Physicians Bulletin

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Providing Care for Refugees:

'Human Dignity is So Important'

Much at Stake
When Completing Disability Form N-648

The Impact
of LB 599 Explained

MARTTI:
Overcoming Language Barriers

With guest editor
Kris McVea, MD

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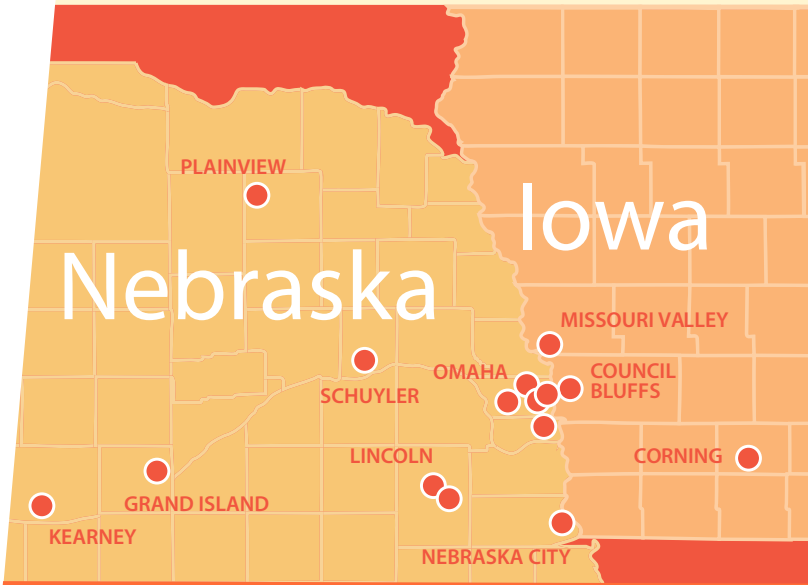

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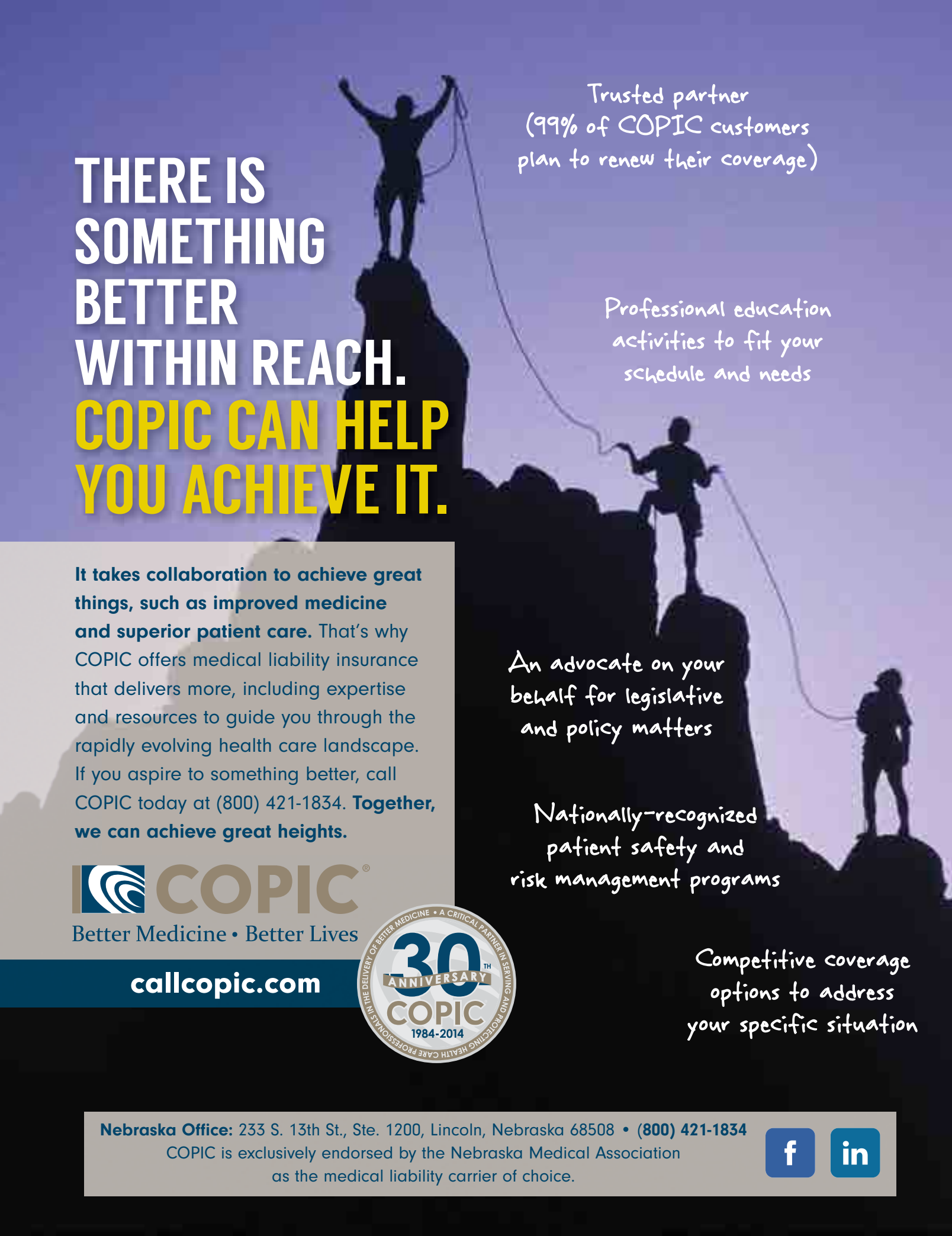
Kris McVea, M.D.
Guest Editor
Physicians Bulletin

Patients Without Borders

FOR THE PAST 20 years I have had the privilege of caring for immigrant families at OneWorld Community Health Center, right here in Omaha. My patients are often marginalized, and the stories of the incredible challenges they face are often not shared. When you read headlines about unaccompanied minors from Central America held at the border, it can be easy to set down the paper and move on. It's different when you sit down in the exam room with a 14-year-old who was detained alone in a prison for six months. Wait, I have a 14-year-old son. What do you say to the mother of a newborn who starts to cry because her husband was just picked up by the INS? I don't want this child to end up in a homeless shelter. Working with the mobile poor can be emotionally taxing, but there are also joys. Take the 20-year-old woman, raising her two younger siblings after her mother was deported, who graduated from high school and received a college scholarship. What resilience and strength. It was patient encounters like these that inspired this issue of the Bulletin. I wanted to use this forum to shed light on the stories of immigrants and provide information to the compassionate and open-hearted physicians who care for them.

In an increasingly globalized world, cross-cultural health has grown into a phenomenon that is impacting and challenging all physicians in our community. How we as physicians care for immigrant families will shape the future of our nation. One of the ways to personally help immigrant patients is to volunteer as a part of the Hope Medical Outreach Coalition. OneWorld Community Health Center provides primary care for thousands of uninsured patients every year, many of them immigrants from over 30 countries. Specialists can help support our mission by providing specialty care, procedures and diagnostic services that are beyond our scope of practice. Physicians also have the opportunity to advocate for patients about issues affecting their health. Immigration is intimately linked to child poverty and worsened health outcomes. Our broken immigration system has become a public health and social justice problem that our elected officials need to fix. Add your voice in support of policies that respect the dignity and fair treatment of immigrant families. (Like the recently passed law allowing DREAMERs to get Nebraska driver's licenses.)

