WYOMING Medicine

AI Advancements in Healthcare

Physicians use tech to save time,improve patient care

PAGE 18

Too Young to be Diagnosed

Aaron Booker Firefighter Cancer Screening Act highlights prevalence of early cancer in firefighters

PAGE 6

Dr. Monica Bertagnolli

National Institutes of Health director embraces Wyoming roots, focuses on rural medicine

PAGE 10

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ABOUT THE COVER

In the spirit of embracing technology, the cover image for this issue of Wyoming Medicine is AI-generated and human-edited.

Contents

Harnessing the Power of Technology

BY SPENCER WESTON, MD, FAAFP

When you think of Wyoming, technology is probably not the first thing that comes to mind. However, in today's rapidly advancing world, technology is deeply woven into the fabric of our daily lives, even on the high plains. Its impacts are far-reaching, touching nearly every sector, and Wyoming healthcare is no exception. While the use of technology in urban areas is widely recognized, we often overlook its potential in rural medicine. However, there is a growing community of healthcare professionals in Wyoming who are passionate about practicing medicine in rural areas and harnessing technology's power to bridge the healthcare access gap. The feature article in this issue of Wyoming Medicine explores the ways rural healthcare providers are using technology to increase their connection with patients and amplify the quality of care provided.

> Rural medicine attracts a special breed of healthcare professionals who possess a deep passion for helping underserved communities, especially here in the Cowboy State.

Passion for rural medicine

Rural medicine attracts a special breed of healthcare professionals who possess a deep passion for helping underserved communities, especially here in the Cowboy State. Often involving a broader scope of practice, which requires physicians to be versatile, adaptable, and resourceful, rural healthcare attracts doctors who are seeking to make a genuine difference in the lives of small-town patients. Rural medicine may not be for every practitioner, but with the help of technology we can try to ensure that rural healthcare is for all patients in need.

Challenges in rural healthcare

In rural areas, there is no shortage of challenges facing both patients and providers. One of the most significant patient disparities is the limited access to specialized medical care. Rural areas often lack the infrastructure to support comprehensive healthcare services, leading to long travel distances for patients seeking specialized treatment, with the scarcity of primary healthcare providers further exacerbating the issue. Without funding from larger healthcare systems, practices are often under utilizing available advanced technologies. All of these challenges result in limitations on care available to patients, longer wait times and ultimately compromised patient outcomes. Wyoming has an opportunity to use technology to do better by our patients.

> The idea of telemedicine produced a sizable amount of skepticism from both doctors and patients, but during the pandemic its use became regular practice for many, completely revolutionizing healthcare.

The role of technology

Before the COVID-19 pandemic, the idea of telemedicine produced a sizable amount of skepticism from both doctors and patients, but during the pandemic its use became regular practice for many, completely revolutionizing healthcare. Telemedicine allows healthcare providers to remotely diagnose and treat patients, eliminating the need for long-distance travel, proving particularly beneficial in areas where access to specialists is limited. Virtually overnight, many Wyoming patients were receiving expert medical care with the use of video consultations, portable medical devices, and upgraded electronic health records (EHR)s without ever leaving their communities, all while local healthcare providers were able to collaborate and seek guidance from specialists, improving the quality of care provided in even the most rural areas of our state.

Doctors and patients weren't the only ones excited about the possibilities for increasing healthcare access in rural

Wyoming; we also saw a number of community organizations make it their mission to help expand access via tech. Wyoming Frontier Information (WYFI) began providing no-cost, HIPAA-compliant Zoom accounts to any physician practicing in Wyoming and the Wyoming Institute for Disabilities (WIND) partnered with several libraries on the placement of telehealth booths with computers and remote patient monitoring devices for patient use. The Wyoming Medical Society has consistently worked to ensure that our members and their patients have access to these important programs.

Preservation of quality care

The WMS Board of Trustees and Wyoming Leaders in Medicine alumni held a retreat in Saratoga over the summer. During leadership sessions, there were several discussions about the use of telemedicine in individual practices amongst attendees. One of the key takeaways from these conversations was that while technology offers immense potential in rural medicine, it is crucial to find a balance in its use to preserve the human side of care and maintain the quality of care expected by our patients. I've practiced medicine in a small town long enough to realize the importance of personal connections with patients, but technology can and should be used as a tool to enhance these connections, rather than replace them. Our patients must still feel valued, heard, and cared for, even in the virtual realm.

Passion for rural medicine and the use of technology are not mutually exclusive concepts. By harnessing the power of technology, its integration in rural healthcare has the potential to completely change Wyoming's healthcare landscape. By keeping an open mind, staying informed and continuing to try new ways to connect with and monitor our patients, we can change lives for the better and make a lasting impact on the lives of our patients.

At Great Risk

Too Young to be Diagnosed

Aaron Booker Firefighter Cancer Screening Act highlights prevalence of early cancer in firefighters

BY ELIZABETH SAMPSON

Cheyenne Fire Rescue firefighters Aaron Booker and TJ Haws extinguish a vehicle fire at the Cheyenne Fire Rescue training facility COURTESY OF THE CITY OF CHEYENNE

As a young fireman, Kevin Reddy was supposed to receive a prostate cancer screening as part of an annual physical, but his screening doctor refused, saying there was no reason to examine anyone under the age of 35 for prostate cancer.

Luckily, Reddy did not have cancer, but he now knows firefighters face constant exposure to chemicals that lead to cancer diagnoses earlier than the rest of the population. Working to make sure no other firefighter is refused a cancer screening, Reddy, who is president of Federated Firefighters of Wyoming and a Cheyenne firefighting veteran with more than 20 years of experience, testified before the Wyoming Legislature on behalf of the Aaron Booker Firefighter Cancer Screening Act.

The act, which was sponsored by Rep. Landon Brown, R-Cheyenne, ensures no other firefighter misses out on what could potentially be a lifesaving cancer screening. After going into effect July 1, any employed or volunteer firefighter in Wyoming with at least 10 years of experience can have cancer screening tests covered by the state's workers' compensation fund. Firefighters are eligible for the screenings 10 full years after retirement as well.

"The medical providers who deal with these patients can rest assured that their bills are going to get paid, especially if they have any indication that there may be some level of cancer anywhere in these individuals' bodies," Brown said. "The state of Wyoming has billions of dollars in our state workers' comp account, and that is where the claims will be paid from. That was a big portion of why I developed this law the way I did – to ensure that the bills will be paid. There is zero concern about that. We want these providers to know they have every tool and every resource available to them to save these people's lives earlier and earlier and reduce the cost of expensive treatment for late diagnoses and late treatment plans."

Brown also wanted to make sure doctors and their patients are not hindered by yearly testing time limitations, meaning if a test is medically indicated, it will be covered by workers' compensation. He said that was important to include in the act because of the experience his friend Aaron Booker went through.

Booker was a Cheyenne firefighter who died from job-related colon cancer at the age of 47 in 2023. Brown met him at church on the day Booker had been diagnosed with stage IV colon cancer.

Brown noted his friend had a colonoscopy early in the year where polyps were removed, but when symptoms continued he had to fight against the notion that a young man is not a likely candidate for colon cancer – and thereby did not qualify for a second colonoscopy in a single calendar year. When he did finally get a second colonoscopy, his doctors found another

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At Great Risk

polyp and realized his cancer had spread.

"He had gone through the rigmarole of being too young to be diagnosed in most medicinal processes with colon cancer," Brown said. "Once they found that polyp and realized his cancer had spread, it was already too late."

During one of Booker's last days, Brown was sitting with him out on his porch.

"He told me, 'Do me a favor, and make sure that this never happens to anyone else," Brown said.

That's when Brown got to work pushing for legislation that would help protect the firefighters who protect others. In 2017, former governor Matt Mead signed into law the presumptive disability for firefighters bill. The bill guaranteed that if a firefighter gets one of a specific list of diseases or conditions, it is presumed it was caused by his work. Brown expanded on that language to ensure these conditions can be caught early and treated effectively, thereby saving money and lives and making sure firefighters can return to the workforce.

He said the legislation received incredible support in both houses of the legislature. It passed out of the house with a 62-0 vote in favor of the bill and passed through the senate with 28 ayes, 2 excused and only one nay.

"It was the most amazing thing I've ever experienced," Brown said. "For me being as polarizing of a figure as I have been in the legislature, I've never had a bill pass out of the house with a 60-plus vote majority."

Firefighters face cancer earlier and more frequently than the general population

According to Reddy, cancer is the leading cause of line-of-duty death across the world for firefighters. Colon, bladder, testicular, ovarian and various skin cancers are common in firefighters, as are brain, lung, throat and esophageal cancer.

"The list is quite extensive—it's pretty wide open," Reddy said. "Just the occupation of firefighters is considered a class 1 carcinogen," Reddy said. Today's firefighters are exposed to many more petroleum-based chemicals than previous generations face. While in the past building and furnishings were made mostly of natural materials like wood, cotton and wool, now many items are made with synthetic materials and then are laced with flame retardant chemicals which become highly toxic once they eventually start to burn.

"Everything you can imagine is filled with petroleum-based chemicals, and to keep the volatility of these petroleum products from starting on fire, they lace them with more chemicals in the flame retardants," Reddy said. "All of these combined, once they start on fire, form this toxic soup that firefighters are exposed to when they go into these superheated environments."

The extreme heat makes their pores open up trying to cool them down, which makes the firefighters even more susceptible to absorbing the chemicals into their bodies. Even their protective gear absorbs the toxic chemicals during a fire and may continue to off-gas chemicals for several days after a fire, Reddy indicated.

Paul Juergens, Wyoming state director of the Firefighter Cancer Support Network, said that in the last year, he has heard of three Wyoming firefighters who died from cancer. He said firefighters are nine percent more likely than the general population to get cancer, and have a 14 percent higher mortality rate. Additionally, they are 129 percent more likely than the average person to get mesothelioma, 102 percent more likely to get testicular cancer and 62 percent higher than average to get esophageal cancer. He said a recent study of women firefighters in San Fransisco – a department with the nation's highest percentage of women on their force – showed they had a breast cancer rate six times higher than the national average.

Juergens said while the pool of women studied was a small sample of 300, it's still a frightening statistic.

He knows doctors probably don't see firefighters every day in their practice, and they often come in appearing to be healthy and fit. But that can be deceptive.

