



Telemedicine Services Expanding

BY ROBERT MONGER, MD



Telemedicine is a rapidly emerging technology that has the potential to greatly improve access to care for our rural Wyoming population, and in the past year the telemedicine services where I work at Cheyenne Regional Medical Center (CRMC) in Cheyenne have expanded quickly.

A number of physicians at CRMC now provide telemedicine appointments for patients outside of Laramie County, including our psychiatrists who currently provide up to 60 visits per month to patients all over the state. The patients come to clinics in places like Evanston and Afton for telemedicine appointments, and the psychiatrists provide services such as individual and family counseling as well as medication management. CRMC also provides telemedicine behavioral health services at institutions like St. Joseph's Children's Home in Torrington.

In addition to providing telemedicine from CRMC to other parts of Wyoming, CRMC also facilitates telemedicine clinic visits from specialists in Denver to Cheyenne area patients. For example, in partnership with the pediatric endocrinology clinic at the Barbara Davis Center at Children's Hospital in Denver, an average of 8-10 pediatric patients with diabetes are seen via telemedicine each month at the CRMC pediatric clinic by diabetes specialists in Denver for help managing their insulin pumps. Also, each month 4-6 HIV positive pediatric patients in Cheyenne have telemedicine visits with an infectious disease clinic at Children's Hospital, and during those visits peripheral devices such as electronic stethoscopes and otoscopes are used by nurses in Cheyenne to transmit clinical data to the ID physicians in Denver. The pediatric clinic is also hoping to start a pulmonary telemedicine clinic in the near future for children with diseases such as cystic fibrosis.

And telemedicine isn't just used for physician clinic visits: CRMC also provides telemedicine support for a pharmacy in Pine Bluffs. That town is too small to support its own full-time pharmacist, but a pharmacy in Cheyenne has established a satellite pharmacy in Pine that is staffed by a pharmacy technician who is able to access a telemedicine network such that a licensed pharmacist in Cheyenne can provide supervision to the technician and medications can be dispensed.

Nurses are also using telemedicine to improve patient care. CRMC is currently enrolling patients with congestive heart failure into a pilot program that will provide remote monitoring devices

for patients to use in their homes such as a blood pressure cuffs, pulse oximeters, and scales that will transmit data to CRMC, and the patients will use wi-fi enabled tablets to check in with nurses several times per week. The goal is to help patients better manage their CHF at home and decrease hospital admissions.


Another pilot program at CRMC involves nurses at the CRMC cancer center who will provide genetic counseling from Cheyenne to patients in Rawlins via telemedicine. The nurses will help patients use their family pedigree as well as clinical data to estimate their probability of developing different kinds of cancers.

CRMC has many other plans in development for expanding its

telemedicine services, including partnering with Children's Hospital neonatologists to support CRMC pediatric hospitalists. The goal is to keep more neonatal patients here in Cheyenne and to bring babies back to Cheyenne from Denver sooner than would otherwise

be possible. The NICU telemedicine capabilities will allow video and audio to be streamed live to neonatal specialists in Denver so that specialists such as pediatric cardiologists and pulmonologists will be able to help with the care of infants here in Cheyenne in real time. Additionally, there is great potential in the future to develop suboxone telemedicine clinics around the state to help with the opioid epidemic.

I provide telemedicine visits for patients in Saratoga and it is certainly much more convenient for patients to check in to the clinic there for a telemedicine appointment than it is to drive 2+ hours in each direction to come to Cheyenne, particularly in the winter. My experience has been that telemedicine visits can work very well for routine follow up appointments for established patients, but I still want patients to be seen in person for new patient consults.

The barriers to implementation of telemedicine at this point appear to be more bureaucratic than technological. Issues such as state medical licensure, insurance reimbursement, hospital privileges, and malpractice coverage (particularly for physicians in Colorado and other states with longstanding tort reform where malpractice costs are substantially less than in Wyoming) are real issues that need to be sorted out. The telemedicine revolution, however, is here and will most likely grow exponentially in the very near future. 

The telemedicine revolution is here.