The reason I love being a physician is that it offers the opportunity for me to learn and grow every day. One of my patients always bakes me a flan when she comes to her appointments. How do I let her know that the real gift is the chance to see our culture through fresh eyes, to share in her story and to reflect on how small the earth is?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Carol Wang
Executive Director
Metro Omaha Medical Society

Tell Us
Your Story

IMAGINE A SPACE THE size of two to three patient exam rooms put together, outfitted as a home for a family of five. That's a common scenario as described by a 26-year-old man who spent 20 years in a refugee camp in Nepal. Today, he is one of 2,000 people originally from Bhutan who have been re-settled in Omaha within the last five years. He works as a translator to help other people in his community access health care and services. As he shares his story about the transition to the United States, he recalls the wonder of running water, cell phones and driving cars on city streets. It's a reminder of how the creature comforts we take for granted really are a luxury to much of the world.

This young man's desire to work as a voice for the people who cannot communicate easily, as well as his willingness to tell me of his journey thus far, points to how important it is for all us to be heard. One physician recently told me that his patients, when faced with difficult health decisions, often already know the kind of care and treatment they want. In those cases, it is his job to listen. That same physician spoke of being his patients' advocate and when necessary, their voice.

We all know listening is an art, and mastering this skill is what can make a good doctor, great. But giving a voice to those who cannot speak is also so important in medicine today. In that vein, your colleagues in the House of Delegates are getting ready to be your voice on September 18 at the Nebraska Medical Association annual meeting. They're presenting and voting on resolutions that will determine legislative priorities and policies to improve our patients' lives. So if there is something you want to see changed or issues with which doctors should be taking a leadership role, this is your time to make your voice heard.

There are other ways you can share your passion. Dr. Kris McVea spends her days making sure people living in our community receive the most culturally sensitive care possible. Many of her patients are immigrants and refugees. It is from that perspective that she wanted to make this issue of The Physicians Bulletin center on a theme she cares so deeply about. If you want to serve as one of our guest editors and shape the content of the magazine, please let us know.

Dr. Jason Lambrecht recently spearheaded a panel discussion for residents and fellows about managing debt from medical school and training. It's a topic he feels very strongly about, given that he is in the middle of paying those loans. And he is the first to admit, he's learned a few lessons along the way. He wanted to share his experience so others could benefit.

We currently have a group of retired physicians who are creating checklists and programming to help others who are considering joining their ranks. As they recently shared with me at a meeting, they have all learned there is more to it than taking care of their patients' medical records. Many of them still volunteer their medical expertise for area organizations.

All of this to say, if there is something that you want to be involved with or a passion you want to shine a light on, please let us know. If there is an issue facing physicians or patients that we can help with, we're here to try to be a resource. We're here to serve you, but we don't always know what you need. That's where we need your voice. Tell us your story.

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A Nod
to Dr. Spry

Dale Mahlman
Executive Vice President
Nebraska Medical Association

WHILE THE NEBRASKA MEDICAL Association has been "Advocating for Physicians and the Health of all Nebraskans" since 1868, Les Spry, M.D., our 2008-09 president, really started the movement toward improving public health as a goal of the association. Dr. Spry felt that physicians played a monumental role in the public health of patients and communities alike and could influence patients with some very basic initial steps. Taking just a brief amount of time during a patient encounter to ask about sleep, nutrition, exercise, alcohol use and smoking highlighted the ease in which physicians could improve the health of patients with just a few simple questions during a patient visit. Dr. Spry should be credited for this early attention to prevention.

Our state is blessed to have many different efforts working in the area of improving the health of all Nebraskans, including, but not limited to: Simply Well, Teach a Kid to Fish, Partnership for Healthy Lincoln, the programs in our local health departments, and the various wellness councils and efforts across the state. Recent communications from UNMC College of Public Health Dean Ali Khan, M.D., M.P.H., indicate that while Nebraska is currently ranked 10th in the nation in health, his goal (and hopefully the goal of all Nebraskans) is that Nebraska becomes the healthiest state in the union by 2020. The Nebraska Medical Association can support that effort and hopes to help activate Nebraskans in the effort toward better personal health.

Since more recent efforts have focused on childhood obesity, the Nebraska Medical Association seized the opportunity to focus on families and communities across the state with a new campaign utilizing the Husker Sports Network. We hope our new messaging lends a hand to making our younger generation healthier, happier and productive in the years to come. While lending a hand to younger Nebraskans, why not make ourselves and our neighbors healthier, happier and more productive at the same time!?

As far back as 2008, Dr. Spry highlighted both the financial and physical impact that treatment played versus the much cheaper alternative of prevention. He was happy to speak with anyone who would listen to show the cost of health care in the United States compared with other developed nations. Also, he pointed out the impact cancer and obesity played in both health-care costs and impact to families.

We can do better, and we take the challenge seriously to make sure all Nebraskans make an effort to improve their personal health and wellbeing. How do we start that? One positive change at a time. Together with the physician members of the Nebraska Medical Association, along with the efforts of Dr. Khan and the UNMC College of Public Health, our first step will be to raise awareness about our campaign and the ease of getting started. Legislatively, we will look for common sense opportunities to make the healthy choice in our state the easy choice.

This fall, watch for the Nebraska Medical Association message at and during the broadcast of Husker football and volleyball games. The message will also continue into the men's and women's basketball seasons. We are extremely excited about this campaign; our hope is that all Nebraskans are interested in making a positive change in their own lives!

Richard D. Vroman, J.D.
Shareholder and a Member
of Health Law Practice Group
Koley Jessen

Nebraska's Regulatory Environment

Not Always Black and White

IN THE MEDICAL PROFESSION, regulations abound – both at the federal and state level. Unfortunately, the interpretation of the meaning of these regulations is not always black and white. An example of the need to carefully consider the effect of the regulatory environment on seemingly insignificant business decisions was experienced earlier this spring.

In Nebraska, health clinics, including ambulatory surgery centers, birthing centers and public health clinics are required to be licensed. Similarly, assisted-living facilities, long-term- care facilities, pharmacies and home-health agencies are required to maintain a license separate from the license of the providers practicing within such facility. The Nebraska Department of Health and Human Services, Division of Public Health (the "Department"), oversees the licensing of these facilities; and notably, Nebraska regulations provide almost uniformly that such licenses are issued only for the premises and persons named in the application and are not transferable or assignable. Specifically, Chapter 175 of the Nebraska Administrative Code Section 7-004-04 (which governs health clinics) provides, in part, that a "[c]hange of ownership (sale, whether of stock, title, or assets, lease, discontinuance of operations) or change of premises terminates the license." Section 7-004-05 goes on to state that "[t]he licensee must notify the Department in writing ten days before a health clinic is sold, leased, discontinued, or moved to new premises."

