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Physicians Bulletin

2017 VOLUME 38, NUMBER 2

A Publication of the



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Audrey Paulman, M.D.
 Editor
 Physicians Bulletin

My Reality and Also (Possibly) Yours

TODAY, I AM GOING to talk about something at the center of my reality – the dual physician medical marriage. I am a physician, I am also the wife of a physician, and I have been in a dual-physician marriage for nearly all of my adult life. At the time I graduated from medical school, this dual physician marriage was somewhat unusual.

Over the years, times have changed. According to the AMA Work/Life Profiles of Today's U.S. Physicians, 2014, of the physicians under the age of 40, 26 percent are married to other physicians.

Dual physician marriages are common in my life. In my family, we have two generations of dual physician families. My son and daughter-in-law are in a dual physician family. My husband, Paul, joined me on this medical journey when we were in the second year of medical school. I am grateful to have had such a supportive partner in this journey through life.

In my academic unit of 36 family physicians, one-third are married to physicians. In 85 percent of these dual physician families, both physicians are actively employed as physicians.

As the population of women in medical school has reached parity with the male students, I wonder what the impact will be. Medical students increasingly marry medical students. These couples will work to balance work life and home life, professional, spiritual, and family needs, and still try to find time to be a person. With the potential of substantial income, carving out this personal and family time becomes increasingly important. The effect of the two physicians' workload can be cumulative, and it can be difficult for the couple to just get away from medicine.

Much is written about stress in medicine, but little is known about what happens when the

spouse is also a physician. Is organizational support available, as the demographics of practicing physicians change?

There are traditionally described supportive behaviors, which include emotional, instrumental and informational support. Instrumental supports, which include tangible aid and service, may include a partner's choice of specialty, practice location selection, and choice of work hours to accommodate the partner's professional life. Informational support, which includes advice, suggestions and medical problem-solving are very common in medical marriages. Emotional support, described as showing empathy, love, trust, and caring, also need to be present. The availability of emotional support may be different when both partners share similarly stressful workplaces.

Over the years, I have had a lot of support from other physicians. I am thankful for those who provided instrumental support, by entertaining my children in the doctor's lounge, helping to cover duties when I had family emergencies, and trading Saturdays when the schedule got too hectic. But mostly, I have appreciated the emotional support from other physicians, especially those living the dual physician lifestyle.

There is a good chance that you, as a physician, are either in a dual physician marriage, or practice with someone in a dual physician marriage, or are trying to recruit a new work partner who has a physician spouse. There are questions to ask.

- What is the impact on the organization that employs individuals from a dual physician marriage?
- What is the impact on the individuals in a dual physician marriage from the organization that employs them?

The first step is to increase awareness of dual physician marriages.

Three couples who are members of MOMS are featured in this edition of the Physician Bulletin. I hope you enjoy reading their stories. It provides some insight into this increasingly significant population of physicians, and may trigger conversations about institutional support for this group of physicians.

Also, as I introduce this edition of the Physician's Bulletin, I would like to direct you to profiles of three physicians who have recently changed practice. While they acknowledge that change is not easy, they have shared thoughts and experiences that may be helpful to you. Thank you, Julie, David, and Marcus, for sharing your journey.

I am pleased we have an article from our MOMS president about skin cancer prevention. Dr. Watts has information about what all physicians can do to help patients prevent skin cancer. Interventions that he lists are quick, cost nothing, and make a difference.

MOMS has a new website, to make it better for us all. Thank you, Laura, for working on this project, and to Carol for making happen. It is an important public face of the organization, and important tool for members.

Please check out the new website. It allows you to identify peer groups for friendly networking, stress management tools, MOMS events, and member discounts. Taking time to network is important. Whether you are seeking advice, looking for new ideas, or friendship, MOMS members can help. 

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The Power of Reading and Vocabulary



David Watts, M.D.

President

Metro Omaha Medical Society

MY LATE FATHER SAID his early childhood memories didn't include his dad, who apparently drifted across the Great Plains in search of farm labor jobs. Grandma did the best she could to raise three children in what amounted to a single-parent household. If there wasn't time to read to them, at least they had clean clothes and didn't go hungry.

A lack of early interaction with adults may not have been responsible for dad's personal and financial struggles over a considerable portion of his life. Personal choices, role models, and perseverance also greatly influence life trajectory. Through self-study and a bit of luck, my father's turning point was a correspondence course that began his successful 40-year career as an electrician. His reading ability undoubtedly contributed to his accomplishment.

Two powerful predictors of achievement are early exposure to vocabulary words and simple encouragement. In one important study, children who got more of these had greater learning ability and social success by 18 months of age than those who did not. And the gaps widened further during their school years. Because of those gaps, early advantages often predict success in life. And poverty often results in more poverty, with the familiar heavy problems and costs to our communities and society.

The main point is that we can do something about it. Reading and vocabulary go hand in hand. In my case, I was a shy, nonathletic kid who developed strong reading habits, probably because my parents were both readers.

My reading skills, plus the support of teachers and mentors, have been essential to personal growth and success in every phase of my life. Which is why research that shows the profound lifelong impact of early vocabulary development and encouragement inspires me.

The work of Nobel Laureate and University of Chicago economics professor James J. Heckman is particularly heartening. He and his colleagues recently published long-term follow-up data from two randomized early childhood studies in North Carolina. Children in the studies had been positively engaged by caregivers in a nine-hour daily child care setting, fed nutritious meals, exposed to a rich vocabulary, and had basic health screening from the ages of eight weeks to five years.

The results showed strong and enduring benefits for the study children. They were healthier, better learners, and more appropriately engaged than the children who were not in the study. Importantly, the study children grew into demonstrably healthier adults who got more education, earned higher incomes, and were less likely to encounter the criminal justice system.

And the benefits extended to their parents, who also achieved better education and work experience, and became more engaged and skillful at parenting. Programs like those in North Carolina have the potential both to solidify family structure and pay enormous societal dividends across generations.

The clear benefits of early childhood education have attracted the attention and enthusiasm

of parents, business leaders, policy makers, economists, educators and criminal justice people nationwide. There is national participation in pre-K education with the Head Start program. Many states, including Nebraska, provide state support of early childhood education. But the families with the greatest need still have the least access.

Economic and political realities are stimulating innovative programs at the community level. This is one area MOMS physicians are making a difference in our region. The Baby Reads program partners MOMS physicians with the Omaha Public Library to increase early literacy by encouraging parents to read to babies and toddlers. This program has potential to expand by teaming up with other organizations to serve older children too. Evaluation so far is promising.

There are numerous organizations devoted to early literacy and education of children in our state. There are also many opportunities for us, individually and collectively, to be engaged. Through 2017 and beyond, MOMS leadership is committed to working together to leverage our impact on our children, families and communities. Whether it is through volunteering, advocacy or financial support, I hope we can all find a way to contribute.

Reading changed the trajectory of my father's life and mine. Helping families do the same with their children is something of which he would be proud of. 



Dale Mahlman
Executive Vice President
Nebraska Medical Association

Did You Know?

Medicine and Nebraska Have Colorful Histories

THE METROPOLITAN OMAHA MEDICAL Society was founded in 1866, the state of Nebraska was admitted to the Union on March 1, 1867, and, in 1868, the Nebraska Medical Association was founded. Wow, that was an amazing three-year period of time.

Since that time over 150 years ago, much has changed within the state and within organized medicine as well. This NMA message will focus on changes the more recent past and the influence these changes had on present day, giving you a better understanding the role medicine played in shaping our state.

Did you know that in 1966, van ambulances began operating in the Omaha metro area and were subsequently tested in 12 cities and towns across the state? Am I the only one who remembers when a hearse was used to transport the living? Modern ambulance service originated with local physicians teaching local volunteer squads and later with UNMC providing full day courses in Lincoln each year. In 1968, this medical advancement expanded via television from the UNMC campus to Omaha, Lincoln and Grand Island VA facilities.

Did you know that Advanced Trauma Life Support originated in Nebraska in the mid-1970s following the crash of a private plane that was carrying a Lincoln physician as the pilot, his wife and three children? As a result, Lincoln area physicians worked on the development of ATLS which evolved into a statewide educational offering. By 1979, this course was adopted by the National Trauma Committee of the American College of Surgeons as a national course. As of last check, the ATLS course is now taught in over 13 languages in over 45 countries.