"It's easy to say, 'I see him running down at the park or at the gym working out, so he's healthy,'" Juergens said. "But that same person has a high risk of cancer. Almost be a hypochondriac in a way. If they have something weird, dig a little deeper." Knowing that the Aaron Booker Firefighter Cancer Screening Act covers the cost of any testing, Juergens hopes doctors lean in to additional testing if something seems off.

While fire departments are now encouraging their employees to quickly shower off when they return from a fire, and then making an effort to wash down their gear and their trucks as well, they are still facing health threats each time they go to work. Juergens explained that beyond the carcinogens they face from smoke and burning chemicals, they face additional risk that means their cancer risk goes up.

"Firefighters don't get good sleep – we don't get that REM sleep so we don't get a chance for our body to boost our immune system, and the stress that comes with our job," Juergens said. "These three factors compound and give firefighters a greater cancer risk."

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NIH Director

Dr. Monica Bertagnolli

National Institutes of Health director embraces Wyoming roots, focuses on rural medicine

BY GAYLE M. IRWIN

NIH Director Dr. Monica Bertagnolli addresses the audience at the NIH Town Hall on December 19, 2023.
PHOTO BY CHIA-CHI CHARLIE CHANG/NIH

Monica Bertagnolli, MD, director of the National Institutes of Health, remains rooted in Wyoming personally and professionally. She returns to the Cowboy State for visits and also seeks to improve medical information and access in rural areas.

"I grew up on the western slope of the Wind River Range – that's where the ranch is," Dr. Bertagnolli said. "It's 98 miles to Rock Springs – that's where I went to school – [and] I understand what it's like to be 100 miles from the doctor's office."

> "I grew up on the western slope of the Wind River Range... I understand what it's like to be 100 miles from the doctor's office."

She was bucked off a horse as a child and broke her arm. A full day passed before she went to a medical clinic in Rock Springs.

That difficult access to medical services and the life and career of an uncle who worked in family practice were two motivators for Dr. Bertagnolli's decision to become a physician and to focus on helping people living in rural areas.

"He was the VA doctor," Dr. Bertagnolli said of her uncle, Pierre Carricaburu, MD. "He used to care for veterans over the whole state ... and did a lot of work on the reservation, taking care of the Shoshone and Arapahoe veterans. He was a big inspiration to me when I was a kid. He was the first one in my family to go to medical school, and I so admired how he took care of people."

She said she was always interested in math and science and really wanted to help people.

"The best way to use science and help people is to go into medicine," Dr. Bertagnolli said. "There were so many directions I could go. It's a very broad field, and I could find my place there."

She discovered a strong interest in research and immunology while attending the University of Utah medical school. However, her direction changed course her senior year.

"One day I walked into an operating room ... and just felt that I belonged there," she said.

She moved to Boston and served as a surgeon but also had a research laboratory. She specialized in cancer surgery and was "heavily involved in research," including clinical research.

"I didn't want to only be a mouse doctor, I wanted to be a person doctor," Dr. Bertagnolli stated.

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NIH Director

She spent more than 35 years in the fields of surgery and research, including running a large clinical group that focused studies in rural and remote areas, including Billings. That is the type of work she deeply enjoys, she said.

Nominated by President Joe Biden to oversee the National Institutes of Health (NIH) in May 2023, the U.S. Senate confirmed Dr. Bertagnolli last November. She is the first surgeon and only the second woman to hold this position.

> "We can do a tremendous amount of what people really need and that's what we're going to do."

According to Dr. Bertagnolli, NIH is the largest supporter of biomedical research in the world and has a $47-plus billion-dollar budget, allowing the organization to help find answers to society's biggest medical issues.

"It's just a delight to be in this job," Dr. Bertagnolli said. "It's such an honor and a privilege to be in that environment. We can do a tremendous amount of what people really need and that's what we're going to do."

She previously served as the director of the National Cancer Institute (NCI), an organization within NIH. The NCI research studies the causes of cancer, and also develops effective treatments and possible cures. She said steady progress has been made, and survival of different cancer types, such as breast cancer, has vastly improved.

"The death rate from breast cancer has decreased tremendously even though the incidence is going up," she said.

A breast cancer survivor, Dr. Bertagnolli understands the necessity for such research and treatment advances.

"My prognosis is excellent," she said. "That wasn't true a number of years ago, and it's getting better and better every day."

Another important NIH research program is exploring new gene therapies which will be used to move closer to a cure for rare diseases such as sickle cell and hemophilia.

"It's really going to take the National Institutes of Health to tackle these diseases because they're not something the pharmaceutical companies are going to naturally gravitate toward – even though they help – because so many of the diseases that can be treated with gene therapies are rare," she said.

NIH Director Dr. Bertagnolli, right, recently assisted Stephanie Goff, MD, a senior research physician at the National Cancer Institute, with a surgery at the NIH Clinical Center. The operation was a tumor resection, which is part of this clinical trial's protocol to test the effect of using combo immunotherapy drugs in a patient with metastatic melanoma. This wasn't the first time that Dr. Bertagnolli and Dr. Goff have scrubbed in together. When Dr. Bertagnolli was a surgeon at Brigham and Women's Hospital, Dr. Goff was a fellow in surgical oncology. PHOTO BY CHIA-CHI CHARLIE CHANG/NIH

New project for rural communities

A $30 million project was recently announced and ties back to Dr. Bertagnolli's desire to help rural communities. Called Communities Advancing Research Equity (CARE) for Health, the pilot program seeks to integrate clinical research with community-based primary care in order to improve access to such research to medical providers in underrepresented and underserved communities.

"We have to learn two things: what do rural communities need? And how do we make it possible for those communities to contribute to our learning?" Dr. Bertagnolli explained. "We have to know what kind of resources we need to bring and what kind of research is relevant to them."

The point is not telling people what they need, but instead, listening to them and learning what they need.

"We're big, we're the whole NIH," she said, "so we're going to have some programs that will help us deliver, or learn how to deliver, what [those communities] need. We need to get people access to research that will benefit them. And even if we think we know what might benefit different communities, we won't succeed without going into communities, asking what

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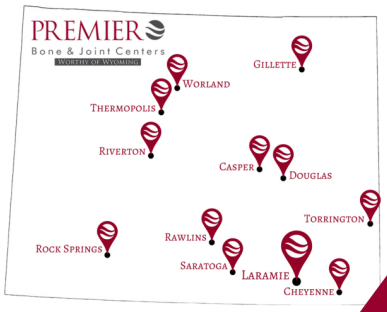

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NIH Director

Dr. Bertagnolli on her family's ranch in Wyoming. PHOTO COURTESY OF DR. BERTAGNOLLI

[they] need and then inviting [them] to participate in research programs that we have that are of the community's choice."

The CARE pilot program covers 2024 and 2025. As of July 2024, no announcement had been made as to how many communities will participate or the locations. Dr. Bertagnolli said she hopes some in Wyoming will be part of the study.

She returned to her home state this summer, spending time at the family ranch and visiting Fort Washakie, where she learned more about a substance abuse program at the Warm Valley Health Care clinic.

"They are bringing the Native culture into helping people recover and helping people live a full, complete, and healthy life, and they've had some great success so far," Dr. Bertagnolli said. "It's heartwarming to see. And it was also heartwarming to see a community so absolutely dedicated to the well-being of its people."

A partnership between the clinic and NIH may develop.

"I got great feedback from the Warm Valley clinic that they were willing to bring a lot to any partnership we could develop there, and that's exactly what we're looking for," she said, adding that partnerships are crucial to NIH projects.

She and her NIH team look forward to implementing the CARE program, Dr. Bertagnolli said.

"This is a very ambitious program [but] I can tell you, everyone at NIH is so excited," she said. "They care so much about people and about doing what's right for people. They're very excited about understanding and addressing the needs of rural Wyoming, rural Alabama, rural Maine, and rural Alaska – to name a few locations already engaged.

Projects like CARE for Health bring her back to her rural roots.

"A lot of our [medical] research is done at big, academic medical centers. I want to see it reach rural America … and we can do that," she said. "That's one of my biggest priorities. We need our research to learn from the wonderful environment of Wyoming so that we learn better how to serve people in all rural communities. And, most of all, we want to help everyone in Wyoming live long and healthy lives."

She added, "I mean it seriously – we really need to serve every community, and we've got a lot of learning to do to know how to deliver what people really need."

From Wyoming to Washington, D.C., Dr. Bertagnolli remains focused on helping rural communities from Acadia to Alaska and all areas in between.

Dr. Bertagnolli became NIH Director on November 9, 2023. PHOTO COURTESY OF THE NIH

"I deeply care for communities like we see in Wyoming where it's a long way to a doctor or a long way to a specialist," she said. "My guiding principle when I became NIH director was this: our work at NIH is not done when we deliver new discoveries; our work is only done when all people are living long and healthy lives."

She maintains a Wyoming physician's license.

"I am a Wyoming girl still [and] I am proud, proud, proud to be from Wyoming," she said. "I bring my Wyoming heritage to everything I do."

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Residency Faculty

Dr. Tina Stanco

Recent geriatric fellowship graduate and former Navy corpsman accepts role as Casper residency faculty member

BY GAYLE M. IRWIN

PHOTOS COURTESY OF DR. TINA STANCO

Dr. Tina Stanco celebrates her geriatric fellowship graduation with her brothers, father, and husband.

Tina Stanco, MD, spent more than two decades in the military striving toward her dream career – to become a doctor. In July she completed her geriatric fellowship at the University of Wyoming Family Medicine Residency Program in Casper and this fall she will serve as a new faculty member for the program.

Dr. Stanco began her Casper residency in 2020, after completing a rotation in Wyoming five months before. She selected the state's residency program as her first choice after that month-long stay in Wyoming.

"I absolutely fell in love with the program and family medicine," she said. "I fell in love with the state and people in Casper as well. It was an 'aha moment' for me."

She wanted to pursue rural family medicine.

"I thought I was going to be a full-spectrum, rural medicine doc, which was the original dream when I started, but ... my husband, unfortunately, had to have some medical stenting, and that kind of changed how rural I thought we could be," Dr. Stanco said.

A new opportunity arose – the geriatric fellowship program. She applied and was accepted.

"They [program leaders and faculty] will probably say they knew I was a geriatrician before I knew I was a geriatrician, and they are probably right," she said. "It's the best decision I ever made. It's the exact right population for me, and I couldn't be happier."

Her rotations focused on older adults in Casper and Laramie as well as out-of-state. She spent time at the Alzheimer's Institute in Arizona and at a palliative care center in Salt Lake City.

