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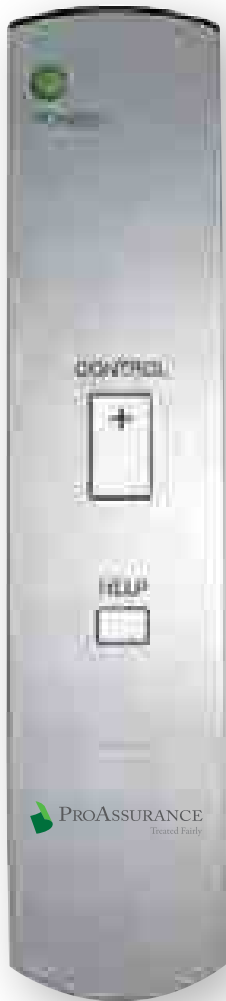
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# History was made in 1866...

- Passage of 14th Amendment (Civil Rights)
- Cincinnati Baseball club (Red Stockings) formed
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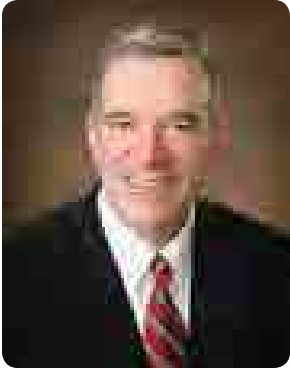
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Marvin Bittner, M.D.  
Editor  
Physicians Bulletin

## His Eyes Were Opened

**I**N THE SPRING OF this year, there was a sudden change in my attitudes.

The change occurred when I was in Washington, DC. I was there with other internists for the American College of Physicians' national Leadership Day. The program included lectures and discussions on current legislative issues affecting internal medicine. It also included visits to congressional offices.

The change in my attitudes took place as I joined other Nebraska internists for visits to the congressional offices.

I was struck by the wide range of familiarity (and unfamiliarity) with issues important to medicine. One issue was federal support for graduate medical education. In one office, our group heard some comments that made us wonder whether there was much understanding of how different graduate medical education is from undergraduate college education. In another office, however, it was a completely different story. We met a legislative director who had years of experience working to improve the way Medicare supports graduate medical education.


For me, there was a clear message: It is important to provide information on medical issues to our legislators. Some may simply be unfamiliar with problems that are very important to us.

Our group also had the opportunity to meet with a staffer for a legislator who was one of the very, very few to vote against the Sustainable Growth Rate (SGR) fix. That vote had passed legislation that averted Medicare cuts that had been threatened for years. SGR had been a priority of

many physicians. This year's bipartisan solution had been a great accomplishment. I was curious why that legislator had not supported the SGR fix. The staffer gave us a cogent explanation: The legislator had seen the SGR fix as a piecemeal solution to a federal health-care funding problem that deserved extensive restructuring. Also, the legislator saw the SGR fix as inappropriate spending in an era of deficit spending.

That encounter had another message for me: We as physicians need to listen and understand why some of our legislators do not support our causes. This can be the basis for our efforts to, ultimately, make a successful case for our causes.

The style of our visits impressed me as well. Often we talked with staffers rather than legislators. The staffers are critical in communication with the legislators. We talked with busy people. As a result, we needed to confine our conversations to a few key points.

All this resulted in a change in my attitudes. This was not the first time I had heard about a medical group planning a day of contacts with legislators. The Nebraska Medical Association has traditionally done this in Lincoln in the winter. However, my attitudes changed when I – by participating in the event – saw how valuable a day like that can be. As physicians, we encounter many problems that can be ameliorated by legislative action. As physicians, we can work together to communicate with our legislative representatives and promote the health of the profession and the public. 



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James Tracy, D.O.  
Membership Committee Chairman  
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## MOMS Membership in Motion

ONE OF MY FAVORITE questions to ask second- and third-year medical students is: “So what do you want to be when you grow up?” This is especially important as one chooses a residency and postgraduate track. If they are uncertain, the advice that I give is to return to the personal statement in their medical school application and reflect on why they wanted to be a physician in the first place. Though we all evolve during our medical training experience, even we experienced physicians might find this a sound starting point to sort out our vision and our priorities, and to rediscover our priorities. When it comes to medicine, what is your passion, what is that voice telling you? A successful practice? An intellectual challenge? Perusing research, discovering new novel therapies? Is it one of service, taking care of families, healing the sick or serving the underserved? Impacting community-wide or global health? Advocating for physicians and patients? Giving back to the next generation of physicians?

Regardless of what drives you, the Metro Omaha Medical Society provides physicians with opportunities to pursue their passions. With the Leadership Institute, CPT Coding, OSHA Seminar and other educational opportunities for member physicians and their staff, members have access to the latest practice information. Through a partnership with HOPE Medical Outreach Coalition and involvement with the Douglas County Health Improvement Project (CHIP), the society strives to reach the underserved and improve health in the metro area. By participating in endeavors like MOMS DocBuild, a Habitat for Humanity building event for members, and our collaboration to bring health curriculum to the students of the Omaha Street School, our members make a positive difference beyond their daily practice. Bringing medical students and member

physicians together, our annual Speed Dating for Your Specialty provides a unique mentoring opportunity. Finally, there are opportunities for networking and fellowship with other physicians that share a common experience.

### New Membership Category: Part-Time/Non-Practicing Physicians

At MOMS, we strive to adapt to changing practice patterns and remain sensitive to the evolving needs of our members. Therefore, we are excited to introduce a new membership option for Metro Omaha area physicians for part-time (20 hours per week or less) or non-practicing physicians. Whether you are taking a few years off to be with younger children and plan to return to practice, are focusing on other entrepreneurial endeavors, or have scaled back your clinical hours – this category was designed with you in mind. Part-time and non-practicing members have access to all of the MOMS benefits our active members gain – COPIC premium reduction, savings on AAA membership, access to educational and networking events, community health/volunteering opportunities, and the ability to serve on MOMS boards and committees. The difference is that this new category includes MOMS membership only, not the traditional conjoined membership of MOMS and the NMA, which provides cost-savings in overall dues. For a physician who has been out of training for at least five years, membership dues would be \$290 per year with dues reductions available for newer physicians.

For more information on this membership option, please contact Laura Polak at [laura@omahamedical.com](mailto:laura@omahamedical.com) or call (402) 393-1415.

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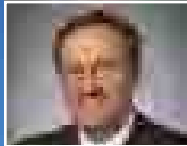
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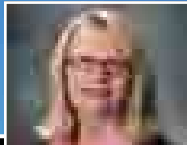
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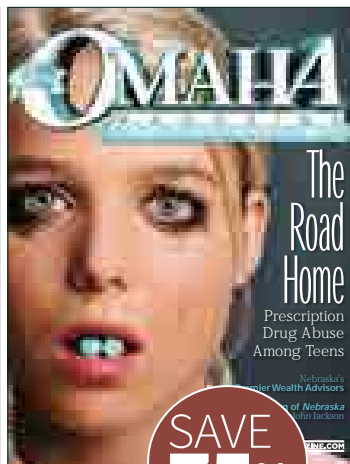
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Dale Mahlman  
Executive Vice President  
Nebraska Medical Association

## Thank You Drs. Ford, Filipi and Thedinger

**A**S I WRITE THIS piece, we recently hosted another Nebraska Medical Association Annual Membership Meeting and installed our new president for 2015-16, Harris Frankel, M.D., of Omaha. We look forward to Dr. Frankel's leadership in the coming year.

