

President's Message

~ Not a Crisis, but an Opening for Growth~
Cynthia Casey, MD, WMS President

This is a challenging time for medicine and Medical Societies. It is a constant struggle to maintain relevancy and have our voice be heard. We can no longer count on malpractice discounts and advocacy alone to meet the needs of a changing landscape and maintain a membership base. I believe that WMS has made great strides in the right direction with our recent strategic plan development. We have set forth four very ambitious goals for the Medical Society and it is my job to follow these guidelines over my term.

As the Voice of Medicine, we will continue to play an active lobbying role at the state and federal levels. For the next year, I would like to see those efforts communicated to our membership more effectively.

This will facilitate our next goal, which is to improve membership experience. Over the next twelve months, we will be reaching out to each of the county associations to determine what they would like to see from WMS. Efforts will also be made to touch base with physicians and PA's who are not members and find out why they made the decision not to join.

Our next step is to increase public awareness of our organization and the work that we do. One of our biggest accomplishments of this last year was the new website. If

you haven't visited it yet, you should really check it out! It is already full of useful information, with more in the works. It will soon be an excellent resource for Practice Management Tools and Resources as well as CME opportunities. The most exciting feature in the works is a physician recruitment tool aimed at making it the "go to" site for anyone advertising or looking for a position in the state.

The final goal is for the WMS to become the Knowledge Center for doctors and PA's throughout the state. I would like to see the CME page of the website become a central repository for all medical education opportunities in Wyoming. There may be possibility to link to other sites for CME, such as the Mayo clinic and the University of Washington and we will explore those opportunities.

All in all, I am very optimistic about the future of WMS and the direction we are heading. I look upon the current challenges not as a crisis, but as an opening for growth. To quote William Shakespeare in Hamlet, "We know what we are, but know not what we may be." I am happy to be the one you have elected to lead you into this future, and I intend to work hard to make you proud to be a member of the Wyoming Medical Society. ■

WMS Election Results

Cynthia Casey, MD of Sundance has been elected President of the Wyoming Medical Society (WMS). Joining her on the executive committee are Vice President Michael Tracy, MD of Powell, and Secretary/Treasurer Bradley Hanebrink, DO of Sheridan.

Dr. Casey was born and raised in Cheyenne and currently practices family medicine in Gillette. She has been active with WMS since 1995, serving previously as both Vice President and Secretary/Treasurer on the executive committee and representing the Northeastern Counties Medical Society as Trustee.

"I am thrilled at the opportunity to represent Wyoming's physicians and work with the outstanding WMS team as we navigate the changing road of health care," said Dr. Casey. "We as a medical society will always advocate for what we feel is in the best interest for medical care here in Wyoming, and I am very optimistic about our future and the direction we are heading."

Dr. Casey studied at Creighton University to achieve her Bachelor of Science degree in mathematics, continued at Creighton University to earn her Doctor of Medicine and graduated from the University of Wyoming Family Practice Residency after serving as chief resident from 1997-1998.

Dr. Casey has practiced in Cheyenne, Laramie, Douglas and Sundance and currently practices in Gillette. Additionally, she is adjunct clinical faculty at the University of Wyoming as well as the University of Washington.

WMS is very excited about the coming year and working with our three newest elected leaders. Please help us make WMS all it can be by providing us feedback and joining us when we are in your area this year. ■

2011 Annual Meeting in Review

~ Driving Quality Care for Wyoming Patients~

Sheila Bush, WMS Executive Director

Success can be defined many different ways, but for me success is defined by continually getting better. It seems that each year I pack-up our things and walk away from the convention facility feeling pleased and grateful for another great meeting. Recently, though, those feelings have been accompanied by a nervous stomach wondering if WMS can meet the new standard.

Ask anyone who attended the 2011 WMS & WAPA Joint Annual Meeting and they will tell you that we hit it out of the park this year and that nervous stomach of mine is for good reason. From the ambitious dual CME tracks offering more than 30 category one hours to the tiny details that really made the difference, 2011 was far and away one of our best meetings.

If you weren't able to join us, you were most certainly missed, and we want to let you in on all that we did. First, we changed our schedule from Thursday through Saturday to Friday through Sunday which made it easier for those of our members who are faced with leaving busy practices in the middle of the week in order to attend. We offered dual CME halls that featured important gynecology updates, new therapies in skin cancer, latest

research in concussions in young athletes, urological disorders in the elderly, and indications for spine surgery just to mention a few. While all those clinical options were available, a full-day of wilderness medicine was hosted by WAPA in partnership with NOLS. If that weren't enough, we topped it all off with a packed exhibit area full of key partners in the medical field and gold medalist Rulon Gardner to add a bit of entertainment and flare.

