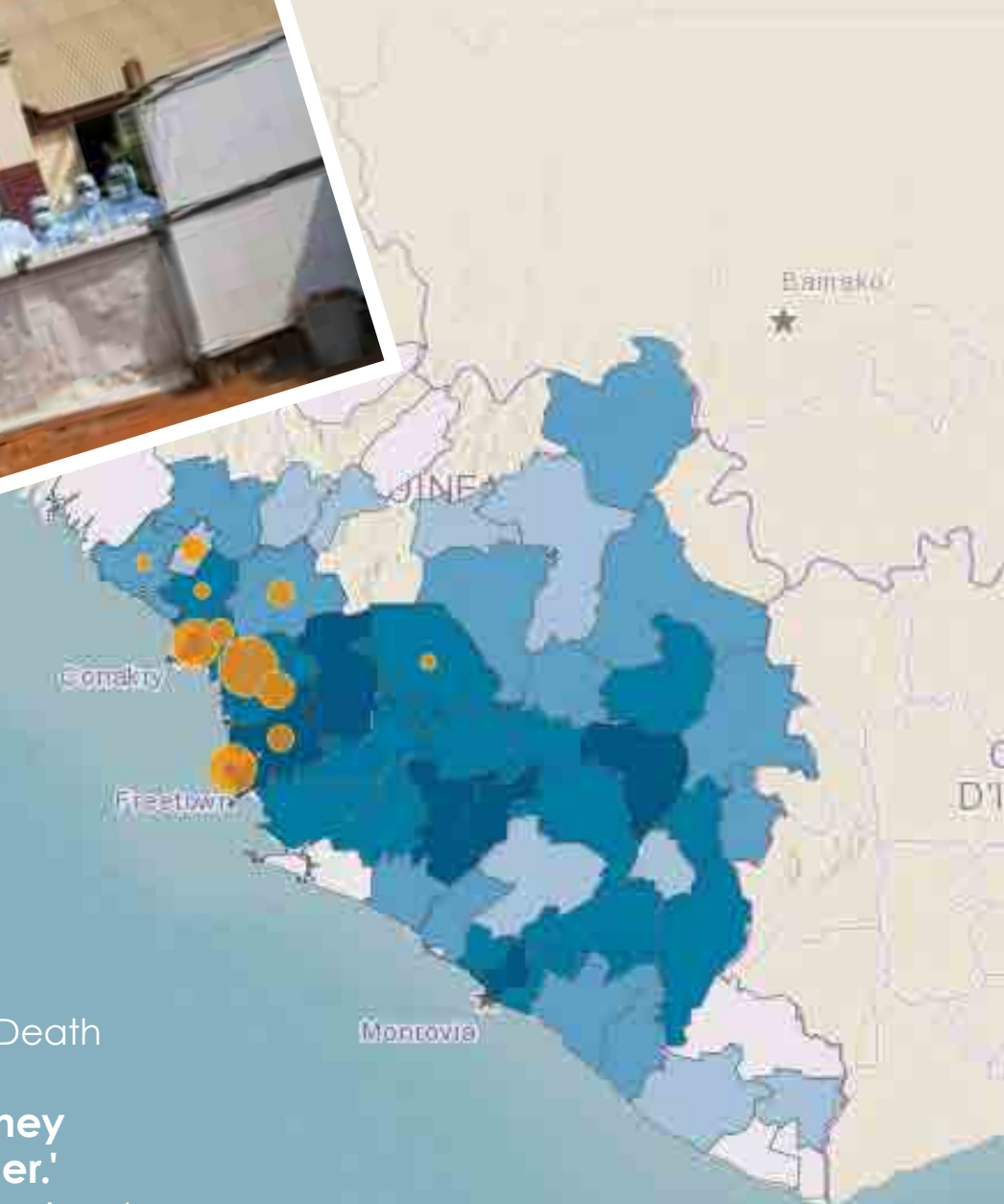


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Marvin Bittner, M.D.
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Learnings from Cornfields

LAST WINTER, I ATTENDED two very different meetings. One was in Omaha, and the other was in San Diego. One posed a knotty question. The other pointed out an approach to answering it.

The Omaha meeting was in the office of U.S. Sen. Deb Fischer. Physicians from MOMS and the Nebraska Medical Association deluged her with a litany of problems. To my mind, the knottiest question was posed by Harris Frankel, M.D., a former MOMS president and NMA's next president. Medicare has a problem. Spending is rising. A way to pay for it is not evident. What can be done?

The San Diego meeting was the educational conference of the Accreditation Council for Graduate Medical Education. In one session, Richard Reznick, M.D., described an innovative approach to training in orthopaedic surgery. It was in that session that I thought of an approach to Harris' knotty question about medical spending in the federal budget.


Dr. Reznick described how his orthopaedic colleagues at the University of Toronto changed their training program. Key innovations came from looking at another field: aviation. "Aviation as a guide to improving medicine" was something I had heard again and again, especially from those who focus on reducing the number of medical errors.

Indeed, I've heard exhortations to learn from aviation that go way too far. In my view, the key to learning from aviation is, simply, to open our eyes to another way of doing things – but not to ape it. I think there's something to be learned from aviation, and I think there's something to be learned from many other fields.

That's how Dr. Reznick's lecture connected in my mind with Harris' question. Harris was asking: "How can we provide the public with something in abundance at a reasonable price – when now that seems impossible?" Dr. Reznick's colleagues had looked at another field for ways to improve surgical training. Looking at other fields for ways to deliver medical care more efficiently, I looked at other fields, literally. Those fields are the fields of corn that ring Omaha.

In the past century, the productivity of those fields has soared. Yet the cost of food in the United States is quite reasonable. This is quite different from the situation with medicine. How did farmers accomplish this seeming miracle?

A key was technology. For example, mechanization replaced horses. How did that come about? Did the federal government offer each farmer \$44,000 for adopting tractors and sending their horses to the slaughterhouse? Did the Department of Agriculture issue regulations for "meaningful use" of tractors?

One message that came through very clearly from Sen. Fischer was her concern about big government. Will physicians be able to support her in promoting an environment where technology may diffuse free of onerous regulations? Thinking about what happened during the past century in the farmland surrounding Omaha, I wonder if Omaha physicians can be freed to adopt that technology which makes us more productive – and consign the rest to where it belongs: the manure heap. 