Our annual meeting is a time for the NMA to recognize exceptional leaders within our membership and this year was no different. MOMS members were recognized for their years of outstanding service to the profession.


Linda Ford, M.D., of Bellevue was honored with a Distinguished Service to Medicine Award, becoming the first female physician recognized for this prestigious award. Dr. Ford has served in many roles at both the NMA and AMA level. In addition, she has been a tireless advocate at the local level serving in many capacities with MOMS and her local public health department as one of their original directors. Dr. Ford has been a mentor to many young physicians, residents and students, and is extremely active in the political arena, hosting fundraisers and, most recently, serving as a member of AMPAC, the AMA Political Action Committee. She has provided leadership and testimony at the state level on many public health issues and this past legislative session, spent a full day waiting

for her opportunity to speak on the proposed medical marijuana legislation, a hearing that went late into a Friday evening. Thank you and congratulations to Dr. Ford!

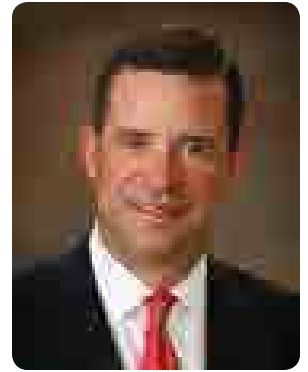
David Filipi, M.D., of Omaha was also honored with a Distinguished Service to Medicine Award becoming the first Omaha Benson Bunny (inside joke with Dr. Filipi) recognized for this prestigious award. Dr. Filipi has served as president of both MOMS and the NMA, in addition to chairing many commissions and committees for the NMA and MOMS. Dr. Filipi has been an invaluable resource to organized medicine on insurance and health-care delivery issues, and has testified before the Nebraska Legislature numerous times. Like Dr. Ford, Dr. Filipi has been active with his Douglas County Health Department, and also a key figure with Hope Medical Outreach. Most recently, he served as a medical director with Blue Cross Blue Shield of Nebraska until his retirement this spring. Thank you and congratulations, Dr. Filipi!

This year, the NMA is proud to award our initial Physician Advocate of the Year Award to Britt Thedinger, M.D., of Omaha. What can I say about Dr. Thedinger that hasn't already been said? It appears a surefire way to get elected to the U.S. Senate is to have Dr. Thedinger and

his wife, Kelly, host a fundraiser at their house, as evidenced by a fall 2012 event for now Sen. Deb Fischer and a fall 2014 event for now Sen. Ben Sasse. The results speak for themselves! Dr. Thedinger put together a meeting in Omaha this year with Fischer to talk about issues of importance to Nebraska physicians and the senator spent two hours of her Valentine's Day to meet with us. Additionally, Dr. Thedinger helped organize our first "official" meeting with Gov. Pete Ricketts this spring which demonstrated the reach of his connections and interest. Dr. Thedinger also continues to serve as a physician representative on the State of Nebraska Board of Hearing Instrument Specialists and was a member of the Health Care Exchange Commission formed by then Governor Dave Heineman. Thank you and congratulations to Dr. Thedinger!

I have had the privilege of working with all three of our award winners over the past many years, and I am pleased to be able to call them friends and mentors. Each has a unique style of making a difference and like all our physician members, make a difference daily in the lives of their patients and communities. They are true examples of the NMA: "Advocating for Physicians and the Health of All Nebraskans." We are grateful for their wisdom and leadership! 

# LB 107 and Nurse Practitioners: Going it Alone?



Michael C. Pallesen, J.D.  
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**LB 107 WAS SIGNED** into law by the governor on March 5, 2015, after being approved by the Nebraska Legislature on a 46-0-3 vote. LB 107 culminated a 30-year campaign by the nursing profession to achieve recognition of licensed nurse practitioners as an “independent” health-care provider. The Legislature initially approved licensure of nurse practitioners in 1981 and began requiring nurse practitioners to have a written practice agreement with at least one collaborating physician in 1984. Since then, the nursing profession has periodically petitioned the Legislature to eliminate any requirement of physician supervision. This article summarizes the effect of LB 107 and its significance to the physician’s practice since it became effective in September 2015.

Prior to LB 107, licensed nurse practitioners were required to have a written “integrated practice agreement” with a collaborating physician, providing that the two providers would “practice collaboratively within the framework of their respective scopes of practice.” “Integrated practice” was defined to include “consultation, collaboration and referral.” Under the prior law, the collaborating physician was responsible “for supervision of the nurse practitioner to ensure the quality of health care provided to patients.” Such supervision meant “the ready availability of the collaborating physician for consultation and direction of the activities of the nurse practitioner.”

LB 107 eliminated the requirement of a practice agreement, except for “transition-to-practice” agreements that are required for new licensed nurse practitioners, who have had less than 2,000 hours of practice experience. The

“transition-to-practice” agreement must be in writing and provide that the nurse practitioner and the supervising provider practice collaboratively within the framework of their respective scopes of practice. The supervisor for a “transition-to-practice” agreement may be a physician or nurse practitioner with 10,000 hours of practice as a nurse practitioner. Licensed nurse practitioners who have practiced in Nebraska under the former statutory requirement of an “integrated practice agreement” need only to provide evidence of their having completed 2,000 hours of practice under that agreement. Finally, nurse practitioners may also show proof of 2,000 hours of practice through independent practice or any combination of agreements allowed by another state.


So, following the initial period requiring the “transition-to-practice” agreement, Nebraska law no longer requires a license nurse practitioner to have a written agreement with a collaborating physician. That said, the new law raises several questions.

First, what happens to existing integrated practice agreements? While no longer required by law for the nurse practitioner to legally practice the profession, neither did LB 107 make such agreements per se void. Thus, parties to such existing agreements can still follow them.

Second, may a physician require an integrated practice agreement as a condition of forming a relationship with a nurse practitioner? Again, LB 107 does not prohibit such agreements.

Third, what is a “best practice” approach to the nurse practitioner supervisory relationship? The American Academy of Family Physicians’ “Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners and Physician

Assistants” specifically notes “that the academy has supported a wide variety of efforts by policy makers to improve access to health-care services in underserved communities including the innovative utilization of [nurse practitioners]. Nevertheless, the academy’s guidelines go on to state that nurse practitioners “should always function under the ‘direction and responsible supervision’ of a practicing, licensed physician though in many states nurse practitioners have independent practice authority.” According to the academy, “the central principle underlying physician supervision... is that the physician retains ultimate responsibility of the patient care rendered when so required by state law. Indeed, requiring such an agreement could be justified by any physician with whom the nurse practitioner establishes or attempts to establish the “collaborative, consultative, and referral networks as appropriate with other health care professionals” required by law.

This summary of LB 107 is qualified entirely by reference to LB 107 and/or the statutes amended thereby. The facts of each situation are different so consultation with competent legal counsel is strongly recommended. 