On its face, this regulation appears to be black and white. If the owners of the clinic sell or lease the clinic, or if the clinic ceases operations, there is a change of ownership and notice of such an event must be provided to the Department. Of course, some reading this article are thinking to themselves – if change of ownership is the "sale, lease or discontinuance of operations," what do the terms "sale," "lease" or "discontinuance" mean? Does the clinic need to sell all or only a part of its stock or assets? What if only one owner among many sold his or her stock in the clinic – would the license of the clinic terminate? We believe the proper interpretation of the regulations is that the license terminates upon the sale, lease or discontinuance of the entire entity. After all, the regulations state that notice must be given "before a health clinic is sold." There is no mention of a shareholder's interest. In addition, we must remember that the health clinic is a separate legal entity. The sale by one owner does not affect the legal status of the entity. Nevertheless, there seem to be a more than a few shades of grey when it comes to interpretation of this regulation.

So how does the Department interpret this regulation? What would happen if two individuals (the "Owners") owned a health clinic equally (i.e., 50/50) and one Owner retired or died? In most situations, the Owners and the health clinic (which is a separate legal entity) would have a buy-sell structure in place where the retiring owner (or the deceased owner's estate, if applicable) would have his or her interests in the health clinic redeemed by the entity for a preset price. In some instances, a new owner might be found and allowed to take the departing Owner's place, but in many cases, the result is that the remaining Owner is now, by default, the sole remaining owner of the business. The question is whether this situation results in a change of ownership under the above stated regulations. Did the partner's retirement or death automatically terminate the health clinic's license? Was notice required 10 days before the event? We believe the answer is no. After all, the health clinic was not sold or leased and the operations never ceased. Nevertheless, the Department disagreed.

Interestingly, however, the Department's position did not arise from different interpretations of the meaning of the words "sale, lease or the discontinuance of operations." Instead, the Department looked for guidance on the definition of change of ownership by looking to a federal regulation governing secondary education institutions promulgated under the Higher Education Act of 1965, as amended. Under the secondary education regulations, the definition of "a change in ownership and control occurs when (i) [a] person acquires more than 50 percent of the total outstanding voting stock of the corporation; (ii) [a] person who holds an ownership interest in the corporation acquires control of more than 50 percent of the outstanding voting stock of the corporation; or (iii) [a] person who holds or controls 50 percent or more of the total outstanding stock of the corporation ceases to hold or control that proportion of the stock of the corporation."

Simply put, the Department's position was that because the remaining Owner's interest went from a 50 percent interest to a 100 percent interest, there was a change of control sufficient to trigger the termination of the license. This makes sense if we were discussing a "change of control." Unfortunately, the Nebraska regulations make no mention whatsoever to a "change of control." More importantly, who would ever have anticipated that a health clinic in Nebraska should consider the federal regulations for a change of ownership and control of secondary education institutions when determining if it was required

to provide notice to the Department? From the health clinic's perspective, is it now operating without a license? What other adverse effects flow from such a determination? How does it affect other contractual relationships? Is this now reportable?

What to do? Although the entity in the above scenario was able to take action (without resort to litigation) to avoid any lapse in its license, the Nebraska Administrative Code does provide a procedure for affected parties to appeal such contested cases to the district court. In such an appeal, the district court's review is limited to "determining whether the agency's action is (1) in violation of constitutional provisions, (2) in excess of the statutory authority or jurisdiction of the agency, (3) made upon unlawful procedure, (4) affected by other errors of law, (5) unsupported by competent, material, and substantial evidence in view of the entire record as made on review, or (6) arbitrary or capricious." Meier v. State, 227 Neb. 376, 417 N.W.2d 771 (1988). Adding terms such as change of "control" to the regulations would arguably be exceeding the Department's authority or at least acting in an arbitrary and capricious manner – especially given the reliance on an unrelated secondary education regulation for such guidance. That said, appeals, as with all litigation, can be costly and uncertain. In addition, there are some very strict timing deadlines and other rules involved when requesting an appeal, the scope of which exceed this article. Suffice it to say, affected parties would be well-advised to seek legal counsel in such a situation.

At the same time, licensed entities in Nebraska should make sure they understand the regulations applicable to them, and have a legitimate basis for the interpretation of the same. A strong legal argument in favor of your interpretation is the basis of any successful appeal from an adverse agency decision. Additionally, as to change of control matters specifically, licensed entities should consider whether it might make sense to contact the Department well in advance of any decision affecting the ownership interests or control of the entity to see what the Department's position would be. In the hope of being able to advise licensed entities on exactly what constitutes a change of ownership in Nebraska, we inquired with the Department in the above situation to clarify that the interpretation provided in that case was the "position" of the Department. Unfortunately, the Department would not commit to using (or not using) the same interpretation in any future case, stating, "We all analyze the situation in terms of whether a change of control occurs. Whatever authority is available on that issue would merely be persuasive (obviously absent a controlling decision in Nebraska)."

In other words, a different rule or regulation might be used to assist the Department in interpreting this regulation in the next situation. Admittedly, there are numerous definitions available throughout the federal and state regulations for a change of ownership. Some (such as the secondary education regulation used by the Department in the scenario discussed above) include change of control in the definition, others (like Nebraska's health clinic regulations) expressly do not, and yet others (such as those governing Medicare provider agreements) go so far to specifically provide that the redemption of one partner would not constitute a change of control. With this in mind, there is currently no possibility of determining the Department's position on the meaning of its own regulation.

At the end of the day, although the whole purpose of publishing regulations is to provide consistent guidance to the public and those relying on the regulations, the Department's interpretation of those regulations is really the only one that counts, unless you are willing to take the matter to court. Given the uncertainty in this area, early involvement of legal counsel, a thoughtful understanding of the regulations in question, and proactively working with the Department is by far the less costly and least disruptive alternative.

We note for purposes of this article that Nebraska regulations for notice of change of ownership and the related non-transferability of the license are virtually identical for health clinics, pharmacies, assisted living centers and home health agencies.

MEMBER benefits

IN memoriam

Timothy R. Fangman, M.D.
Aug. 7, 1946 - June 6, 2015

Wesley G. Wilhelm, M.D.
May 3, 1932 - May 20, 2015

Why Insurance
Is Important

Christine J. Insinger
Insurance and Investment Specialist
Renaissance Financial Corporation

WHILE WORKING WITH YOUNG professionals during the past 25 years, it has been my experience that many of you have been trained and educated in your field of medicine. However, when it comes to the exposure you will be faced with and the protection you need to cover these exposures, there is a lack of education on the following topics: liability coverage, disability insurance and life insurance. These topics of protection can drastically effect your family. I will be giving you an overview on liability and disability.

Personal Liability:

You want to make sure you protect yourself for any liabilities that may occur. First, the most important protection you should have is protection from lawsuits. You protect yourself by purchasing good malpractice insurance. Your coverage may be provided by your employer if you are an employee. If you own your own practice, you will need to purchase malpractice for yourself. You also need to protect yourself by carrying a substantial amount of liability insurance on your auto and home insurance. A common mistake professionals make is they do not review their liability coverage from time to time making sure they have adequate protection in case of a claim from an automobile accident or liability claim against your home or auto insurance. Besides the underlying coverage you have on your home and auto, it is recommended to also protect yourself with a personal liability umbrella. This coverage will extend the liability limit of your auto and homeowner's insurance under one policy. The minimum recommended amount is $1 million and could be higher depending on your underlying assets. Having your auto, homeowners/renters and liability umbrella could provide discounts to you and will make it easier at claim time.