"I've had the opportunity to get exposure to things that we don't necessarily have in town," she said. "That's a great thing to bring back to offer our population here."

Dr. Stanco credits the program faculty with "helping me grow into a geriatrician that I want to be."

She added, "I think I connected here for the same reasons I connected with residency – I very much like the population [and] the faculty that I have the amazing opportunity to work with."

Originally from New Jersey, Dr. Stanco entered military service to help pursue her dream of becoming a doctor and to ensure medicine was the right career path.

"The only thing I wanted to do in the military was be a hospital corpsman," she said. "I wanted to make sure that's where I really wanted to be."

She spent 21 years as a hospital corpsman in the Navy. She learned vital lessons as she served aboard the USS Enterprise, was deployed twice, and spent time in various foreign ports. Three of those lessons were; take advantage of every opportunity to learn, teamwork, and leadership. However, one lesson eclipsed all others.

"To be forever grateful and thankful for the opportunities that I had because lots of folks I met through my travels had much less opportunity in the world than I did," she said.

She spent nine months in Sierra Leone and time in Zambia. Both countries were "eye-opening," she said.

"Those were truly opportunities to know just how incredibly blessed and lucky I am to have all that I did have," Dr. Stanco said. "It was incredible to see the lack of facilities in those countries while I was there. Unfortunately, folks not having the services they need for things that we would consider very basic in a healthcare setting."

While serving aboard ship, she assisted her fellow sailors.

"I got to see the differences in coordinating care for our service members when there were instances," she said. "That gave me a good look at some of the different experiences that people have trying to coordinate care back at stateside facilities, because they didn't have some of the specialties we needed when we were overseas."

Those experiences led her to consider rural medicine in the United States.

"I think that may have given me a better understanding of rural medicine here in the states because you have to do a lot of the coordination of care – you don't have every subspecialty that you need everywhere that you go," Dr. Stanco said.

She received her bachelor's and master's degrees while on active duty, and she retired as a senior chief petty officer. Also while serving, she met her husband, a retired British Army official. The pair enjoy residing in Wyoming after having lived throughout the world.

"We're both very outdoorsy," Dr. Stanco said. "We love hiking, we both love fishing – we're figuring out the flyfishing thing. Mostly we enjoy being in nature."

After retiring from the Navy, Dr. Stanco continued to pursue her dream. She attended medical school on the island of St. Vincent in the Caribbean, at St. James School of Medicine. She described that experience as "incredibly formative" in shaping her career.

"I was a very non-traditional student," she said. "The island was beautiful, the people were fantastic! I very much enjoyed my time there."

She conducted her clinicals primarily in Chicago, at which point she knew the big city was not the place for her. Visiting Wyoming and experiencing a smaller, rural area with warm and welcoming faculty and residents drew her to apply for the University of Wyoming Family Medicine Residency Program in Casper. After acceptance, one of the physicians she met was Michael Jording, MD, a family practice physician in Newcastle, who serves as a guest attending physician at the Casper residency program.

"I've known him for a few years now," Dr. Stanco said. "I've had interactions with him both as a resident and as a fellow. He's just a fantastic teacher, very patient, always helping you to think and to grow. He brings different insight and experiences."

Dr. Stanco and her husband, Mark Gurney, on Laramie Peak.

Dr. Jording expressed admiration for her as well.

"I had opportunity to visit with Dr. Stanco when she was interned and the last two years of the family medicine residency. She would present patients to me and I would judge her abilities. She was always very strong in knowledge, and I thought her care plans were well developed and showed a lot of insight," he said.

Dr. Jording has served as a guest attending physician at the Casper program for 30 years. He travels from Newcastle once a month. He said he considered her above average in skill and knowledge, that she was mature and stood out from the rest of the residents. He attributes all that to her time as a corpsman in the military.

"She developed a great skill ... and a great knowledge base for medicine. Her experience in the military gave her a wonderful foundation for family medicine," Dr. Jording said.

As she steps into her new role as faculty member at the Casper residency program, Dr. Stanco said she feels grateful for all of her experiences and for this new opportunity.

"It was always my dream to be a doctor. I could not be more grateful and thankful for this opportunity ... it's been just the right fit," she said. "Geriatrics is awesome, and the perfect fit for me. I love the population and I love to serve the underserved."

Dr. Stanco offered encouraging words for those who also dream about their future.

"You're never too old [to learn]," she said. "Never give up on your dream."

Tools of the Trade

AI Advancements in Healthcare

Physicians are using technology for everything from improving patient care to helping with menial tasks

BY ILENE OLSON

Michael Hill, MD, poses with the Da Vinci robotic surgery unit that was recently acquired by the North Big Horn Hospital in Lovell. Dr. Hill, now a surgeon at the Lovell hospital, began performing robotic surgery in Billings, Montana, in 2017.
COURTESY NORTH BIG HORN HOSPITAL

Artificial intelligence and other technological advances are changing the world around us, while expanding the possibilities we see and expect.

Technological innovations in the medical field are prime examples of those changes and advancements, enhancing physicians' ability to care for their patients and improving patient outcomes. Many of those advancements aim at reducing the administrative burden in hospitals and clinics, while others improve practitioners' ability to diagnose and treat their patients.

The American Medical Association uses different wording and visualization for AI.

"We talk about augmented intelligence versus artificial intelligence," said Margaret Lozovatsky, MD, the AMA's new vice president of digital health innovations, during an AMA podcast interview with Todd Unger, AMA chief experience officer on Feb. 6.

"What we need to understand is that the technology is not going to diagnose the patient," Lozovatsky continued. "The technology is going to help us in our day-to-day work to be able to do what we love, which is practice medicine."

Lozovatsky, a pediatrician who also has a computer science degree, said cross-training in both of those fields provides a unique perspective that has allowed her to serve as a liaison between technology teams and clinicians.

"Having that physician voice in how the technology is implemented is absolutely critical," she said.

She noted that the AMA promoted a playbook for telehealth years ago.

"Now, of course, telehealth has evolved to really move into the entire digital health spectrum," she said.

Mobile clinics use telehealth

Cheyenne's HealthWorks utilizes telehealth technology routinely to take medical care to all three of the city's junior high schools, Alta Head Start, the senior center, the Boys & Girls Club, and more.

"Our mobile clinics can go to where the people are," Monica Jennings Woodard, operations director for HealthWorks said in August. "We were the provider for the Senior Olympics [and] Pride Weekend downtown."

Through its mobile clinics and technology, HealthWorks offers every service that is available at its main clinic. That is achieved through iPads, laptops, and phones in the mobile

Monica Jennings Woodard, operations director for Healthworks in Cheyenne, stands near mobile clinics used to provide medical services to the Cheyenne community. PHOTO BY ILENE OLSON

units. "We can use that to be able to communicate with our team here," she said. "If we need to communicate with each other about non-patient issues, we can use Microsoft Teams to talk to each other."

Each mobile unit has lab equipment, a printer and everything else needed to care for patients. The mobile clinics also are wheelchair accessible, she said.

If a student needs to be seen and has a consent form, providers in the mobile clinics can care for the child and include the child's parents at work or home in the visit through a secure HIPAA-compliant telehealth program, Jennings Woodard said.

"We meet you where you are," she said.

Augmented intelligence in medicine

As augmented intelligence becomes more advanced and available, Dr. Lozovatsky said she envisions it being instrumental in synthesizing and bringing data to physicians, which would allow them to spend more time face-to-face with their patients and less time staring at a computer.

Donald Kirk, MD, of Star Valley Health, uses a note-taking program, Dragon Ambient eXperience, or DAX Copilot, for that reason.

Dragon, a well-known voice-recognition program, was acquired by Microsoft from Nuance in 2022.

Before that, DAX recordings were listened to by Nuance employees, who cleaned up the information and put it into notes within 24 hours, Dr. Kirk said in a July interview.

"DAX ... no longer has a human element," he said. "It populates a note pretty much when I'm done."

Dr. Kirk and two other physicians at Star Valley Health began using DAX in June. He said he finds it helpful, even though he must read through and correct every note the program constructs.

The other two doctors, who are family medicine providers, decided not to continue with the notetaker program for now because it is easier for them to use their templates. Those are generally sufficient and faster than using DAX and editing the notes afterward.

Dr. Kirk, who also serves as Chief Medical Officer for Star Valley Health, said he finds it helpful, and, "I'm more invested in trying to make this successful for this institution. I'm more interested in the future and happy to deal with some of the shortcomings at this time. It's definitely made a difference for me."

Human scribes can be helpful, but it takes three to six months to fully train them. And after six months, they're often considering other career options, he said.

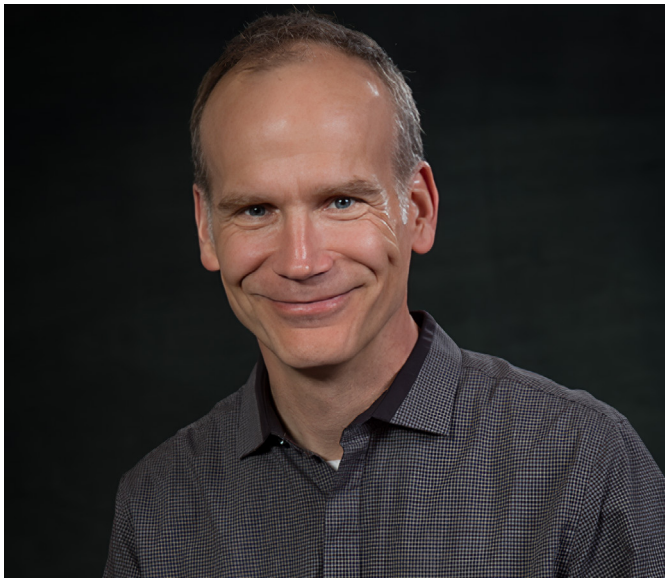
"There aren't a lot of people in high school going, 'Hey, I think I want to be a scribe for the rest of my life," he said.

"Humans get sick, need or want time off," he said. While those absences are usually appropriate and to be expected, they are also inconvenient.

Another option is using virtual scribes, "where you're outsourced most of the time to folks overseas where they're listening in, and there have been issues with that," Dr. Kirk added.