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Michelle S. Knolla, M.D.
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Foundation Impacts Nonprofits in Small Doses

AS I WRITE THIS column, spring has finally arrived! Is it just my age or does winter seem to last longer and wax colder? Now, however, I look forward to longer days, warmer temperatures and renewed growth. Just as flowers are blooming and green is transforming our landscape, we at the Foundation are beginning our annual cycle of grant applications and reviews. It's always an exciting time for us and our community. Omaha has always been a generous community for philanthropy. While we cannot compete with the "mega larger" foundations, we at MOMS believe our goal to improve the health of the community is of core importance. We advocate for our patients daily in our offices and hospitals but through our Foundation, we can continue to support healthy choices and goals. This is the time that our individual members can have an impact on what direction we take in allotting our grant monies. If you have a favorite charity or nonprofit that you work with it is now time to urge them to fill out a grant application. We love to see new, first-time applications which always give us fresh perspectives for what is happening in our city. We learn of the wide opportunities that exist locally. As stated before, we can't award large grants but we try to incorporate smaller amounts to as many applications as possible. Even \$1,000 to \$2,000 grants to smaller charities are very much appreciated and can attract larger amounts from other donors. I think when donors see "doctors" investing in a cause, they take notice and want to also contribute to a

worthwhile project. The deadline to receive grant applications is July 31 – so now is the time to encourage action.

We were very sad to learn of Dr. Fred Paustians's passing last year as he was a major advocate for MOMS and, particularly, the Foundation. He was a dedicated physician and cared deeply for his patients. He also thought MOMS was a vehicle to advance improved patient care through an organized effort. He volunteered many hours to MOMS involving committee assignments, serving as president and advancing other aspects of the Foundation. We have just learned he left the Foundation a gift of \$100,000. Even in death, he realized he could continue to help the health of our community. His generosity will assuredly bolster our bottom line and give us greater flexibility in our future endeavors.

Currently, our board is comprised of 11 individuals. We welcome our new members: Carol Russell, Gina Feely, Curtis Hartman, Matt McMahon, and Asha Wurdeman. The returning members are Deb Esser, Paul Esposito, Lee Handke, Maria Michaelis, Tom Tonniges and myself. We meet quarterly at the MOMS office to check with our investment directors at Foster Group and plan our grant dispersals. Finally at this time we wish to sincerely thank all of the physician members of MOMS for your continued support and trust. Now is the time to direct your favorite causes to apply for grant consideration! 🌐

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April 15: A Monumental Day

GENERALLY SPEAKING, PEOPLE THINK of April 15 and immediately panics due to their procrastination with their tax filing. I'm a bit different in that regard since I made the decision many years ago not to file taxes believing they will never catch up with a small fish like me. (That is a late April Fool's by the way.)

This year, April 15 became a monumental day for physicians to remember. After years and years of uncertainty, the House of Representatives, the Senate and, finally, the president; decided to put an end to the systematic short-term fixes to the flawed Medicare physician reimbursement formula, known to us as the Sustainable Growth Rate.


In all our conversations over the years with our Congressional delegation, the SGR led the list of our discussions, and for the American Medical Association, was high on their to-do list. With much credit to the AMA and thanks to our members of the delegation who voted in support, this issue is off the table for the time being. This allows future efforts to be directed at improving our Medicare system and health care overall.

Locally, we continue to monitor the remaining activities at the Nebraska Legislature and appreciate all the contacts made by Nebraska physicians. To date, we have had some success and some disappointments, but we continue to work on our priorities. We remain optimistic we will see our "Truth in Advertising" legislation advanced and signed into law by Gov. Ricketts. We believe this legislation will better inform and protect the public from deceptive information and medical care. Additionally, we continue to work with various stakeholders including State

Sens. Sara Howard and Brett Lindstrom on finding the best possible solution for a fully operational, physician friendly and patient-focused Prescription Monitoring Drug Program.

Our 2015 Annual Session – including the installation of Omaha's own, Harris Frankel, M.D. – will take place on Sept. 18 at the Marriott Regency. This meeting is open to all MOMS/NMA members. This year's keynote presenter is a good friend of Dr. Frankel's, David Merritt. David is a national expert in health policy and health transformation, and the managing director of Leavitt Partners, a health-care intelligence business. Along with David, Richard Raymond, M.D., (former NMA president, former DHHS director and chief medical officer, former USDA undersecretary for food safety) will join us and present "Antibiotics Used in Animals Raised for Food: Perception vs. Reality." Dr. Raymond is always entertaining, and we are pleased he is able to attend.

Again, I want to re-emphasize that our Sept. 18 event is a general membership meeting and an opportunity for all NMA members to collaborate on NMA work and priorities. Each year, resolutions are brought to the membership for discussion, and we anticipate this year will be no different. Over the years, the MOMS caucus has been a big contributor to our efforts over the years. This year, I encourage you to get involved in the Caucus process, and plan to join us on Sept. 18.

If at any time you have questions or concerns about our work or things that are affecting your practice or your patients, don't hesitate to contact our office. Advocating for physicians and the health of all Nebraskans, it's what we do every day! 



*Dale Mahlman
Executive Vice President
Nebraska Medical Association*



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Recent OCR Guidance Clarifies HIPAA and Supreme Court Decision

HOW COULD A CASE out of the State of New York involving a federal estate tax bill of \$363,053 affect a completely unrelated federal law known as HIPAA and HIPAA's Privacy Rule? The case was the landmark United States Supreme Court decision from 2013, *United States v. Windsor*.

In *Windsor*, the Supreme Court held that Section 3 of the federal Defense of Marriage Act ("DOMA") was unconstitutional. DOMA's Section 3, codified at 1 U.S.C. § 7, defined the term "marriage" for all purposes under federal law as "only a legal union between one man and one woman as husband and wife." The question before the court was whether DOMA deprived same-sex couples, lawfully married under the laws of their states, of the equal protection of the laws, guaranteed by the Fifth Amendment to the United States Constitution. In particular, when one of the spouses in a same sex marriage died, was the surviving spouse entitled to the benefits of a federal estate tax exemption for surviving spouses?


The *Windsor* decision means that a same-sex couple married in Iowa would have the same protections of federal law otherwise afforded to any other married couple. Thus, in Nebraska where same-sex marriage is not recognized, the Iowa spouses would have the same rights under federal law, including HIPAA, as any other legally married couple.

Last fall, the Office for Civil Rights of the U.S. Department of Health and Human Services issued guidance addressing the impact of the *Windsor* case on the application of HIPAA and the Privacy Rule. United States Department of Health and Human Services, Office for Civil Rights, "HIPAA and Same-sex Marriage: Understanding Spouse, Family Member, and Marriage in the Privacy Rule," (Sept. 2014) (Feb. 15, 2015, 9:30 PM), <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/samesexmarriage/hhs-windsorhipaaguidance.pdf>.

