

Wyoming Telehealth Network

March 2022 Provider Spotlight

Dan Surdam, MD and Amy Surdam, FNP



Dan Surdam, MD is a Board Certified Emergency Physician and CEO/owner of InstaClinic. Amy Surdam, FNP is The COO/owner of InstaClinic. They founded Stitches Acute Care center, now Nova Health.

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

Dan and Amy Surdam: We first heard about telemedicine more than a decade ago. Initially, it was very sporadically used. The technology was clunky and expensive. Now, we are happy to see the rapid advancement since 2020! Covid helped advance the technology and patient adoption of this technology when receiving healthcare.

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

Dan and Amy: We began offering telemedicine in 2016. We have always thought that there is a great opportunity to advance healthcare through technology. Wyoming is a very rural state and recruiting and

retaining providers, and especially specialists, in remote areas can be challenging. We felt that telemedicine could help bridge this gap and provide increased access to health care.

3. What motivates you to continue offering telehealth services?

Dan and Amy: The need for healthcare is never going away. There will always be a need for healthcare, for accessibility, for earlier detection and intervention. We believe that telemedicine will continue to offer more and more solutions for people to become engaged and proactive in their health. As healthcare providers who have spent careers in Emergency Medicine and Urgent Care, we understand the value of keeping people out of the ER by screening, triage, and education. We want to be a part of the bigger picture of shifting healthcare to these strategies rather than a typical reactionary approach to medicine.

4. What is your proudest accomplishment with telehealth?

Dan and Amy: We were offering telemedicine several years before the pandemic started. In the first few weeks of COVID, our telemedicine use went from a handful of patients a day to 30 to 50 visits a day. Additionally, patients began to use our telemedicine services from our parking lots as they waited to be tested. We moved quickly to and deployed providers to answer these calls. We also developed an app that allowed patients to access our telemedicine platform more easily from home and the parking lot. We feel like we were prepared and responded well to the pandemic and the challenges that came with it especially as it pertains to telemedicine. Our proudest accomplishment was offering a safe alternative to traditional office visits at a time when so many people were scared and confused.

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

Dan and Amy: Just do it! We have always thought the first visit is the hardest, but once you log in once, you will realize it is no different than Facetiming a friend.

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

Dan and Amy: Offering telemedicine may seem intimidating, but it is not that difficult. It's great for your patients and offers flexibility for everyone. When starting select a platform that is easy to use and cost-effective. There is no need to purchase an expensive cart or platform initially. Telemedicine can be conducted by utilizing affordable platforms such as Zoom or Doxy.me at an affordable price.

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

Dan and Amy: Internet capabilities in remote areas are a challenge. We are thankful that the state is prioritizing broadband to help combat this.

With regards to fully virtual healthcare practices, we've also found that obtaining malpractice is a challenge. With patience and persistence, it is possible to find companies that will provide this. We also have found credentialing a challenge as payers often require a physical clinical address. This requirement and lack of understanding of how virtual healthcare operates prevent an unnecessary barrier to patient care.

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

Dan and Amy: Telemedicine will continue to be an important service line.

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

Dan and Amy: Initially, we thought patients and insurance companies would have adopted this healthcare delivery system more readily. That being said, it has been a slow and gratifying journey.

10. Do you have any telehealth hacks or tricks?

Dan and Amy: “Webside” manners matter. Be sure to engage with the patient as you would in a clinic. Be sure to have an uncluttered work area and good lighting as well. It’s also okay to pivot when there are technology challenges. If there is a poor visual connection, sometimes finishing the visit via a phone call will suffice.