Disability Insurance:

Buying disability insurance can be a very overwhelming task and its importance is often overlooked. The amount of potential lost income from your younger years to retirement is in the millions. With this amount of income at risk of being lost due to a disability, what would happen to your lifestyle? Where would your money come from? Who would provide you with money to pay your expenses not only personally but potentially for your business if you own a business? Savings? Selling existing assets and at what value? Borrowing money? Social Security? This is why it is important to have a good disability plan in place. The sources of income protection are group disability that may be provided by your employer or by an association you belong to. Group plans through an employer or association usually are less expensive than an individual plan and may not require proof of insurability. An individual plan always requires proof of insurability unless offered on a guaranteed basis through your employer. Depending on the individual plan it may or may not be as comprehensive as purchasing an individual policy by proving health.

Most group plans offered through an employer will have integration with certain benefits. Some of these integrations are with Social Security, workmen's compensation and some retirement plans. Group plans may offer a cost of living benefit, but in most cases they do not. Own specialty is another benefit that may or may not be offered within a group plan. Most group plans do offer partial coverage, but again this is an option left up to the employer. A couple of advantages of a group plan is that it is usually less expensive and you don't have to qualify by health. Rates, however, are not usually guaranteed for a longer period than one, two or three years.

This is why it is important to consider purchasing an individual plan if you are healthy. This task may be a difficult one, especially if you have never had to purchase this type of plan. You may not know what benefits within a policy are right for you. There are several benefits that should be included in an individual plan. First and foremost is deciding on the monthly benefit amount that you will be comfortable having subject to the issue limits of the carriers you are working with. Replacing lost income should be the foundation of your coverage. Once you have the benefit amount in place you need to make sure there are good definitions in the contract along with reasonable waiting periods and benefit periods. This just touches the surface of disability coverage to. I recommend a one-on-one review with your financial adviser to determine the benefits that are important to you to determine the best plan.

Daniel Rosenquist, M.D.
COPIC Department of Patient Safety and Risk Management

Overlooked
Diagnostic Tests

Case Study No. 1*:*

A primary-care provider (PCP) sees a patient who is not feeling well in the morning. The exam is unremarkable and he orders a complete blood count (CBC) and chemistry panel on the patient. At 4:30 p.m., the lab calls with a report of a potassium of 6.5. The doctor has already left for the day and is not called. He is grumpy and the staff rarely calls him after he has left the office. Later that night, the patient presents to the ER with syncope and has an EKG diagnostic of hyperkalemia.

Case Study No. 2:

A patient goes to the ER for pulmonary symptoms. He has a CT of the chest because of concern for a pulmonary embolism (PE). Luckily, no PE is seen, but an 8-mm nodule in the right upper lode (RUL) is noted and a follow-up CT is recommended. The PCP never sees the report and it is filed in his patient's chart. Nine months later, the patient presents with RUL lung cancer.

Failure to follow up on abnormal lab tests, X-rays and pathology reports is a common cause of medical litigation. The tests we order are increasing in numbers and complexity. The issue may revolve around uncertainty about which tests to order, improper interpretation of results, and failure to create a follow-up plan or, in some cases, not seeing the results at all. These failures are usually not about knowledge, but relate to systems and habits.

One issue is the volume of tests that one sees. Each year in the United States, PCPs see 500 million patients and order diagnostic tests on 40 percent of their patients. That is in the range of 150–200 million test results. One study[1] published in the Annals of Internal Medicine estimated that a provider must review 800 laboratory test results, 40 radiology reports and 12 pathology tests each week. The study also noted a couple of other issues that contribute to challenges in this area, saying "…test results in the outpatient setting become available at times ranging from an hour to weeks after the tests are ordered, making it easy for physicians to forget to look for their results…specialists in testing areas often do not have adequate clinical information about why the test was ordered and do not have clear criteria for which results require a telephone call."

The present system requires scanning many sheets of paper or screens on a daily basis. Is the important test that you miss the prostate-specific antigen (PSA) that comes back four days later or is located on a different page? Is it an antinuclear antibody (ANA) test that you are not sure how to interpret? Then there is the problem in the digital world of alert fatigue. Constant interruptions tell us of unimportant interactions or possible allergies. And when do we review our labs? Frequently, it is at the end of the day, when we are tired and ready to go home.

As was seen in the previous case studies, one needs to have a system to ensure the smooth processing of all information. Habit and situational awareness are key to not overlooking diagnostic test results, and setting up good systems is part of the solution.

Suggestions

- Review all reports and have a check system to prove that you reviewed the test results.
- Check diagnostic tests when you are fresh and try to not allow for interruptions.
- Read pathology and radiology reports thoroughly. If you are in one of these specialties, call the ordering provider when there is a significant test result. We all need to connect to one another.
- Set up a tickler file or digital reminder system.
- No news is not good news for the patient. All patients should get a notification of their test results.
- Use your office staff and your patients as a second pair of eyes. Be approachable and allow them to help in test notification.

[1] *Ann Intern Med. 2005 Mar 1; 142(5):352-8; Gandhi*

Adam Austin, CPA
Healthcare Consulting Manager
Seim Johnson

What to Do

When You're a Victim of Identity Theft

DURING THE 2015 TAX filing season, we saw a large uptick in the number of taxpayers who learned that their Social Security number (SSN), date of birth and other personal information had been obtained by thieves and used to fraudulently claim a tax refund from the IRS or states.

How will I know if my identity has been compromised?

In some cases, taxpayers received a letter notifying them that an attempt had been made to file a tax return using their personal information and that the agency would need additional information from the taxpayer to process their tax return. The IRS's increased security measures restricted the fraudulent return from being filed.

In other cases, however, taxpayers were unaware that a fraudulent return had already been accepted by the IRS earlier in the year and a refund had already been paid until the time they attempted to electronically file and their submission was rejected.

Still others have learned that their identity was compromised by receiving a notice from the IRS relating to a year in which they did not file a tax return, or by receiving a notice wherein IRS records of past tax filings do not match the taxpayer's own records.

I am a victim of identity theft…Now what?

So what should you do if you find out that someone has obtained your personal information and used it to file (or attempt to file) a fraudulent return?

If you receive a notice from the IRS that they are holding a return filed with your information before processing, the letter will outline steps to take to either confirm that you filed the return (mail in an additional copy of the return, a copy of the notice received, and any other supporting documentation, for example) or to indicate that you did not submit the return. It is important to respond to these notices as soon as possible.

If you become aware through other ways that your sensitive information has been compromised, such as receiving a rejection notice at the time you attempt to electronically file your return, you will need to file your tax return via mail. We recommend our clients include a cover letter with the return indicating that they are filing a paper copy of the return due to identity theft.

In either case, or if you otherwise learn that your personal information has been compromised, it is important to complete IRS Form 14039, Identity Theft Affidavit, and file the form according to the instructions. You should continue to pay any taxes you owe and file your tax returns by the IRS filing deadline.

The IRS recently announced it will provide copies of fraudulent tax returns to identity theft victims. Obtaining a copy of the bogus tax return filed using your information may help to understand the extent of the identity theft.