Noting the terms "spouse" and "marriage" in the definition of a "family member" in 45 C.F.R. §160.103, the guidance provides that "the term spouse includes individuals who are in a legally valid same-sex marriage sanctioned by a state, territory, or foreign jurisdiction" The guidance notes that "marriage" includes both same-sex and opposite-sex marriages. "Family member" includes dependents of any legal marriage. The terms "marriage" and "family member" according to the guidance, apply to legally married individuals no matter where they live or whether they receive services in a jurisdiction that recognizes their marriage.

How does *Windsor* affect HIPAA? The term "family member" is key in the application of Section 164.510(b). That section concerns uses and disclosures of protected health information ("PHI") to persons involved in an individual's

care and for notification purposes. Under that HIPAA standard, covered entities are allowed to share an individual's PHI with a family member of the individual under certain circumstances. Under the OCR's Guidance and consistent with the *Windsor* decision, legally married same-sex spouses, regardless of where they live, are considered family members for the purposes HIPAA.

What should physicians do to best comply with HIPAA and *Windsor* in the Privacy Rule context? Staff training is probably the best approach to take to ensure that missteps and misunderstandings are minimized. Altering office policy or revising an office Notice of Privacy Practices is probably not necessary. Nevertheless, physicians will want staff to understand that HIPAA does not distinguish between legally married persons. If persons have been legally married in one state, HIPAA considers them married and family members no matter where they live. 

This article is for educational purposes only and is not intended to be legal advice. Please contact your legal counsel should you have specific questions related to this topic.

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How Much Debt Is Too Much?


AS YOUNG PHYSICIANS, WE are being saddled with record student loan debt. Unfortunately, student loans have become a “normal” part of the process of achieving a medical education. In 2014, 84 percent of graduating physicians had student loan debt. The cost of medical school has gone up exponentially and today’s young physicians have double the financial responsibility as compared to medical graduates in 2002. In 1987, graduates had on an average, \$20,500 of debt. In 2002, the average debt owed was \$86,870. In 2014, the average debt was \$176,348 and 43 percent had \$200,000 or more. What does this mean for the profession as a whole and will young physicians have the same opportunities previous physicians enjoyed?

The question we need to ask before it becomes blatantly evident is: “How much debt is too much?” The pressures that are felt by debt can be enormous. As a young physician, I worry if “being a physician” will be seen as a viable career option for young people and undergraduates.

Additionally, as debt continues to increase, freedom will suffer. As Proverbs indicates, the borrower is slave to the lender. Although it has become “normal” to have debt, one should take a step back and try to understand how debt affects personal and professional decisions. As graduating medical students, only 16 percent know what it feels like to be “free from debt.” Just imagine the possibilities and opportunities that young physicians could have if 79 percent of our medical graduates did not owe \$100,000 or more in medical student loans. Think about what we could give of ourselves to both our patients and profession if this cloud of debt was not hanging over our heads. The opportunities

would be endless and health care as we know it may be very different.

I am not advocating for medical student welfare or loan forgiveness. For me, I put myself in this situation and I will get myself “cured” of debt. The thought of owing someone money is worrisome. Furthermore, I know owing someone money, lessens my freedom. As young physicians, debt reduces our professional options. It lessens our ability to negotiate and be mobile. Having debt lessens our ability to help our patients, our profession and our families. Debt reduces our capability to walk away from situations that are not in the best interest of personal or professional goals because we “need the money.” Politically, debt gives us less negotiation power. Debt takes us away from being available to give and support organizations that help change our health care system. Because of debt, we volunteer less and spend less time with our families. Unfortunately, because of debt, we spend less time with the people we originally went to medical school to help, our patients.

As young physicians, we need to learn to be “abnormal,” to encourage our peers to remove debt from their lives so we can do more for our profession, patients and ourselves. We need to change our profession’s legacy. We need to look at ourselves, individually, and make small changes. Eventually, if we free ourselves from debt, we can free our profession as well. Because of this, others will see the promising profession we all know. A career with distinction, honor and influence. We need the best and brightest to remain in this profession. If we wait too long, we may see the light grow dim, and then what will we do? 



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MOMS Caucus: Putting Physician Voices into Action



DAVID WATTS, M.D., WAS bothered by mounting evidence that tanning beds cause skin cancer.

So he did something about it. He became involved in the legislative process – starting with the MOMS Caucus – and worked to pass a 2014 law that requires parents to accompany children under age 16 to tanning salons each visit to sign consent. “It’s a good first step toward a goal of banning commercial indoor tanning by minors in Nebraska,” Dr. Watts said. “We’re informing lawmakers and the public as we go.”

Dr. Watts, a dermatologist who specializes in MOHS surgery, encourages his peers to become involved in the process as well. “Physicians in the trenches may be the first to see their own issue and say ‘there ought to be a law for that,’” he said. “It’s amazing what one individual can do with the support of organized medicine in Nebraska.”

As chairman of the MOMS Legislative Committee, Dr. Watts heads the MOMS Caucus and serves as a delegate to the Nebraska Medical Association’s annual meeting. The MOMS Caucus is open to all MOMS members.

The process begins each summer with regional Caucuses, attended by both new and experienced members. All MOMS members are encouraged to submit resolutions that focus on health-related issues they would like to see addressed in the Nebraska Unicameral. The MOMS Caucus discusses the resolutions, and often helps shape and polish them for submission to the NMA.

“MOMS has some members who are good with the ‘whereases’ and ‘therefores,’” said Dale Mahlman, executive vice president of the NMA.

The next step is the NMA annual meeting, which is held each September or October. NMA members discuss the proposals and their merits, and determine which resolutions should be brought to the attention of state lawmakers. This process typically begins with the NMA finding a state senator who is willing to sponsor the resolution, Mahlman said.

Mahlman said resolutions submitted by the MOMS Caucus always receive strong consideration, noting that MOMS is well-represented on NMA leadership. “Their issues are our issues,” he said.

The two-step process has proven effective, said Mahlman and Carol Wang, MOMS executive director. “We know there is strength in numbers,” Wang said. “Our partnership allows us to really represent our physicians’ concerns through the NMA lobbyist.”

Dr. Watts agreed, and encouraged all MOMS members to bring issues to the Caucus. “Members of MOMS and the NMA have developed a method that has a track record of building coalitions and producing quality legislation. And it often starts with the insight of one concerned physician.”