Did you know that air ambulance services were originally tested by the Nebraska National Guard based on experiences from the Vietnam War? UNMC and the initial hospital helicopter service began in 1981. Good Samaritan Hospital in Kearney began providing this service to Greater Nebraska in 1982.

Did you know that the University of Nebraska was one of the first universities in the nation to provide emergency care teams consisting of doctors, nurses, paramedics and EMTs for football games? Today, when 92,000 Big Red fans gather on a nice Saturday afternoon, they are the beneficiaries of on-site rapid response and medical services second to none outside a hospital setting.

As this edition of the MOMS Bulletin describes, much else has changed over the years with the rising number of dual-physician families, changing methods of delivering health care and more specifically, primary health care, and the invention of new technologies and therapeutics for improved patient outcome.

A century and one-half later, Omaha and Nebraska physicians are still putting the patient first, and the NMA and MOMS are “Advocating for Physicians and the Health of all Nebraskans.”

*On a personal note, the information I outlined in this column was provided to me by retired state senator and surgeon, Joel T. Johnson of Kearney. He has visited with me often on the resourcefulness of Nebraskans and he “talked the talk” while serving in the Nebraska Legislature from 2002-2008. It was during that time that he introduced and led the effort to make Nebraska smoke-free, which was accomplished in 2007 with the passage of LB 395, the Nebraska Clean Indoor Air Act. It was the advocacy of many, led by Dr. Johnson that protected the “Health of All Nebraskans” for years to come. 



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What to Think About When It's Time

THERE COMES A TIME in every physician's career when they ask themselves "Do I need to make a change?" This change could mean many things including buying into ownership of your practice, starting your own private practice or selling your private practice. Typically, these choices require assistance from experts in fields other than medicine. There are several places you can turn for this advice but hopefully when the time comes you have established a trusted network of people to help.

When the answer to the above question is "Yes" chances are good that you will need some type of financing assistance. Hopefully this relationship is well established and you have confidence you will find what you are looking for in assistance. There are many options to consider when looking into financing and fortunately many people are here to help.

Let's say you have the opportunity to purchase shares in your current practice. The funds needed here will be personal so you will need to provide several items of personal financial information to get funding. Banks offer several types of loans that will help so you need to answer several questions to make sure the loan fits your needs. The first is "How do I plan to pay the loan back?" which is quickly followed by "How long do I need to pay this back?" If your practice pays quarterly dividends, this may be the best source of repayment therefore you will want to make sure you can make quarterly principal payments so it stays in line with your income. You will also then be able to determine based on the projected dividends how long you will need for repayment. In any borrowing circumstance, there are several important factors to consider, including interest rate, associated fees and your personal preference for the structure of the loan.

If you are deciding to open your own practice, there are obviously many questions to consider. The key to making the process smoother and more efficient is for you to be prepared. There are many items that you know you are going to need to get the process started with your banker. You will need to have a business plan put together which describes your practice structure, goals, timeline and other various operational and logistical details. You will also need to provide a pro forma along with cash flow projections that can be used to assess the financial potential and viability of the business. Early conversations with a banker who understands your practice needs can allow for creative or optimal structure in the financing of the practice that helps you achieve your greatest success and valuable peace of mind.

Once you have come prepared to your banker, you will have a variety of options that can be tailor-fitted to your personal financial preferences and for the use of funds. Think about the items which may be most important to you. One of the main reasons that many start-up companies fail is due to lack of adequate funds. It is important that your well-prepared business plan allows for plenty of cash flow to run your business without financial worry. Being prudent and fiscally responsible is highly important in the process but not accounting for key items can hamper a new business. You may be able to accomplish having a financial security blanket using either a line of credit or asking to take several draws over the first six months or year of the company's start. If you do this the loans final amount may vary based on your needs.

All in all, there are many choices and many things to consider when making a major change in your medical career. Like with any major decision we hope you have established your trusted relationships before you need them. A great banker can help make the process as simple and efficient as possible! 

Training Future Physician Scientists

WITH AN EVER-INCREASING EMPHASIS on practicing evidence-based medicine, it is becoming more apparent that the next generation of physicians must be skilled not only in delivering effective patient care, but also in utilizing and contributing to innovative solutions to health problems. While medical school and some residencies and fellowships can provide research-oriented training, combined M.D./Ph.D. programs (like that at University of Nebraska Medical Center, of which I am a member) ensure formal, Ph.D.-level training in research that compliments the medical curriculum. The goal of such dual-degree programs is to give their students the tools to become physician-scientists who can synergistically conduct research and deliver patient care.

This career path often points toward a career in academic medicine – especially if the physician-scientist conducts basic science research in fields such as cancer or neuroscience – though more clinically oriented research can also be undertaken in private practice. Other career opportunities include positions in the pharmaceutical and biotechnology industries, which recruit M.D./Ph.D. trainees for their capacity to oversee translational research projects. Although graduates of M.D./Ph.D. programs have no requirement to pursue research as part of their medical careers, they are specifically trained to do so.

The program of study at UNMC is similar to most other combined M.D./Ph.D. programs, in which trainees complete two years of medical school (the curriculum is no different for M.D./Ph.D. students) and take the USMLE Step I

exam before beginning full-time Ph.D. research. The Ph.D. portion is not abbreviated for M.D./Ph.D. students, and takes three or four years to complete. While it can be difficult to retain all preclinical knowledge during the years of research focus, clinical skills are maintained by monthly shadowing experiences with a physician of the student's choice. Participation at student-run clinics and other volunteer experiences are also available. Once a student's graduate dissertation is written and defended, he or she graduates with a Ph.D. and matriculates back into medical school with the rising M3 class to complete the final two years of medical school, then typically applies for residency. This makes for a long training period, but most M.D./Ph.D. programs waive tuition for medical and graduate school; at UNMC, these funds are provided through the College of Medicine and Chancellor's Office. This allows M.D./Ph.D. trainees to pursue research and academic medicine without a significant medical school debt load.

Like biomedical research generally, the research areas available for students to pursue during their Ph.D. training at UNMC are broad. Selecting from disciplines ranging from fundamental laboratory research to population health, each M.D./Ph.D. student can choose a research mentor based on his or her interests. Recent students at UNMC have conducted their graduate research in neuroimaging, biomedical engineering, and clinical outcomes. While it may be advantageous to undertake a research project that corresponds to a clinical field of the student's interest, such a relationship is not required (after M2 year we

are just as uncertain of residency choice as our medical school classmates). The wide range of research training undertaken by M.D./Ph.D. students at UNMC portends the potential for a broad impact in many healthcare fields in the future.

Perhaps one of the most valuable learning experiences that M.D./Ph.D. students can undertake while in graduate school is competing for national fellowships awarded by organizations such as the National Institutes of Health or American Heart Association. Successfully obtaining these awards not only improves a CV, but also provides critical experience in the art of grant writing, a skill prerequisite to developing a fully independent investigative career. As publishing a first-author research article is required to graduate with a Ph.D., successful M.D./Ph.D. students obtain significant formal experience in scientific writing and navigating the peer-review process that many other medical students do not have the opportunity to practice.

The M.D./Ph.D. program at UNMC seeks to train the physician-scientists of tomorrow in a wide range of disciplines to ultimately improve the understanding and efficacy of the practice of medicine. As trainees, we hope to become leaders in developing therapies for our patients and providing evidence that guides medical decision making and policy. Although long and sometimes arduous, the M.D./Ph.D. track provides the training required to begin pursuing these career goals. 



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Ready for Change:

Three Physicians' Stories

THEY ALL HAD THEIR reasons. And they all made it work.

Julie Spencer, M.D., and David Keller, M.D., looked to be part of their own private practices. Marcus Snow, M.D., wanted to work with students and conduct research – while still seeing patients.

Change is never easy, the three physicians reported, but sometimes taking chances can lead to better things.

These are their stories:

DR. JULIE SPENCER: 'WE WANTED IT TO BE OURS'

Dr. Spencer has some advice for physicians looking to start their own practice: Get a good business manager.

"We are fortunate to have a really good one," she said. Their manager runs other practices and her clinic pays for her services. "We wouldn't be nearly as successful without her."

Dr. Spencer said she wasn't looking to move from working for a health system to operating her own clinic. She had spent the past 15 ½ years at one location, followed by five years before that at another. "I was happy doing what I was doing. It was working fine."

