

# Wyoming Telehealth Network

## November Provider Spotlight

Dr. Grace Gosar & Pete Gosar

For siblings, Dr. Grace Gosar and executive director of the Laramie Downtown clinic, Pete Gosar, telehealth is not just a priority - it is a labor of love. This Q&A discusses their triumphs and challenges with telehealth since March 2020 and will dig deeper into the incredible work of this free clinic.



I. When did you first hear about telehealth? How did you feel about it then? How do you feel about it now?

**Dr. Grace Gosar:** I would guess I heard about it 10 years ago. I just didn't feel like it was reality then. I looked at how my day went and the technology we had, and I didn't believe there was equipment or motivation to do it at my former work place. In March 2020, we started doing things differently—I see myself as an extender for specialty providers now, and it makes me a more flexible option. I am happy we were pushed into providing telehealth, and I don't think we will leave it as a clinic or even as a country.

**Pete Gosar:** We heard about telehealth services a couple of ways—first, reading about it on the internet and second, we had some experience with electronic health records that intrigued us. That was where we first heard about it and knew that many of our patients do not have reliable transportation, and this could save them the trouble of getting to the clinic. Lack of reliable transportation caused patients to cancel many times.

## 2. When did you begin offering telehealth services? What prompted the need to offer these services?

**Dr. Grace:** It was March and it was the Coronavirus. We are a mostly volunteer clinic and we have limited paid staff, so if the paid staff were to get sick, we could not provide services. That really prompted us to take action. We had to be really careful about offering some sort of service but needing to remain well (as a staff) too.

**Pete:** COVID really forced us to go down this road. We figured telehealth might save both patient and provider some time when you just need to check-in with a provider. But it has also been especially helpful for specialty appointments.

## 3. What motivates you to continue offering telehealth services?

**Dr. Grace:** I think telehealth works better for our clients in certain instances. One of the reasons we started a Wednesday night clinic is because so many of our clients work during the day and cannot afford to miss work. It is exquisitely useful for our clients, and I think it works well for providers too. I don't think we even know the full breadth of what we can do with telehealth. I think telehealth is a wonderful extender to what we have to offer at the clinic. I have also sat in with specialty providers, and we often get a different outcome for patient health if their primary care physician is there.

**Pete:** Telehealth is proving effective—it works! I see how important telehealth is now and how this is a real opportunity for people to connect with other specialists and make a healthcare plan that works for them.

## 4. What is your proudest accomplishment with telehealth?

**Dr. Grace:** I sat in with one of our client's specialty appointments, and my client was able to speak with the physician while I was like elastic glue between the two—instead of a disconnected note from a specialist to me, I was able to speak during the appointment, and my client got a different outcome. It moved things along and helped the clarity of sharing the symptoms the client was having. This has led to more efficient communication and participation in that care.

**Pete:** I just think providing care to people who wouldn't get to the clinic without transportation is a huge accomplishment. Anytime we are removing barriers is a win. Also, working with specialists to help people who would otherwise go without healthcare. We've been able to do things that we haven't been able to do without telehealth and that expanded access to healthcare for a lot of people.

## 5. What advice would you give patients wanting to try telehealth?

**Dr. Grace:** First, be open minded because I think that is going to allow one to move forward with the appointment. Next, be prepared with questions, medication refills, and any other additional needs. And

finally, probably give it more than just one try. I think in a new offering, that is important to keep in mind because it is not going to be perfectly formatted. The more you do it, the better it will get.

**Pete:** Overall, I would say to give it a try and not go in with any preconceived notions. Go to a quiet place, try to set up your video capability, and see how it works for you. The first time is always strange but it can really serve to augment seeing a provider in person every time.

## 6. What advice would you give providers wanting to start offering telehealth?

**Dr. Grace:** Just get started, don't hang back but realize this needs to be a team effort. The infrastructure needs to be there to make this a reality. The burden of work is not just on the clinician, but on the team as a whole. Get a motivated team and give it a shot.

**Pete:** Get your staff and volunteers onboard, then start slowly. Don't turn every appointment into telehealth right away, try an appointment a week and grow from there. Also, we worked with clients who were computer savvy to get started and they helped us understand what worked and what did not. Right now we see at least 50% of our clients through telehealth, when just 6 months ago we barely used it. We are still not where we would like to be, but we think in about 6 months we will be a lot closer.

## 7. What was the biggest barrier in providing telehealth services? Have you overcome it?

**Dr. Grace:** Three barriers: mindset, time and resources. Anything that is new and different takes time and effort. Anyone in medicine is budgeted to the last minute and then some. Make sure you carve out the time and have a good mindset. Client resources must also be taken into account. Our clients are marginally financed and telehealth means we are taking up their phone minutes and many do not have internet set-up.

**Pete:** Our barrier is generally infrastructure, including having monitors and computers. We have to fundraise for our equipment and work with voluntary providers, so it looks a little different in our clinic. Also, having video capability with patients with lower incomes was a barrier so we worked with an area church to provide minutes for clients' phones to utilize this service.

## 8. How do you think implementing telehealth now will affect how things will be done at your organization after the pandemic is over?

**Dr. Grace:** I don't think we will go back to where we were before. I think we will have a blended model and probably continue to expand telehealth services.

**Pete:** Telehealth will definitely be part of our organization going forward—if there is something good about the pandemic, it's this. We see the power in it, and we believe it is remarkable how fast we have transitioned. Now 50% of our appointments are done through this method. For volunteer providers, Electronic Health Records and logging in from office and home has been great.

## 9. Is there anything you learned the hard way in telehealth implementation?

**Dr. Grace:** One of the things I think that is fantastic about telehealth is that it really helps you stay to schedule. I have never been able to keep to my schedule until utilizing telehealth.

**Pete:** There is some training needed not only for staff and volunteers but for clients as well. Make sure that everyone has the capabilities and bandwidth to do the appointment without a whole lot of lagging and freezing screens. We will continue to work on that. Starting out with people who were more technologically savvy is helpful. But remember, not everything can be a telehealth appointment. We are now doing all intake appointments in person because we are just not at a telehealth point with that kind of appointment yet.

## 10. Do you have any telehealth hacks or tricks?

**Dr. Grace:** See Pete's response.

**Pete:** We have our reception call the day before to check that we have the right phone number, remind about client about the appointment and walk through any tech concerns beforehand.

## Bonus Question: Do you have a favorite podcast, book, or author?

**Dr. Grace:** I have been enjoying the NPR affiliated show called, "The Hidden Brain." I have read all of the things that Ta-Nehisi Coates has written, and I am currently reading Chanel Miller. I think she's a very profound thinker.

**Pete:** I have been listening to "The Daily" for quite some time and found that their coverage of the pandemic has been great. It's a different view of how to help the spread. It helps you think about what this means for our clients and volunteers at the clinic—many of who are essential workers. How do we give them the tools they need to be successful? "The Daily" helps us think about this. We consistently give out masks, hand sanitizers and recommendations for how to stay safe in close quarters.