



How Telemedicine is Being Utilized in Wyoming

Telemedicine in Wyoming Provides Quick and Easy Access

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The phone beeps and Dr. Michael Tracy picks it up, glancing at the screen. It's a patient, and an issue he can handily answer from well, wherever he is.

With his partner, Dr. Robert Chandler, Tracy runs 307 Health in Powell.

Their use of what was once considered a highly unconventional method of patient care now provides for quick and easy access for clients and allows them to build what may well be called a very patient-centered practice.

Tracy tells of patients who text him pictures of deep cuts. He can tell them whether a trip to the ER is required or if they can simply come to the clinic where he or another clinician can use a disposable staple gun to treat the injury. That saves both the patient and their insurer in a big way, he explains.

"Those staple guns we use are disposable, and we pay \$30 for them," Tracy says. "That's a big difference from a trip to the ER."

Fellow 307 Health physician Dean Bartholomew agrees.

"I can tell a parent who texts me a picture of a rash, that their child is OK, that this rash is just part of that virus we treated them for earlier," Bartholomew says. "They get an answer quickly and when they need it. They also don't have to go to a waiting room and be exposed to more germs."

307 Health isn't alone in offering telehealth, or as it's also commonly called, telemedicine services.

Stitches Acute Care owned and operated by Dr. Dan Surdam and his wife, Amy Surdam, who is an FNP-C who also serves as the business development director. Together they manage two clinics – one in Cheyenne and the other in Laramie.

Their patients create a visit with a Stitches provider by clicking a link on the clinic's website. That click triggers a video communication and hails a receptionist who checks in the patient online and then places the patient in a virtual waiting room. Patients and the clinician see and hear each other, and the business is done much the way it is in person. Prescriptions are called into the patient's pharmacy of choice.

No uncomfortable waiting room. No additional exposure to germs. No need to travel on snowy or windy days for a common concern or ailment.

Both 307 Health and Stitches are using telemedicine, though their approaches leverage a different kind of access and different tools. (Both are also noting great success with a newer business tool – membership-based patient care, which provides unlimited office time or virtual consultations like a text exchange for a flat monthly fee.) While Stitches relies upon video connectivity in its day-to-day, 307 Health relies on text

messaging in every hour of every day.

Dan Surdam says Stitches' approach is about more than keeping up with the times.

"For us, it's part of our mission," he explains. "We will use innovation and technology to increase value and increase value in health care. Patients are very much our mindset."

In Park County, Tracy can't disagree. The adoption of text messaging as a tool is about increasing flexibility and being able to better provide for patient care, and quite frankly, give him and his partner Chandler more control over the business.

"In our practice, I got tired of a system where patients are viewed as a revenue stream and I'm a revenue generator," he says. "This is a huge value to patients, who we know very well."

Amid the creation of stronger clinic relationships, does he worry patients will text him gifs they find funny? Or even accidentally dial him up? Not at all. That's thanks in part to the lite guidelines they share with patients who opt into the telehealth service offered by 307 Health.

"People are amazingly polite," Tracy says. "And I have yet to sleep through a text."

Finding folks in Powell to adopt this new-fangled way of talking to doc hasn't been a challenge either, though some are initially uninterested. That's OK with 307 Health.

"Eventually, they often come around," Tracy says. "It's easy. They're already texting people ... and I'd just rather spend time with patients and have the terms of the relationship defined by me, not the insurance companies."

The technology is less and less a barrier, says Bartholomew, who is also currently serves on the Wyoming Medical Society's Board of Trustees. Technology as a barrier to building a solid, high-functioning practice isn't lost on him.

He and his wife, Tonya, ran a clinic in Saratoga for years and as part of their business plan worked to adopt telehealth early on so their patients could come to his office for a visit with a specialist via digital transmission instead of braving the roads in a classic Wyoming winter day on Interstate 80.

It didn't work as well for him then, as it does for 307 Health. Technology is more present in everyday life now, and 307 Health isn't working with specialists via text message. Still, he sees the benefit to him, his practice and his family.

"It's not just evenings and weekends," Bartholomew says.

"The bulk of the texts come during the day, not after hours. We're all already connected to phones, so this isn't difficult for people."

And with many patient contacts in his practice coming to him aren't emergencies, he can finish dinner or watching a kid's baseball game. It is, quite simply, reasonable to manage a patient's care via text for the issues family practice physicians are most likely to see – rashes, deep cuts. The advice can be offered over text to "drive to the ER for that cut or come into the clinic and we'll just staple it," Bartholomew says.

Dr. David Wheeler, another early adopter of telemedicine, has been advocating for technology and stroke patient care since 2007 from his central Wyoming practice. Today, he uses telehealth quite differently from the way he and others did in the mid-2000s and quite a bit differently than the family practice physicians.

The Casper neurologist is passionate about stroke care, and as one of few neurologists in the Cowboy State, he's often referred to while a patient is experiencing a stroke. Timelines are tight for stroke patients, and time isn't something a specialist in a rural state has much of.