<sup>i</sup> *Neb. Rev. Stat. §§ 38-2301, et. seq. (Reissue 2008).*

<sup>ii</sup> *LB 107, Laws State of Nebraska*

<sup>iii</sup> *Id*

<sup>iv</sup> “Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners and Physician Assistants, [www.aafp.org/online/en/home/policy/policies/n/nonphysicianproviders.html](http://www.aafp.org/online/en/home/policy/policies/n/nonphysicianproviders.html)  
<sup>v</sup> *Neb. Rev. Stat. § 38-2315(1) (Reissue 2008).*

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**S**AVING FOR A CHILD'S college expenses is becoming increasingly difficult. As a parent, the competing forces of tuition inflation and one's own retirement preparedness bring about the stress of trying to adequately save for both. There is a balance to be struck between the two, keeping in mind that kids can get jobs and take out loans. Retirement ideally should not include you getting a job or taking out a loan. That's why it's called "retirement."

In the event you are helping a child or grandchild save for some form of secondary education, the best advice is to start now and use a 529 plan. This plan (named specifically for the section of the federal tax code that allows for this particular savings feature) allows the account holder to contribute to a fund that a) in some instances will provide a state income tax deduction (amount differs by state); b) grows tax-free; and c) can be withdrawn tax – and penalty-free – so long as the dollars are used for college expenses.

While the decision to use a 529 plan seems obvious, the primary concern for potential users is the possibility the beneficiary (student) may not actually attend college. In 2014, 68 percent of high school graduates enrolled in a college or university.\* Translated: 32 percent chose a path other than college. What if your child or grandchild is part of that 32 percent? Does it make sense to keep investing in the 529 account with this uncertainty looming? The answer may very well still be "yes." Keep in mind that the account owner, not the beneficiary, has full control of the money in a 529 account. So, even if your beneficiary's plans don't include college, you

have several options for how to use the money in your 529 account.

**1. Leave it alone** - Even if your beneficiary isn't going to college now, that may not be final. Students might first decide to take a break after high school for travel or work. And while they take that time off, their 529 account can still be at work. The benefits of a 529 account don't expire by a certain time or when the beneficiary reaches a particular age. So, you might choose to keep it open in the event college becomes a reality.


**2. Consider other education options** - A four-year college isn't the only type of higher education you can pay for with your 529 account. Your beneficiary could attend a trade or vocational school, or participate in a career-training program. To find out if a specific school or program is eligible, go to [fafsa.ed.gov/FAFSA/app/schoolSearch](http://fafsa.ed.gov/FAFSA/app/schoolSearch). If your beneficiary wants to travel, there are also qualified programs abroad.

**3. Change your beneficiary** - If your original beneficiary isn't going to use the money in your 529 account, you can choose a new beneficiary from his or her immediate family. Eligible family members include the original beneficiary's siblings, parents, cousins, nieces, nephews, aunts, uncles, grandparents, spouse, and children. There may be gift or generation-skipping tax consequences when you change the beneficiary, so you may wish to consult a tax advisor before doing so. Since 529 accounts have no age restrictions or time limits by which the money in the account must be used, you can name yourself as the beneficiary of your account as long as you're an eligible family member of the original beneficiary. Provided you use the money to pay

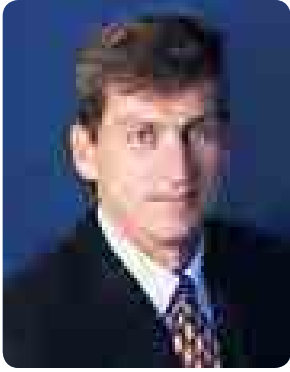
for qualified higher-education expenses at an eligible institution, you can use your account to pay for your own education.

**4. Pay other qualified expenses** - What if your beneficiary decides to go to college, but he or she receives a scholarship or grant? Remember that scholarships and grants don't always cover the entire cost of college. Other qualified higher-education expenses--books, supplies, and room and board--will still need to be paid. That's where the money in your 529 account could come in handy.

If none of these options fit your situation, the money you contributed to your 529 account is still yours to use as you wish. However, you'll have to pay federal and state tax on the earnings, as well as a 10 percent federal penalty on the earnings. You may want to consult your tax advisor before taking this step.

529 plans are an excellent savings vehicle for future college attendees. Even if this future is uncertain, it's clear that other good options for the monies exist. Don't sit idle and do nothing in the way of preparing. Time is not necessarily on your side. Have a plan and stay diversified along the way. 

\*Source: U.S. Bureau of Labor Statistics.  
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Daniel Rosenquist, M.D.  
COPIC Department of Patient  
Safety and Risk Management

## Case Study: Treating Employees and Their Family Members

**L**A TE ONE AFTERNOON, THE office manager of a rural medical practice brings her 15-year-old son to see her boss, a family practitioner (FP). The son has upper respiratory infection symptoms with fever, myalgias and a stiff neck. He is seen quickly by the FP and given a zithromax pack from the sample closet. The next day, the son wakes up and is confused. The mother calls the FP, who speaks with her in-between appointments. He attributes the “confusion” to the patient’s fever and suggests more vigorous antipyretics and fluids. Twenty-four hours later, the patient becomes lethargic and febrile, and cannot be prompted to take oral fluids or food. The mother takes her son to the local ER, where he is diagnosed with bacterial meningitis and admitted. He has a difficult hospital course and never recovers fully. A rift develops in the office between staff members supportive of the mother and other staff who are supportive of the FP’s care. The mother quits, and one year later, she files a medical liability claim against the FP for failure to timely diagnose meningitis.

In this case, there is no medical record for the son at the FP’s practice. The whole incident was a “curbside” visit, no vital signs were documented, and the FP was rushed in his evaluation at the end of a long day. If this had been a regular office visit, or one prompted by the phone call after that visit, he might have made the same diagnosis and prescribed the same treatment, but the lack of documentation makes this a difficult case to defend.

Treating employees and their families brings up significant concerns about confidentiality,

appropriateness, documentation, expectations, and errors arising from biases. While an absolute “no employee treated in the office” policy may be unworkable and may also, for geographic, specialty or trust reasons, not be a solution for patient care, there are some things to consider:


**1. Confidentiality** - Office records of employees that can be perused by their co-workers are a risk. Give consideration to having records of this nature in a secure area, whether electronically or in physical form. When you are treating employees, your confidentiality policy needs to stress that the medical records can only be viewed for legitimate purposes such as treatment, coordination of care, scheduling, and payment issues. Audit trails of the access to employee and other privacy risk patients may reveal breaches. Your policy and its enforcement should be clear and consistent, and everyone should understand the risk of inadvertent disclosure.

**2. Documentation** - All employee patients should have the complete formal history and examination pertinent to their needs as other patients expect and receive. This includes elements such as complete vital signs in an acute illness. The visit should take place in your office, and you should document the visit and any tests or referrals given. The natural tendency to “curbside” treat and either not or insufficiently document can result in serious diagnostic oversights, medication errors borne out of informal and quick assessments, and a minimization of serious illness.

