MD
*Erica Rinker, MD

Cape Girardeau, MO
*Bradley Hanebrink, DO

Casper, WY
Robert Allaire, MD
Ari David Amitai, MD
Brock Anderson, MD
James Anderson, MD
John Bailey, MD
Marcus Bailey, MD
David Barahal, MD
John Barrasso, MD
Makenzie Bartsch, MD
Steven Baum, MD
Todd Beckstead, MD
Jerome Behrens, MD
Scott Bennion, MD
Ryan Benson, MD
Sean E. Beyer, MD
Jonathan Binder, MD
Effie Bird, PA-C
Daniel Bonifield, DO
Charles Bowkley III, MD
Gregory Brondos, MD
Stephen Brown, MD
Michael Bruno, MD
Nyasha Bullock, MD
Mary Burke, MD
Thomas Burke, MD
George William Carmen, MD
Jeffery Christensen, DO
Lydia Christiansen, MD
Jeffrey Cloud, MD, MPH
Alexander Colgan, MD
Nathan Cook, DO
Erica Costello, PA-C
Eric (Frederick) Cubin, MD
Jonna Cubin, MD
Alexandru David, MD
Frederick Deiss, MD
Mark Dowell, MD
David Driggers, MD
Eugene P. Duquette, DO
Diane R. Edwards, MD
Martin H. Ellbogen Jr., MD
Rita Emch, MD
David J. Erk, MD
Elie Fahed, MD
Shawn Ficken, PA-C
Adrian Fluture, MD
Sherrill Fox, MD
Jennifer Frary, PA-C
Timothy N. Frary, PA-C
Trevor Gessel, MD
Ghazi Ghanem, MD
Matthew Gorman, MD
Henry P. Gottsch, MD
Aimee Gough, MD
Sarah Gailey Grooms, MD
Megan Grube, MD
Brittany Hager, PA-C
*Kevin Helling, MD
Diane C. Henshaw, MD
Wesley W. Hiser, MD
Douglas Holmes, MD
Douglas Hornberger, PA-C
Tiffany Hunsaker, MD
Dana Ideen, MD
Gary Idelchik, MD
Oleg Ivanov, MD
Ronald D. Iverson, MD
Ismail Jimada, MD
Morgan Johnson, MD
Ray B. Johnson, PA-C
John Paul Jones III, MD
*Raoul Joubran, MD
Sharon Karnes, MD
Caroline Kirsch-Russell, DO
Thomas A Kopitnik, MD
Mark W. Kovach, MD
Phillip Krmpotich, MD
Tom Landon, MD
Eric Lawrence, DO
C. Blaine Levy, DO
Eric Linford, MD
Mary MacGuire, MD
James A. Maddy, MD
*Terri Marso, PA-C
Allan Mattern, MD
Carrie L. Merrill, DO
Joseph Mickelson, MD
Jesse Miller, DO
Meredith H. Miller, MD
Michael V. Miller, DO
*Matthew Mitchell, MD
Michele Mohr, MD
Joseph Monfre, MD
Burke Morin, DO
Hillary Morrison, DO
Robyn Morrison, PA-C
Eric Munoz, MD
Brittany Myers, MD
David Norcross, MD
Robert Novick, MD
Steven Orcutt, MD
John W. Pickrell, MD
Eugene Podrazik, MD
Rakesh Ponnapureddy, MD
Lida Prypchan, MD
John Purviance, MD
Tyler Quest, MD
Michael Quinn, MD
Thomas Radosevich, MD
Jo Ann Ramsey, PA-C
Robert Ratcliff, MD
Jerry Realing, MD
Jeffrey Rhea, MD
*Beth C. Robitaille, MD
Anna Cummings Rork, MD
Joseph Rosen, MD
Jack S. Rounds, MD
Louis Roussalis, MD
Stuart J. Ruben, MD
Angelo Santiago, MD
Rory Satterfield, MD
Sam Scaling, MD
Brian Schlidt, MD
Robert Schlidt, MD
*Eric Schubert, MD
Benjamin Sheppard, MD
Michael Sloan, MD
Craig Smith, MD
Geoffrey Smith, MD
Lane Smothers, MD
Laura Smothers, MD
Carol Solie, MD
Shelley Springer, MD
Tina Stanco, MD
Albert Steplock, Jr., MD
Christopher Stewart, MD
Cory Stirling, MD
Renee Stirling, MD
Daniel Sullivan, MD
Daniel Sulser, MD
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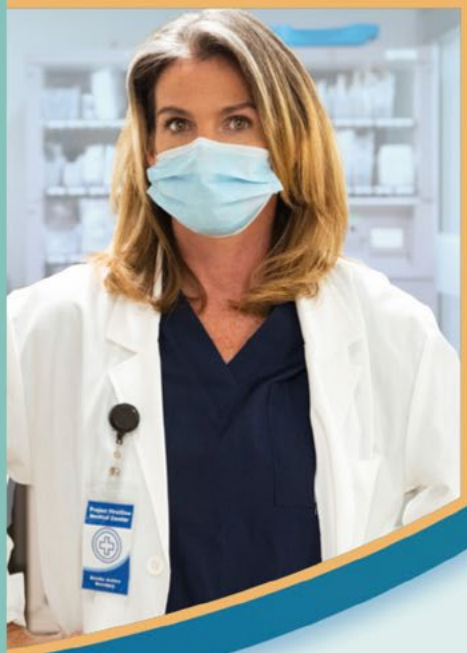

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