Forming long-term relationships with state senators is part of the legislative process, Dr. Watts said. “The relationships are critical to the success of the legislation.”



The Watts File

Hometown:

Rural Cedar Rapids, Nebraska

Undergraduate Degree:

University of Nebraska-Lincoln in English literature

Medical Degree:

University of Nebraska School of Medicine

Residency:

Mayo Clinic in internal medicine and dermatology

Fellowship

Cleveland Clinic in Mohs Surgery and cutaneous oncology

Specialty:

Skin cancer treatment

Location:

Dermatology Specialists of Omaha

Hobbies:

Arborology

Why I Joined MOMS:

“Two reasons – To learn from my colleagues, and to make a difference in local medicine.”





‘That’s Dr. Paustian’ Longtime MOMS Member Was Generous in Life and Death

NOTHING FRED PAUSTIAN, M.D., did surprised Michelle Knolla, M.D.

When Dr. Paustian left the MOMS Foundation a \$100,000 bequest, Dr. Knolla, who serves as its president, said: “That’s Dr. Paustian.” ▶

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◀ Their first interaction came when Dr. Knolla had just finished her residency and was entering the Omaha medical community. “Women were rare and he made it a point to reach out to me to get involved.”

His approach to medicine, Dr. Knolla recalled, continued throughout his medical career that spanned a half-century. “Dr. Paustian was a very caring individual and thought it was a privilege to care for people,” Dr. Knolla said. “He considered medicine a profession rather than a job.”

Medicine and Omaha’s medical association were important to her father, Cheryl Robinson recalled. “I remember my mom talking about his involvement and hers – she was involved in the group for spouses.”

His medical career was long and distinguished. He was the first specialty-trained gastroenterologist in Nebraska. Under his leadership, gastroenterology became a top center of excellence at the University of Nebraska Medical Center. He recruited Michael Sorrell, M.D., and later Rowen Zetterman, M.D., who became experts on liver disease and were instrumental in forming the liver research unit at UNMC.

After serving as an instructor for two years at UNMC, Dr. Paustian was named an assistant professor at UNMC, associate professor in 1963 and full professor in '67. From 1980 to 1995, he held the dual post of associate dean for graduate medical education and continuing medical education.

Dr. Paustian’s medical career may have been matched only by his generosity to his profession and UNMC. He donated \$1 million to establish an endowed chair in gastroenterology at UNMC and another \$1 million to support research in gastroenterology.

“Everything Fred did, he did for gastroenterology,” said John Niemann, Ed.D., senior

vice president of the University of Nebraska Foundation, at the time of Dr. Paustian’s death. “Fred was a friend to many and admired by all. He was scholarly, a lifelong learner.”

He certainly was a lifelong friend and leader of the Metro Omaha Medical Society, Dr. Knolla said. He joined MOMS in 1959 and served as its president in 1991. He also served as president of the Nebraska Medical Association and received its Distinguished Service to Medicine Award. Dr. Paustian was designated a master in the American College of Physicians, the highest honor awarded to members of the college.

Robinson recalled sitting down with her father – after he had been diagnosed with Parkinson’s Disease in the mid-1990s, to discuss his final wishes. Her father had a notebook that outlined his plans, which included charitable giving.

“He had everything down pat,” she said, “except for plans for his funeral. That he left to us.”

Dr. Paustian’s plans included the \$100,000 donation to the MOMS Foundation. He asked that the principal remain intact for 20 years, but the interest be used to supplement the grants the foundation gives annually. “He believed the foundation could continue physician work in the community beyond our offices and hospitals,” Dr. Knolla said.

When he died, Robinson said, it was only fitting that memorials be earmarked for his church and MOMS Foundation.

“He had passion for the medical community,” she said. “He really had passion for everything he did.

“If it sounds like he loved life – he did.” 🌐

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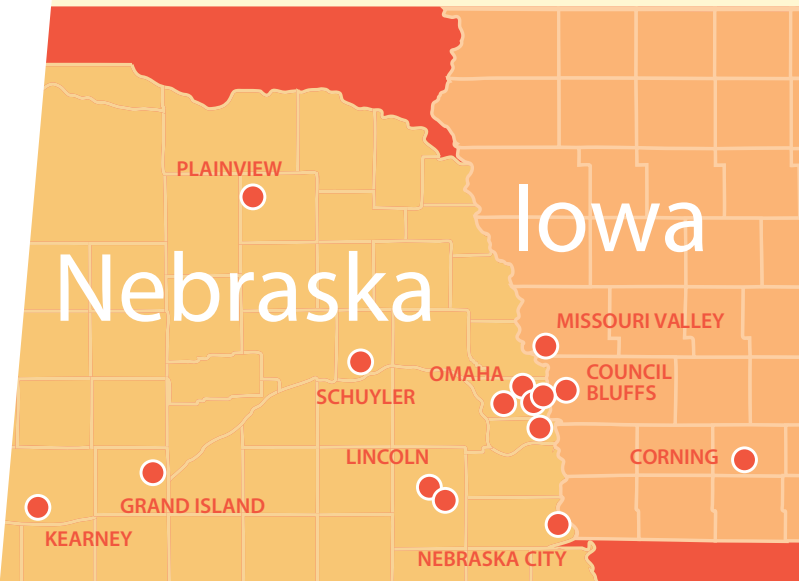


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‘They Set Boundaries. They Allowed Me to Get Sober.’

Program Helps Health
Professionals Overcome
Addictions, Keep License



FIRST, HIS MOTHER DIED of cancer. Then, his brother died.

“My brother and I were close. I convinced myself I could save him.”

He couldn’t.

He started drinking. First, vodka. A pint at a time – minimum. Then, the cheapest vodka he could find. “I wasn’t concerned about the taste. I wanted the effect.”

The deaths and the drinking are just part of this Nebraska physician’s story – one he agreed to tell so his peers will understand that help is available when an addiction becomes too great.

The physician, who has practiced in Nebraska more than 20 years, first enrolled in an outpatient program, but found it ineffective. His drinking continued.

“I was truly addicted,” he recalled. “I had bottles stashed everywhere. If someone found one and threw it away, I had four more hidden away.”

He later turned to the Nebraska Licensee Assistance Program, where he met Judi Leibrock, program coordinator. At the time, he recalled, “life was just about over for me. I knew I could die from alcohol abuse, die from withdrawal or take it by my own hands.”

He didn’t and now he’s been sober for four years. This is the rest of the story and it involves a State of Nebraska program that was created to help health-care professionals, among others, overcome their addictions.