**3. Expectations** - A brief visit with an employee’s spouse might be a “no charge” on your part, but

did you suggest a referral? Did you document the encounter? Is the evaluation in your area of expertise? There is often a strong tendency to just do a curbside consult in order to minimize the time or difficulty, and the issues of incomplete evaluations and cognitive errors become even more evident. We often care deeply about our employees and this will set us up for conflicts.

**4. Cognitive errors** - Diagnostic reasoning is often faulty when you evaluate those you care about, including employees. This results in errors in either direction of a decision. One might feel lymph nodes and decide to order a biopsy or a scan when watchful waiting is in order. Our normal clinician acumen may not kick in, and we may want to exclude the possibility of all diseases. You might examine the abdomen and suggest waiting, when appendicitis is really the diagnosis. This is described in cognitive literature as an “affection bias” and it refers to when you can’t imagine someone close to you having a serious illness.

**5. Medical samples** - Dispensing samples of prescription medicine requires prescriptive authority. Employees should only receive samples on the authority of the physician or an allied health professional who has such authority. Distribution of samples should be documented in the medical record. This should be discussed with staff and there should be a “no tolerance” policy in terms of dispensing sample medications without the proper authority. 





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*“Change is optional.  
So is survival.”*

W. Edwards Deming

**T**HE BUSINESS OF MEDICINE - reimbursement, regulatory obligations, technology, the whole kit and caboodle - is experiencing unprecedented change. To find an industry being disrupted, look no further than health care.

Change isn't easy – for anyone. But, particularly, as physicians you're most often naturally skeptical and resistant to change. You're trained to question data and want evidence that a change is valid and warranted. Today, though, you're being forced to rapidly adapt to new technology, care delivery models and evolving patient expectations.

So, is change optional? Dinosaurs aren't the only ones who didn't adapt. Let's examine a few companies whose mistakes are proof that getting stuck in the old ways comes with a cost.

Eastman Kodak Company didn't embrace the consumer trend from film to digital, and the company once worth \$31 billion filed for bankruptcy in 2012. BlackBerry's failure to adapt quickly enough to changing tech and consumer taste with the rise of iPhones and Android-based devices led to BlackBerry's demise. Once at the helm of the smartphone industry, BlackBerry's market share is now a mere 3 percent. Borders, the book megastore pioneer, was slow to adapt to digital and online bookselling, outsourcing its website to Amazon rather than putting its

## Be the Change: The Critical Importance of Adaptation in Medicine

own stake in the ground. Borders relaunched its website in 2008, but it was too late; it was just too far behind in the digital book era. And Blockbuster announced it would be closing its mall and retail store distribution centers in 2014 after failing to adapt to the shift toward streaming and kiosk rentals.

How can you embrace change? Let's take a page from the playbook of one of America's most renowned physicians, orthopedist James Andrews, M.D., the formidable surgeon who's treated all the “greats” – Drew Brees, Charles Barkley, Jack Nicklaus. Not only is Dr. Andrews a distinguished physician, but he imparts some great wisdom for physicians and non-physicians alike. One of my favorites: *“If you're green, you're growing – and if you're ripe, you're next to rotten.”*

He reminds us to harness our inner academician, and use that curiosity as a tool to help us flourish.


How?

While you may not enjoy the challenge of change, what you do have in your corner when you're a lifelong learner is an abundance of desire and hunger to grow and advance your knowledge. Don't underestimate that. And, don't shed your enthusiasm and energy for your career, and the purpose that drew you to medicine in the first place. The most prolific innovators leverage disruption to advance their own success. You are never too old to learn, and you are never so

experienced that there is absolutely nothing to learn. That said, curiosity, the desire to grow and develop professionally and personally, is an invaluable quality. Ask probing questions. Lean in to change as it approaches, and seek out the positive that it might bring. Stay abreast of the latest and greatest.

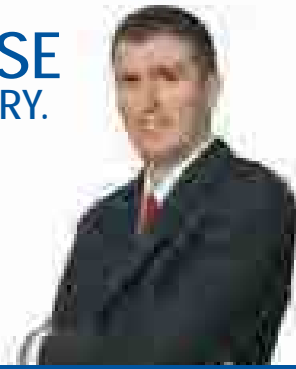
There are new technologies, mandates, developments and best practices that are consistently changing the face of every industry – especially healthcare. Examine those in your field, and outside of your industry alike, who are leading the pack, challenging the status quo, and doing remarkable things. How can you be successful if you stand still in such an ever-evolving environment?

Continue to feed the enthusiasm that you felt the first day you started in your practice, by gathering new knowledge. That way you won't just wither on the vine – being physically present in your job year in and year out, but contributing very little to your organization's or your profession's today or future.

Be the change you wish to see. 

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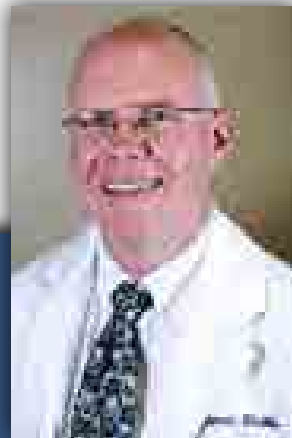
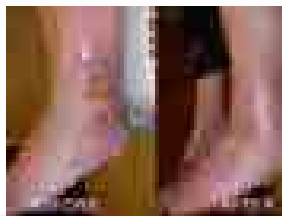
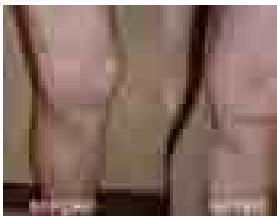


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## MOMS:

Part of The Health Care Conversation in Omaha



SEVERAL MOMS MEMBERS CAN be heard using the phrase, “If we’re not at the table, then we’re what’s being served,” as a point about the importance of having physicians engaged and part of the conversation when it comes, not just to health care, but to the public’s well-being. There is a growing concern that lack of representation diminishes the role of physicians to make a difference in the lives of patients.

Despite those fears, there are still many places where MOMS members’ input and work is sought after and valued. One of the most prominent is Hope Medical Outreach Coalition. It connects specialists with those underserved patients through our area federally qualified health centers. In 2014, the dollars donated in terms of procedures and care totaled 3.25 million! That number is expected to rise to 3.5 million this year. Dave Filipi, M.D., medical director at Hope and a MOMS member, reminds everyone that is probably not the whole picture of what doctors do for patients. “In addition, many physician offices have their own programs for those unable to afford care.”

Dr. Filipi also cites inclusion of MOMS in public health initiatives as being key to helping address community concerns. In the last year, WIC program coordinators met with pediatricians and family physicians to improve communication when it comes to the infant feeding program. “MOMS provides a reliable source of medical information from physicians on the front line. Those physicians can provide practical advice of successful implementation.”

Another area of public health where MOMS is represented is with the Community Health Improvement Plan (CHIP). Physicians are helping

Douglas County Health Department examine areas of the county where there are no access to primary care within a three-mile radius. The barriers to accessing medical homes have also been part of the initiative and it has prompted conversations with Metro about transportation issues. “MOMS and its members play an integral part to the health of this community and their knowledge and experience is vital to address issues,” said Adi Pour, Ph.D., the director of the Douglas County Health Department.