Anyone who learns they have been a victim of identity theft should also take the necessary steps with other non-tax related agencies to safeguard their financial profile, including:

- File a criminal report with local law enforcement.
- File a complaint with the Federal Trade Commission.
- Contact one of the three major credit bureaus (Equifax, Experian, TransUnion) to place a fraud alert on your credit profile.
- Contact your financial institutions and close any compromised accounts.

The best defense is a good offense.

Fortunately, identity theft still affects a relatively small number of individuals, but that doesn't mean that you should wait until it is too late before taking the necessary precautions. You can greatly reduce the risk of having your information compromised by being proactive with the following steps:

- Don't carry your Social Security card or any document with your SSN on it with you.
- Protect your personal information at home and on your computer.
- Check your credit report annually.
- Check your Social Security Administration earnings statement annually.
- Protect your personal computers by using firewalls, anti-spam and anti-virus software, updating. security patches and changing passwords for online accounts.
- Only give out your SSN to businesses that request it when absolutely necessary.
- Don't give personal information over the phone, through the mail or the internet unless you. have initiated the contact or are sure you know who is asking.


Form N-648, Medical Certification
Disability Excep

Much at Stake

When Completing Disability Form N-648

KRIS MCVEA, M.D., KNOWS that words count when it comes to filling out Form N-648.

Unfamiliar to many, the form – provided by the Department of Homeland Security, U.S. Citizenship and Immigration Services – is required by immigrants who are applying for U.S. citizenship, but cannot, due to a disability or other impairment, learn English or meet the civics requirement.

Dr. McVea, medical director at OneWorld Community Health Center, has filled out the form many times for her patients. She speaks with experience when she says the right words can mean the difference between an exception being granted or the applicant being required to repeat the process.

Should a medical professional fill out the form incorrectly, the USCIS office cannot properly evaluate how the medical disability affects the immigrant's ability to learn English and American civics, said Gary Walters, a staff attorney for Justice For Our Neighbors-Nebraska.

Walters listed several common challenges he has encountered regarding form N-648: USCIS officers determining that the medical professional did not make the connection explicit in simple terms as to how the medical disability affects the immigrant's ability to learn English and American civics.

- The medical professional did not describe the disability sufficiently in simple terms.
- The official had difficulties reading the handwritten responses.

Along with having legible penmanship, Dr. McVea offered some additional advice for completing a properly filled-out form.

"The bottom line is you need to clearly explain the connection between the immigrant's disability and his or her inability to learn English or complete the civics requirement."

First, don't rush the process, Dr. McVea said. Always schedule a separate appointment to complete the form, which, she said, typically takes 20 to 30 minutes. A physician or clinical psychologist is required, by law, to fill out the form.

"The form is long (six pages), but the spaces are large for you to write," she said.

Use an interpreter or a language line if you cannot certify that you are fluent in the patient's language. In either case, you must include the name of the interpreter, and have him or her sign the form if physically present.

Dr. McVea offered an overview of the form, focusing on Questions 1, 2, 9 and 10:

Question No. 1:

This questions asks for the diagnosis and DSM-IV code for the impairment, which serves as the basis for the exception. "Some examples include dementia, PTSD, depression and learning disabilities. Since we do not use DSM IV codes in primary care, I Google these to find the correct number."

Question No. 2:

Provide a description of the disease. "This needs to be explained in very basic terms."

Question No. 9:

List the clinical methods used to diagnose the applicant's medical disability. Usually, no imaging or blood test is required. Rather, explain that the diagnosis was made by the patient history, medical interview. A depression scale such as the PHQ-9 (Patient Health Questionnaire), or a dementia scale, like the mini-mental status examination may be appropriate. Mentioning the score and its interpretation is helpful (the patient scored a 12/30 on the MMSE indicating severe cognitive impairment).

Question No. 10:

Describe how the applicant's disability or impairment affects his or her ability to demonstrate knowledge and understanding of English, civics or both. "This is important – where you connect the symptoms of disability and the impact on learning and retaining new material." Simply ❯

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stating the patient has dementia and cannot learn English will not meet the requirement. Instead, a statement such as this would be appropriate: "The patient (insert name)'s dementia significantly affects his cognitive ability and short- and long-term memory. He is not able to recall elements presented to him after 3 to 5 minutes. He is not able to memorize information. He is unable to retain new vocabulary words that would make it impossible to learn a new language."

Physicians may enlist the help of staff to conduct initial interviews. Ask specific questions about how memory or learning may have affected the patient's life. "How far did you get in school?" "Why didn't you complete school?" The answers to both questions may provide hints of learning disabilities, Dr. McVea said.

"Keep in mind, immigrants probably were never tested for dyslexia or learning disabilities."

A helpful website with sample language for various disabilities is ethnomed:

https://ethnomed.org/cross-cultural-health/immigration-naturalization/n-648-medical-certification-for-cis-disability-waivers-updated

Justice For Our Neighbors in Action

The nonprofit organization advocates for immigrants in the community by providing free legal representation, conducting educational presentations at churches and other organizations, and through community involvement.

The Nebraska chapter last year provided immigration legal services in more than 1,600 cases to persons from 38 countries. Services include individual consultations, monthly legal clinics, assistance with organizing and filing forms, and representation in immigration court. For more information, visit http://jfon-ne.org

OneWorld Community Health Center in Action

OneWorld focuses on meeting the primary health-care needs of the community. It maintains an open-door policy, providing treatment according to the patient's income or insurance coverage.

In 2013, OneWorld cared for more than 27,000 individual patients during more than 116,000 visits. OneWorld is a federally qualified community health center and provides comprehensive health care, dental and mental health/substance abuse services.

For more information, visit http://www.oneworldomaha.org

The McVea File

Hometown:
Omaha, Nebraska

Undergraduate Degree:
Stanford University in American Studies

Medical Degree:
University of Nebraska School of Medicine

Residency:
University of North Carolina at Chapel Hill in Internal Medicine and Pediatrics

Fellowship
UNC Chapel Hill in Primary Care Research

Title:
Medical Director

Location:
OneWorld Community Health Center

Family:
Husband, Craig; Sons, Patrick, Andrew and Jackson

Why I Joined MOMS:
"I like to network with my peers in the Omaha medical community."

The Impact of LB 599 Explained

EMILY SUTTON HAS SEEN the impact Legislative Bill 599 has had on pregnant women in Nebraska without legal status since its passage in 2012.

She's also seen where it has fallen short to ensure that these women receive the full scope of care that they need.

Sutton had spent six years with OneWorld Community Health Center as a social worker and, most recently, as outreach and enrollment manager when she commented on the legislation. She recently accepted a position with Enroll America, a health-care enrollment coalition whose mission is to maximize the number of Americans who enroll in and retain health coverage under the Affordable Care Act.

The legislation allowed undocumented pregnant women in the United States to apply for and receive prenatal care through the State Children's Health Insurance Program (SCHIP), which receives matching funds (up to 70 percent) from the federal government. Previously, Nebraska provided prenatal care to low income women, including undocumented immigrants, through Medicaid. The federal government ended that policy in 2010.

"For the most part, the legislation provided a great opportunity for women – who didn't have access – to receive prenatal care," Sutton said.

Prior to the legislation, Sutton said, the only option for these women to receive care was through the Emergency Medical Services for Aliens program, which required they experienced a disabling medical episode to receive care. They also had to meet certain income guidelines.