A change in health care at the national level – a focus on relative value units – affected her livelihood. So she approached two physicians at her previous practice – Amanda Kester, M.D., and Angela Law, M.D. – "one of whom was looking, one who wasn't."

They spent the next 19 months looking for a location (their first choice fell through), creating a business plan, securing financing and working through the legal documents.

Now one year after opening Essential Family Medicine in southwest Omaha, Dr. Spencer said, the trio has exceeded their business projections for their first 12 months.

Still leaving the security of working for a health systems didn't come without hesitation and consternation, she said. "It was not without a little trepidation. I had never done something like this before. The surprising thing is how many

new patients we're getting on a weekly basis. Each of us is averaging several new patients per week." This came after each saw patients from their current location follow them to their new one, Dr. Spencer said.

One challenge the trio encountered was creating a new medical record for each of their new patients – even if they had come from their previous practice. In some cases, Dr. Spencer said, she was inputting medical history from 20 years of clinic visits. At times, she said, she was spending 15 to 20 hours per week working on medical records – because the partners wanted to do the work themselves. "We wanted it to be ours."

The brunt of that time commitment has now passed, Dr. Spencer said, and the trio now can focus on their patients and growing their business.

"My day-to-day has not changed a lot. I still work and I still see patients. However, there were extra demands that came with working for a health system."

continued on page 18 ➤



Dr. Julie Spencer with partners Dr. Amanda Kester (left) and Dr. Angela Law (right).



The Spencer File

Hometown:

Imperial, Nebraska

Undergraduate:

Hastings College in
psychobiology

Medical Degree:

University of Nebraska
Medical Center

Residency:

Clarkson Family Medicine
in family medicine

Specialty:

Family medicine

Location:

Essential Family Medicine

Hobbies:

Reading and traveling

Family:

Children, Ben and Anna

Why I Joined MOMS:

"I wanted to be part of the
local medical community."



The Keller File

Hometown:

Omaha, Nebraska

Undergraduate:

St. Louis University in biology

Medical Degree:

University of Nebraska
Medical Center

Residency:

St. Francis-Mayo in LaCrosse,
Wisconsin, in family medicine

Specialty:

Family medicine

Location:

Primary Care Physicians

Family:

Wife, Erin, and five children

Hobbies:

Being a husband and a father;
cycling, reading, and playing
games with his children

Why I Joined MOMS:

"I wanted to be part of the organization. I have benefitted from my involvement, especially from the CME opportunities and conferences MOMS offers."



Dr. David Keller

» continued from page 17

DR. DAVID KELLER: A LEAP OF FAITH

David Keller, M.D., always kept his dream to work in private practice close at hand.

He enjoyed his work with a health system and the stability it afforded. He especially enjoyed time spent at work with his colleagues. But as health care changed, Dr. Keller said, he kept thinking about making a change. "I thought 'maybe it will happen.'" In the meantime, he said, he continued to work to improve his practice and his skills while his family grew.

Throughout this time, Dr. Keller said, he yearned to find a way where he could practice medicine and, when appropriate, share his faith. "I wanted to bring a sense of spirituality into my practice."

Twenty years into his career, he said, he decided it was time to try something different. "It was just the desire that I could do it better. My wife was supportive. I decided it was time."

Dr. Keller initially was part of a small practice. "It was overwhelming and exhausting. I was receiving a crash course in business. It seemed like I was earning an MBA. I learned a lot."

About 18 months in, an offer came to join Primary Care Physicians in Omaha. He now works with six other physicians and a nurse practitioner. Eight months

in, Dr. Keller said, he knows he has found his place. First, he no longer has to worry about establishing the business, and all that entails. "I didn't have to figure out the intricacies of running the clinic. It was already in place."

Then, he works with physicians who welcome individuality. "That was a big draw. I work with nice people."

He described his clinic as "non-denominational," meaning he feels comfortable talking about his faith with patients. His partners have their own approaches to their practices – and they support one another. He also focuses on improving his interpersonal skills.

"I am happy and consider myself blessed."

DR. MARCUS SNOW: 'I MISSED THE ACADEMIC SIDE'

After Dr. Snow finished his rheumatology fellowship, his focus was on patient care. He spent the next 5 ½ years practicing medicine in an independent small group practice.

"I wanted to stay in Omaha. Everything matched up at that time. It was a great opportunity for me to get started."

But all the while he thought back to his high school days when he was torn between teaching and



Dr. Marcus Snow

practicing medicine. “As I practiced I found myself enjoying teaching. I realized I missed the academic side more than I thought I would.”

Dr. Snow had remained in contact with his colleagues at UNMC. He approached James O’Dell, M.D., chief of UNMC’s Rheumatology Division, to discuss possibilities. “Ultimately, he thought there might be an opportunity that fit.”

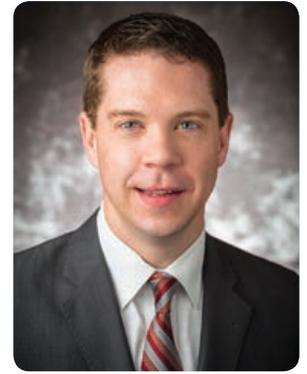
There was. That was two years ago. Part of the plan was for Dr. Snow to see patients at Nebraska Medicine’s Village Pointe clinic site and to continue an already established outreach to Columbus, Nebraska. He now spends 80 percent of his time seeing patients with all types of rheumatic disorders. He also has developed a special focus in scleroderma, and is the head of the UNMC Scleroderma Clinic. His remaining time is spent with residents and fellows, and conducting research based on his work with scleroderma patients.

Dr. Snow said he has noticed that change in a larger organization takes a bit longer. “When I was in private practice, we organized an outreach clinic to Columbus in the matter of one 20-minute meeting and a site visit. As I transitioned over to UNMC and Nebraska Medicine, I wanted to keep my Columbus outreach going. There were a few more steps that needed to be completed to get it running.”

He feels, however, that the larger organization allows for easier patient care. “In the end, the framework provided by Nebraska Medicine and UNMC has allowed my clinics to grow in Omaha and Columbus.”

Dr. Snow said he couldn’t be happier in his new role. “The opportunity Nebraska Medicine and UNMC provided me is something for which I am very thankful. I feel like I’m back at home.”

For more information on financial considerations related to making a practice change, see the Financial Update column on page 14.



The Snow File

Hometown:

Grand Island, Nebraska

Undergraduate:

Wake Forest University in biology

Medical Degree:

University of Nebraska
Medical Center

Residency:

Internal medicine/
pediatrics at UNMC

Fellowship:

Rheumatology at UNMC

Specialty:

Rheumatology

Title:

Assistant professor in internal
medicine at UNMC

Location:

Nebraska Medicine Village
Pointe Multispecialty Clinic

Family:

Wife, Erin

Hobbies:

Golfing, swimming, cycling
and photography

Why I Joined MOMS:

“I think through the years I’ve seen how MOMS helps physicians at all levels of their careers. It’s a great organization that helps us in many ways.”



Drs. Grant and Kathryn Hutchins

'It was mutual'— Physicians Who Marry Physicians

N A WAY, YOU could say they defied the odds – although not intentionally.

Grant and Katie Hutchins, Beau and Sarah Konigsberg, and David Crotzer and Becky McCrery sounded like they were reading the same script when they explained how they weren't looking for a spouse as they began their medical training. But here they are – all with medical degrees, all married with children while practicing medicine.

And here they are, finding balance between their professional and family lives.

Yet they weren't surprised to hear that the key findings in a survey of nearly 5,000 physicians conducted by AMA Insurance projected that nearly 40 percent of physicians are likely to have a spouse who is a physician or health-care professional.

"You don't get to choose the profession of the person you fall in love with," said Beau Konigsberg.

Sarah Konigsberg added: "My advice is to make it work. There's probably a reason 40 percent of physicians marry another physician."

The Konigsberg met during their first week of medical school. "I thought I was going to medical school to study and to work hard. I didn't think I would socialize and start dating a classmate and then marry him," Sarah said.

The Hutchins got a later start, but with the same result. They first met while she was working as a physician assistant and he was completing his internal medicine residency. They remained friends for several years before taking the next step.

"Our years of friendship have helped solidify our successful marriage," Grant said.

"Life's circumstances brought us together," Katie Hutchins said.