A look at the exam room space inside a HealthWorks mobile clinic. PHOTO BY ILENE OLSON

Tools of the Trade



Donald Kirk, MD, has used the Dragon Ambient eXperience (DAX) note-taking program since June. PHOTO COURTESY OF STAR VALLEY HEALTH

"Basically, DAX is an artificial intelligence scribe that doesn't want time off, and it isn't looking for career advancement" he said.

"As long as it's recording the information, I can parse it out later. I feel like I can spend more time with the patient and less time charting," he said. "I've figured out how to utilize what it can give me and not worry about some of the other issues. ... That said, it's making a lot of mistakes right now."

For instance, when a patient was constipated, Dr. Kirk recommended using a colonoscopy bowel prep to relieve the constipation.

"DAX said I ordered a colonoscopy. I didn't — just the bowel prep. If I don't read it [the note transcribed by DAX], if I don't look through it, it will have mistakes like that."

Despite the need to read through and correct the notes, "it still helps me speed things up," Dr. Kirk said.

Before he begins notetaking with DAX, Dr. Kirk talks to his patients about the program and asks their permission to record their visit. He has developed an information sheet about the program that his staff gives to his patients before he sees them. In the rare cases when a patient declines, he takes notes himself.

After permission is given, Dr. Kirk opens an app called Haiku and the recording begins, preceded by a prompt to make sure the patient has agreed to being recorded.

When the visit is over, he hits the microphone on the app and it stops recording.

When he's back in his office, Dr. Kirk hits the microphone again and makes any additions needed to the notes.

"Within about 10 seconds, it's got everything in the chart," he said. DAX omits any part of the conversation that is not related to the medical issues discussed during the visit. "It definitely cuts out any unnecessary information," he said.

An addition can be made within two hours, but is not possible to add to the notes after any editing has taken place, he said. "If I do any editing, you're done."

Dr. Kirk said DAX is reportedly able to separate the voices of 10 different people in a room. While he has never had that many people in a clinical visit at one time, DAX reliably differentiates between people during medical appointments. For instance, the program will note, "Mom says patient has been throwing up. Patient says he had a headache."

More refinement is needed in the program, Dr. Kirk said.

"One of the issues I've had is it's trying to write a term paper, be a Chat GPT, as compared to a provider who does clinic notes," he said. "In very rich prose, it said, 'The patient denies eating causes pain. The patient denies drinking soda causes pain.' It went on to say four or five things that the patient denies what causes pain. A provider would say those all together."

A pending update will have an option for bulleted or outlined clinic notes, he said.

Dr. Kirk said that update and other planned upgrades for the DAX software should make the notetaker program more efficient and useful. Among them is a planned reminder function that would prompt providers to follow through on things they discuss with patients. For instance, if a physician said he would order a CBC and a blood chemistry panel in nine months, DAX would remind the provider at that time.

There are cautions to consider, however.

"Can it fail? Yeah. Do you need to be ready for that? Yeah," he said.

For example, one day when Dr. Kirk sat down to finish some notes recorded a couple of weeks earlier, he hit the button to generate a note about a patient with a complex history, and there wasn't anything there.

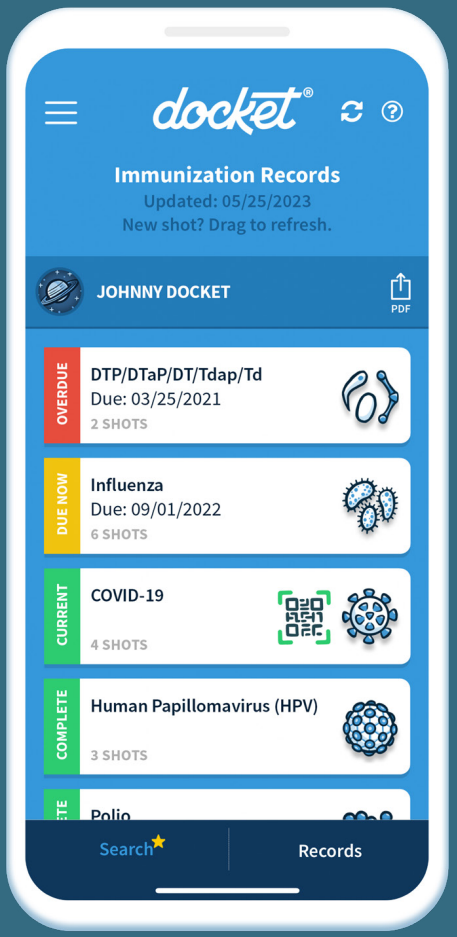
"Thankfully, I remembered it pretty well," he said.

As with any electronic health information, security is imperative.

"One of the initiatives our hospital is working on is being prepared in case of a cyberattack. We have to be ready for so many reasons. From my perspective, with Microsoft being a major player [with DAX], I've got to feel like security would be better than it would be with a smaller player."

According to an August 2023 AMA survey of physicians about

Introducing the Docket application for vaccination records



Use the Docket application on your smartphone to view and download vaccination records for you and your child.

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

Wyoming Department of Health | PUBLIC HEALTH DIVISION | IMMUNIZATION UNIT

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

Tools of the Trade

augmented intelligence and its assistive role in healthcare, only 14 percent of doctors were using AI tools to create discharge instructions, care plans or progress notes at that time.

AMA survey results

In a December 14 press release, the AMA summarized the survey results as follows:

- 41% of physicians were equally excited and concerned about AI in healthcare. Enthusiasm was highest for AI tools that help reduce administrative burdens, including documentation (54%), and prior authorization (48%).
- AI tools were most helpful for enhancing diagnostic ability (72%), workflow efficiency (69%), and clinical outcomes (61%).
- Concern was highest for AI tools that impact the patient-physician relationship (39%) and patient privacy (41%).
- The top attributes required to advance physician adoption of AI tools were data privacy assurances (87%) and not being held liable for AI model errors (87%).
- AI tools were in use by 38% of physicians with the most common uses including creation of discharge instructions, care plans or progress notes (14%); documentation of billing codes, medical charts or visit notes (13%); translation services (11%); and assistive diagnosis (11%).
- Transparency is key for AI tools, with about 80% of physicians indicating they want clear information about key characteristics and features regarding the design, development and deployment of AI tools.

Robotic surgery

One of the biggest technological advances in medicine is the advent of robotic surgery, which allows surgeons easier access to small spaces in a patient's body, reduces post-surgical pain and improves patient outcomes.

Rebecca Deal, MD, a surgeon at Cody Regional Health, said robotic surgery is an advanced form of laparoscopic surgery, with even smaller incisions and greater dexterity. Dr. Deal performs surgery with a Da Vinci robotic surgical system like the ones she used in her residency and at her previous job in Littleton, Colorado.

"The robot can rotate just like a wrist, as opposed to a straight chopstick-like operation as in laparoscopic surgery," she said. It adds full articulation, which allows us to have similar dexterity to our hands while we're inside a patient — and that is huge," Dr. Deal said.

The Da Vinci System has all the tools you would have for laparoscopic surgery — graspers, stapling devices, scissors, needle drivers — "anything you want for any type of case," Dr. Deal said.

In addition, it has a much better camera that allows surgeons to see everything during the surgery in 3D, she said.

Dr. Deal said robotic surgery is especially helpful in repairing hernias, because they are in confined spaces.

"A lot of surgeons struggle to close the fascia in the abdominal wall," she said. "It is difficult to do in laparoscopic surgery. With robotic surgery, you can close the inside of a patient without as much difficulty. It makes us much faster, and patients are on the operating table for less time. It's all done through tiny incisions."

Rebecca Deal, MD, performs robotic surgery on a patient at Cody Regional Health, using a Da Vinci robotic surgery system. The Cody hospital began offering robotic surgery in June. COURTESY OF CODY REGIONAL HEALTH

Dr. Deal said it takes some time to be proficient with robotic surgery, but with experience, it gets much faster.

"I think you need at least 20 cases to really feel comfortable," she said. "You get good, then you get fast. ... I can do a bilateral hernia in 30 minutes."

Surgeons with advanced laparoscopic experience tend to pick up robotic surgery faster, Dr. Deal said.

She cited the example of Thomas Etter, DO, who helped lead

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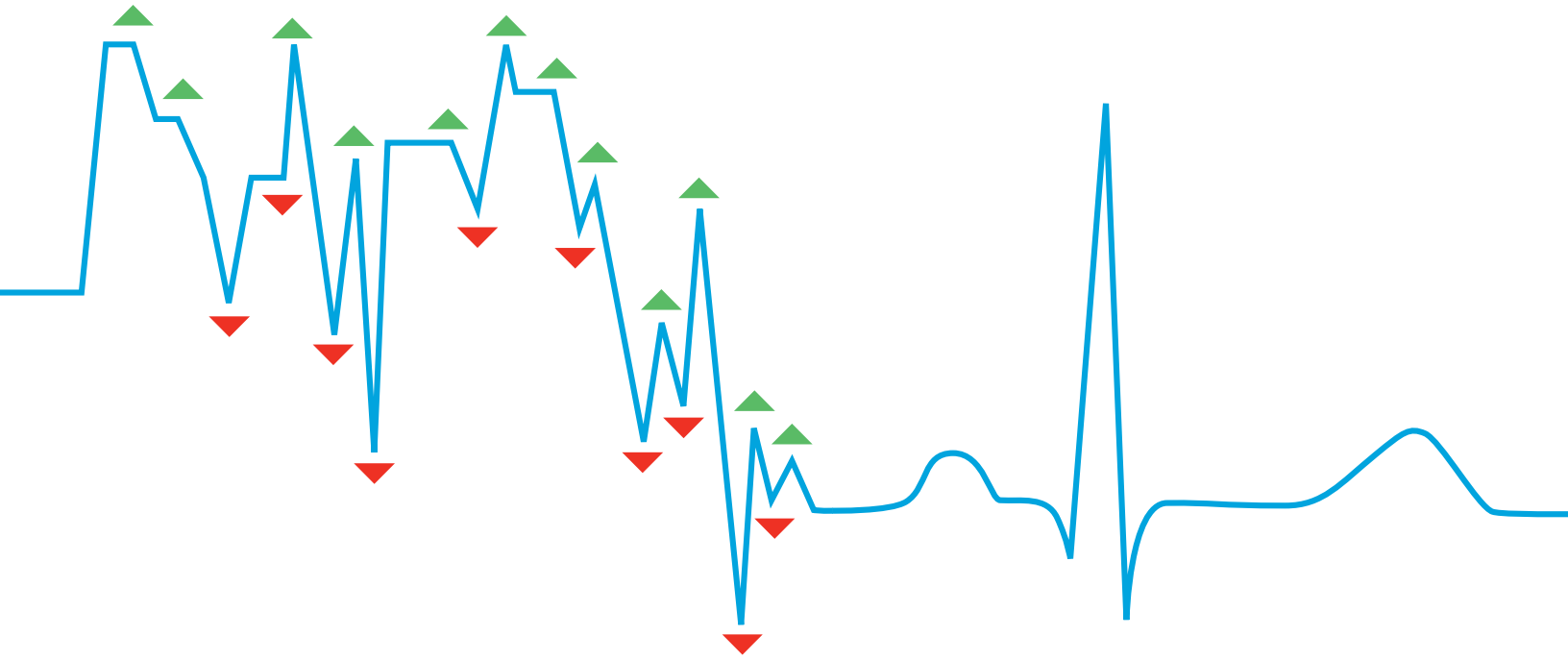

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Tools of the Trade

Rebecca Deal, MD, says performing surgery with a Da Vinci robotic surgical system is a "huge improvement." COURTESY OF CODY REGIONAL HEALTH

the effort to acquire a Da Vinci robotic surgery system for Cody Regional Health.

