

Wyoming Telehealth Network

March 2023 Provider Spotlight



Philip Eskew, DO, JD, MBA

Philip Eskew, DO, JD, MBA began his telehealth journey as part of his medical residency program. As his time in the field has grown, he learned that telehealth is a way to reach patients when travel or in-person care is difficult to deliver. Through his work providing healthcare to prisons, he quickly learned that telehealth is a lifesaving tool for any provider. Dr. Eskew is leading the way in providing prisoners with the ethical healthcare they need by utilizing telehealth as a tool for delivery in a system where barriers to care are prevalent. Learn more about him in this month's spotlight.

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

Provider: I first heard about telehealth as a medical student, and then had a chance to use it a few times during my family medicine residency (which I completed in 2015). I thought that it demonstrated a lot of promise then, and technology has only improved things over time. I think telehealth is limited in part by patient assumptions and by software developer assumptions. More platforms should be designed for nurses to use with patients at remote locations rather than asking patients to figure out how to use things on their own. I don't like asking a patient to do much independently. Even recording vital signs with automated equipment can be challenging for patients.

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

Provider: When I began doing correctional medicine work in Wyoming covering multiple state prisons the benefits of telehealth were rapidly apparent. It gave me flexibility to go to one facility but see patients at other facilities across the state. I could continue working efficiently even if there was bad weather preventing me from getting to a particular site in person. If one facility had movement restrictions preventing me from seeing patients as scheduled then I could pivot and do telemedicine work with another facility.

3. What motivates you to continue offering telehealth services?

Provider: The increased efficiency and ability to avoid travel in certain circumstances.

4. What is your proudest accomplishment with telehealth?

Provider: I once had a patient complaining to on site nurses about shortness of breath. We did an auscultation and I ordered an EKG. The nurses then scanned the EKG to me and I noted an S1Q3T3 pattern. I had the patient sent to the hospital for a chest CT which confirmed a suspected pulmonary embolus.

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

Provider: All types of telehealth are not created equally. Some forms of telehealth are robust. In the correctional medicine setting where I have a nurse assisting the patient I can listen to heart, lung and abdominal sounds. I can view a skin rash in high definition. I can view a tympanic membrane or nasal passage in detail with an otoscope. At some facilities we have ultrasound capability as well, but that portion is still a work in progress. This type of telehealth experience is much closer to an in person visit than many patients might assume when they think that telehealth is essentially limited to a phone call or zoom meeting format.

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

Provider: Find a way to triage patient complaints effectively so that you can use telehealth in an appropriate way. I find that it often works well for certain follow up chronic condition visits. There are many platforms available and they are often available at no cost to you or the patient.

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

Provider: Nursing staff and others had to be trained about how to use the peripheral equipment. Sometimes these things can still be a bit buggy from time to time.

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

Provider: Telehealth is here to stay. I suspect we will continue to use it heavily for certain chronic conditions. For psychiatry and mental health I suspect it will be the main way care is delivered moving forward. For family medicine some visits and procedures will always need to be done in person.

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

Provider: Always have a back up telemed platform in place. You never know when the one you planned to use might not be available for some reason.

10. Do you have any telehealth hacks or tricks?

Provider: Even with a high definition camera I often find that photographs of rashes are more helpful than trying to visualize them in live video format.

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

Provider: For CME content “the curbsiders” is a podcast that I listen to frequently.