David Crotzer suggested he was more interested in a relationship than his future wife, Becky McCrery, was. They had been friends for three years after meeting while both were completing their residencies.

"Over time," David said.

"It was mutual." Becky finished his sentence.

Grant and Katie Hutchins: Focusing on What Is Most Important

The Drs. Hutchins hear the question quite often: How do they manage to work together and live together without affecting their marriage?

First, they rarely have lunch together because they rarely see each other during their workdays. "Our group practice is quite large. We work at multiple locations in Omaha and surrounding area. It is an added bonus if we see each other during a workday," Katie said.

So they take advantage of their time at home, but make their children the top priority. They try to limit work discussion to five minutes during times with the children. "We appreciate being in same field," Katie said. "It's nice to discuss a difficult case or management issue should the need arise." (Both work as gastroenterologists at Midwest Gastrointestinal Associates.)

Instead, their talk is about their daughters. "We are actively involved in all aspects of our children's lives. It is rare that we need to ask for help."

The Drs. Hutchins sometimes turn to their parents for assistance – especially when both have early morning obligations with patients. They said they typically know when those days will come well in advance.

Katie also has reduced her workload to 13 days per month (and full-time on call) in order to spend more time with their children. It was a conscience effort, but one that prompted her to examine the benefits and challenges that came with reducing her workload.

"I don't think it's possible to both work full-time and be as hands on as we want," she said. "I think it comes down to personal preference. For me, it's important to spend time with the girls before and after school as well as participate as a room mom at school."

At the same time, she said, she was encouraged by her peers to continue to work full-time. "It takes 10 years of training to practice gastroenterology. But most important is finding balance so you have a satisfying career and a happy home life."

The Drs. Hutchins said their focus is on eliminating their remaining medical school debt, building a college fund for the girls and growing their personal retirement fund. "We are pleased with the progress we are making," Grant said.



The Hutchins File

How They Met:

During medical training at UNMC

Their First Date:

Dinner at the Flatiron in Omaha

How He Proposed:

Grant proposed on a surprise weekend trip to Colorado

Their Honeymoon:

New York City to attend the U.S. (tennis) Open

Their Children:

Daughters, Lauren, Grace and Evelyn

continued on page 22 »



The Konigsberg File

How They Met:

During orientation their first week at UNMC

Their First Date:

Dinner at the now-closed Breckenridge Brewery in Omaha

How He Proposed:

Beau proposed at Sarah's house as they were celebrating the completion of their general surgery rotation

Their Honeymoon:

Italy, nine months after they were married

Their Children:

Sons, Leo, Rex and Drew



Drs. Sarah and Beau Konigsberg

» *continued from page 21*

Beau and Sarah Konigsberg: Committed to Making Family Work

Beau and Sarah Konigsberg tried to agree on the perfect time to start a family, but came up short. So Sarah settled the matter: "There's never a perfect time to have a child (during medical school)," Sarah said. "I would say do it when the time feels right to start a family."

For Beau, an associate professor in UNMC's Department of Orthopedic Surgery, a good time came when he started his stint as chief resident. Sarah, an endocrinologist with Diabetes & Endocrine Associates, had a child during her fellowship and 2 more while she was running her own practice.

Now, after waiting five years to start a family, the couple has three sons – and works to find the balance between practicing medicine and raising a family. But, they said, be prepared to live life on the fly. "We don't have a lot of absolutes,"

Beau said. "Nothing's off limits. We don't have a lot of rules."

"We have very little work discussion at home," Sarah added. "Maybe it's who we are."

"We leave work at the office, at the hospital," Beau added. "We try not to bring it home with us."

Still, Sarah, added, "We do talk a little bit about things."

Neither considered being a full-time stay-at-home parent when they started their family. "I like working, you like working," Sarah said. "We were committed to making family work."

Meaning making their schedules work. Sarah did decide to scale back and now works three days – although 40 hours -- a week. The couple employs a nanny. Beau explained their approach: "That's a luxury we can afford. I know people who do without. If you can afford it, it does simplify your life."

Although married for 16 years and practicing medicine for almost 10 years, the Konigsberg said they are still paying off their student loans. They said they were fortunate that Sarah's undergraduate schooling was mostly covered by scholarships and she earned scholarships for medical school.

The day they married, Sarah's father jokingly told Beau: "These (her student loans) are yours now."

Beau added: "Lucky we didn't have that much."

David Crotzer and Becky McCrery: Practicing Family-Friendly Medicine

Drs. David Crotzer and Becky McCrery consider themselves blessed to be working with partners who also take a family-friendly approach to their medical practices.



Drs. Becky McCrery and David Crutzer



The McCrery-Crotzer File

How They Met:

In Columbus, Ohio, where both were completing their residencies

Their First Date:

A movie, "Crouching Tiger, Hidden Dragon"

How He Proposed:

He was completing his fellowship in Houston, and she visited. He proposed after dinner at a restaurant

Their Honeymoon:

Hawaii

Their Children:

Daughters, Ellen, Cecilia, Julia

David said it's not uncommon for him to ask one of his partners to cover his pager for several hours while the family has dinner or the couple attend one of their children's school activity. And he's happy to reciprocate. "It helps to like the people you work with and who have a mutual understanding of what's important."

David, a gynecologic oncologist with Midwest GYN Oncology, said he sometimes interviews residency candidates participating in a couple's match. "I occasionally get questions about making relationships work during busy residency training programs. It adds complexity but if the relationship is important and a meaningful one, those things can be sorted out."

Becky, a urogynecologist for Adult and Pediatric Urology & Urogynecology, PC, said she would recommend that couples thinking of

a permanent relationship discuss finances, family and workloads early on. "If you don't have a plan before embarking on your family, it's easy for work and a busy practice to overwhelm your family commitments and they would have to take a backseat."

As for their medical school debts, the couple paid off their loans in just a few years. They both attended state medical institutions and lived frugally while in school. Then, they made paying off their loans a priority – even though, from a financial standpoint, they may have been wiser to extend the loans because of their low interest rates. "It was an emotional sense of relief," Becky said.

Over time, the couple has figured out its routine. Becky leaves work earlier in the day so she can attend their daughters' school activities, but

often brings work home with her – for later in the evening. David stays at work later, but never brings work home with him. When he's home, he said, his focus is entirely on family. "I'm pretty much on task for anything that needs to be done."

Before their children were school-age, they attended day care – with extended hours. Now, the couple has a nanny assist with after-school hours until they get home. David and Becky said they are careful not to become too reliant on their nanny.

"We don't want to hire someone and not participate in our children's activities," David said. "I think it gives us flexibility and freedom to do more things as a family. It's money well-spent."

"There is enough stress with our jobs and with raising a family, why not hire a little extra help to make life easier?" 🧠

MOMS Website Redesign: Physician Input Drives Design



MEMBERSHIP

GET INVOLVED

RESOURCES



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MEMBERSHIP



GET INVOLVED

THE DRIVE BEHIND METRO Omaha Medical Society's redesigned website "is an emphasis on functionality for our members," said Carol Wang, executive director.

A bonus is the new online member physician directory that allows visitors to the site to search for physician members, not only by practice, but also by name, specialty and ZIP code. Member physicians each have their own listing page which can be customized to include information such as board certifications or additional practice locations. (see screen captures on page 26)

The call for a website redesign began in 2015 with MOMS staffers' desire for a site that would both include a real-time searchable member directory and be a design that was mobile friendly across all devices. Adding to the need were existing challenges encountered when updating the current site. Its platform no longer was supported by the latest operating system used by MOMS staff. "We had to pull out an older computer each time we needed to update our site," Wang said.

MOMS turned to two web design companies – Elevate for the overall site design and

Object Lateral for the creation of the searchable directory – to complete the project, which was coordinated by Laura Polak, marketing and membership director. After nearly a year in development, the new site launched in January.

The website already has drawn positive reviews by MOMS members.

Wang added: "This website is another benefit of membership. We are always open to suggestions and their thoughts. We received their input throughout the process – and their suggestions made this a better site."