"He's doing all sorts of advanced stuff," she said. "He had so many years of advanced laparoscopy, he just jumped on it and adopted it."

Forty-five miles away in Lovell, at North Big Horn Hospital (NBHH), Michael Hill, MD, also uses a robotic surgery system. He previously used a Da Vinci robotic surgery system at Billings Clinic in Billings, Montana, beginning in 2017.

Dr. Hill performed traditional laparoscopic surgeries at North Big Horn Hospital on a contract basis, beginning in 2016, while employed at Billings Clinic. He moved to Lovell and began working full time at NBHH in 2022. The recent acquisition of a robotic surgery system there allowed him to perform robotic-assisted surgery at the Lovell hospital.

Dr. Hill said the robotic arm's ability to articulate its movements is a huge improvement over laparoscopic surgery.

"If I have a straight stick going into a patient's abdomen, all the torque of that instrument is going into the patient's abdominal wall," he said. "With robotic-assisted surgery, there is no transference of energy or pressure into the patient's abdominal wall."

That results in less trauma to the patient's tissues, less blood loss, less pain, faster recovery, and shorter hospital stays, he said.

"Normally, after a hernia surgery, a patient goes home with 10 days of prescription-strength medication. Now, they often go home on Tylenol," he said, adding, "The biggest thing for me is the reduced need for prescription-strength pain medications."

Dr. Hill also explained some other advantages of robotic surgery.

"If I'm taking out colon cancer, the thing I'm worried about is the ureter. Will I be able to see where the ureter is, and prevent injuring something you don't want to injure?

The robotic surgery system is designed to work with indocyanine green, or ICG, a chemical dye that the robotic camera picks up, though it can't be seen with the naked eye. It highlights different things in a patient, depending on how and when it is administered. If administered through a catheter, it highlights the ureters; administering it intravenously an hour before surgery makes the bile ducts glow, Dr. Hill said.

"If all that anatomy glows, you can see the anatomy of the bile ducts," he said. "Even before you start dissecting, it will show you where the anatomy is. It protects you from injuring structures."

A surgeon needs to be able to determine exactly where colon cancer ends and healthy tissue begins, ensuring that the remaining tissue is healthy after the cancer is removed, he said.

"You know you put healthy pieces of colon back together. It helps me sleep at night," knowing the risk of anastomotic breakdown has been minimized, he said.

A planned software upgrade to the robotic surgical system will install an AI component that will overlay information from a patient's CT scan into the surgeon's console. The overlay will precisely identify the patient's anatomy and provide other important information for the surgeon, Dr. Hill said.

For example, when a surgeon is removing a cancer from any organ, "it will be able to highlight where the cancer is, so that the surgeon can allow a margin around that cancer," he said.

Both Dr. Hill and Dr. Deal said it is often difficult for patients to wrap their minds around how robotic-assisted surgery works.

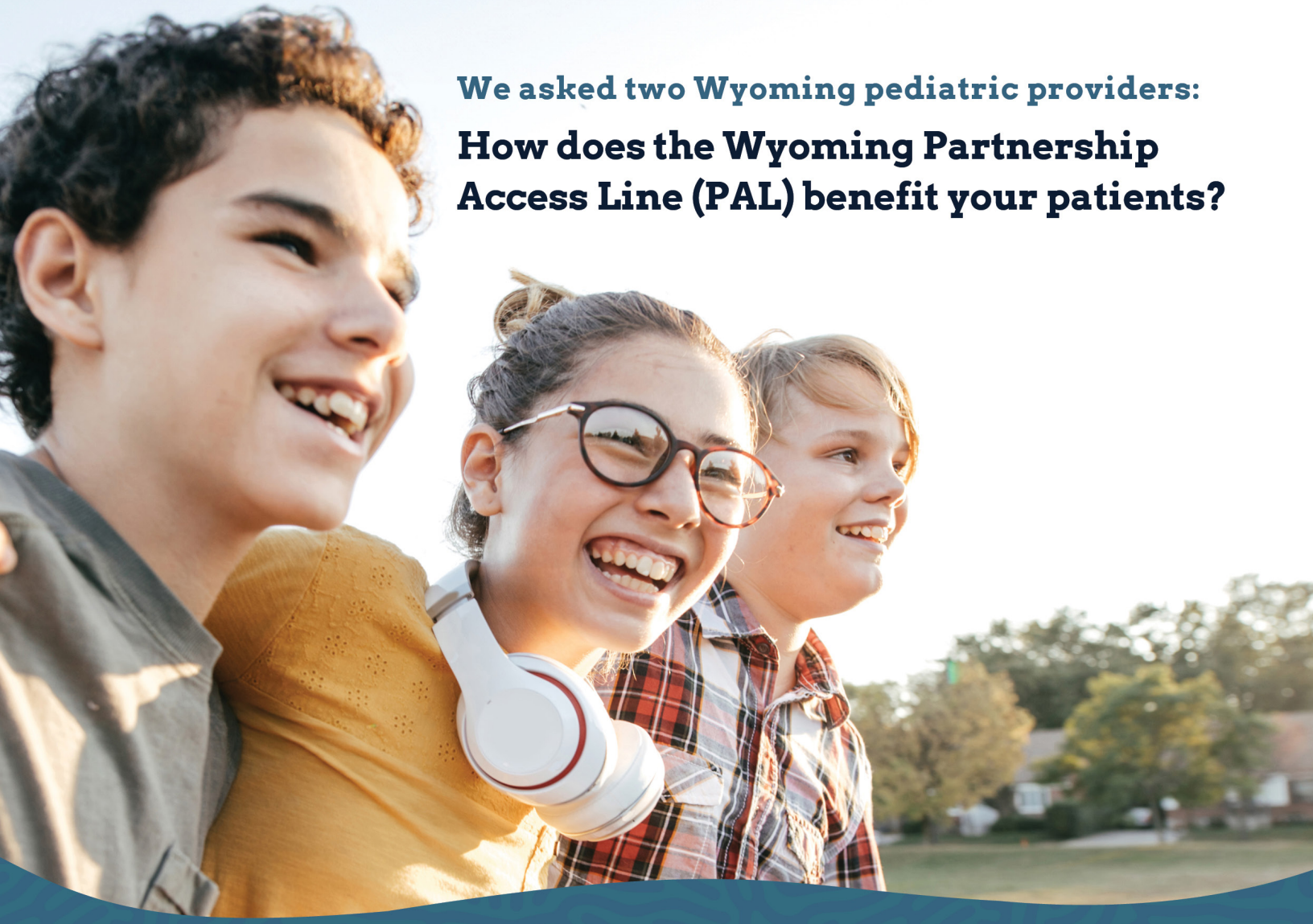
"It's hard for patients to grasp," Dr. Hill said.

When Cody Regional Health introduced its Da Vinci System to the public, an ad campaign named it "Leo." While that was a good attention-grabber, Dr. Deal said it gives some people the impression that the robot is doing the surgery independently. She assures them that's not the case.

"I tell them, 'I am in your room; I am at your bedside. It is only listening to my inputs and my movements.'"

A video showing Cody Regional Health's Da Vinci System can be viewed at https://www.youtube.com/watch?v=_EtAWWX1Tbg/.

The American Medical Association does not endorse any brand of AI technical advances or medical equipment.



We asked two Wyoming pediatric providers:

How does the Wyoming Partnership Access Line (PAL) benefit your patients?

"More than anything, they just provide that second opinion; the support to have confidence that we are doing the right thing in some of these really complicated situations."

—Dr. Andrew Rose, Pediatrician

"They're just another team member to help you discover the right treatment plan, the right diagnosis, and any other questions you might have."

—Megan Willis, DNP, MSN, Psychiatric Nurse Practitioner

Your direct line to a psychiatric consultation for any pediatric patient in Wyoming (ages 0–19), regardless of their insurance status.

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THE WORLD NEEDS MORE COWBOYS.

Blue Cross Blue Shield of Wyoming announces partnership with Virta Health to Revolutionize Diabetes Care Through Technology

In the ever-evolving landscape of healthcare, technology has become a pivotal force in transforming how we diagnose, treat, and manage diseases, so Blue Cross Blue Shield of Wyoming (BCBSWY) is partnering with Virta Health to offer its members an additional resource in their health care journey. Virta Health is the leader in diabetes reversal and sustainable weight loss by harnessing the power of proven nutrition, expert support, and technology to offer members a novel approach to reverse their diabetes and transform their health.

Diabetes is a chronic condition that affects a significant number of patients in the Wyoming healthcare system. According to the American Diabetes Association, approximately 37,935 people in Wyoming have been diagnosed with diabetes, with an additional 12,000 people having the condition without diagnosis.

"We're excited to launch a new initiative to support our members' health care journey," said Lisa Brandes MD, Associate Medical Director and BCBSWY clinical lead for population health. "Living with diabetes isn't easy and involves constant day-to-day maintenance—monitoring blood sugar levels, adhering to a specific diet, and managing medication. The goal of this partnership is to support diabetes reversal and prevention, and to offer our members a solution for a sustainable weight loss journey."

Virta Health is a provider-led, scientifically proven and technology-driven program. Virta's method centers around a personalized nutrition plan that reduces carbohydrate intake, leading to lower blood sugar levels and improved insulin sensitivity. However, the dietary component is just one piece of the puzzle. What truly sets Virta apart is its integration of technology to provide continuous, personalized care.