Even before the events of Sept. 11, 2001, the issue of how to handle a major disaster event was in the minds of local emergency responders and MOMS has been part of the Omaha Metropolitan Medical Response System from the start. Agencies and organization that make up the coalition have crafted plans for how to handle natural disasters and acts of terrorism. Today, Carol Wang, executive director of MOMS, is a member of the Communications Subcommittee. “She knows what the media will need, and understands how doctors and hospitals will benefit from a solid communications plan,” wrote Phil Rooney, public information officer for Douglas County Health and a member of the committee. “We trust her, and there is nothing more valuable than that in an emergency situation.”

MOMS doctors have generously gone back into the classroom to teach health to high school students at Omaha Street School. The director of education for the school, Shelley Pool, can’t express her appreciation enough for the chance her teenagers get to interact with physicians. “The students enjoyed seeing doctors revisit second semester and their information is enlightening to all!”

*continued on page 22* ➤

What may surprise is you where MOMS is involved that is not health-related. For several years, the Board of MOMS has contributed financially to the Greater Omaha Chamber of Commerce's economic development partnerships. Those efforts have brought more than 5,000 jobs and \$836 million dollars in capital investment in the region in 2014 alone. As David Brown, president and CEO of the Chamber remarked, "Every year, organizations such as MOMS generously contribute to efforts focused on improving the quality of life in this community." He added, "MOMS was nominated to serve on the Chamber's board of directors because the organization represents physicians that are focused on ensuring access to quality healthcare and improving the general health of the community."

In return, Britt Thedinger, M.D., believes that involvement adds to MOMS' credibility as an organization and community members. For six years, Dr. Thedinger represented MOMS on the Chamber Board. "Our membership shows we are about our community and we are involved in the economic growth, vitality and health of our city!"

Then there is a May weekend for the last two years when physicians have traded in their

medical instruments for tool belts and put in some hard labor helping build homes for Habitat for Humanity. Turner Morgan, Habitat's Volunteer Programs administrator, said: "Most wouldn't associate our organization with health, but having a stable, safe, and affordable place to live, is in some ways, a pre-requisite to one's wellbeing. Our professions are more intertwined than you think – and for that we thank you for donating your time and talents with us."

MOMS was also asked to contribute to the design of a Complete Streets policy for the city of Omaha to adopt that would emphasize safe, accessible street design for all modes of transportation. And before the year ends, the medical society will join the Heartland 2050 Regional Vision Committee focused on health and safety.

Proof that health and wellness will always be synonymous with quality of life. And in that vein, MOMS and physicians will always be invited to take a seat at many tables of influence. As Dr. Thedinger summarized, "It [MOMS involvement] gives us a greater voice with regards to government and legislative issues. It facilitates making contacts with decision makers allowing us to help shape decisions regarding health care." 🗣️

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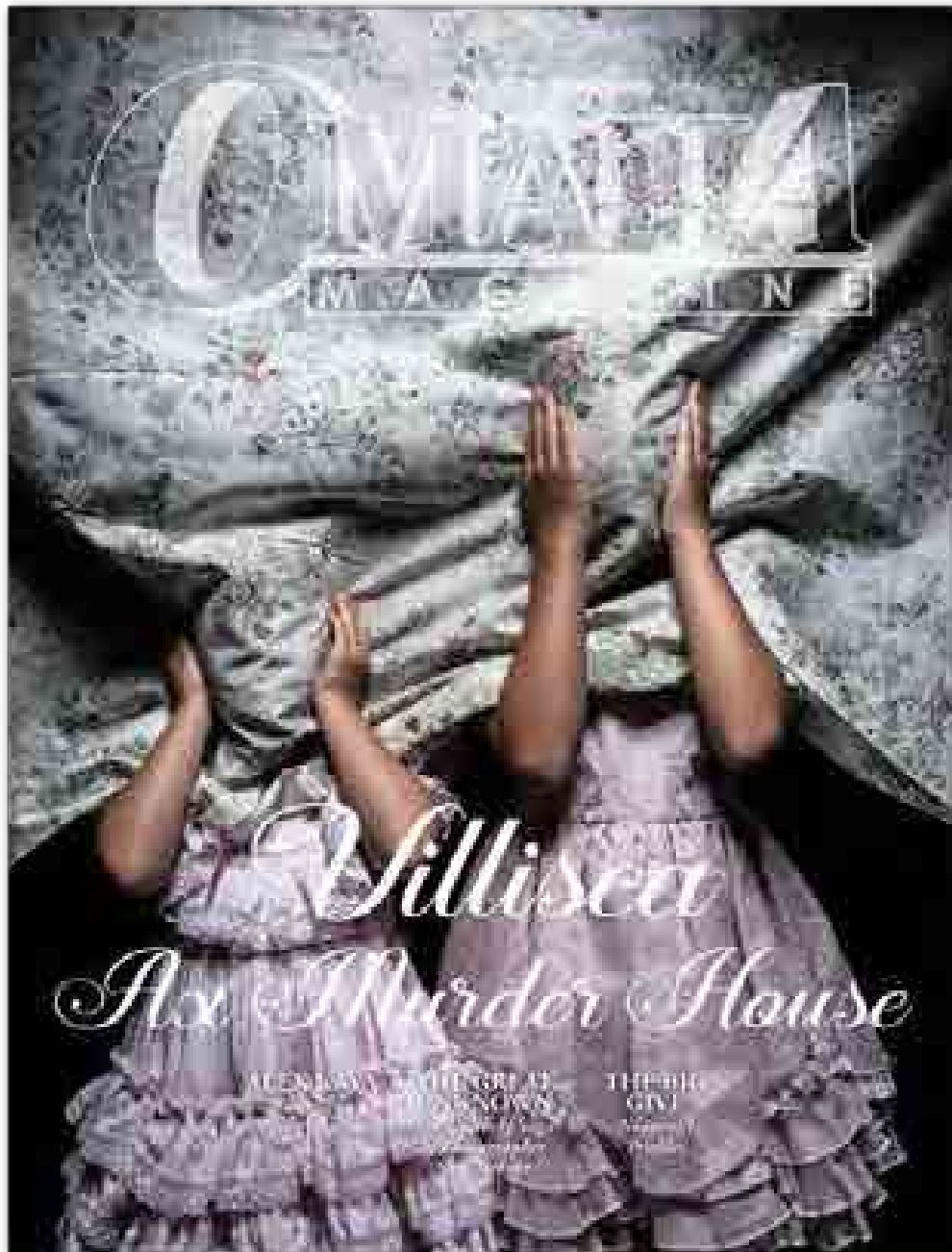
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## Tips for Physicians

### How Best to be Heard in Washington

**J**OEL BAILEY UNDERSTANDS THAT in his role as health-care adviser to Nebraska Rep. Brad Ashford, he can't possibly have all the answers.

"We're experts an inch deep on any issue," Bailey said. "Those practicing are the experts. They can tell us how policy will impact them and the intended consequences."