Where the new legislation has fallen short, Sutton explained, is when these women need care unrelated to their pregnancies – such as their behavioral health needs. LB599 is only for pregnancy-related services, but not for those women who may be experiencing depression or other mental illness, Sutton explained. Vision and dental care also are not covered.

"Still, it's better than nothing. These women now have coverage – when they didn't before. It's one step in the direction of taking care of our unborn citizens"

Sutton also explained the process legal immigrants have for receiving care and offered advice for physicians who treat them.

New legal immigrants face a five-year ban for Medicaid coverage unless they are pregnant or are minor children who have qualifying legal status. They also must meet federal income guidelines specific to their respective Medicaid program.

For those people who don't qualify, the Affordable Care Act can come into play. Under the Affordable Care Act, legal immigrants have options for care through the Health Insurance Marketplace provided they fall between 100 percent and 400 percent of the federal poverty level. Those who find themselves below those guidelines, find themselves in the "Medicaid gap" and are ineligible for tax subsidies to afford monthly premiums. They are subject to pay 100 percent of the monthly premium costs because the state didn't expand Medicaid coverage to close the gap, Sutton said. Additionally those who fall above 400 percent will pay 100 percent of the monthly premium costs.

Fortunately for those who found themselves in the gap, Sutton said, community health centers, such as OneWorld and Charles Drew, provide services on a sliding scale.

Sutton encouraged physicians who are treating immigrants to check with the hospital's finance departments and their certified application counselors. They also can turn to healthcare.gov to find local certified in-person assistance.

"This is a difficult subject to navigate," Sutton said. "There may be exceptions. It's important to seek advice from people with expertise in this subject."

MARTTI: Overcoming Language Barriers

CARON GRAY, M.D, APPRECIATES knowing MARTTI is available when communicating with patients becomes a challenge. MARTTI, which stands for "My Accessible Real-Time Trusted Interpreter," is her method of choice during patient visits when an interpreter is unavailable to join her in the clinic room.

And MARTTI is what care providers within the Methodist Health System rely on when communicating with their patients are challenged by language differences or hearing impairment, said Courtney Schmid, director of emergency services for Methodist Jennie Edmundson Hospital.

For the record, Dr. Gray said, the best option is to have an interpreter in the clinic room and especially in labor and delivery. That way, the interpreter can not only hear the words spoken by patient and physician but also witness his or her body language. The challenges caused by poor Internet connections also are eliminated with an interpreter in the room, said Dr. Gray, a member of CHI Health Alegent Creighton Clinic.

Dr. Gray said she used to struggle daily with language lines, often referred to as the "blue phone," when trying to communicate with her non-English-speaking patients when live interpretive services are not available. "MARTTI has been a blessing. It's just like Skype. It's pretty exciting."

Only better than Skype because the person on the other end of the monitor is HIPPA-approved, familiar with medical terms and a certified interpreter.

Schmid said Methodist Health System turned to MARTTI two years ago after doing its homework. The video interpreting services, provided by the Columbus, Ohio-based Language Access Network, came with an endorsement from Bryan LGH in Lincoln, which was conducting a pilot program at the time.

Methodist started with seven mobile MARTTI touch screens and now has more than 40 in use

throughout the health system. Each machine costs about $1,500 and using the service involves an approximate $2.22 per-minute usage fee. The actual charge is determined by usage, Schmid explained, similar to having a phone plan.

Using MARTTI is simple, he said. Push one button on the mobile unit to start. Push to talk. Request a language and an interpreter is connected. In situations when the patient's language can't be determined through verbal communication, the patient can point to a location on a map. MARTTI then provides possible dialects until the patient hears the correct one. MARTTI has more than 200 languages in its catalog.

MARTTI is especially useful with hearing impaired patients, Schmid said. Methodist beefed up its Internet capabilities to avoid buffering or glitches in the conversation. "Suddenly, you're two or three words behind and you don't understand the interpretation," Schmid said.

Claudia Bohn, MHS director of public relations and communications, tells the story of a mother with a child in the NICU. As the child's discharge date approached, the mother's level of stress became greater. Using MARTTI, mother and care provider were able to talk through the child's care, and "you could see the sense of relief come over the mom."

Dr. Gray said she appreciates MARTTI's flexibility. When providing a patient with privacy, such as during a pelvic exam, she simply turns the screen away. Communication continues with the MARTTI interpreter looking the other way.

Dr. Gray, who also is professor at Creighton University Medical Center, has found MARTTI to be a welcome tool when working with residents and medical students in providing care for non-English speaking patients. "The team of learners receive more than an education making proper medical diagnoses and management, they learn the importance of culturally-sensitive care.

Hope Interpreter Services Also an Option

Hope Interpreter services provide trained and quality interpreters to facilitate communication with individuals who do not speak English or those who have limited English proficiency.

Hope Medical Outreach Interpreter Services is a collaborative effort to help ensure quality health care to linguistically and culturally diverse patients in the Omaha and surrounding communities.

- Interpreter Services available Monday through Friday from 5 a.m. – 7 p.m. – weeknights and weekends – limited availability.
- Interpreter services available in the following languages: Arabic, Burmese, Dinka, French, Hindi, Kachin, Karen, Karenni, Kikuyu, Luo, Mai Mai, Nepali, Nuer, Russian, Somali, Spanish, Swahili and Thai.
- For more information, including fees for service, contact Blanca Iniguez, interpreter coordinator at (402) 451-3553 ext. 2211.

The Gray File

Hometown:
Hamilton, Illinois

Undergraduate Degree:
University of Illinois in Agricultural Science

Medical Degree:
Northwestern University School of Medicine

Residency:
David Grant Medical Center, Travis Air Force Base, USAF

Specialty:
Obstetrics and Gynecology

Title:
OBGYN, Professor

Institution:
CHI Health Alegent Creighton Clinic, Creighton School of Medicine

Family:
Husband, Kris Minckler; children, Michael and Amanda

Why I Joined MOMS:
"I joined MOMS to stay up to date with the local medical community. I appreciate the educational opportunities MOMS provides."

Dr. Alex Dworak provides care for immigrant patients frequently.

Providing Care for Refugees:

'Human Dignity is So Important'

SOME ADVICE FOR PHYSICIANS treating immigrants in the Omaha community: Show you care.

"Show them you really care about them and their well-being," said Greg Eakins, M.D., a surgeon with Physicians Clinic at Methodist Health System. "Show them that this language barrier and where they came from doesn't make a difference."

Added Libby Crockett, M.D., a clinical instructor at UNMC and co-director of the Refugee Health Collaboration: "Human dignity is so important."

While treating patients with respect is universal, Drs. Crockett and Eakins said, the added responsibilities that come with providing care for immigrants, let alone refugees, mean their colleagues must take added measures. First, a reminder of definitions for the two: Immigrants are new to a country, while refugees have come to a new country to avoid persecution, war or natural disaster.

Dr. Eakins is one of many Omaha physicians who provide care to the indigent and low income population through Hope Medical Outreach Coalition.

Dr. Crockett sees refugees in her clinic and leads, with Denise Britigan, Ph.D., the refugee collaboration, which she said its purpose is to bring local organizations together to plan for a healthier refugee community in the Omaha area.