The Nebraska Licensee Assistance Program, or NE LAP, serves a dual purpose: providing licensed professionals with an avenue for receiving assistance for an addiction without jeopardizing their ability to serve – while protecting the public.

“They are not mutually exclusive,” said Bob Thome, corporate director of the Best Care Employee Assistance Program, which operates NE LAP. “Our bottom line is to help people overcome their substance abuse problems and be successful in their recovery.”

Thome said Nebraska’s program was created by legislators during a time when states throughout the country realized that health-care professionals needed a means for receiving counseling, treatment and support for alcohol and drug addiction – while not jeopardizing their careers and their ability to practice.

Some state programs, Thome explained, are directed toward a specific profession, including physicians. He described Nebraska’s program as “broad brush.” Anyone who is actively licensed,

certified or registered in a health or health-related profession by the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit, can use program services. This scope of service includes physicians, nurses, pharmacists, dentists, along with cosmetologists, emergency medical technicians and counselors.

Leibrock said 45 percent of program participants became involved because of their use of prescription drugs, 40 percent are alcohol-related, and the remainder involves the use of illegal drugs.

Part of the statewide program’s purpose, Leibrock explained, is to create awareness of the program and the services available to health-care professionals. That process starts with her presentations to students preparing for a professional career.

Leibrock, in her alcohol/drug assessments, uses the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, known as the DSM-5. Treatment can include counseling with a substance use counselor, intensive outpatient treatment, residential treatment or inpatient treatment. Follow-up treatment, she said, typically involves a 6- to 12-month continuing care program.


Some people self-refer or are referred by their employer, Thome said, but the majority is referred by the state. “Unfortunately, many don’t take the early steps available for assistance due to the addiction and denial,” Thome said. “We would like these professionals to come in before the problem becomes severe enough that they get themselves in trouble.”

The physician needed help and turned to NE LAP before he got in trouble, which meant his license to practice medicine was not in jeopardy as long as he followed program guidelines. “They set boundaries. They allowed me to get sober.”

The physician suffered one relapse – and he feared his case would be turned over to the state and his medical license suspended. He now understands that relapses are a part of recovery – and his treatment continued, with added stipulations.

These days, this Nebraska physician is practicing medicine and has arrested his addiction. He attends AA meetings. His family stuck with him through the hard times, and is still helping him stay sober.

“Life has completely turned around for me – without drinking,” he said. “Life is good.”

To learn more about the Nebraska Licensee Assistance Program, visit www.lapne.org or call (402) 354-8055. 

Ebola, Public Health and Why Nebraska

A Conversation with
Dr. Khan



ALI S. KHAN, M.D., MPH, remains torn about the people he encountered and the things he witnessed during a recent trip to the Republic of Sierra Leone.

Dr. Khan, dean of UNMC's College of Public Health, spent six weeks earlier this year in Geneva and Sierra Leone, West Africa, known for its poverty, civil war and, most recently, an outbreak of Ebola. His visit came immediately after UNMC joined the World Health Organization's Global Outbreak Alert and Response Network. His task was to explore the dynamics of Ebola in Sierra Leone and review prevention strategies.

On one hand, he was in awe of the tenacity of the health-care practitioners who had been on call since May to support the Ebola response and how all sectors of the community have come together. Khan said he was impressed by the medical students who had volunteered to serve on surveillance teams after schools in Sierra Leone were closed. These students offered to work—at their own peril and for long hours far from home—in places without electricity and without running water.

"A lot of health-care workers have died in this country," he said. "They were courageous to come and say 'We'll work on this every day. I was not just surprised, but humbled by the courageousness of these people.'"

On the other hand, he noticed a sense of complacency among the people he encountered and continued to engage the community that was exasperated by the rigidity from the government. "This is a community that has been living this outbreak for over a year. You get tired. They are so eager for this outbreak to be over."

Complacency sets in, he said, but "you must also think about what comes next. You must tell them 'Until you get to zero with Ebola, you're not at zero. It just takes one case to reignite an outbreak.'"

As for the government, he witnessed curfews that might seem overbearing and a heavy-handedness in other restrictions placed on people.

Dr. Khan, who spent 23 years with the Centers of Disease Control and Prevention in Atlanta, talked about a man who fled Freetown after two days in quarantine to return to his own village. "He escaped. Within 36 hours, he was dead."

His family, Dr. Khan said, thought he had been shot by a witch gun when he died. The man came in contact with more than 100 people before he died, and 30 became infected. "One year later, there are still these behaviors going on suggesting continued need for better community engagement and continued education."

Dr. Khan was excited about receiving support in Omaha to help the locals establish a survivor clinic for the Ebola patients with Post Ebola Syndrome.

During a recent conversation about his trip, Dr. Khan, a Brooklyn, New York native, also discussed his reasons for coming to Omaha and UNMC, his crusade to see Nebraska named the healthiest state in the country by 2020, and his reasons for choosing public health as a profession.

First, he shared the story about the only time he was concerned about his own health—and life. "I am not afraid to die. Everyone dies." (Is that mindset based on a belief or faith, he was asked. "That's a very good question.")

Dr. Khan told of a trip to Kikwit, the largest city of Bandundu Province, lying on the Kwilu River in the southwestern part of the Democratic Republic of Congo. After a full day of working on surveillance issues in the field, he was helping with afternoon blood draws. The patient was writhing in bed. Dr. Khan was sweating in his protective gear. No electricity. It's getting dark. "I'm there with a needle trying to draw blood and thinking, 'This is how people get stuck.' »

continued on page 28



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◀ And this doesn't include encountering scorpions falling out of the ceiling, waking up to find spiders the size of one's hand on his bed net, or crossing paths with gun-toting children in southern Sudan. "You always have to worry about safety and security issues."

WHY HE CHOSE A CAREER IN PUBLIC HEALTH:

Reading a book about Louis Pasteur sparked his interest in public health and infectious diseases. His first two years with the CDC after completing his residency in Ann Arbor sealed his career path in public health. "I had so much fun. I was bit by the public health bug. People around me were brilliant. Passionate. The work was excellent." Then, it came down to numbers: "You have the opportunity to serve not one person at a time, but millions."

WHY NEBRASKA AND UNMC:

"Some people said 'Why Nebraska? Ali, you could go anywhere in the world.' I told them it was one of the easiest decisions I have ever made." Factors: The timing was right. He was retired as an Assistant Surgeon General and was in his fifth year leading the U.S. Health Security Office. His children were grown. UNMC's Chancellor offered him the opportunity to lead the College and continue his work—when called and when needed—throughout the world. "You look out at the state and see there is so much opportunity." Nebraska can be on the leading edge of change, he said.