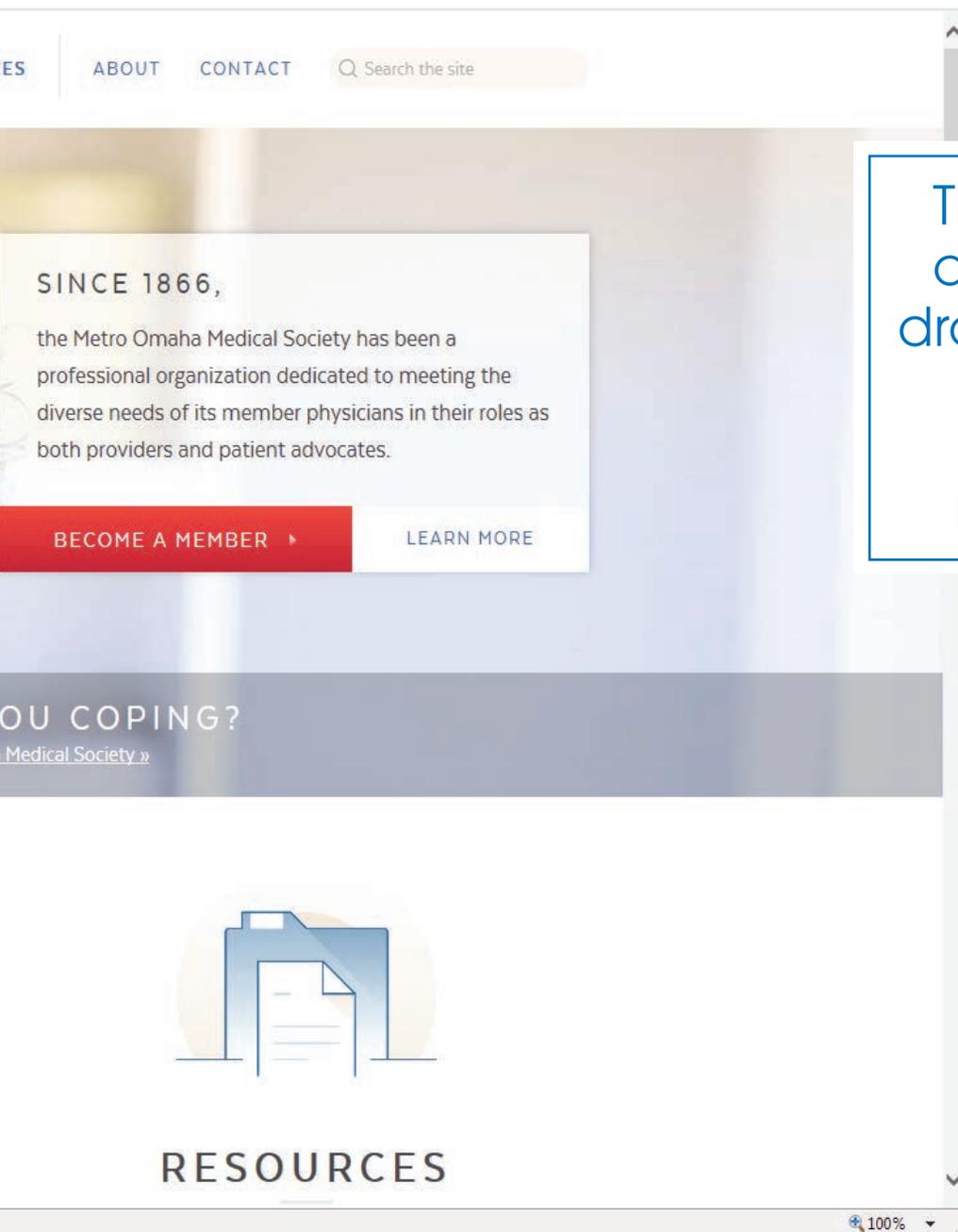
Members now have easy access to membership information, member benefits, an electronic membership application and secure online membership renewal.

Another component of the redesigned site is the Resources section, which includes a

wide variety of informational and educational resources for members, practice managers and the public. It features a subsection, developed by MOMS Task Force on Physi-

cian Burnout that is focused on providing information, education and resources such as MOMS new Provider Wellness confidential online stress and burnout assessment. MOMS assembled a task force in 2016 to address burnout, beginning with education.

continued on page 26 »



The website already has drawn positive reviews by MOMS members.

► continued from page 25

Another enhanced website component is the events calendar. MOMS members can add society events to their personal electronic calendars with a simple click of a button, Wang said.

Other components of the website are:

- An inventory of MOMS strategic partners. These organizations - selected because their experience within the health-care

industry – serve as valuable resources to meet the needs of member physicians and their practices.

- Information about the Nebraska Credentials Verification Organization (NCVO), which provides comprehensive credentialing to ensure that participating providers meet specific standards of professional qualification.

- Opportunities for members to get involved – including information about MOMS’ peer groups, community involvement and committees and boards. 



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- Indicate board certifications or sub-specialties
- List academic or administrative titles

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Skin Cancer: Don't Hesitate to Ask Patients About UV Exposure



JUST ASKING PATIENTS a simple question about their ultraviolet (UV) radiation history sends a powerful message about the importance of skin cancer prevention.

“Asking our patients about UV exposures, similar to asking if they smoke cigarettes – demonstrates that we believe it’s important,” said David Watts, M.D., who specializes in skin cancer and MOHS Surgery, “It can lead to a discussion about sunscreen use, avoiding sunburns and avoiding strong exposures like indoor UV tanning.”

Dr. Watts, MOMS’ president in 2017, shares his opinions and concerns about the hazards of overexposure to UV rays with anyone who will listen, but especially his patients. The first message is about statistics. “Skin cancer is the most common malignancy in the United States, and it’s still increasing.”

The two most common types of skin cancer, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), also called “non-melanoma” skin cancers (NMSC), are not reported to cancer registries. However, using Medicare and survey

“Asking our patients about UV exposures, similar to asking if they smoke cigarettes – demonstrates that we believe it’s important.”
- David Watts, M.D.

data, a 2015 report in JAMA Dermatology calculated that NMSC increased a whopping 35 percent in the U.S. population from 2006 to 2012, Dr. Watts said. The 2014 Surgeon General’s Call to Action to Prevent Skin Cancer estimated that skin

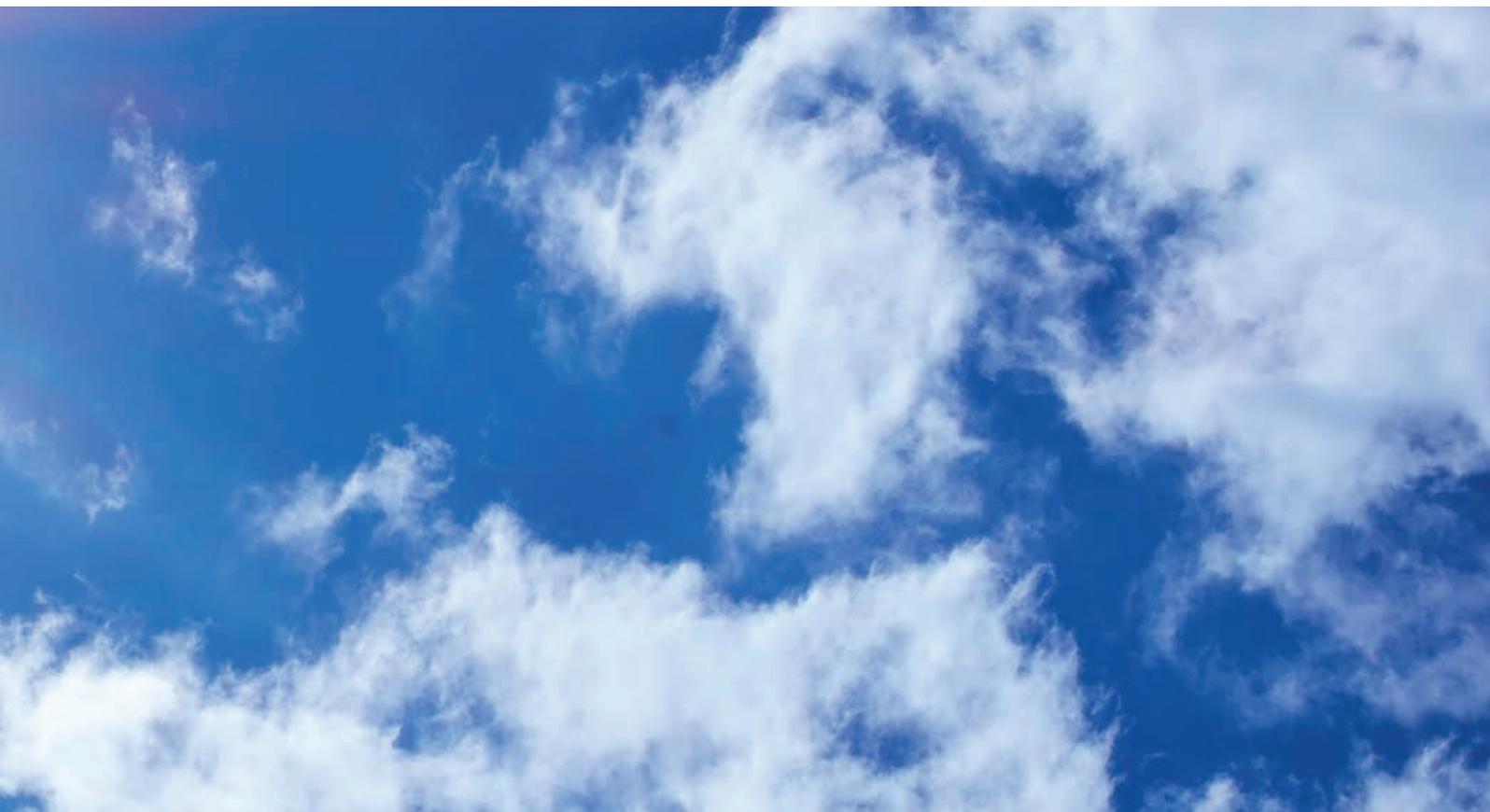
cancers overall number nearly 5 million each year in the United States, and added that most cases are preventable.