Bailey, along with Patty Sheetz and Liz Ruth, serves on the front line for their bosses – Ashford, Rep. Jeff Fortenberry and Sen. Deb Fischer respectively – for health care-related legislation. It's their job to educate their bosses, and their own education often stems from conversations with Nebraskans.

The trio explained how they keep current on health-care issues and provided tips for how Nebraskans can most effectively share their opinions and their expertise with their representatives in Washington D.C.

The staffers said they keep current about health-care issues by following the major news outlets, reading industry publications and blogs, and relying on the constituents back home to share their expertise and examples of how legislation may affect their ability to provide quality care.

Physicians have multiple ways to contact their representatives in Washington. Sheetz, Bailey and Ruth offered some suggestions.



Sheetz suggested that physicians contact Fortenberry by letter or email. State your case, and back it up with facts. Be sure to explain how proposed legislation would affect Nebraska health-care professionals and their patients. When contacting the congressman about a specific piece of legislation, remember that thousands of bills are introduced each year – and including the bill number is helpful.

Ruth suggested that Omaha physicians should contact the senator's office if they know in advance they are planning a visit to Washington. Another option is to contact the senator's permanent or mobile offices in Nebraska. She also suggested Nebraskans personalize the input they plan to share.


Bailey said any legislation involving Medicare reimbursement, electronic health records and the Affordable Care Act draws interest from health-care professionals. He suggests constituents telephone first and provide their feedback. "In one way, shape or form, the information makes it to me – and the congressman." Physicians, who are planning to be in Washington, should call and request a conversation with Ashford.

"Impromptu meetings are possible, but it's better to get on the books."

As Ashford's legislative director, Bailey, a native of Indianapolis and a graduate of the College of Charleston in South Carolina, is responsible for oversight of the congressman's legislative operations. He previously has served former Rep. Baron Hill of Indiana, Rep. Doris Matsui of California and former Rep. Jim Matheson of Utah. Contact Bailey at (202) 225-4155.

Patty Sheetz, who serves as senior advisor for Fortenberry, has been working in Washington since the 1980s. A graduate of Smith College in North Hampton, Massachusetts, formerly served former Reps. Donald Ritter of Pennsylvania and Gil Gutknecht of Minnesota. Contact Sheetz at (202) 225-4806.

Ruth, a native of Atlanta, has served as a legislative assistant for Fischer for the past two years. A graduate of the University of Pennsylvania, Ruth also handles women's issues for the senator. Contact her at (202) 224-6551.

(At the time of publication, attempts to connect with staff from Sen. Ben Sasse's office were unsuccessful.) 

## A Tradition Since 1943

The Nebraska Breakfasts provide visitors to Washington with a chance to hear from their representatives in government.

The breakfasts allow constituents to spend time with the entire Nebraska delegation, and hear about what's happening on Capitol Hill. Started by Sen. Hugh Butler in 1943, this gathering is one of Nebraska's great traditions that bring the people and their representatives together.

The Nebraska Breakfast is held on Wednesdays when both the Senate and the House of Representatives are in session. Beginning at 8 a.m., the breakfast is held in the Southside Buffet located in the Dirksen Senate Office Building. Hot and cold breakfast items are available for purchase.

To attend, RSVP by contacting one of the Nebraska delegation's offices.





## A Passion for Medicine

### A Passion for Wine

**AUREL PRESTRIDGE, M.D.**, ISN'T ready to call herself a wine expert, but the pediatric gastroenterology specialist has placed herself in the perfect setting to earn the moniker.

Her goal: To tell the difference between varietals and begin to know what a particular label is going to taste like so she can, with some skill, choose the wine when dining with friends.

“Put three pinots side-by-side, and I probably couldn't tell which is which.” Someday.

Choosing the right wine is important, she said, as a part-owner of an Omaha wine store. “When we go out to dinner with friends, they usually want us to pick. My husband is further along in the journey of discernment. He'll often pick our wine.”

That journey began when the couple formed a friendship at their church with another couple – Greg and Deanna Albertson -- that had a similar passion for wine. The couples were members of the same wine club and traveled to Napa Valley to visit wineries.

They then decided to take a giant step together—own and operate a wine store, which opened in November 2013.

Deanna Albertson, who serves as the operating partner, “has an amazing pallet. She's one of those people who can tell you what the bottle is supposed to taste like and can remember what you like to drink,” Dr. Prestridge said. “It was always her passion to have a wine store. We thought that would be a fun thing.”

Talked turned serious, and Dr. Prestridge's husband, John Langwith, who works in data analytics for TD Ameritrade, developed a business plan. Scouting for a location came next, and the foursome was ready to lock down a site near 168th and Harrison streets, when a better option presented itself: A wine store situated at 14450 Eagle Run Drive was closing.

One wine store replaced another – but Dr. Prestridge said its location was not the reason the previous store closed. In fact, she said, business is good and the four are talking about a second location. “We're not ready for a second location yet, but it's not out of the question.”

The partners wanted to create a “Cheers” atmosphere at Vino Mas. Which means furniture that can be arranged and rearranged, and allowing customers to settle in – even bringing their own

food in or having it delivered from the nearby restaurant. Adding a small kitchen so the store can offer a limited menu of food is next to come, Dr. Prestridge said.

The VINO MAS Wine Club, 250 members strong, is key to the business' success. Members receive two bottles of wine every month as part of their membership, get a 10 percent discount on whatever they buy, and are invited to free tastings each Friday night. VINO MAS features live music on Wednesday and Thursday evenings and most Saturday nights.

The atmosphere must be resonating as VINO MAS, she said, is drawing a crowd. VINO MAS has served as the site for book clubs and wedding showers. One couple met at VINO MAS, got engaged there and was married in the wine store.


"It's rewarding to see how much people enjoy the place."

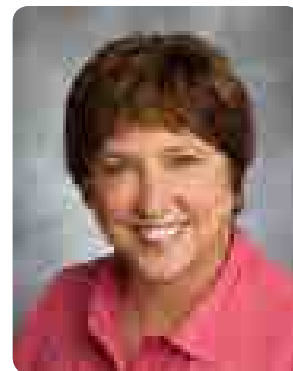
It's also rewarding, Dr. Prestridge said, because she enjoys spending time at VINO MAS. "It's a great stress-reliever," she said, "and that makes me happier in the office, happier with my patients.

"I'm a lifelong learner. Learning about wine is much more exciting than learning microbiology."

And she's slowly learning the business. She jokes that she can run the dishwasher, and her husband knows the books. The store is in good hands with Albertson in charge and, Dr. Prestridge said, she does what she can to help, which includes serving as informal host at wine-tastings.

For now, she's content to enjoy owning a wine store, and she's willing to make suggestions when asked. So here goes: right now, she's taken a liking to sauvignon blanc wine. She suggests a bottle of Honig, a Napa white; a bottle of Barista, a red that has a coffee flavor from South Africa; and a Willamette Valley Vineyards pinot noir.

Finally, she suggested, don't be afraid to take a chance on a bottle of wine that might not carry a high price tag. "For \$15, you can get a great bottle of wine." 