At the heart of Virta Health's model is its robust digital platform. Their platform employs continuous remote monitoring and support, which are critical for the success of a low carbohydrate diet and overall diabetes management and prevention. Patients are equipped with devices to track their blood glucose and ketone levels, which are automatically uploaded to the platform. This real-time data allows health coaches and medical professionals to provide timely feedback and adjustments to the treatment plan, supporting the local primary care and endocrinologist community.

Using cutting edge technology, Virta leverages artificial intelligence (AI) to analyze the data collected from patients. AI algorithms identify patterns and trends that are not tracked in traditional care settings, allowing for greater proactive interventions. This data-driven approach ensures that patients receive highly personalized care tailored to their unique needs and responses to treatment.

Another key aspect of Virta's technology-driven care model is continuous patient education and support. The digital platform includes a user-friendly mobile app through which patients can communicate with their health coaches, access educational resources, and receive motivational support. This constant interaction helps patients adhere to their program, make informed dietary choices, and stay motivated throughout their health journey.

Dr. Brandes added, "Resources like these can help our members improve their health and augment the local healthcare delivery system with customized solutions. We're looking forward to working with local providers to help their patients get the most out of their insurance benefits."

Virta Health is a great example of how technology can be harnessed to tackle some of the most pressing health challenges of our time. By combining personalized care with advanced technology, Virta not only improves the lives of individuals with diabetes but also sets a new standard for chronic disease management. As technology continues to advance, the healthcare landscape will undoubtedly see more innovations, paving the way for a future where chronic diseases are managed more effectively on a day-to-day basis and create more meaningful conversations with patients as they interact with their local physician community.

For more information at BCBSWY.com/newsroom.

Children's Hospital Colorado

Telehealth Handoffs Help Ensure Smooth Transition of Care

Infants discharged home from a neonatal intensive care unit (NICU) may face elevated risks due to factors such as prematurity, lingering medical issues, dependence on technology and challenges within the family dynamic. These risks can lead to acute emergency department visits and hospital readmissions.

The transition of care from the neonatologist to the primary care provider (PCP) typically relies on written summaries or phone handoffs, but recent surveys reveal pediatricians' dissatisfaction due to incompleteness and lack of critical health details. Traditional methods may fail to convey unique findings and hinder discussions on post-discharge health issues, posing challenges for coordinated care.

Children's Hospital Colorado was among three institutions collaborating on this case study as part of the Supporting Pediatric Research Outcomes Utilizing Telehealth (SPROUT) initiative. The project's objective was to enhance discharge communication and hospital handoffs between neonatologists and PCPs using telehealth. This case series highlights four scenarios illustrating the benefits of this approach.

Case 1: Support for change in care plans after NICU discharge

Telehealth handoff coordination optimized home oxygen for a medically complex infant. Remote adjustments by the PCP, neonatologist and pulmonologist averted readmission and improved oxygen saturation levels. The pulmonologist expedited follow-up and increased oxygen deliveries, ensuring the infant's stability at home.

Case 2: Demonstration of physical findings

Telehealth handoff facilitated communication among the neonatologist, mother, pediatric surgery nurse practitioner (NP) and PCP for an infant with a large omphalocele and post-surgical epithelialization. This ensured a clear understanding of anomaly size, wound status and care instructions for an uncommon diagnosis. The NP provided guidance on when the PCP should contact pediatric surgery for timely intervention.

Case 3: Incorporation of additional subspecialties

A late preterm infant diagnosed with Hurler's disease was treated for mild cardiomyopathy, weaned to low-flow oxygen and discharged from a level 4 NICU. A telehealth handoff including the family clarified unique findings and disease complexities, empowering the PCP to coordinate timely enzyme replacements with insights from the NICU provider and metabolic consultant.

Case 4: Care coordination for remote patients

An infant born in a small rural mountain town was transferred to a level 4 NICU for diaphragmatic repair. A handoff at discharge involving the NICU provider, surgical PA and family helped familiarize a new PCP with the infant's mild tachypnea and clarified home oxygen delivery across state lines. The PA and PCP also discussed using telehealth to prevent an 11-hour drive for surgical follow-up.

Relevance to practice

The study's authors noted that telehealth handoffs are relatively easy to implement. They underscored the need for more research to gather objective data on the provider and caregiver experience, and how this approach can impact safety, health outcomes and quality of care. **Scan to read more about this research:**

Cheyenne Regional Medical Center

Empowering Personalized Care

Advanced Allergy and Autoimmune Diagnostic Tests Available at Cheyenne Regional Medical Center

As the field of medicine continues to evolve, personalized healthcare has emerged as a cornerstone in enhancing patient outcomes and satisfaction. Cheyenne Regional Medical Center (CRMC) is proud to announce the integration of cutting-edge diagnostic tests from Thermo Fisher Scientific to support the accurate diagnosis of allergy and autoimmune diseases, enabling clinicians to tailor treatment plans to individual patient needs.

The introduction of advanced blood tests, including the ImmunoCAP™ Specific IgE whole allergen tests, ImmunoCAP™ Specific IgE allergen component tests and EliA™ tests, represents a significant advancement in the realm of allergy and autoimmune diagnostics. These tests offer fast and precise results, equipping healthcare providers with valuable insights to differentiate between true allergic sensitivities and cross-reactivity, assess the risk of severe reactions such as anaphylaxis, and identify specific triggers that may exacerbate conditions like asthma.

With over 6,000 peer-reviewed publications supporting the efficacy of ImmunoCAP™ Specific IgE blood tests, CRMC now provides patients with access to the most widely used specific IgE blood test available. This comprehensive testing suite aids in identifying sensitivities to a wide array of environmental allergens, seasonal variations, common food allergies, as well as specific allergens from bee stings, pet dander and more.

Moreover, these tests play a crucial role in uncovering potential life-threatening allergies triggered by tick bites, such as red meat allergies.

The availability of EliA™ tests at CRMC further enhances diagnostic capabilities by providing clinicians with clinically relevant information to guide treatment decisions for autoimmune diseases. From connective tissue disorders to autoimmune liver conditions, these tests deliver accurate insights that help in the early detection and management of various autoimmune conditions, including rheumatoid arthritis, celiac disease and vasculitis.

By incorporating these advanced diagnostic tests into its services, CRMC reaffirms its commitment to delivering exceptional patient care tailored to individual needs. Healthcare providers can now refer patients to CRMC with confidence, knowing that they will receive timely and accurate diagnostic assessments that form the foundation for personalized treatment plans designed to optimize patient outcomes and quality of life.

In a rapidly evolving healthcare landscape, the availability of state-of-the-art diagnostic tools at Cheyenne Regional Medical Center underscores its dedication to staying at the forefront of medical advancements and ensuring that patients receive the highest standard of care. For more information on referring patients for advanced allergy and autoimmune diagnostic testing, contact Cheyenne Regional Medical Center today.

Enhancing Your Practice

Nurturing the Mental Health of the Healthcare Workforce

In the fast-paced and demanding field of healthcare, the mental well-being of physicians and their workforce often takes a backseat. However, prioritizing the mental health of healthcare professionals is crucial for not only their well-being, but also for the overall quality of patient care. Together we will explore practical strategies that medical practices can implement to improve the mental health of their workforce, fostering a positive and supportive work environment.

Promote Work-Life Balance

Creating a healthy work-life balance is fundamental to maintaining mental well-being. Physician practices can encourage their workforce to prioritize self-care by implementing policies that promote reasonable working hours, limit overtime, and ensure adequate time off. Encouraging regular breaks, providing flexible scheduling options, and promoting the importance of leisure activities outside of work can go a long way toward preventing burnout and enhancing overall mental resilience.

Foster a Supportive Culture

A supportive and collaborative work culture is vital for the mental well-being of healthcare professionals. Physician practices can cultivate such an environment by promoting open communication, active listening, and empathy within the workplace. Encouraging team-building activities, creating opportunities for peer support and mentorship, and providing forums for discussing stressors and challenges can strengthen the sense of belonging and support among colleagues.

Provide Mental Health Resources

Physician practices should ensure that mental health resources and support are readily available to their workforce. Offering confidential counseling services, employee assistance programs, or access to mental health professionals can assist healthcare professionals in coping with stress, burnout, and other mental health concerns. Regularly sharing information about available resources and training employees in stress management techniques, resilience-building, and self-care practices can empower them to prioritize their mental well-being.

Develop Well-Being Initiatives

Integrating well-being initiatives into the workplace can significantly improve the mental health of healthcare professionals. Physician practices can organize programs and/or identify vendors focused on the many dimensions of well-being: physical, emotional, financial, occupational, environmental, social, intellectual, and spiritual. Providing access to on-site fitness facilities, arranging wellness challenges, or offering subsidized gym memberships can also encourage a healthy lifestyle and help alleviate stress.

Regularly Evaluate and Adjust Practices

Physician practices should conduct regular evaluations to assess the effectiveness of their mental health initiatives and make necessary adjustments. Gathering feedback from employees through anonymous surveys or focus groups can provide valuable insights into the specific needs and challenges faced by the workforce. Based on this feedback, the practice can make informed decisions to refine existing programs or introduce new initiatives, ensuring continuous improvement in supporting the mental health of their employees.

Often, much of this is easier said than done but prioritizing the mental health of your practice is crucial for creating a positive and supportive work environment and improving patient care quality. By implementing these strategies, physician practices can contribute to the well-being and resilience of their workforce, ultimately benefiting both healthcare professionals and the patients they serve.

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Meeting Patients Where They Are

Telehealth as a Tool in Physicians' Toolbox

BY PAUL JOHNSON, MD, MPH

The impacts of the COVID-19 pandemic cannot be understated. In early 2020, providers, staff, and health care facilities across Wyoming were thrown into a difficult and dire situation. The full breadth of services provided to rural patients in our state was exacerbated due to diminished resources and a need for social distancing.

Fortunately, the Wyoming Medicaid program and the Wyoming Telehealth Network made outstanding progress in getting providers and patients up and running in response to the shift in how health care was delivered. Telehealth services became a key component of Wyoming's response to treating and overcoming challenges associated with the pandemic. Four years later, telehealth continues to act as a modality to increase access to healthcare and meet our state's diverse needs.