Melanoma cases are required to be reported to cancer registries. The Surgeon General reported

that melanoma incidence from 2002 to 2011 grew 1.6 percent annually in men – the fastest of the 10 most common cancers in men. For women, the annual increase of 1.5 percent was exceeded only by thyroid cancer. The report noted that as many as 90 percent of melanomas are estimated to be caused by UV exposure.

A more recent analysis published in JAMA Dermatology reported a continued overall increase into 2016 in both incidence and mortality of melanoma, Dr. Watts said. “They reported that the lifetime incidence of getting either invasive or in-situ melanoma is now 1 in 28 in the U.S.” Like other serious cancers linked to carcinogenic exposures, melanoma is most common in older adults.

The American Cancer Society (ACS), which promotes state laws prohibiting underage indoor UV tanning, reinforces its case by noting that melanoma is also one of the most common cancers of young adults. Overall, ACS estimates over 87,000 invasive melanomas will be diagnosed in the United States in 2017, and 9730 Americans



will die of the disease. “That’s one person dying of melanoma every 54 minutes,” Dr. Watts said.

Dr. Watts added that the most recent CDC/NCI State Cancer Profiles show that Nebraska’s melanoma increases exceeded national figures. “Nebraska had its largest increase ever in last year’s Morbidity and Mortality statistics. So the question is ‘What’s driving that?’”

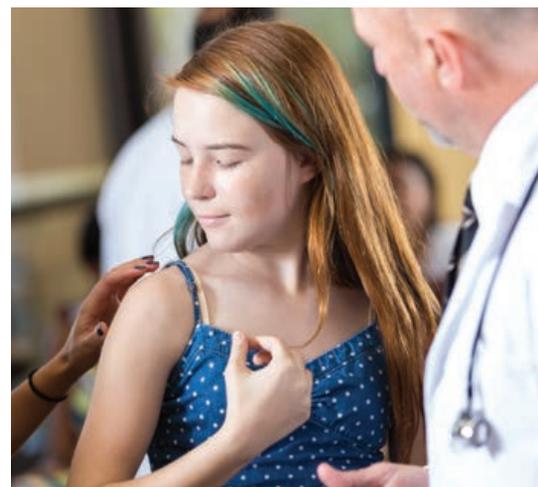
It is Dr. Watts’ opinion that the cause for the increase in melanoma is prolonged or intense exposures during outdoor recreation or intentionally for tanning, rather than chronic work-related exposure. “That includes sunny weekends – and use of tanning beds,” he said, “which underscores the importance of counseling our patients about UV protection and avoiding concentrated exposure.”

For patients in their 20's: Emphasize that sunscreen has been shown to reduce not only skin cancer but signs of skin aging

While NMSC is most prevalent on the neck and face, melanoma is most common on body areas like the trunk, which have been intermittently exposed to high-dose UV, sometimes years before. So physicians should be careful not to discount a patient’s moles on the trunk, proximal extremities, or even underwear areas – especially if there are signs of growth or change, he said. “Of course, fair-skinned or freckled people are more susceptible.”

Dr. Watts offered another suggestion for physicians seeing patients in their 20s – for whom a message about the dangers of skin cancer may not resonate. Talk with them about accelerated skin aging from UV exposure, he suggested, instead of warning against skin cancer down the road.

“Young people feel invincible, but everyone wants to look good. Emphasize that sunscreen is safe and has been shown to reduce not only skin cancer but signs of skin aging. That may be a more powerful incentive than ‘you might get skin cancer someday.’” 

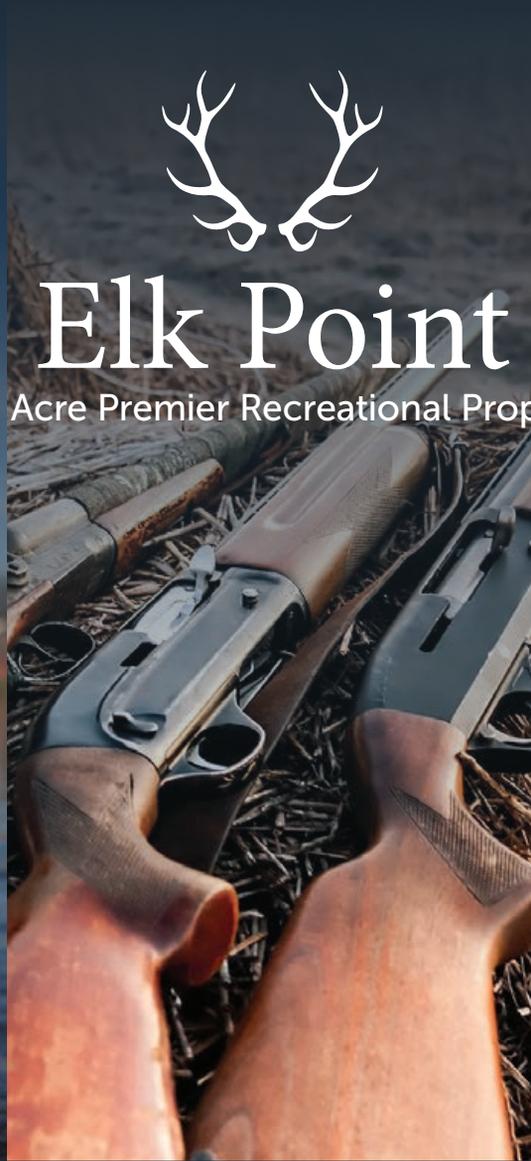


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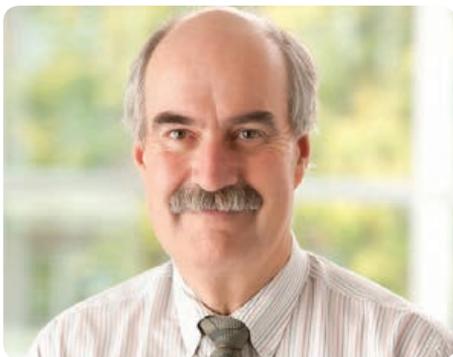
Dr. Bittner

Receives Distinguished Service to Medicine Award

THE METRO OMAHA MEDICAL Society Distinguished Service to Medicine Award was presented to Dr. Marvin Bittner at the organization's Annual Meeting & Inaugural Dinner on January 26. The award is presented in recognition of his distinguished service to patients, the Medical Society and the people of the Metro Omaha area in working toward achieving

MOMS' mission, and for significant contribution to the practice of medicine and care of patients.

For 15 years, Dr. Bittner served as editor of the Physicians Bulletin and because of his vision and leadership, it has become a must-read magazine for our community. While editor, he also served as President of MOMS and an active part of MOMS' legislative committee. 