## The Prestridge File

### Hometown:

Houston

### Undergraduate Degree:

Rice University in biology

### Graduate Degree:

Clemson University-  
Master's of Science  
degree in nutrition

### Medical Degree:

University of Texas at Houston

### Residency:

Baylor College of  
Medicine in pediatrics

### Fellowship:

Baylor College of Medicine in  
pediatric gastroenterology

### Specialty:

Pediatric gastroenterology

### Location:

Boys Town National  
Research Hospital

### Family:

Husband, John Langwith;  
a daughter, Casey Langwith;  
and a son, Peter Langwith

### Hobbies:

Cooking and scuba diving

### Why I Joined MOMS:

"It's important to have a voice  
in organized medicine."





# Thinking Differently

## About Patient Care

**H**ARRY KLEIN, M.D., **SOMETIMES** felt that a barrier existed between him and his patients.

The barrier presented itself at times, he said, during clinic visits as he inputted information in a patient's electronic health record while discussing the reason for the visit.

Now, a "scribe" handles that task, Dr. Klein said, which allows him to focus on his patient.

That's part of the approach to care at the Think Whole Person Healthcare clinic, which opened in July at 7100 West Center Road in Omaha. Dr. Klein and Bill Weeks, M.D., talked about why they left their place of practice for this clinic and what they like about Think.

Dr. Klein said he and his partners each had more than 20 years of practice, and could have been content to remain in their private practice. "It made us think about being at the forefront of medicine in the later stages of our careers." Dr. Weeks said: "I heard about the concept and the vision and I thought it sounded like the ideal primary care model."

Drs. Klein and Weeks joined the practice after two years of discussion. They were part of the process in creating it – and are part of the process as it evolves and now features 24 primary care physicians. They said they appreciate its focus: creating the best team approach to patient care as well as the most cost-effective.

Here's what Drs. Klein and Weeks said might be of interest to their fellow physicians:

Physicians at Think work as part of a team, which includes, among others, nurses, pharmacists and physical therapists. "We look at the patient and offer touch points on how they're treated medically," Dr. Klein said. "Everything is done on behalf of the patient's circumstances, not the physician's time." The care team will soon include a case navigator, Dr. Klein said, who will coordinate a patient's care, focusing also on his or her social, economic and emotional needs.

Each physician has a work area that includes two adjacent patient rooms and a screening area for measuring height and weight. Drs. Weeks and Klein said the floorplan makes for efficient use of their time.

A scribe listens in to each patient visit. The scribe may be in the examination room or listening in from a floor above. Dr. Klein said he wears an earpiece so his scribe can ask questions for clarity or detail. He added that Think physicians had to train themselves to verbalize what they were thinking – with the patient being the unintended beneficiary. Dr. Weeks added "I can just sit and talk to my patient and focus on their needs" without worrying about computer problems. It's distracting when something goes wrong with the program. I can keep better rhythm and better focus on that person's needs." Patients like to hear what their physician is thinking, rather than just the outcome, Dr. Klein said. "Here's what I think this rash is – instead of just handing them a prescription."

*continued on page 30* ➤



*Think physicians utilize an ear piece that allows them to communicate with their scribe during a member (patient) visit.*



### The Weeks File

**Hometown:**  
Omaha

**Undergraduate Degree:**  
Kearney State College in chemistry and biology

**Medical Degree:**  
University of Nebraska School of Medicine

**Residency:**  
St. Mary's Hospital in Grand Rapids, Michigan, in family practice

**Specialty:**  
Family practice

**Location:**  
Think Whole Person Healthcare -- Aksarben

**Hobbies:**  
running, cycling, competing in triathlons, photography, scuba diving and flying

**Family:**  
daughter, Michaela Tomsen; and two sons, Brent Weeks and Whitney Weeks.

**Why I Joined MOMS:**  
"I joined to help support the local Omaha medical community and its programs."




◀ continued from page 29

Dr. Bill Weeks collaborates with pharmacist Jennifer Hickman.

The Think approach to care works to keep patients well and to hopefully prevent them from needing to visit the emergency room or even a hospital, Dr. Klein said. In order to achieve that goal, Dr. Weeks said, Think functions like an emergency room, meaning its lab can provide test results quickly and, for example, bone density scans and mammograms, can be performed onsite. Then, the patient can have his or her prescription filled before leaving Think.

In addition to providing the full spectrum of care onsite, Dr. Weeks explained Think's approach to cost-effective care: "With more done in one place, all the information is in front of us, which prevents duplication. We follow clinical pathways developed for 20 major diseases. All clinical pathways are evidence-based and use the most efficient and cost-effective therapies."

Drs. Weeks and Klein said they appreciate another benefit of working at Think: the opportunity to collaborate with a full contingency of care providers. "I am around physicians all the time," Dr. Klein said. "You're engaging with your peers. You work with people who are eager to interact with our patients." 



With the touch of a button, information technology staff come to the provider when needed.



## The Klein File

### Hometown:

Queens New York

### Undergraduate Degree:

University of Pennsylvania  
in European history

### Medical Degree:

University of Rochester School of  
Medicine in Rochester, New York

### Residency:

Creighton University School of  
Medicine in internal medicine

### Fellowship:

New York Medical College  
in Westchester, New York in  
arthritis and rheumatology

### Specialty:

Internal medicine and  
rheumatology

### Location:

Think Whole Person  
Healthcare -- Aksarben

### Hobbies:

Traveling, reading, gardening  
and regular exercise

### Family:

Wife, Janet; six children:  
Sara, Daniel, Laura, Andrew,  
Jacob and Emma

### Why I Joined MOMS:

"Being connected to the  
local medical community is  
why I joined and the fact it  
focuses on local and statewide  
health-care issues"



### MOMS COMMUNITY INTERNSHIP PROGRAM

WELCOME RECEPTION –

OCT. 13 – 6 P.M.–7 P.M.

INTERN SHADOWING – OCT. 14 & 15

BANQUET DINNER – OCT. 15 – 6 P.M.–8 P.M.

This program is designed to strengthen lines of communication between area physicians and those leaders whose decisions impact health care in Nebraska.

Lawmakers and community leaders participating in the program will have the opportunity to shadow area physicians and witness the delivery of care first-hand.

### CPT CODING SEMINAR

THURSDAY, DEC. 17

Information and registration forms available soon at [www.omahamedical.com](http://www.omahamedical.com).

### MOMS ANNUAL MEETING

THURSDAY, JAN. 28

HAPPY HOLLOW COUNTRY CLUB

Join us as we celebrate the 150th Anniversary of the Metro Omaha Medical Society and inaugurate 2016 President David Ingvaldstad, M.D. Mark your calendar and watch for more information.