Both are in a position to offer advice to their peers about providing respectful, proper care to this population. Dr. Crockett said Nebraska annually receives about 2,000 refugees from such countries as Myanmar, Bhutan, Somalia and Sudan.

Communicating often is the biggest challenge physicians face when treating immigrants, Drs. Eakins and Crockett said. Patients have a right to have language services provided during their medical treatment, Dr. Crockett said.

Avoid the apparent ease of having a family member handle this responsibility, Dr. Eakins said, to rule out any bias. In addition, Dr. Crockett said, family members, particularly children, may be placed in an uncomfortable position when they are communicating with a relative and a physician. The information that must be shared also might be beyond the child's level of understanding, she said.

Some health-care organizations have on-site interpreter services or subscribe to language line services. Use them, Drs. Crockett and Eakins said. The challenge with language lines, Dr. Crockett said, is that the interpreter cannot see the patient's body language, which can lead to miscommunication.

Follow-up care can be a challenge, Dr. Eakins said, because the patients sometimes don't have home phones which makes contacting them challenging. "You have to be persistent."

Dr. Eakins encouraged his colleagues not to be shocked from what they may encounter: large hernias, huge masses on the patient's chest wall or advance stages of cancer. "Remember, you may be treating someone who has had little or no medical care."

Dr. Crockett encouraged her peers to realize that the lives refugees have lived prior to coming to the United States may be full of hardship. Preventative health may be non-existent, she explained, and the patients may suffer from chronic medical conditions.

Life in the United States may also be full of challenges and may take adjustment, she said, as they may be used to lives of extreme physical hardship. Adapting to American food also can be adjustment, she said, and refugees often subsist on prepackaged or fast foods.

"The United States only takes about 70,000 refugees per year, which means that many who get resettled here have left family and friends behind, not to mention their homeland, their foods, their customs, and everything else that we as humans use to help create our identities," she said.

Dr. Crockett advised her colleagues to understand that a clinic visit with a refugee may take longer than normal because of communication issues. Patience is key, she said.

"Take time. You're not going to solve everything today. It takes several visits to figure everything out." ❯

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The Crockett File

Hometown:
Minden, Nebraska

Undergraduate Degree:
University of Nebraska-Lincoln in Animal Science

Medical Degree:
University of Nebraska School of Medicine

Residency:
UNMC in Obstetrics and Gynecology

Specialty:
Obstetrics and Gynecology

Title:
Clinical Instructor

Location:
UNMC

Hobbies:
Gardening and Traveling

Why I Joined MOMS:
"To become more connected with other physicians in Omaha."

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OneWorld employee assisting a patient with Medicaid enrollment

Hope Medical Outreach Coalition in Action

Hope Medical Outreach Coalition coordinates the staffing of four clinics that provide health care to the indigent and low income population. Health-care providers volunteer at these clinics or see patients in their own offices who otherwise wouldn't receive care.

Physicians most often see patients with upper respiratory and ear infections, rashes, skeletal and muscle pain, diabetes, stomach and intestinal problems and provide acute and episodic care and psychiatric care. Volunteer optometrists contribute eye exams and dental professionals address acute dental problems and provide comprehensive dental treatment. HMOC and volunteer health-care providers also refer patients to specialists if they need care beyond what is offered in the clinics.

Annually, HMOC cares for more than 2,500 patients, provides more than 300 referrals to specialists, facilitates more than 40 surgeries, and donates over a quarter million dollars in health-care procedures.

For more information, call (402) 354-6374.

The Refugee Health Collaboration in Action

The collaboration's mission is to bring health-care organizations, refugee agencies and refugees together. Its goals are to:

- Help hospitals, clinics and refugees better communicate.
- Learn more about refugee communities in Omaha and their health needs.
- Help refugees learn about good health and how to help one another.

For more information, contact Dr. Crockett at (402) 559-4580.

Dr. Wes Meyer, a pediatrician with OneWorld Community Health Center, treats a pediatric patient.

The Eakins File

Hometown:
Paxton, Nebraska

Bachelor's Degree:
University of Nebraska Medical Center in Physical Therapy

Medical Degree:
University of Nebraska School of Medicine

Residency:
University of Kansas in Wichita in Surgery

Specialty:
General Surgery

Location:
Physicians Clinic at Methodist Health System

Why I Joined MOMS:
"To be well-informed and in touch with the medical community in which I serve."

COMING events

Metro Omaha Medical Society

MEMBER NETWORKING EVENT: JAZZ ON THE GREEN

THURSDAY, AUG. 6
CANTINA LAREDO – MIDTOWN CROSSING
6 P.M. – 7:30 P.M.

Sample Mexico City style cuisine and network with your peers before heading outside to enjoy Jazz on the Green.
Call (402) 393-1415 or email Laura@OmahaMedical.com to RSVP.

STREET OF DREAMS MEMBER RECEPTION:

HOSTED BY MOMS & CORE BANK
TUESDAY, AUG. 18
STREET OF DREAMS – WINDGATE RANCHES
208TH AND PACIFIC – ELKHORN
6 P.M. – 9 P.M.

Take a tour of beautiful homes designed and constructed by many of Omaha's leading custom home builders then head into the MOMS member tent for a reception hosted by MOMS and Core Bank. Beverages and hors d'oeuvres will be provided. Advanced registration required.
Call (402) 393-1415 or email Laura@OmahaMedical.com to RSVP.

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

YOUNG PHYSICIANS GROUP DEBT DISCUSSION EVENT

Area residents and young physicians came out to hear a panel of local experts discuss debt management and how to achieve financial goals amidst debt repayment at an event hosted by the MOMS Young Physicians Group in late April.

1. An expert panel addressed questions on everything from debt consolidation and repayment, to budgeting and prioritizing. From left, Dr. Jason Lambrecht, chair of the MOMS Young Physicians Group, facilitated the discussion with panel members Ross Polking of Foster Group, Laurie Baedke of Core Bank and Christine Insinger of Renaissance Financial.

2. Residents, young physicians and their spouses listened intently as Dr. Jason Lambrecht shared his personal experience with debt.

DOCBUILD 2015

MOMS hosted DocBuild 2015, a Habitat for Humanity home-building event on a Friday and Saturday in early May. Member physicians, medical students, clinic staff and their family members teamed up to participate in the event. Volunteers installed foam insulation, wrapped the exterior of a home, installed windows, filled window wells with rock on one home and prepared three other foundations for framing.

3. Dr. Douglas Dunning and his staff joined the build and, among other tasks, helped install windows and line window wells with rock. Joining in were, from left, Tricia Bohn, Sheri Faust, Jared Holland, Rhonda Laughlin and Dr. Dunning.

4. MOMS Executive Director Carol Wang (right), assisted by Habitat for Humanity crew members and a future Habitat for Humanity home owner, worked to secure garage roof framing.
5. Dr. Jill Reel helps install a window in one of the Habitat homes.

6. Despite a morning thunderstorm and late start, our Saturday morning DocBuild crew teamed up to prepare three foundations for framing. From left, Craig Ellis, Dr. Audrey Paulman, Dr. Wes Meyer, Dr. Cindy Ellis, Tyler Borcyk, Dr. Paul Paulman and Katie Borcyk, a UNMC medical student.