WMS is working hard to ensure every year is a greater success than the previous so don't let yourself miss out on 2012. If it's half the meeting that 2011 was you won't want to just read the recap in the summer newsletter, you'll want to be there to enjoy it for yourself. Mark your calendars now for June 8-10, 2012 back at the foot of the Tetons at Jackson Lake Lodge. Also, if you didn't attend this year for a particular reason, don't be shy... let us know why! We can only get better and improve in our efforts to meet your needs if you help us understand what those needs are. Make the WMS annual meeting your meeting, speak up and help us continue to meet the definition of success. ■

2011 Community Service Award

~ Willard Woods, MD~

Willard Woods, MD of Wheatland, Wyoming has been selected by the Wyoming Medical Society as the recipient of the 2011 Community Service Award.

This award is presented each year to Wyoming's top physician in recognition of their contributions to Wyoming communities, honoring the physician for time and personal sacrifice for the benefit of the community.

Dr. Woods has served as the sole surgeon in the Wheatland community and has sustained clinics in three communities by commuting weekly since 1981. He is well respected by patients, peers, community members and facility staff for his commitment, professionalism, and exceptional clinical outcomes. Having served Wheatland for more than 29 years, he is well-known for his pioneering and cutting edge drive to deliver the latest proven healthcare technologies and best practices for his patients. This was evidenced by his use of laparoscopic surgeries in the late 1970's and most recently the Novasure procedure for endometrial ablation.

Recently, after reviewing the roster of players at a high

school football game against a nearby town, Dr. Woods commented with a smile that he had delivered nearly every one of the athletes on the field - for both teams! He is also famous for driving the football team in one of his unique Unimog vehicles in the Homecoming Parade. Dr. Woods does all of this and more in recognition of the importance of youth in our state and out of passion for supporting future generations.

Dr. Woods received his undergraduate degree from Central Oklahoma State University and later completed medical school at the University of Oklahoma Health Sciences Center in 1972. He completed his internship at Tripler Army Hospital and finished his medical training with an OB/GYN residency at Fitzsimmons Army Medical Center.

Dr. Woods shares his joys with his wife Cindy and their five children Andy, Dustin, Kelly, Shane and Shelby.

Thank you, Dr. Woods, for all you do and the example you have set for excellence in Wyoming medicine. ■

The Doctors Company ~ Risk Tip

Cyberchondria: Managing Self-Diagnosed Patients

Search engines and the Internet are impacting patient behavior—eight out of 10 people use the Internet to look for health information, but only 25 percent of those people verify the credibility of their information source before self-diagnosing. It gets even more complicated when patients order drugs directly over the Web.

The debate among physicians about the credibility of online information is as old as the Internet itself. As a caregiver, it's safe to assume that patients will come into the office already attached to a perceived diagnosis and possibly using medications improperly, based on their own online research.

Consider the following example: A 25 year-old patient experiences a sore throat and slight fever that persists for several days. The patient decides to visit a common Web site known for its medical information. The patient self-diagnoses himself with a bacterial infection and attempts to self-treat by taking expired medication left over from a previous staph infection.

While health care is not "do-it-yourself," an informed patient can be an asset. A poorly informed patient, on the other hand, clearly complicates treatment. Assume the responsibility of being the primary information source and educator for your patient. To help deal with a self-

diagnosing patient, consider the following:

- Encourage your patient to always check with you about the accuracy of information obtained from external sources. Use the intake time to find out what Internet information the patient has found.
- Directly discuss what the patient has read, even if the patient's external source is a good one in your professional opinion, the exchange enhances your relationship with the patient and can increase treatment compliance. Welcome questions, and help put the patient's information in the appropriate context.
- Provide your patient with a list of Web sites that provide accurate information, such as the Centers for Disease Control and Prevention (www.cdc.gov). Make sure the patient understands the limitations of the Internet.
- Document in the patient's chart your diagnosis, your treatment management plan, and medication prescribed, as well as the reasons behind your decisions.

Contributed by The Doctors Company. For more tips, articles, and information, please visit <http://thedoctors.com/knowledgecenter>. ■

AMA Announces New EVP/CEO

The American Medical Association (AMA) recently named James L. Madara, MD as its new Executive Vice President and Chief Executive Officer. Dr. Madara assumed his responsibilities on Friday, July 1, 2011.