HIS GOAL FOR THE STATE:

A No. 1 ranking for the state—as the healthiest in the nation. Nebraska currently ranks 10th. After arriving in Omaha, Dr. Khan headed out to see the state. He has visited 23 of the 25 local and

tribal health departments in Nebraska (with plans to visit the remaining two this summer). What did he learn? "Nebraska is one long state. You start in Omaha and Scottsbluffs is eight hours away. And it's a microcosm of the U.S." What's on Nebraskans' minds: They are concerned about mental health care, chronic disease, cancer, obesity, and healthcare access—depending on with whom you are talking and where. He learned that although not a populous state, Nebraska has a rural and an urban population. "If you don't think we have an urban population, just look at the chlamydia rate in Omaha." Since his trip, he has dubbed Nebraska as the "Goldilocks state—just the right size and the right demographics to do big things." He also came away with the notion that the No. 1 ranking is attainable. "We just have to re-integrate public health and health care and be a model for the rest of the U.S."

WHAT SHOULD MOMS MEMBERS KNOW ABOUT UNMC COLLEGE OF PUBLIC HEALTH:

"UNMC's College of Public Health is a natural partner for MOMS members as they think about research within their communities and practices. I encourage them to support our students as they develop their projects. I'd also like to encourage MOMS members to support the college personally. Can they help us link with partners in the community? How can they link us with resources? Can they help build their College of Public Health as a national leader?"

"I never want to miss an opportunity to ask for support for our students—they will create our healthier future." 🗣️



The Khan File

Hometown:

Brooklyn, New York

Undergraduate Degree:

City University of New York, Brooklyn College

Medical Degree:

State University of New York, Downstate Medical Center

Residency:

Internal Medicine/
Pediatrics, University of Michigan Medical Center

Fellowship:

Applied Epidemiology, Centers for Disease Control and Prevention

Title:

Disease Control and Prevention

Institution:

College of Public Health,
University of Nebraska
Medical Center (UNMC)

Hobbies:

"If you talk to my wife, she would say I have no hobbies, although I enjoy exploring farm-to-table restaurants and farmers' markets. And thanks to my wife, I get dragged to lots of art events."

Family:

Wife, Kris, who is a local artist at Hot Shops; a daughter, Aliya; and two sons, Salim and Rabi, who is a junior at UNO.

COMING events



**MEDICAL MESS CLUB EVENT
BENEFITTING THE MOMS
FOUNDATION**

MEMBER NETWORKING EVENT:

**TRAP SHOOTING
THURSDAY, JUNE 4**

**HARRY A. KOCH TRAP & SKEET RANGE
6802 HARRISON ST., LA VISTA**

Whether you are new to trap and skeet shooting and want to try your hand at it or are experienced – we invite you to join us. Equipment, safety gear and instruction will all be provided. Members of the Marian and Prep High School trap teams will be on hand to assist. Call (402) 393-1415 or email Laura@OmahaMedical.com to RSVP.

MEMBER NETWORKING EVENT:

**JAZZ ON THE GREEN
THURSDAY, AUGUST 6
6:00 – 7:30 PM
CANTINA LAREDO**

Whether you are new to trap and skeet shooting and want to try your hand at it or are experienced at the sport-plan to join your peers. All equipment and safety gear will be provided. Dinner and beverages will be served. RSVP today.

*Call (402) 393-1415 or email
Laura@OmahaMedical.com for
more information or to RSVP
for any of these events.*

HAVE YOU BEEN SUPPORTING

MOMS FOUNDATION?

The Metro Omaha Medical Society Foundation identifies and provides support to community priorities where physician involvement can make a difference in improving the health of the Metro Omaha Community.



**MOMS Foundation
7906 Davenport St.
Omaha, NE 68114
402-393-1415**



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: _____
 Home Phone: _____ Name of Spouse: _____

Preferred Mailing Address:

Annual Dues Invoice: Office Home Other: _____
 Event Notices & Bulletin Magazine: Office Home Other: _____

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.)

Have you ever been convicted of a fraud or felony?

Have you ever been the subject of any disciplinary action by any medical society, hospital medical staff or a State Board of Medical Examiners?

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.)

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.

Signature

Date

Fax Application to:
402-393-3216

Mail Application to:
Metro Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

Apply Online:
www.omahamedical.com



Michael W. Holland, M.D.

Medical School:
UTESA School of Medicine


Residency:
Creighton University in Psychiatry

Fellowship:
Creighton University in Child Psychiatry

Specialty:
Child and Adolescent Psychiatry

Location:
Boys Town National Research Hospital

DR. MICHAEL HOLLAND AND his wife, Marianne, are originally from South Dakota. They have three grown daughters, who were born and raised here in Omaha.

Dr. Holland practices at Boys Town Child and Adolescent Psychiatry, and is involved with Boys Town’s outpatient clinics, Residential Treatment Centers and tele-psychiatry programs. He specializes in the management and treatment of children and adolescents with developmental, behavioral and mental health problems. He works closely with the Boys Town Center for Behavioral Health, as well as nearly all of the mental health-care providers in the Omaha community at large. Dr. Holland takes referrals from pediatricians, primary care physicians and pediatric specialists in Omaha and throughout the state of Nebraska. 



Laura A. Novoa, M.D.

Medical School:
Creighton University School of Medicine


Residency:
Creighton University/University of Nebraska in Psychiatry

Fellowship:
Creighton University/University of Nebraska in Child Psychiatry

Specialty:
General Psychiatry, Child and Adolescent Psychiatry

Location:
Boys Town National Research Hospital

DR. LAURA NOVOA AND her husband, Jose Novoa, M.D., love spending time with their five children and one granddaughter. They are sports big sports fans and can often be found cheering on their children at soccer and basketball games or supporting their favorite Creighton Bluejay and Nebraska Cornhuskers teams.

Dr. Novoa practices at Boys Town Child and Adolescent Psychiatry. She is board certified in general psychiatry and child and adolescent psychiatry. Dr. Novoa takes referrals from pediatricians, primary care physicians and pediatric specialists in Omaha and throughout the state of Nebraska. 

IN memoriam

John D. Hartigan, M.D.
Sept. 21, 1919 – March 12, 2015

Blaine Y. Roffman, M.D.
Jan. 30, 1935 – April 6, 2015

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OmahaMAGAZINE.COM



Dr. Feilmeier

Receives National Honor

MIKE FEILMEIER, M.D., MEDICAL director of the Prevention of Global Blindness Division at the Truhlsen Eye Institute at UNMC and an ophthalmologist with Midwest Eye Care, has joined the ranks of Olympic athletes, presidents and professional entertainers in being named one of the Ten Outstanding Young Americans for 2015 by the United States Junior Chamber (Jaycees).