Dr. Paulman

Recognized for His Impact on Education

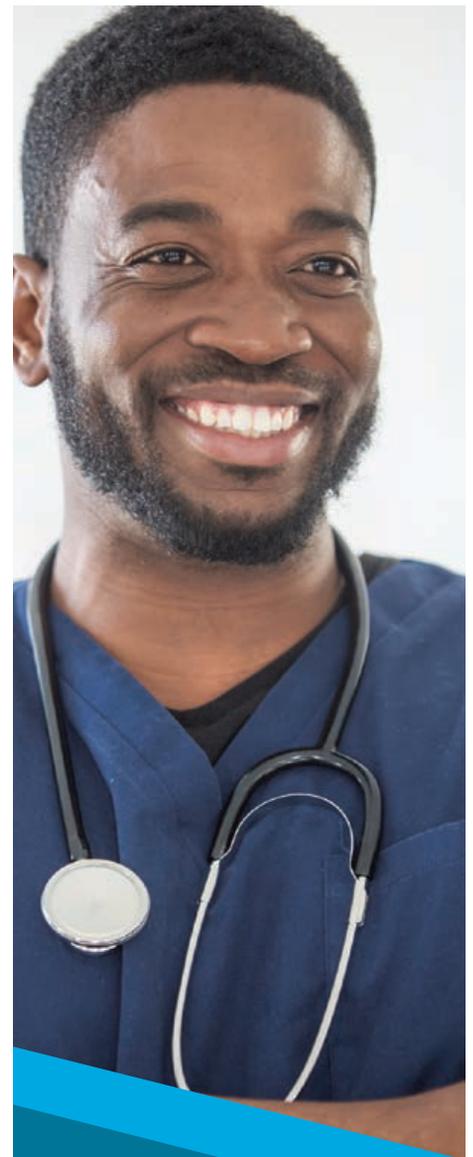
PAUL PAULMAN, M.D., WAS one of the recipients of the UNMC Office of Academic Affairs inaugural Impact in Education Awards.

Dr. Paulman received the Innovative Practices in Education Award, which recognizes an individual who demonstrates ingenuity, courage and creativity in teaching including innovations in use of educational technology, experiential learning, adoption of simulation and creative use of the classroom, as well as an engaging presentation style.

Dr. Paulman is a professor in the UNMC Department of Family Medicine. A native of Sutherland, Neb., Dr. Paulman earned his undergraduate degree from the University of Nebraska at Kearney in 1974 and his medical degree in 1977 from the UNMC College of Medicine. He joined UNMC in 1982.

He described his proudest moment as an educator: "There are several, such as when students say or indicate 'Yeah, I get this now!' during or after an educational exercise. It's also very gratifying when a former student or resident tells me that they learned something useful from one of our courses which they could use in their practice. It's also really neat when students or residents smile or laugh while they're actively involved in a simulation or other activity."

Which leads to his philosophy on teaching: "Learn by doing, learn by experiencing." 



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John Cook, M.D.

Pain Medicine,
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Pain Medicine,
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Ophthalmology,
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Matthew Nadler, M.D.

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UNMC/Nebraska Medicine

Chad Shuff, D.O.

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IN Memoriam

Edgar Smith, M.D.

May 22, 1933 – January 1, 2017

MOMS Annual Meeting and Inaugural Dinner

On January 26, over a hundred member physicians and guests came together at Field Club for the Metro Omaha Medical Society Annual Meeting. Dr. Tom Williams, Chief Medical Officer and Director of the Division of Public Health for the State of Nebraska as he presented the opening address before outgoing president Dr. David Ingvoldstad provided a recap of events during 2016 – the Society’s 150th Anniversary. Dr. Ingvoldstad then passed the gavel to incoming president Dr. David Watts. In addition, recognition was giving to 2016 MOMS Foundation grant recipients as well as the MOMS 2017 Strategic Partners. Finally, Dr. Deb Esser, president of the MOMS Foundation, presented the Match Grant check for \$10,350.00 to Kara Eastman representing the Omaha Healthy Kids Alliance Project A.I.R.

- 1 Drs. Peter Silberstein, left, and Dr. Tom Williams catch up during the networking reception.
- 2 Dr. Colleen Stice demonstrates the Salama Stove she invented to Dr. Anthony Yonkers.
- 3 Dr. Laurel Prestridge and Dr. Paul Esposito converse during the networking reception
- 4 Outgoing president, Dr. David Ingvoldstad, right, passes the gavel to incoming president, Dr. David Watts.
- 5 Dr. Deb Esser (left), president of the MOMS Foundation, presents the match grant check to Kara Eastman of Omaha Healthy Kids Alliance.
- 6 Dr. Marvin Bittner was presented the Distinguished Service to Medicine Award.
- 7 State Sen. Kathy Campbell was presented the Friend of Medicine Award, but was recovering from surgery and unable to attend. MOMS Foundation board member (and Campbell’s college roommate), Carol Russell, accepted the award on her behalf. 



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Conference to Focus on Outcomes Research

BOYS TOWN NATIONAL RESEARCH Hospital will host a half-day continuing education conference April 14 that will focus on the relevance of outcomes research as a tool for medical and clinical practice, techniques for conducting outcomes research and how to effectively apply outcomes research to sinusitis management and treatment.

Keynote speakers include Greg Davis, M.D., director of rhinology and endoscopic skull base surgery at the University of Washington, and Bevan Yueh, M.D., professor and chair of otolaryngology, head and neck surgery at the University of Minnesota.

The conference will be held from 8 a.m. to 12 p.m. at the Boys Town Hospital at 555 N. 30th St.

The Patrick E. Brookhouser, M.D., Memorial Lecture is jointly presented by Boys Town National Research Hospital and Creighton University Health Sciences Continuing Education. Educational credit is available for physicians, nurse practitioners, physician assistants and nurses.

Patrick E. Brookhouser, M.D., was the founding director of Boys Town National Research Hospital. A gifted physician and surgeon, Dr. Brookhouser had been recognized by his medical colleagues for his contributions to the field of otolaryngology and otology, along with the groundbreaking research he initiated in the treatment and prevention of hearing loss and other communication disorders, especially in children.

For detailed objectives and event information, or to register, visit <https://2017brookhouser.eventbrite.com>.



CHI Health Opens University Campus

CHI HEALTH'S NEW COMMUNITY health center -- Creighton University Medical Center University Campus -- opened earlier this year

at 2412 Cuming St. The 86,000-square-foot, \$36.5-million facility offers health-care services considered crucial to the north Omaha community.

Clinics for family medicine, internal medicine, women's health and cardiology, and a retail pharmacy, were the first to open at University Campus, followed by pediatrics, occupational and physical therapy services. An emergency department will begin accepting non-trauma patients in June. Other specialties, including neurology and endocrinology, will be added.

Creighton University's family medicine residency program also moved to the new facility and will now be the primary location for the program's ambulatory clinics.

Michael White, M.D., cardiologist and CHI Health chief academic officer, said University Campus will apply an inter-professional, team approach to patient care and education.

As the staged move-out of Creighton University Medical Center continues, its inpatient hospital beds, trauma center and the academic medical center facilities will move to the former Bergan Mercy campus at 75th Street and Mercy Road.

More than \$140 million in renovations at this site -- now called CHI Health Creighton University Medical Center - Bergan Mercy -- include an expanded emergency department and a new clinic building for academic outpatient care.

"The remodeling and new construction will create a special environment for healing and learning to serve our patients and students," Dr. White said.



Hubbard Center for Children to House Numerous Pediatric Programs

CHILDREN'S HOSPITAL & MEDICAL Center is building a 10-floor, 500,000-square-foot clinical facility at 84th and Dodge streets that will be home to many of Children's pediatric program and services. The facility, the Hubbard Center for Children, is named in honor of the late Dr. Theodore F. and Claire M. Hubbard, longtime Omaha residents and philanthropists.

Services to be situated in the new center include the Neonatal Intensive Care Unit (NICU), the

Fetal Care Center, Pediatric Intensive Care Unit, the Theodore F. Hubbard, M.D., Cardiac Care Center, Surgical Services, Short-Stay Observation Unit, and Emergency Department.

Connected physically and integrated architecturally, the Hubbard Center for Children will stand between Children's hospital and its Specialty Pediatric Center. More than 70 new inpatient beds are planned for the center, with space for additional beds as needed. The project also involves renovating more than 100,000 square feet in the current hospital. Construction is expected to be completed in early 2021. The estimated cost of the new facility is \$450 million.