A hallmark of telehealth is meeting patients where they are, helping **bridge the gap between accessibility and high-quality healthcare.** Most of Wyoming's population, 68.9%, live in non-metro areas. Rural living can pose challenges to providing care and act as a hurdle to receiving treatment. In addition, our mountainous terrain and winter weather can make these challenges even greater.

An hour-long appointment with a provider can quickly turn into an out-of-office event as patients from rural and remote communities embark on long, round-trip drives of over 100 miles, rain or shine. However, a remote visit with a rural physician or specialist via a laptop or smartphone not only eases anxiety by meeting patients where they're comfortable but also improves access to care in rural and medically underserved communities, including urgent services, mandatory services, and access to elder care.

As our state ranks low among residents with lower life expectancy and limited access to health care, telehealth is another tool in our physician toolbox, helping provide care and cater to the needs of more residents. Telehealth visits are a readily available option to share information, keep patients updated on their health, and answer questions– the same services a provider performs during in-person office visits.

While telehealth as an option should be evaluated on a patient-by-patient basis, many visits don't require being in the same room as your provider:

A patient due for a check-in can save their PTO through a telehealth visit. At the same time, a stay-at-home parent can focus on writing questions about their care instead of stressing about costs relating to commuting or finding care for their child.

An elderly patient seeking a CT scan or lab results from a specialty physician can receive the same follow-up care without leaving the comfort of their home or placing extraneous pressure to make the trek to the doctor's office.

A patient can "see" a specialty care provider from the comfort of their living room, and a specialist can act as a remote "surrogate" as a primary care physician, and their patient meets in person, providing multidisciplinary and coordinated care across the virtual landscape.

With telehealth options on the rise, training the next generation of Wyoming physicians to provide the best patient care via telehealth is paramount. As a clinical assistant professor and physician preceptor at Wyoming WWAMI, Wyoming's only medical school program, our responsibility as medical educators is to help foster learning and education around telehealth so future providers are equipped to provide patient-centered care.

An aging physician workforce, rural provider shortages, and rural hospital closures directly call for more innovative options designed for Wyoming. Telehealth provides comprehensive, specialty, and high-quality care to rural patients, a guiding principle we carry as physicians in the Cowboy State.

Telehealth is an opportunity for providers in Wyoming and neighboring rural states to leverage the expertise of our current physician pipeline, increase access to care, and improve health outcomes for our patients, a goal we can all get behind.

Paul Johnson, MD, MPH, is a board-certified otolaryngologist at Ivinson Memorial Hospital in Laramie, WY. He serves as the Medicaid Medical Director at the Wyoming Department of Health, on the executive board of Wyoming Medical Society, the chair of the Wyoming Telehealth Consortium, and a member of the collaborative effort between Wyoming Medicaid and the University of Wyoming, the State University Partners Learning Network (SUPLN). Raised in Laramie, Dr. Johnson is a Wyoming WWAMI alumni and clinical assistant professor at the University of Washington Department of Otolaryngology, helping train the next generation of Wyoming physicians.

3 Reasons to Call the Wyoming Partnership Access Line (PAL)—Today

Established in partnership with Seattle Children's Hospital to support pediatric providers statewide, the Wyoming Partnership Access Line (PAL) is your direct line to a psychiatric consultation for any pediatric patient in Wyoming, ages 0–19—regardless of their insurance status.

If you've yet to call the line, here are 3 reasons to give it a try.

1. It's staffed by child and adolescent psychiatrists.

When you call, you'll be connected with a PAL child and adolescent psychiatrist, affiliated with the University of Washington School of Medicine and Seattle Children's Hospital. They can answer your general or patient-specific questions related to:

- Child psychiatry
- Diagnostic clarification
- Medication adjustment
- Mental health care
- Treatment planning

2. It's HIPAA compliant.

Provider-to-provider consultation is covered within the boundaries of the Health Insurance Portability and Accountability Act (HIPAA), and you don't need patient authorization or consent to call.

3. It's available at the same times you're seeing patients.

The PAL line accepts calls Monday through Friday, 9 a.m. to 6 p.m. MST.

Curious what fellow providers have to say about their experience calling the Wyoming PAL?

You can hear straight from two of them—Dr. Andrew Rose, Pediatrician, and Megan Willis, DNP, MSN, Psychiatric Nurse Practitioner—at **health.wyo.gov/WyomingPAL**, as well as access frequently asked questions, see upcoming PAL-related training opportunities, and more.

uchealth

UCHealth Among First in Nation to Offer Faster, Safer Treatment for Atrial Fibrillation

Non-thermal approach reduces patient risk and procedure duration

BY KATI BLOCKER, UCHEALTH

UCHealth Medical Center of the Rockies (MCR) is leading the way in treating atrial fibrillation (AFib), a common heart rhythm disorder, by becoming one of the first hospitals in the nation to offer pulsed field ablation.

Kerry Pabst, a 63-year-old man from Frederick, Colorado, was the first MCR patient to undergo the new pulsed field ablation procedure on Tuesday.

AFib is when an abnormal heartbeat causes blood to flow poorly through a person's heart. It can lead to heart failure or blood clots that can cause stroke. It is a progressive condition that impacts up to 6.1 million Americans, and that number is on the rise. More than 12 million Americans will be impacted by 2030, according to the Centers for Disease Control and Prevention.

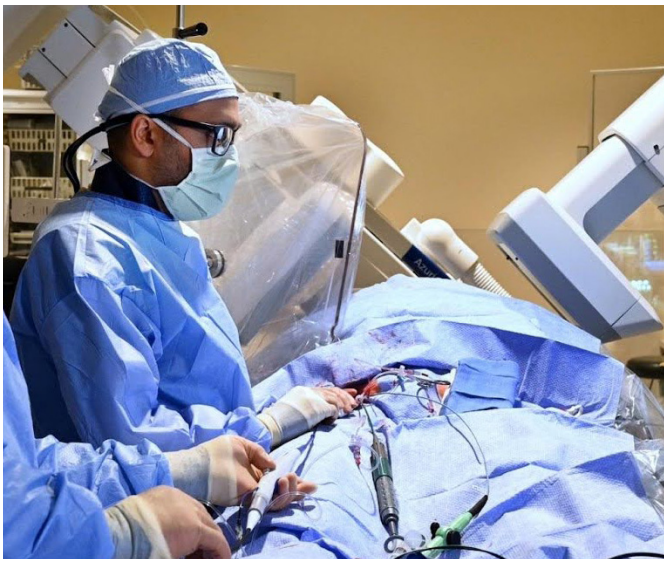
"It's become an epidemic. That is why it's very important that we find treatment solutions that are safe, effective and efficient," said Dr. Amar Trivedi, the UCHealth clinical cardiac electrophysiologist who performed the first procedure at MCR.

Traditional ablation procedures that have been used for more than two decades rely on thermal effects to target the cardiac tissue that triggers AFib. However, these methods carry a risk of damaging surrounding tissue in the heart. The pulsed field ablation approach uses a series of electric pulses to efficiently isolate the pulmonary veins for the treatment of AFib. Because the mechanism of cell death is non-thermal, the risk of collateral heart structure damage is potentially lower.

"This is an energy source that will likely become the first-line method to control AFib moving forward," Trivedi said.

Pulsed field ablation is for anyone with symptoms of AFib. This can include irregular heartbeat, heart palpitations, lightheadedness, extreme fatigue, shortness of breath or chest pain. Many of these patients are fatigued, run down, tired, unable to exert themselves and unable to play with their children or grandchildren.

Patients start feeling better days after the procedure. "The most common thing I hear after ablation is that their heart feels calmer. That is how they describe it," Trivedi said.



Dr. Amar Trivedi, UCHealth cardiac electrophysiologist, and Brett Shreve, UCHealth nurse, perform the first pulsed field ablation procedure to treat a patient's atrial fibrillation on March 12, 2024, at Medical Center of the Rockies in Loveland, Colorado. Photo by Sonya Doctorian, UCHealth.

The Food and Drug Administration recently approved two pulsed field ablation systems. At MCR, the team is using the Medtronic PulseSelect Pulsed Field Ablation system, which was approved in December. MCR played a key role in evaluating the Medtronic system through participation in a clinical trial three years ago.

"This is the most anticipated new technology in the electrophysiology world in more than 10 years," said Robert Wagner, senior director of UCHealth cardiovascular services in northern Colorado. "We are honored to bring this groundbreaking technology to Colorado to serve our patients from throughout the Rocky Mountain region."

Wyoming Department of Health | PUBLIC HEALTH DIVISION | IMMUNIZATION UNIT

Celebrating 30 years of the Vaccines for Children Program

BY THE WYOMING DEPARTMENT OF HEALTH IMMUNIZATION UNIT

The Vaccines for Children (VFC) Program is a federal vaccine program that offers low cost vaccines to eligible children. The program, which began in 1994, brings crucial pediatric immunizations to children throughout the U.S. This year the Wyoming Department of Health Immunization Unit is joining the nationwide celebration of 30 years of VFC!

The lifesaving impact of the VFC Program

According to the Centers for Disease Control and Prevention, vaccination of children born since the VFC Program began (between 1994-2021) helped prevent:

- 1 million deaths
- 30 million hospitalizations
- 472 million illnesses
- $2.2 trillion in societal costs

Creating the VFC Program

Short-term public vaccine programs have existed in the U.S. since 1965 when the federal government purchased measles and polio vaccines for widespread distribution. Many advocates, notably Rosalynn Carter and Sen. Dale and Betty Bumpers, worked to create a more robust public vaccination program.

Carter and Betty Bumpers joined together to advocate for vaccines in the early 1970s while their husbands, former president Jimmy Carter and Sen. Dale Bumpers, were governors of Georgia and Arkansas. The women formed the vaccine advocacy group Every Child by Two (now known as Vaccinate Your Family) and actively campaigned to provide low-cost vaccines for children. Bumpers, a former schoolteacher, had helped create a public vaccine program in Arkansas after she learned that the state had some of the lowest vaccination rates in the country.

When a measles outbreak in California between 1989 and 1991 sickened 55,000 people, hospitalized 11,000, and led to 123 deaths, investigators found that the virus had spread among unvaccinated preschool children, many from families that could not afford vaccinations. Then a senator in Congress, Dale Bumpers rallied his colleagues, calling the measles cases "both shameful and totally avoidable."

The VFC Program was created by Congress under the Omnibus Budget Reconciliation Act of 1993, and launched in 1994. With the support of the Wyoming Department of Health Immunization Unit, Wyoming providers began offering vaccines through the VFC Program in 1994. Currently, more than 100 Wyoming providers are enrolled in the VFC Program.