MOMS NETWORKING EVENT
SKEET AND TRAPSHOOTING

Despite a slight rain delay, attendees at the MOMS Networking Event on June 4 tried their hand at skeet and trapshooting at the Harry A. Koch Trap and Skeet Range. The event brought experienced shooters and beginners together. Thanks to the Marian High School Trap Team and its coaches for the training and assistance.

7. Drs. James Harper and Deb Esser wait to try their hand at skeet.
8. Others look on as Dr. Robert Beer prepares to shoot trap.
9. Members of the Marian Trap team assist Dr. Katie Honz on the trap range.


7


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WOMEN IN MEDICINE OUTING
POTTERY PAINTING

Members of the MOMS Women in Medicine Group expressed their creative side by painting pottery items at "It's Yours Pottery" on May 14.

10. Enjoying the outing are, from left, Drs. Donna Faber, Emily Kean-Puccioni, Lindsay Northam, Jane Bailey and Audrey Paulman.
11. Joining in the fun are, from left, Drs. Chelsea Chesen, Becky McCrery, Alyson Melin and Quan Ly, and Dr. Ly's mother, Lynn Nhan.


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BOYS TOWN National Research Hospital

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.

CHI Health

Imagine better health.℠

CHI Health breaks ground on two facilities

CHI HEALTH RECENTLY WAS joined by Creighton University and city of Omaha officials to break ground on two new health-care facilities in Omaha.

A ceremony was held in May for the new 80,000-square-foot medical complex that will include the region's first freestanding emergency department. The $35 million project, set to be finished in late 2016, will primarily serve north, east and downtown Omaha.

"Our decision to build a freestanding emergency department was made with every part of the community at heart," said Cliff A. Robertson, M.D., chief executive officer for CHI Health. "CHI Health is working with our community partners to serve more patients, with better outcomes at lower costs and higher-quality standards."

The complex will serve as an extension of CHI Health's Level I Trauma Center and Alegent Creighton Clinic, and will include a lab, pharmacy and state-of-the-art imaging technology.

In June, CHI Health broke ground on the new Creighton University Medical Center just west of Bergan Mercy Hospital. The new multi-story clinic and academic tower will be used for education, research and training.

Additionally, a new trauma center will be built on the east side of the campus, as well as enlarging the emergency department. CHI Health will invest $135 million in that build, expected to open in early 2017.

Children's HOSPITAL & MEDICAL CENTER

Anesthesiologists expand services

CHILDREN'S HOSPITAL & MEDICAL Center has expanded its pediatric anesthesiology team in order to meet growing demand.

In the past year, Children's has added five new pediatric anesthesiologists. The hospital now has a team of 20 board-certified pediatric anesthesiologists.

Outcomes indicate that having specialized pediatric anesthesiologists as part of the operating room team decreases complications and mortality from anesthesia. Outside of Children's, there are few other pediatric anesthesiologists in Nebraska, and no other pediatric cardiac anesthesiologists.

"All of our pediatric anesthesiologists are fellowship-trained, board-certified and focused on quality of care," said Mohanad Shukry, M.D., Ph.D., clinical service chief of Anesthesiology at Children's. "We now have six pediatric cardiac anesthesiologists. That is especially important to our heart transplantation program, which brings the most complicated pediatric cardiac cases to Children's for treatment and surgery."

Anesthesiology care at Children's is adapting to meet the needs of ill children and now includes a new sedation service and an expanded pain management service. The Non-Operating Room Anesthesia (NORA) service is available to children who undergo procedures outside of the operating room.

"Realizing that other subspecialists are not trained to use the same standards and medications available to the pediatric anesthesiologist, Children's has assembled a team that will provide this service to patients who may need sedation to undergo tests or procedures," Dr. Shukry said. "This team has protocols and safety measures in place that are designed to decrease complications during procedures and increase comfort for the patient and parents."

Children's also now has eight pediatric anesthesiologists experienced in treating post-operative pain.

Creighton UNIVERSITY 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.

METHODIST

Methodist recognized for 'true dedication' to health care

PROFESSIONAL RESEARCH CONSULTANTS (PRC), a nationally recognized health-care custom market research company, awarded Methodist Health System and its leadership with the 2015 President's Award in recognition of their contributions to the health-care industry.

The President's Award is the most prestigious award presented annually by PRC to one organization or individual that has made an

extraordinary contribution to health care. This award historically recognizes those who are the most progressive in implementing strategies aimed at improving experiences for physicians, employees, and patients.

Methodist Health System was the 12th recipient of the President's Award.

"Methodist Health System is incredibly deserving of the President's Award," said Joe M. Inguanzo, Ph.D., PRC president and CEO. "Methodist is committed to driving improved scores and making their hospital a better place to work, a better place to practice medicine and a better place for patients to be treated. It takes true dedication, determination and hard work to achieve this level of excellence in health care."

Also among the winners at the annual conference was the Methodist Women's Hospital Neonatal Intensive Care Unit (NICU), earning the PRC Platinum Achievement Award for inpatient pediatrics.

Achievement awards are based on submissions from health-care providers indicating initiatives taken to improve patient satisfaction. With a plan of action in place, the NICU team moved its scores in patient satisfaction from 60 percent excellent in the first quarter of 2014 to 85.2 percent excellent by the fourth quarter.

In addition to these top awards, Methodist Health System also garnered 20 PRC Excellence in Healthcare Awards, including six Top Performer Awards.

PRC Top Performer Awards are given annually to each health-care facility, provider, outpatient service line or inpatient units that score at or above the 100th percentile for overall quality of care for the prior calendar year.

University of Nebraska Medical Center

Nebraska health department, hospital among nine selected

THE U.S. DEPARTMENT OF Health and Human Services has selected nine health departments and associated partner hospitals to create a network to respond to outbreaks of highly infectious diseases. The Nebraska Department of Health and Human services in partnership with Nebraska Medicine – Nebraska Medical Center is one of the nine.

Nearly $30 million of federal funding will come from HHS' Office of the Assistant Secretary for Preparedness and Response to enhance the centers' capabilities to care for patients with Ebola or similar illnesses. "This approach recognizes that being ready to treat highly infectious diseases, including Ebola, is vital to our nation's health security," said Nicole Lurie, HHS assistant secretary for preparedness and response.

"We are grateful for the trust shown to us by HHS in naming Nebraska Medicine as one of these regional centers," said Jeffrey P. Gold, M.D., chancellor of the University of Nebraska Medical Center and chairman of the Nebraska Medicine Advisory Board. "Our track record in caring for Ebola patients is certainly a contributor toward achieving this goal, and it is a credit to the countless individuals at Nebraska Medicine and UNMC who have continued to work tirelessly to ensure we are at the forefront of the nation's and world's fight against the deadliest of diseases."

Dr. Gold said Nebraska Medicine and UNMC's continuing effort to train hundreds of other medical experts from around the country and world in the best practices for handling patients with highly infectious diseases also played a role in the selection.

Each awardee will receive approximately $3.25 million over five years. This funding is part of $339.5 million in emergency funding Congress appropriated to enhance state and local public health and health-care system preparedness following cases of Ebola in the United States stemming from the 2014 Ebola epidemic in West Africa.

Metro Omaha Medical Society

Application for Membership

Nebraska Medical Association

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*

B

Fax Application to:
402-393-3216

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

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www.omahamedical.com

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