With the Hubbard Center for Children, more robust programs and services will be possible, including enhancements to programs such as Osteogenesis Imperfecta, which draws patients from across the country and around the world. Planned areas of growth include Colorectal Center, Neurosurgery, Fetal Surgery, Neuro-oncology, Transitional Care, expanded Pain Management, Behavioral Health Medical Stabilization, a larger pharmacy and enhanced Radiology & Pathology Services.



Researcher Lends Help to Study of Genetic Ties to Autism

CREIGHTON UNIVERSITY SCHOOL OF Medicine professor's contributions to an international undertaking aimed at an expanded sequencing of autism genes are part of a new publication in the journal Nature Genetics.

Holly Stessman, Ph.D., of the Department of Pharmacology and an expert in the identification of autism genes was part of a 15-institution collaboration that helped link 38 new genes to autism or related developmental delays and intellectual disabilities. The study involved researchers from seven different countries who recruited 13,000 people with some form of autism or other developmental delay.

The study posits autism is distinct from other developmental delays and intellectual disabilities based on 25 genes showing a bias for autism versus intellectual disability and highlighting a network associated with high-functioning autism.

According to a 2014 report by the Centers for Disease Control and Prevention, 1 in every 68 babies in the United States is born with autism – nearly double the rate found in 2004.

The Autism Society describes autism spectrum disorder as a complex developmental disability that affects a person's ability to communicate and interact with others. There is no known single cause.

Dr. Stessman was also a finalist in the "Bridge to Independence" program – which is sponsored by the Simons Foundation Autism Research Initiative and provides support to scientists just beginning their faculty careers – and will receive \$450,000 over three years for her work on in vitro modeling of genetic subtypes of autism. 



Hospital Earns Award from Cancer Commission

METHODIST HOSPITAL WAS RECENTLY awarded the 2016 Outstanding Achievement Award by the Commission on Cancer (CoC) of the American College of Surgeons (ACS). Methodist Hospital is one of a select group of 22 U.S.-accredited cancer programs, and the only hospital in Omaha to receive this national honor for surveys performed July 1—Dec. 31, 2016.

The 2016 accreditation marks the second consecutive achievement, as Methodist was also recognized in 2013. Survey cycles occur every three years.

"This is a great validation of the excellent care provided in our cancer program and the outstanding team providing that care," said Steve Goeser, executive vice president and chief operating officer for Methodist Health System. "In 2017, an estimated 9,520 Nebraskans will be diagnosed with cancer, many of whom will come to us for their care. A recognition, such as this, assures the care those patients receive will be exceptional."

The purpose of the award is to encourage cancer programs to raise the bar on quality cancer care, with the ultimate goal of increasing awareness about high quality, patient-centered care. In addition, the award is intended to:

- Recognize those cancer programs that achieve excellence meeting CoC standards.
- Motivate other cancer programs to work toward improving their level of quality cancer care.
- Facilitate dialogue between award recipients and health-care professionals at other cancer facilities for the purpose of sharing best practices.
- Encourage honorees to serve as quality-care resources to other cancer programs.

Methodist Hospital's cancer program was evaluated on 34 program standards categorized within five cancer program activity areas: cancer committee leadership, cancer data management, clinical services, patient outcomes, and data quality. The cancer program was further evaluated on seven commendation standards.

To be eligible, all award recipients must have received commendation ratings in all seven commendation standards, in addition to receiving a compliance rating for each of the 27 other standards. 



NHN Accepted into MSSP, Becomes Top 50 ACO in U.S.

THE NEBRASKA HEALTH NETWORK— the Accountable Care Organization for Methodist Health System, Nebraska Medicine and Fremont Health – is one of 99 new entrants nationwide in the value-based Medicare Shared Savings Program.

That means that NHN's Physician Hospital Organizations can qualify for shared savings through the Centers for Medicare and Medicaid Services (CMS) program, if physicians, clinics and hospitals meet certain cost and quality measures when caring for Medicare patients.

"This is a significant milestone for our network," said NHN CEO Lee Handke. "Acceptance into this program almost doubles the number of lives under our management and signals the next step in our progression as a network."

Entering MSSP will add more than 34,000 people to the network who have an NHN primary care physician. That number ranks NHN

in the 50 largest Medicare ACOs in the country (out of more than 430 ACOs). With other value-based contracts in place for 2017 with Aetna, Blue Cross and Blue Shield and Humana, NHN physicians will help manage care for more than 75,000 people.

"This monumental growth moves us into a whole new category for ACOs in the country," Handke said. "Performance in our value-based contracts becomes even more vital as we take these lives under our health management."

MSSP was established by CMS as a key component to facilitate coordination and cooperation among providers, improve the quality of care for Medicare beneficiaries and reduce unnecessary costs.

Eligible providers, hospitals and suppliers may participate in the Shared Savings Program by creating or participating in an ACO. MSSP rewards ACOs that put quality and patient care first, while slowing growth in health care costs.

"Moving into MSSP is a vital next step for our network as we continue to shift from volume to value," said Steve Bailey, M.D., chair-elect of the NHN board. "This will give us valuable experience in managing the health of a population and evaluating our performance against cost and quality measures." 



**University of Nebraska
Medical Center**

Ebola Grant Expanded to \$24 Million

A \$12 MILLION GRANT AWARDED in 2015 to establish the National Ebola Training and Education Center (NETEC) has been doubled to \$24 million to allow for a variety of expanded services, including creation of a special pathogens research network.

Funding is provided by the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response through the U.S. Department of Health and Human Services.

The supplemental \$12 million funding will allow the three partner institutions to perform additional site visits, conduct more education and training courses, as well as build the special

pathogens research network. This network will include the 10 regional Ebola treatment centers located throughout the U.S. that are specially trained and equipped to handle patients with highly infectious diseases.

The special pathogens research network will allow investigators to conduct rapid response research when a new outbreak occurs, said Chris Kratochvil, M.D., co-principal investigator of NETEC for UNMC, associate vice chancellor for clinical research and vice president for research at Nebraska Medicine, UNMC's clinical partner.

"It's not 'if,' but 'when,' because it's only a matter of time before another outbreak like Ebola happens," Dr. Kratochvil said. "When Ebola hit, UNMC, Emory and other institutions were all independently trying to determine the best drug for treatment. It was inefficient -- we weren't using the same protocols, and there was no consistency to the research. Now we can all collaborate to develop medical counter measures together."

The research infrastructure should be complete by this summer, he said. "Then, research projects will be more efficient and less expensive to conduct because of the shared resources. If a larger study is required, funding will be sought from the National Institutes of Health, federal agencies or industry partners."

Additionally, the grant will expand preparedness training and site visits of health care providers and facilities on strategies to manage Ebola and other emerging contagious infectious diseases. Since December 2014, the three institutions have trained more than 840 health care workers on all aspects of infection control and patient care for individuals with Ebola. 

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Application for Membership



This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I hereby consent and authorize MOMS to use my application information that has been provided to the MOMS credentialing program, referred to as the Nebraska Credentials Verification Organization (NCVO), in order to complete the MOMS membership process.

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Birthdate: _____ Gender: Male or Female

Clinic/Group: _____
 Office Address: _____ Zip: _____
 Office Phone: _____ Office Fax: _____ Email: _____
 Office Manager: _____ Office Mgr. Email: _____

Home Address: _____ Zip: _____
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Preferred Mailing Address:
 Annual Dues Invoice: Office Home Other: _____
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Educational and Professional Information

Medical School Graduated From: _____
 Medical School Graduation Date: _____ Official Medical Degree: (MD, DO, MBBS, etc.) _____
 Residency Location: _____ Inclusive Dates: _____
 Fellowship Location: _____ Inclusive Dates: _____
 Primary Specialty: _____

Membership Eligibility Questions

YES	NO	(If you answer "Yes" to any of these questions, please attach a letter giving full details for each.)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a fraud or felony?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been the subject of any disciplinary action by any medical society, hospital medical staff or a State Board of Medical Examiners?
<input type="checkbox"/>	<input type="checkbox"/>	Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? (Including revocation, suspension, limitation, probation or any other imposed sanctions or conditions.)
<input type="checkbox"/>	<input type="checkbox"/>	Have judgments been made or settlements required in professional liability cases against you?

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

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