

Wyoming Telehealth Network

June Provider Spotlight

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

Provider: I became an RN in 2013 and began working in a rural Wyoming community mental health center (as well as in the county jail). Part of my job was to facilitate telehealth visits between our local patients and our remote psychiatric prescribers. During the 7 years in that role, I was fortunate to work with 5 brilliant psychiatric nurse practitioners and one delightful psychiatrist; all but one were located outside the state of Wyoming. Telepsychiatry was all we knew, and the various challenges we faced demanded creative solutions. Through these hurdles, my professional resilience and resourcefulness in the face of limitations crystallized. I have immense hope that I will be able to improve access to psychiatric care in WY through telehealth.

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

Provider: Providing mental health services in rural Wyoming is a type of sub-specialty. After moving to Florida and working in another kind of underserved mental health center, it was clear that I had a unique skill set that could still be useful in Wyoming through private practice via telehealth. Additionally, in Wyoming, Nurse Practitioners have full practice authority which has several advantages for patients and providers. Mostly though, I just really missed serving the people in Wyoming. So, in the winter of 2022, I resigned from the local agency and started a private telepsychiatry practice.

3. What motivates you to continue offering telehealth services?

Provider: Some of the great things about telehealth are the opportunities to invite others to attend and really implement team collaboration. Sometimes, when a student I'm working with is having particularly complex difficulties, tele-interdisciplinary meetings can be accomplished to help everyone feel on the same page. Or if a patient I'm working with has multiple family members in different locations who are working together to navigate care for their loved one, they may join the video visit to contribute and

help. I especially love when telehealth can ease a burden for a patient, whether it be minimizing travel during dangerous weather conditions, or reducing time spent away from school or work, or empowering someone to feel more confident in using technology.

4. What is your proudest accomplishment with telehealth?

Provider: The proudest moments of telehealth visits, for me, are the same as the proudest moments in any of my healthcare experiences: when your patient expresses they believe you are a provider who genuinely cares for them and through that you've authentically earned their trust; these are the accomplishments that are meaningful. Truly listening to someone can transcend physical boundaries and distances. Empathy can be conveyed through technology. The honor of helping someone during their darkest times is part of what makes being a health care provider worthwhile.

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

Provider: Your telehealth provider is willing to teach you, help you, and patiently work through complications with you. We want to see you. Many of us have even been on both sides of the computer. Sometimes technology can be frustrating, redundant, or even totally fail to operate. It's standard to have some back up plans for such dilemmas that can occur unexpectedly. And things change and are updated all the time, so it is very likely that we will all be learning new things together!

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

Provider: In the beginning, it seemed like there were lots of obstacles, patients were frustrated because maybe they weren't familiar with the functions of the platforms just yet, we couldn't hear each other, internet would go out, etc. Extra time was spent encouraging patients and working through the process together. I printed pictures of icons that correlated with app functions to troubleshoot different problems with audio or video snags. I'd hold the pictures up to the camera to guide my patients; things like this became opportunities to model adaptability and promote empowerment. I found that, sometimes, even having 2 computers was not enough backup, and also needed internet backup options for unplanned outages. Often I would recall my former supervisor Sheriff Rakness saying, "Remember the Boy Scouts motto and always be prepared for anything".

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

Provider: Right now the barrier seems to be that people are not yet aware of my services. The numbers are clear that there is a tremendous need for psychiatric services, and telehealth is in position to address this for Wyoming residents. Another significant barrier is insurance enrollment; a process which has felt inflexible and exclusionary, yet not altogether unexpected or unfamiliar.

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

Provider: Thus far I'm aware of great studies regarding the utility and effectiveness of tele mental health care and the pandemic has contributed enormously to the validity and applicability of the evidence. I am

excited to see how Medicare adjusts over the next couple years. I'm also enthusiastically anticipating the DEA's proposed regulation adjustments in November 2023 now that SAMHSA is involved to offer support and guidance.

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

Provider: I learned everything about telehealth implementation the hard way, but that may be just my personality! I am very fortunate to have extraordinary mentors and I would like to extend what I've learned to others.

10. Do you have any telehealth hacks or tricks?

Provider: Try placing your camera level with or slightly higher than your eye level to avoid the appearance of looking down at the camera (and whomever is on the other side of it). Experiment with standing up, talk with your hands, exaggerate your expressiveness a bit, use some small talk to help people feel less guarded, remember your bedside manner and eye contact. I could go on!

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

Provider:

Favorite podcast: NEI Podcast & the PsychopharmaStahlogy Show (from the Neuroscience Education Institute and Dr. Stephen Stahl)

Favorite Authors: The Bible, James Malone-Lee, Atul Gawande, Nassim Nicholas Taleb, Chris Voss, Daniel Kahneman, Tiago Forte, Annie Murphy Paul, Robert Greene, Michael Greger MD, Daniel Amen MD, John Greenblatt MD, Jeffrey A Lieberman MD, Henry Marsh, Bernard M Patten MD, Brene Brown, Jim Collins, and of course J.K. Rowling!