Dr. Madara, 60, is an accomplished academic medical center physician, medical scientist and administrator who served as Timmie Professor and Chair of Pathology and Laboratory Medicine at the Emory University School of Medicine before assuming the Thompson Distinguished Service Professorship and deanship at the University of Chicago Pritzker School of Medicine where he was the longest serving Pritzker dean in the last 35 years. Subsequently, he added the responsibility of CEO of the University of Chicago Medical Center, bringing together the university's biomedical research, teaching and clinical activities.

"The AMA is a venerable institution, and I am honored to lead it during this challenging and exciting time,"

Dr. Madara said. "The AMA has been at the forefront working to improve public health, physician practice, patient care and our American health care system for the past 164 years. Today more than ever, America's patients and physicians need a strong and vibrant AMA to tackle the many challenges facing them. I look forward to leveraging my skills and experience to help the AMA succeed and fulfill its core mission to promote the art and science of medicine and the betterment of public health."

Dr. Madara earned his medical degree from Hahnemann Medical College in Philadelphia. He completed his internship and residency at New England Deaconess Hospital in Boston. He subsequently completed a fellowship in anatomy and cell biology at Peter Bent Brigham Hospital in Boston. Following his fellowship, Dr. Madara joined the faculty of Harvard Medical School where he rose to a full tenured professor and served as director of the Harvard Digestive Diseases Center. ■

Prohibition of Medicaid Payment for Provider-Preventable Conditions

The Centers for Medicare and Medicaid Services (CMS) recently issued a final rule that prohibits Medicaid state plans from making payments to providers for reasonably preventable conditions. This new rule implements Section 2702 of the Patient Protection and Affordable Care Act (PPACA). In order to comply with the new regulations, states are required to amend their state plans no later than July 1, 2012, to prohibit payment for certain “provider-preventable conditions (PPCs).”

Effective July 1, 2012, payments to states for any amounts expended for providing medical assistance for “healthcare acquired-conditions (HCACs), which are defined as medical conditions for which an individual was diagnosed that could be identified by a secondary diagnostic code described in Section 1886 (d)(4)(D)(iv) of the Social Security Act, i.e., secondary diagnostic codes that would have a high cost or high volume, or both; result in the assignment of a case to a diagnosis-related group that has a higher payment when the code is present as a secondary diagnosis; and describe such conditions that could reasonably have been prevented through the application of evidence-based guidelines.

The rule uses the umbrella term PPCs to cover two categories of conditions included within the new regulation; HCACs, which apply to all inpatient hospitals under Medicaid, and “other provider-preventable conditions” (OPPCs), which apply more broadly to inpatient and outpatient settings. HCACs include the full list of Medicare’s hospital-acquired conditions. OPPCs include, at a minimum, three Medicare National

Coverage Determinations for surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery. States are permitted to identify additional OPPCs, subject to CMS approval through the state plan amendment process.

The rule also mandates that state plans require providers to identify and report PPCs that are associated with claims for Medicaid payment or with courses of treatment furnished to Medicaid patients for which Medicaid payment would otherwise be available. In addition, for states with Medicaid managed care plans, contracts must be amended to mandate identification and reporting by providers as a condition of payment and submitted for CMS approval.

According to CMS Administrator Donald Berwick, MD, “CMS is partnering with States to give them the tools to improve the quality of care for patients and lower costs for taxpayers.” “These steps will encourage health professionals and hospitals to reduce preventable infections, and eliminate serious medical errors. As we reduce the frequency of these conditions, we will improve care for patients and bring down costs at the same time.”

The final rule was effective July 1, 2011 but gives States the option to implement between its effective date and July 1, 2012. WMS will be closely monitoring and working with Wyoming Medicaid as this rule is rolled-out in Wyoming. ■

Colleges Set to Offer HIT Certificates

Lake Region State College, in partnership with the community colleges of Wyoming, set to offer Health Information Technology Certificates

Courses address training needs for Electronic Health Records professionals

Lake Region State College, through a grant funded by the Office of the National Coordinator for Health Information Technology (Dept. of HHS), has partnered with seven community colleges located in the state of Wyoming. This partnership allows the online offering of four Health IT certificates which include Technical Software Support, Health IT Trainer, Clinician/Practitioner Consultant, and Workflow Redesign Specialist.