"To be included in this year's group of recipients is an incredible honor. I am merely one of many individuals who have dedicated their life to the pursuit of seeing that no one lives needlessly in darkness," Dr. Feilmeier said. "It has been the singularly most rewarding aspect of my professional career, and I look forward to dedicating the rest of my life to helping bring individuals out of the darkness and back into the light."

Dr. Feilmeier is one of just a few ophthalmologists in the country to complete a fellowship in global blindness prevention. Since joining UNMC in 2010, Dr. Feilmeier has led eight trips to Haiti, Ethiopia and Nepal and performed more than 1,400 sight restoring surgeries.

"Each year, the United States Junior Chamber recognizes individuals who exemplify the best attributes of the nation's young people. Dr. Feilmeier's tireless mission to cure blindness, his commitment to provide the gift of sight to those less fortunate, and his dedication to teaching others so they may help in the cause, is the reason we are proud to honor him," said Laura Chesney-Gadd, director of the Ten Outstanding Young Americans program.

For more than 75 years, the United States Junior Chamber (Jaycees) has recognized 10 young men and women, aged 18 to 40, who best exemplify the highest attributes of the nation's emerging generation.

Dr. Feilmeier obtained his undergraduate degree from Nebraska Wesleyan University and his medical degree with high distinction from the University of Nebraska Medical Center College of Medicine.

He did his residency training in ophthalmology at the Bascom Palmer Eye Institute (part of the University of Miami Health System), which U.S. News & World Report has ranked as the No. 1 eye hospital and residency training program in the country for the last 11 consecutive years. He went on to complete a year of surgical fellowship training in corneal transplant and refractive surgery and the prevention of global blindness at the University of Utah in Salt Lake City. 



MOMS members have a powerful voice in shaping the future of medicine—locally, statewide and nationally.

Is your voice being heard? Who will shape the health care of tomorrow – physicians like yourself? Or will you allow others to make those decisions for you?

We encourage members to get involved. MOMS offers a variety of opportunities for member physicians to make a difference. Plan to participate in the MOMS Caucus to discuss and vote on proposed resolutions to determine which move forward the NMA House of Delegates meeting.

MOMS also has a number of boards and committees that provide you with the option for more continued involvement:
 Editorial Board • Legislative • Membership
 Public Health • Retired Physicians
 Women in Medicine • Young Physicians

You owe it to yourself to make your voice heard. Call (402) 393-1415 or email laura@omahamedical.com.

Not currently a member? Call (402) 393-1415 or apply via the application on page 30 or online at www.omahamedical.com

**It's that simple.
It's that important.**

MESS CLUB EVENT

FRIDAY, APRIL 17, THE Metro Omaha Medical Society hosted its Medical MESS Club event at the Joslyn, which featured a reception, silent auction and musical theater performance titled “The Evolution of a Physician: A Doc Opera.” The event, a fundraiser for the Metro Omaha Medical Society Foundation, raised \$12,000, which will be added to the funds that will be awarded in grants for 2015.

1. Attendees admire the motorized Mini Cooper—a crowd favorite in the silent auction.
2. The silent auction tables drew a crowd during the event reception.
3. Drs. Jane Bailey (left) and Emily Kean prep patient Dr. Gary Gorby for surgery with a foley in “Nurses Overture” (performed to the tune of “William Tell Overture”).
4. Drs. John Sheehan and Jill Reel provide comedic relief between scenes with promotional messages for the top event sponsors.
5. Dr. Cutsfast (Dr. Ian Crabb – front right) and OR nurses (from left) Drs. Jill Reel, Katie Hoppes, Jane Bailey and Emily Kean teach med students Lola (Dr. Jen Hill) and Harry (Dr. Scott Goodman) about maintaining OR sterility in their rendition of “U Can’t Touch This,” originally performed by MC Hammer.
6. Medical student Harry (Dr. Scott Goodman—kneeling) sings “med school really matters to me” and lives out his residency match nightmare as the chorus mocks him with “you can go to trade school” – to the tune of “Bohemian Rhapsody” by Queen. The nightmare chorus includes (from left): Drs. Ian Crabb, Jonathan Fuller, Gary Gorby, Jane Bailey, Sheena Plammottil, Joann Schaefer, Katie Hoppes, Sue Evans and Emily Kean.
7. Drs. Ian Crabb and Jane Bailey, producers of the show, perform “Just Give in a Little” to shed a comedic light on the unsuccessful efforts of Blue Cross Blue Shield of Nebraska and CHI Alegant Creighton Health to reach an agreement regarding reimbursement rates.
8. Lead characters Harry and Lola (Drs. Scott Goodman and Jen Hill) fall in love and Harry proposes they “start their own medical home.”



Justin Barnes Photography

5



6



7



8





Boys Town Pediatrics and Hy-Vee: partners in parenting

BOYS TOWN PEDIATRICS AND Hy-Vee have partnered to create a special Nutrition Series Parent Talk segment. The goal of the series is to provide nutrition education for families in and around Omaha.

“Nutrition has been directly linked to the body’s weight, immune strength and overall health,” said Jason Bruce, M.D., Boys Town pediatrician. “A healthy diet plays a vital role in preventing illness and chronic damaging conditions, such as obesity.”

Like Boys Town Pediatrics’ traditional Parent Talk classes, these nutrition sessions will be free to the community and provide attendees with nutritious, practical and affordable recipes to take home and try with their families. Unlike previous classes, these will be held at Hy-Vee locations in the Omaha-area and will feature both Boys Town pediatricians and Hy-Vee dietitians. They will also provide a more hands-on learning environment.

For a full class listing, visit Parent Talk at boystownpediatrics.org.



Imagine better health.SM

Honor illustrates ‘investment in value-based care is working’

FOR THE THIRD CONSECUTIVE year, the CHI Health hospitals in the Omaha area have been named one of the nation’s 15 Top Health Systems by Truven Health Analytics. Formerly known as Alegent Creighton Health and now part of CHI Health, the clinically integrated network organized by UniNet was the only health system in Nebraska or Iowa to be named to the list.

The 2015 Truven Health 15 Top Health Systems study analyzed data from 341 health systems and 2,841 member hospitals to identify 15 U.S. health systems that achieved superior performance based on a composite score of nine measures of care quality, patient perception of care, episode-of-illness cost and operational efficiency.