Are you ready to join the team?

All Wyoming immunization providers are invited to participate in the VFC Program. New providers can begin the enrollment process by contacting the Wyoming Department of Health Immunization Unit at 307-777-7952 or wdh.pvpreporting@wyo.gov.

Sources: Centers for Disease Control and Prevention, Dale and Betty Bumpers Vaccine Research Center, National Library of Medicine, and Vaccinate Your Family.

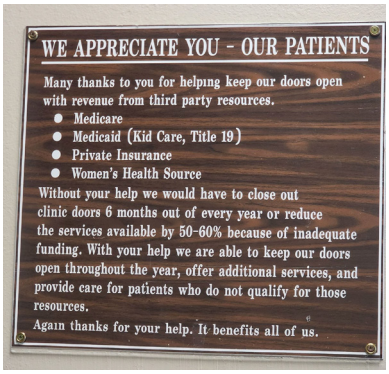
ENROLL WYOMING

Native American Campaign Highlights Unique Health Insurance Options

Nurturing the Mental Health of the Healthcare Workforce

FORT WASHAKIE – Many Native American tribal members in Wyoming do not know that they qualify for generous health coverage benefits, but a Wyoming nonprofit has launched an informational campaign to educate the public and help families find lifesaving health insurance.

Identifying options and offering free assistance is nothing new for Enroll Wyoming. The grant-funded nonprofit started in 2013 as part of the Patient Protection and Affordable Care Act to help more people access health insurance. A major focus of its work is to help people apply for coverage through the health insurance marketplace.



A new campaign targeted at Native American explains how the health insurance marketplace can supplement IHS care.

While more than 42,000 Wyomingites signed up for marketplace health plans during the 2023-24 open enrollment, that included less than 350 people who identified as American Indian or Alaskan Native. The marketplace already includes provisions to make health coverage more affordable to families, and there are extra incentives for members of federally recognized tribes.

For example, they can apply anytime throughout the year and do not have to wait for open enrollment. Depending on their income, members of federally recognized tribes may be eligible for a zero cost-sharing plan. This means that there are no additional out-of-pocket costs other than the monthly premium.

Getting more people signed up for health insurance is one way to help people meet medical needs, so Enroll Wyoming turned to tribal elder Gary Collins as part of its educational efforts.

"I think the biggest challenge of getting health care for the tribal members is to be aware of what's out there. I mean it changes all the time," Collins said.

"We are asking the medical community, especially WMC members, to help spread the word about how beneficial Marketplace plans can be for registered members of Native American Tribes," Enroll Wyoming Project Director Jason Mincer said. "These benefits are available for registered members of tribes on reservations and off."

It's important to note that having marketplace insurance does not mean Native American patients must forego IHS services. Marketplace plans are designed to complement IHS benefits, allowing patients to receive care from IHS facilities while also utilizing marketplace coverage for additional services. This integrated approach optimizes the healthcare experience for patients, ensuring they receive comprehensive care that meets their needs.

Of course, the campaign wants to do more than just highlight the opportunities the marketplace offers. It wants to pair people with knowledgeable navigators who can guide consumers through programs and applications.

Molly Holt is the Enroll Wyoming navigator who serves Fremont and Teton counties, which includes the Wind River Indian Reservation. She worked in public education for more than 30 years before joining the team.

"I thought becoming a health insurance navigator would be a seamless transition to continue to serve the needs of consumers, which include children and families and the elderly," she said.

As a tribal member herself, Holt said she always had employer coverage through the school district. She knows firsthand about the impact of third-party billing to the entire tribal community health care system, whether it is the Indian Health Service Unit or Wind River Family and Community Healthcare (Wind River Cares). Holt added having health insurance coverage gives you options, and having options mean you have a choice, which in itself is empowering.

"Call Molly. Molly's a great advocate," Collins said.

For more information, contact Holt at molly@enrollwyo.org or 307-240-9053 or visit www.enrollwyo.org/native-coverage.

10 IMPORTANT FACTS ABOUT INDIAN HEALTH SERVICE

from ENROLL WYOMING

FACT #1:

IHS IS NOT HEALTH INSURANCE

The Indian Health Service (IHS) is a part of the federal government that delivers health care to American Indians and Alaska Natives (AI/ANs) and provides funds for tribal and urban Indian health programs. Health insurance, on the other hand, pays for health care covered by your plan. It protects you from paying the full costs of medical services when you are injured or sick and pays for services to prevent you from becoming ill.

FACT #2:

EVEN PEOPLE ELIGIBLE FOR IHS NEED INSURANCE

Health insurance covers many things Indian health care programs do not provide.

With health insurance you can:

- **Get in to see specialists**
- **Get health care for covered services without IHS Purchase Referred Care authorization**
- **Get health care when you are away from home**

FACT #3:

YOU'LL PAY LITTLE OR NOTHING

American Indians and Alaska Natives can find affordable insurance:

- **If your income is between 100% to 300% of the federal poverty level (FPL), enroll in a zero-cost sharing plan and have NO out of pocket costs for services received from an Indian health provider or a qualified health plan (QHP).**
- **If your income is below 100% FPL or above 300% FPL, enroll in a limited cost-sharing plan (regardless of income). NO out-of-pocket expenses for services received from an Indian health provider or through a referral to a QHP.**
- **If your income is less than $12,000 for an individual and you reside in Wyoming, a state that has not expanded Medicaid, limited cost-sharing plans are an important option to receive low-cost health care coverage.**
- **If you have Medicaid and CHIP insurance, there are no premiums, enrollment fees, copays, deductibles, or coinsurance.**
- **If you receive health care from IHS or tribal health programs, there are no deductibles, coinsurance, or copayments for covered services provided directly or when referred to non-Indian health providers under the IHS Purchased/Referred Care (PRC) program.**

FACT #4:

MARKETPLACE PLANS, MEDICAID, AND CHIP ARE NOT WELFARE

Marketplace plans, Medicaid, and the Children's Health Insurance Program (CHIP) are health insurance programs for individuals, families, and children who meet income and eligibility requirements. Medicare and employer sponsored insurance plans are other examples of health insurance with eligibility requirements.

FACT #5:

YOU CAN STAY WITH YOUR INDIAN HEALTH CLINIC

Indian health care programs gladly accept health insurance, Medicaid, and CHIP. You won't have to change doctors or facilities if you don't want to. If you want a choice about who to see for health care, you will have more options.

FACT #6:

YOU WON'T HAVE TO WAIT TO SIGN UP

Members of federally recognized tribes and Alaska Native Claims Settlement Act shareholders can purchase or change Marketplace health insurance coverage every month, rather than waiting for the yearly open enrollment period. So can non-enrolled family members, if they are included on the same application. This special protection for American Indians and Alaska Natives can be a lifesaver during a health crisis because it means insurance coverage can start much sooner. You can enroll in Medicaid or CHIP at any time, but why wait?

The sooner you sign up, the sooner you can get the services you need.

FACT #7:

INDIAN TRUST INCOME WON'T STOP YOU FROM QUALIFYING FOR MEDICAID OR CHIP

Certain types of income, such as income from selling culturally significant jewelry or basketwork and payments received from farming, fishing, and natural resources on Indian trust lands, are not used to decide Medicaid or CHIP eligibility. For example, the money you make fishing won't count against you, as long as your tribe has fishing treaty rights.

FACT #8:

MEDICAID ESTATE RECOVERY DOESN'T APPLY TO YOUR INDIAN TRUST PROPERTY

Don't let concerns about Medicaid estate recovery stop you from signing up. Indian trust property and income cannot be recovered to pay Medicaid back for long-term care.

This includes:

- **Trust property located on reservations, certain trust lands, and Alaska Native regions**
- **Income from treaty-protected natural resources**
- **Cultural, religious, or spiritually significant items**
- **Items that support traditional or subsistence lifestyles**

FACT #9:

EVEN THOUGH HEALTH CARE IS A TREATY RIGHT, YOU SHOULD STILL GET HEALTH INSURANCE

IHS has to work within yearly budgets approved by Congress and does not receive enough funds to meet all the health needs of American Indians and Alaska Natives. That is why IHS does not offer certain services and why some services aren't available at certain times of year.

In fact, the IHS budget only meets about half of the need, so enrollment in health insurance helps expand needed care and, with insurance, health care is available when you need it.

FACT #10:

FREE HELP IS AVAILABLE TO SIGN UP FOR MARKETPLACE OR MEDICAID COVERAGE

The health insurance marketplace is a resource where you can learn about options; compare health insurance plans based on costs, benefits, and other important features, choose a plan, and enroll in a qualified health plan.

You can apply for the marketplace or Medicaid with free assistance from the nonprofit Enroll Wyoming by visiting **enrollwyo.org** or calling **211**.

You can also go online to **healthcare.gov/tribal** or call **1-800-318-2596**.

Italicized Names denotes New Members in 2024

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

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Jerry Calkins, MD

The Three Rs

Ways to support your child's resilience

Reassure

Let child know they are safe. This could be said with words, hugs and safe spaces in the home.

Return to Routine

Routines for meals, bedtime, household schedules all help children to know what to expect.

Regulate

Skills to calm self: belly breathing, stretching, relaxation

Skills to name feelings: colors of emotions, words for feelings

Skills for managing emotions

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The Three Rs

Ways to support your child's resilience

Reassure

Let children know they are safe

Remind child that they are safe

Reflect for the child, consider the world through a child's eyes

Touch for reassurance:

- hand on shoulder/back
- hugs (if appropriate)
- rubbing back
- high fives

Create safe places within home:

- a tent in bedroom
- canopy over bed
- own safe chair
- weighted blankets

Return to Routine

Let children know what to expect

Create routine charts or prompts, depending on age:

- bedtime
- mealtime
- homework
- chores

Explain changes in the schedule ahead of time

Set up routines for before & after schedule changes:

- read the same story
- play the same game
- eat the same meal

Regulate

Teach children to manage their emotions and behaviors

Teach relaxation techniques:

- tense and release of muscles
- guided relaxation
- belly breathing
- yoga poses
- stretching

In times of calm:

- play feelings charades — act out hungry, proud, disappointed, etc.
- talk about where in the body child feels emotion — chest, stomach, head, etc.

Practice skills to use when child gets upset or angry:

- deep breathing
- seek an adult
- engage in active play

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