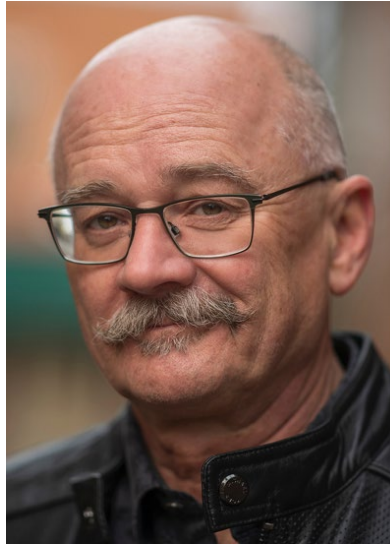


## Wyoming Telehealth Network

February 2025

### Provider Spotlight:



Harris Jensen, MD

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

I first heard about it several years ago, during a Google Search of providers in Wyoming. I felt WTN seemed like a useful outreach but I didn't see how it could help me! I just didn't read enough of the WTN website. Now of course I see it offers a great network. Four people have personally encouraged me to keep contacting facilities and just let them know I am a mental health provider in Wyoming. Already I've had good responses from the Wyoming Behavioral Institute in Casper and High Point Counseling in Rock Springs. I went from invisible to visible—I just needed to know what to do. My focus is to reach out into rural areas and provide mental health services where they are dearly needed.

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

I started telehealth services during COVID. Just before that, I recall my daughter giving me a video call while I was driving. It felt so annoying. I told her to give me an audio call and I told myself that would be the last video call I'd ever make. Of course now I spend hours per day in video calls! It's the new normal. I saw during COVID (spring 2020) that I had fewer no shows with video calls. At first the experience of the video call was awkward for me. I felt like I was staring at a screen (which I was) and trying to imagine what the real person was like on the other end of the call (which I was). Quickly I saw there was a "personal connection" on the video calls. This was a new era. Patients raved about the convenience of the calls, it saved a lot of money in gas, provided greater access especially for working moms and men working in the field somewhere. I saw telehealth calls were a big plus for patients and allowed more people to access care—especially in rural areas. Gradually I got used to this technology and then offered more of it.

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

I'm reaching many people who would never be able to get mental health services otherwise. I grew up in North Dakota, so it is heartwarming when a rancher or farmer says thanks for the visit, and they can quickly get back to their work. Telehealth helped me reach them and keep reaching them—because of the convenience of these calls. It's a game changer.

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

Being able to reach people in rural areas. In Wyoming, I go elk hunting every year in the Snowy Range. It has been great meeting the ranchers and ranch hands there, and other hunters. I've made a lot of friends through the years. Now with telehealth I can reach out to people like them, and make a difference in their mental health. I feel like I'm back in my roots. I got my medical degree at the University Of North Dakota School Of Medicine, where they emphasized training for rural areas, and now I'm practicing what I was trained to do.

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

Stay positive about trying to get the technology to work. Keep asking for help. Some people find the best platform is Zoom, but others prefer other platforms, such as Facetime calls or audio calls. Some calls won't work because of the phone signal or WIFI. They might be weak. Some people get new phones, new phone service, or new WIFI Routers to find a fix. I also have a secure video call platform I can use through my electronic medical record service "ICANotes," if the other approaches don't work. So I would tell patients keep asking for help to find a platform and network to make the video calls work. Ask AI on Google.

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

Work with the Wyoming Telehealth Network and make connections. Keep a running document in Google Docs of what questions you have and the solutions provided and who you are talking to. People have figured it out ahead of you. Talk to a provider in your field. I've gotten useful help from other mental health providers—that is useful because I am a psychiatrist and they can anticipate what hurdles I might be facing.

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

Getting familiar with using it and debugging bad calls when they happen. Patients often had weak cell phone signal and didn't know they could call on Wi-Fi—or just go over to an audio call. Now if a telehealth call fails I can usually trouble shoot with the patient and find a solution. If they have an iPhone, try Facetime. If they have good WIFI, try zoom. I am still wrestling with how long it takes to start a Zoom call when I email a link, but I'll bet I can text the link to make a quicker connection, I just haven't tried that yet.

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

I am a solo provider. I am able to get faster response times to new visits or follow-up visits, because they have the option of a telehealth call. I can work some people in on my lunch hour for a 15 minute visit, and they can work in the time, because it is on their lunch time too. I am more responsive to them, and they are more responsive to my requests to see them in a timely fashion, all because of the telehealth option.

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

It is easy to react to technical issue with pessimism and just give up on trying to make a telehealth call work. I did that a lot! And I wrote a book called, The Prescription For Positivity, so I should know better! I learned (the hard way) that learning is social and nothing beats a support network for solving the many technical, medical and legal issues involved in making a telemedicine service work. There are more challenges in the future too, so I will lean on my Wyoming Telehealth Network for answers.

10. Do you have any telehealth hacks or tricks?

As long as I have them on the phone call, I can text them things. I'll text links to a website or NIH paper. I spoke with one person from rural Wyoming who had a lot of general questions on how telemedicine care works for mental health issues. I sent him a free copy of my ebook, "Breaking The Cycle Of Mental Illness," by text and he could start reading it that day. This never would have happened 10 years ago. So new technology is making new things possible. I will share this ebook with the Wyoming Telehealth Network, if they want to share it with others. Otherwise, I will soon have it posted on my website at [www.harrisjensenmd.com](http://www.harrisjensenmd.com) in the "Books" section, where it will be free. <https://www.harrisjensenmd.com/books>.

I have worked on improving the "user experience" of my patients. Many prefer audio calls so I am OK with that. For audio and video calls I use two cell phones. When I finish one call, I hand it over to my secretary so she can get the copay and schedule the follow-up visit. If I rely on patients to call back to do this, sometimes it doesn't happen and this is convenient for patients: they like it. I have two little tripods for calls with these two phones. This allows me to prop the phone up just behind in the center of my laptop. Then during the call, it looks like I am looking directly at the patient (part time), which I am, because of the camera angle. Having the phone to the side is not so good for user experience (for some people). I do some calls using the camera on my laptop (as with a zoom call) but then when I refer my patient to my secretary to schedule the follow-up visit, I have to hang up the call because I need to use my laptop for my next patient's visit. Sometimes I have to do that but it isn't ideal.

So the two cell phone set up works the best for me. Then there is image quality. I have a south facing window, but at night I turn on two led lights so I look ok. Well, I don't know if I look ok but the lighting is ok! Then there is the psychology of looking at your face all day on video calls! I put the video window of me on the call in the lower part of the screen, and this is behind the screen of my laptop, so I just see my patient in the video call, and I'm not distracted by looking at me all day (that would be a little narcissistic). These are some of my best hacks!