“It is quite an achievement to be named one of the top 15 health systems in the nation and one of the top five medium-sized systems for three straight years,” said Cliff Robertson, M.D., chief executive officer for CHI Health. “This honor from Truven illustrates that our investment in value-based care is working and that we are doing what is right for our patients with our three-part commitment to transparency, accountability and affordability.”

The only study of its kind to aggregate rigorous analysis of individual hospital performance metrics into system-level data, the Truven Health 15 Top Health Systems study provides hospital administrators and boards of directors with crucial, evidence-based insights into the effectiveness of health system leadership, organizational performance and management alignment. The annual study is part of the Truven Health 100 Top Hospitals program, the national standard for objective hospital quality evaluation.

“This year’s health system winners are setting the national standard for higher quality, efficiency and patient perception of care, which together mean higher value for each community served,” said Jean Chenoweth, senior vice president for performance improvement and 100 Top Hospitals programs at Truven Health Analytics. “These leadership teams are transforming their systems more rapidly than their peers, and they are, or stand to become, outstanding partners with employers and other stakeholders in setting goals for improving community health.”



Children’s partnership treats unique heart patients

CHILDREN’S HOSPITAL & MEDICAL Center and the University of Nebraska Medical Center have partnered to launch the region’s only clinical service devoted to adult congenital heart disease (ACHD). The ACHD Clinic – currently the only accredited program in the region to include multiple physicians with dedicated training in this subspecialty – focuses on compassionately caring for heart patients as they transition into adulthood.

The ACHD program offers a myriad of services, from non-invasive monitoring to cardiac surgery and heart transplantation. While each situation is unique, the services encompass every stage

of care and include support for adolescents and young adults as they transition to adult health care.

Adult Congenital Cardiologist and Electrophysiologist Shane Tsai, M.D., serves as the medical director. Dr. Tsai is assistant professor of Internal Medicine-Pediatrics, division of Cardiology at UNMC College of Medicine. He is joined by pediatric and adult cardiologist Jon Cramer, M.D., assistant professor of Pediatrics at UNMC College of Medicine; and Anji Yetman, M.D., director of Vascular Medicine, Cardiology at Children’s and professor of Pediatrics & Internal Medicine, UNMC College of Medicine.

The program’s physicians are pleased to work for this collaboration, a logical progression of congenital heart care for this region.

“Simply surviving these complex lesions is no longer the goal, it’s the expectation,” Dr. Tsai said. “We have different interventions and surgeries we can perform, and we work together as a group to decide what is best for each patient.”



School of Medicine

Associate dean named CHI Health chief academic officer

MICHAEL WHITE, M.D., HAS been named chief academic officer at CHI Health.

Dr. White, a graduate of Creighton University and the Creighton School of Medicine, teaches in the Division of Cardiology and currently serves as the associate dean for medical education at Creighton.

He is passionate about his work with medical students, residents, fellows and health professional students and looks forward to enriching the academic culture of CHI Health, the organization said in a press release.

In taking the rule of chief academic officer, Dr. White will step down as associate dean for medical education, but will continue to serve as a faculty member, and be assigned projects by the dean of the School of Medicine. He will also continue to serve on the steering committee that oversees the development of the organization’s new academic health system.



Interventional radiology debuts in larger, modernized space

INTERVENTIONAL RADIOLOGY, WHICH OFFERS patients treatment options that are minimally invasive resulting in shorter recovery times, will now be done in a new, more modern space at Methodist Hospital.

Interventional radiology remains in its former location, but a better use of space and some expansion in the area has resulted in an improved experience for the care team and patients. "Our team is very excited about this new space," said Jennifer Brase, service executive for diagnostic imaging services. "The larger and modernized area is a result of a better use of what was once our existing space. Our new procedure area, while much bigger, also will enhance our patient monitoring abilities and incorporates patient safety features similar to an operating room. Our team does six to seven procedures a day and the completion of this project will allow us to care for our patients in a more efficient manner, while still providing the outstanding care they have come to expect at Methodist."


Among the new features is a bi-plane interventional radiology machine, larger patient monitoring unit, air flow and negative pressure systems.

"Many of the features we have mimic those of our new operating rooms which are part of the surgery renovation and expansion project on our campus," Brase said. "These enhancements certainly allow our team to work more efficiently and safely."

Using advanced imaging technology, interventional radiologists perform a wide range of procedures to diagnose and treat many conditions from cancer to vascular disease. Interventional Radiologists are physicians with additional specialty training in radiology.

The Interventional Radiology Department at Methodist Hospital is a regional referral center specializing in imaging-guided procedures. Interventional radiology procedures are minimally invasive and can often be done in place of surgery, and in some cases, provide treatment for disorders for which there are no surgical alternatives.

Interventional radiology procedures can include biopsies, radio-frequency ablations, angioplasty and vascular stenting, tumor ablation and Y-90 selective internal radiation therapy.

Peripheral vascular disease, plantar fasciitis, tennis elbow, jumper's knee and a variety of cancers are among the diseases and conditions which can be treated through interventional radiology. 



Primary care program jumps in rankings

THE UNIVERSITY OF NEBRASKA Medical Center's primary care program jumped two slots and is now ranked No. 4 in the country in the latest ranking of the nation's top graduate schools by U.S. News & World Report.


In addition, UNMC's physician assistant program also cracked the top 10 and is ranked No. 9 by U.S. News for 2015, up seven spots from when the magazine last ranked PA programs in 2011.

In other rankings, UNMC was ranked 39th in public health, the first time it has been ranked in that category. In addition, UNMC moved up four spots in the research rankings to 60th.

"UNMC continues to be recognized for the excellence of its primary care program, which is a testament to the work of our medical students and faculty," said UNMC Chancellor Jeffrey P. Gold, M.D. "It is exciting to see both the primary care and physician assistant program counted among the best in the nation and to see continued growth in the national recognition of our College of Public Health and our research program."

U.S. News surveyed 130 medical schools and 26 school of osteopathic medicine during 2014 and 2015 while compiling the rankings. Schools surveyed were accredited by the Liaison Committee on Medical Education or the American Osteopathic Association.

The ranking in the public health category was especially pleasing to Ali S. Khan, M.D., M.P.H., dean of the UNMC College of Public Health, as the college only became operational in 2007 and is by far the newest of UNMC's colleges.

"We are excited that our young college is already listed among the country's outstanding programs," Dr. Khan said. "This is a sign that what we are doing here in Nebraska is being noticed on a national scale." 



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