Any one of the four certificates of completion offered

will allow individuals to provide continuous support to Health IT, more specifically support of Electronic Health Records, as it is deployed in office practices, hospitals, health centers, long-term care facilities, health information exchange organizations and state and local public health agencies.

The Office of the National Coordinator for Health IT identified workforce roles that require skilled professionals to support healthcare providers in the transition to electronic health records (EHRs), said Cindy Brown, manager of the Health IT program at LRSC.

“The roles for which we are offering non-degree certificates include Technical Software Support, Health IT Trainers, Clinician/Practitioner Consultants, and Workflow Redesign Specialists. Those seeking to earn a Health IT certificate will select one of these roles and

HIT Certificates Continued pg 6

To Join or Not To Join...That is the Question for Physician Assistants

~Jennifer Frary, PA-C ~

You probably have received an invitation to join WAPA (Wyoming Association of Physician Assistants) or WMS (Wyoming Medical Society) at some time in your career in Wyoming. You may have received several of them over the years, looked them and thought, "Why should I bother?" "I am doing fine in my practice. I've got a good supervising physician, I can prescribe, I can practice fully within the scope of my individual practice, I've got it pretty good here in Wyoming. It's a great state to work in." "It costs me extra to join both, and I don't even know what they do, or how my dues are used!"

Well, you would be correct in thinking that Wyoming is a great state to practice, because it is! When I moved to Wyoming in 1987, there were fewer than 50 PAs practicing in the state, and that number was pretty stable for years. In the last 10 – 15 years or so, the number has grown to almost 200 PAs. We have

a great practice act, which allows PAs to be utilized in many different practice settings, from satellite clinics in rural WY where the PA is the only provider, to PAs practicing in almost every specialty. "Back in the day...." we used to have to explain almost daily what a PA does and how we practice. Now we are accepted as a vital part of the health care delivery system in Wyoming, and most everyone you deal with knows what a PA does and probably has received care from one at some time.

Much of the reason it is a desirable and great place to practice is through the work of WAPA and WMS. When WAPA was first incorporated in the late 1970's, there was no statute for PA practice. The original members of WAPA really started from scratch with a "bare bones" practice act that has evolved over more than 30 years to become one of the best models for PA practice in the nation. This has required dedication from WAPA members since the beginning to

prove to the rest of the Wyoming medical community, especially our physician colleagues, that we are competent, well trained health care providers. We have been successful through the hard work of many superb physician assistants who have donated their time, energy, expertise, and knowledge to WAPA over the years.

Our relationship with WMS began in the mid 1990s, as we felt it was appropriate, and made sense, to work more closely with the physicians in the state on a variety of practice and political issues. We were fortunate to have support from the Executive Director and a number of WMS board members who were willing to work with WAPA, and ultimately the WMS membership embraced PAs and set up a physician assistant membership category in WMS with a PA member of the Board of Trustees. Wyoming was one of the first states to have such a cooperative relationship with their

To Join... Continued pg 8

HIT Certificates Continued from pg 5

complete the online certificate in three consecutive 8-week terms that cover a six month period," she said. According the U.S. Bureau of Labor Statistics, employment in medical records and health information technology is expected to grow much faster than average. Job prospects should be very good, particularly for technicians with strong computer software skills.

Future term start dates for Lake Region State College's Health IT Program are August 1st and October 3rd. New students are accepted at the beginning of each term. Additional program information can be accessed by contacting any one of the following individuals: Casper College, Ann Dalton (307) 268-2085; Central Wyoming College, Lori Ridgway (307) 855-2325; Eastern Wyoming College, Jo Ellen Keigley (307) 532-8365; Laramie County Community College, Veronica Pedersen (307) 778-4381; Northern Wyoming Community College District, Karen St Clair (307) 674-

6446 ext. 4502; Northwest College, Kathy Crookshanks (307) 587-3506; Western Wyoming Community College, Rod Thomas (307) 872-1315.

Brown advises those interested in the program to start the enrollment process now as student's background will be evaluated by a pre-assessment and a review of documented prior education, training, certifications and work experience.

Tuition assistance may also be available to those who qualify. To start the enrollment process or for more information, call the community college located nearest you in the state of Wyoming. ■

*Grant funded by Office of the National Coordinator for Health IT
U.S. Dept. of Health and
Human Services
ARRA Award #90CC0077/01*

Big Changes at the Wyoming Department of Health

The Wyoming Department of Health (WDH) is still adjusting to the new Mead administration and the direction that the state legislature gave during the past session. WDH released a news brief stating that the organizational changes being made will help ensure needed services for Wyoming residents are delivered as successfully and responsibly as possible.