The attending physician at Memorial Hospital of Converse County logs in to a device and as the on-call neurologist, Wheeler is pinged. On his side of the conversation, Wheeler can see the patient and can

zoom in for a close-up via special camera controls. He can view scans and the chart, and he even updates the patient's chart to direct the next step.

307 Health, too, is using peripherals, they're just not necessarily as involved as the systems Wheeler's work requires.

On a recent night a patient texted Tracy about a heart arrhythmia, wondering if he needed to go to the ER. Because the patient had purchased an iPhone peripheral for about \$100, he was able to email Tracy a tracing of his heart activity.

"I told him that in this case, after looking at the tracing, I was comfortable with just monitoring him," he says. "He didn't need to go to the ER."

While that experience is highly localized, even when managed digitally, that's not true for Wheeler.

Plenty of his patients need only follow-up visits, and for them telemedicine delivered via video on a patient's smartphone is a

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great resource. Wheeler started using telemedicine via video in his private practice in 2012, leveraging his learnings from his three-year pilot of the Telestroke program.

“We’ve evolved it as an in-office technology,” he says.

Wheeler meets with patients in private, HIPAA-compliant video “rooms” using a cloud-based video meeting service called Zoom. The patient gets ready for an appointment by clicking a link in an emailed appointment reminder, and that takes them to a Zoom web page requesting that they install the application on their phone, tablet or computer. It takes just a few minutes for even the most tech-adverse patient to set up access.

The Zoom license Wheeler and many others use are issued through Wyoming Telehealth Network or WyTN, a program at the University of Wyoming within the Wyoming Institute for Disabilities, an academic unit in College of Health Sciences. Any Wyoming licensed physician can leverage that connection to develop an aspect of their virtual practice and do so at no cost to their practice, says Corey Jenkins, Senior Project Coordinator for WyTN.

Reliability and cost of the service are a far cry from where they were in 2007 when Wheeler got involved in the telehealth movement in Wyoming.

Equipment could cost \$150,000 for a hospital, and it was hard for leadership to commit to that investment. Moreover, the equipment was unreliable.

“I just quit using it,” Wheeler says. “The equipment would crash in the middle of the visit. The software was hard to use and hard to install ... the use of a Zoom license has saved my practice money

While the telehealth operation has seen much improvement, some patient needs haven’t changed at all.

Follow up visits with specialists can still mean patients spend hours on the road for a relatively short visit. A physician or specialist’s need to keep the client roster full also hasn’t changed.

It’s all gotten easier though.

“I see, in an average clinic day, one out of five or six patients remotely,” Wheeler says. “I can submit a charge and be paid for that service, too. That represents an important improvement.”

The need for clinicians to be able to bill for telehealth isn’t lost on Dr. James Bush, Wyoming Medicaid medical director with the Wyoming Department of Health. He is credited by many for ensuring Wyoming practitioners can get a full reimbursement at Medicaid rates for Medicaid patients.

Bush knows well that reimbursement for private pay insurance is the next frontier, but in the meantime, he’s worked to cover a few bases and clear the way for more innovation in Wyoming medicine.

“We’ve gotten the technology taken care of, Medicare payments and now we have standards, too,” he says.

Those standards he refers to were adopted by the Wyoming Healthcare Licensing Boards, creating a uniform policy for the use of telehealth technologies. The creation of the Wyoming Telehealth Network at UW also is a valuable resource for physicians beyond the free-to-them Zoom licenses.

“There are lots of resources on our site for physicians, patients and clinicians,” program director Jenkins explains.

While insurance companies are hesitant to adopt telehealth as a means to serve patients by reimbursing physicians for their expertise, even delivered digitally, there’s a lot to be said for the impact telemedicine has on patient care.

Both 307 Health and Stitches patients report loving the ease of the service and access.

“Ninety-three percent of patients and providers report being very satisfied with telehealth (experiences),” Jenkins concurs. “That’s really high.”

For Bush, just as it is for the Surdams, Tracy and Bartholomew, the difference for patients is huge.

“Bundling up a nursing home patient to take them to the ER across town is not only unnecessary (with telehealth) but extremely disruptive to the patient and costly,” Bush explains. “But nursing homes and large hospitals are reluctant to accept telemedicine.”

Reimbursement remains a large concern for small-town physicians in rural Wyoming communities as well as for specialists in city centers here. Surdam is certain that the pathway to better use of ER services can begin with telemedicine.

“I’ve worked as an ER physician,” he says, “and I’ve seen the misuse because patients don’t make the distinction,” he says. “But they could start with a telemedicine visit. And studies support that – telemedicine keeps people out of ERs.”

Between cost savings and patient relationships lies reimbursement. It’s not a problem lost on any Wyoming physician, least of all Bush.

“Telehealth means lower costs, patients and doctors know each other, and it really strengthens the bond with primary care physicians,” Bush says. “That’s important here.”

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DAVID WHEELER, MD
Casper, WY