Tom Forslund, WDH Director, said the reorganization reflects Governor Matt Mead's call for increased efficiency in state government and that, "The changes we're making will align department functions that have both similar and shared responsibilities for healthcare in Wyoming. We think this makes sense and will strengthen the services we provide. While I feel the department currently provides a high level of quality service to Wyoming, there is always room for improvement with any organization."

Some of the changes include the combining of the former Division of Mental Health and Substance Abuse Services and the former Developmental Disabilities Division into the Behavior Health Division.

The Wyoming State Hospital in Evanston and the Wyoming Life Resource Center in Lander will each be included in the new division. Chris Newman will serve as the senior administrator. Additionally, the department's existing Preventive Health and Safety Division, Community and Public Health Division, Rural and Frontier Health Division, Public Health Preparedness Program and the Office of Emergency Medical Services will all be combined into the new Public Health Division. Department deputy director, Lee Clabots, is overseeing the Public Health Division on an interim basis until a senior administrator is selected, (*see position opening post below*). WMS believes it is critical that this position be filled

by a physician who has working knowledge, expertise and experience in medicine, and hopes WDH will prioritize these invaluable assets at the highest level.

A revamped Aging Division will now include the Wyoming Pioneer Home in Thermopolis, the Wyoming Retirement Center in Basin and the Veterans' Home of Wyoming in Buffalo, as well as the Office of Healthcare Licensing and Surveys. April Getchius, currently Casper's community development director, was recently hired to serve as the Aging Division's senior administrator and will begin in her new role August 15.

Teri Green, who is also the State Medicaid Agent, will lead the Division of Healthcare Financing which includes Medicaid, Pharmacy Services and Kid Care CHIP. ■

Public Health Division Senior Administrator

The Wyoming Department of Health, Public Health Division (PHD) is seeking a Senior Administrator to determine and create policies, rules, regulations and provide overall direction of federal, state and local government division related activities as they pertain to the expectations and requirements of sections located within PHD. This includes Community and Public Health; Preventive Health and Safety; Rural and Frontier Health, the State Health Officer, Emergency Medical Services; Public Health Preparedness; and the State Epidemiologist. The Administrator will plan, direct and coordinate operational activities at the highest level of management in coordination and collaboration with program administrators and the Department Director.

The WDH posting lists preferences to include: Master's degree, Doctorate or Licensed Physician in Public Health Administration, Healthcare Administration, or Public Administration, plus seven years experience in this field.

For more information please contact the Wyoming Department of Health, or the Wyoming Medical Society.



Wyoming Medical Society
Physician *Newsletter*
 P.O. Box 4009
 Cheyenne, WY 82003

PRSRT STD
 U.S. POSTAGE
 PAID
 CHEYENNE, WY
 PERMIT NO. 26



To Join or Not to Join from pg 6

PA association and Medical Society.

Wyoming used to win the AAPA award for having the highest

percentages of licensed PAs who were also WAPA members for small chapters, and we had over 80% of the PAs in the state also members of WAPA. Our percentage now is about 43% membership. Only 81 WAPA members with 190 practicing PAs in Wyoming. When we first were offered membership in WMS, there were over 60 PA members, but at last count that number has declined to half that number.

It's easy to be complacent and feel like you don't "get anything" from your membership in either organization, and that you do "just fine" without belonging, but I don't agree at all. If we, as physician assistants, health care

professionals, and advocates for our patients, don't continue to support those organizations who represent us in so many ways, then we will not continue to be a strong voice for our profession and our patients.

WAPA is Our organization, and our membership dues allow us to be represented at the AAPA House of Delegates and other leadership conferences. WAPA works with health care groups in the state to have PA representatives on boards, such as the WHRN, WY DUR, and others. The dues support the newsletter, and other mailings and the annual CME conference.

The WMS dues are a token amount to spend to have the support of our physician partners in the state. Someone has to be there to lobby at the legislature for good laws that protect our patients and our ability to

practice excellent medicine, and WMS is absolutely vital in that role! We don't have the resources or manpower to do that on our own, and we need to be willing to step up. WMS is the physician's advocate in Wyoming, and our advocate too, and we need to show WMS that we care as much as they do.

I challenge every PA in the state to join WAPA and WMS. We are only as strong as our membership, and we need you all to help us continue to work for strong physician/physician assistant teams, physician assistant practice and our patients in Wyoming. ■