*Call (402) 393-1415 or email*

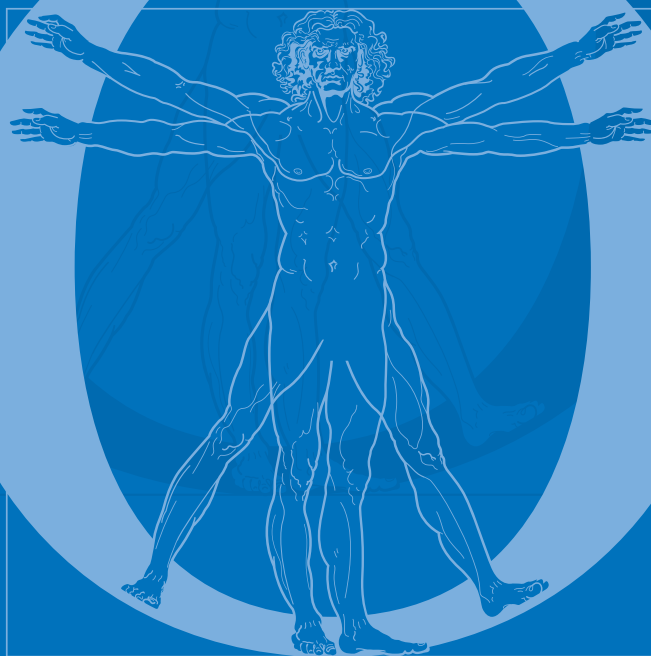
*Laura@OmahaMedical.com for*

*more information or to RSVP*

*for any of these events.*

# HAVE YOU BEEN SUPPORTING THE 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

# MOMS event recap

## MEMBER RECEPTION AT MOBA STREET OF DREAMS


Rain ceased, clouds parted and a beautiful evening greeted members who attended the MOMS and Core Bank Street of Dreams Member Reception on Aug. 18. Thank you to Core Bank for planning and sponsoring the evening and to Castlebrook Homes for providing access to one of its feature homes for the reception.

1. Dr. Marcus and Sarah Balters are greeted by John Sorrell, Core Bank president & CEO.
2. Dr. Rowen and Emily Zetterman connect with Kent Hofferber, Core Bank senior vice president healthcare division.
3. From left, Ann Morgan; Dr. Jill Reel; Laurie Baedke, Core Bank senior vice president, healthcare division; Dr. George and Yuan Hemstreet, and Dr. Tom and Barb Brooks enjoy the evening. 



## ICD-10: ROAD TO 10 FREE SESSIONS

The Metro Omaha Medical Society and the Centers for Medicare and Medicaid Services partnered to offer two free ICD-10 training sessions to over 100 physicians, practice managers and medical coders. Thank you to our presenter, Dr. Donald Storey, of the College of St. Mary for hosting the morning session and to the Methodist Women's Center for providing space for the afternoon session.

4. A full house at the morning session held on the College of St. Mary campus.
5. Nearly 70 attendees packed the afternoon session at the Methodist Women's Center. 







**Stephanie Gustin, M.D.**

**Medical School:**  
Georgetown University School of Medicine

**Residency in Obstetrics and Gynecology:**  
Stanford University Hospital

**Reproductive Endocrinology and Infertility Fellowship:**  
Stanford University Hospital

**Specialty:**  
Reproductive Endocrinologist

**Location:**  
Heartland Center for Reproductive Medicine

**D**R. GUSTIN IS A board-eligible reproductive endocrinologist. A native Nebraskan, born and raised in Lincoln, Dr. Gustin attended the University of Nebraska-Lincoln for her undergraduate education. Thereafter, Dr. Gustin moved to Washington, DC, where she attended medical school at Georgetown University School of Medicine. She graduated Cum Laude and was admitted to the Alpha Omega Alpha Medical Society. For residency, Dr. Gustin switched coasts to train in obstetrics and gynecology at Stanford University Hospital remaining at Stanford to complete her fellowship in reproductive endocrinology and infertility.

Dr. Gustin has a special interest in recurrent pregnancy loss and reproductive genetics.

Dr. Gustin met her husband, Dr. Zachary Gustin, in medical school, and together they are the proud parents of a young daughter. In addition to traveling and spending time with her friends and family, Dr. Gustin loves staying active throughout the year. During her residency and fellowship, she found love for a Barre-based exercise, The Bar Method, where in addition to participating as an avid client, she taught four to five classes per week. Meanwhile, Dr. Gustin is soaking up the humidity and the summer sound of cicadas, happy to find herself home again. 🌞

**NEW MEMBERS**

**Umasankari Sundaram, M.D.**  
Diabetes, Endocrine and Metabolism

**HelenMari Merritt-Genore, D.O.**  
Thoracic and Cardiac Surgery

**PART-TIME & NON-PRACTICING PHYSICIANS:  
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- *Focusing on other entrepreneurial endeavors?*
- *Or scaled back your clinical hours?*

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**Contact Laura Polak at [laura@omahamedical.com](mailto:laura@omahamedical.com)  
or (402) 393-1415 for more information**



**Did You Know?  
Membership  
Allows Physicians  
to Connect**

As a member of the Metro Omaha Medical Society, you have the unique opportunity to interact with your peers – physicians representing small and large practices, primary care and specialties, private practice and employed, administration or academic.

Whether you are seeking to build your referral network, want to collaborate professionally, work to address broader health-care issues or simply interact socially with your fellow physicians, we encourage you to attend one of our coming events or explore opportunities on our boards and committees.

Get connected with your peers and get more out of your membership.

For more information, contact Laura Polak at [laura@omahamedical.com](mailto:laura@omahamedical.com) or (402) 393-1415.

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



## UNMC Leaders Pen Report on Funding for Medical Education

**A** REPORT PUBLISHED IN THE July online version of the journal *Academic Medicine* details a bold proposal that would revolutionize how medical education is funded and even eliminate medical school tuition for some students.

The proposal – authored by UNMC leaders, including UNMC Chancellor Jeffrey P. Gold, M.D., and Kelly Caverzagie, M.D., associate dean for educational strategy in the College of Medicine – would broaden funding for graduate medical education (GME) to come from not only federal and state government, but also from private insurance companies and other health care payers.


It also suggests that tuition should be paid for medical school students who practice in a rural or urban underserved area after they graduate.

The proposal, which was to appear in the September print edition of *Academic Medicine*, is the first in recent medical literature to break down how to accomplish these goals.

For years, major national and regional organizations have been trying to increase the number of positions for medical residents and shore up funding for all positions, but little progress has been made.

Experts say now is the time to act because of the need to increase physician workforce and the continuing threats to GME funding for training residents. Less money for training residents will mean less physicians and even more maldistribution of physicians in rural communities and urban underserved areas.

"We have actually created a point in time when it's important to rethink quite radically how we do this process," Dr. Caverzagie said.

Residency begins after medical students graduate from medical school. For three to seven years, depending on medical specialty, resident physicians train under the supervision of a faculty member. The resident is the primary caregiver of patients and becomes a specialist through the residency training process. 



## Dr. McLeay Reaches Milestone in Medicine

**J**OHN MCLEAY, M.D., HIT a milestone July 1 in his medical career few physicians reach – 60 years of medical practice.


After graduating from the University of Nebraska School of Medicine in 1955, Dr. McLeay, a general surgeon, completed his internship at the old St. Joseph Hospital and his residency at Creighton University Hospital, before serving a two-year stint as lieutenant commander in the U.S. Navy. He ran practices in several locations, finishing at 7827 Wakeley Plaza in Omaha.

Dr. McLeay said decades of helping trauma patients get through surgery has left him with stories. "They are forever grateful," he said. "That's one reason I kept working."

When John McLeay, M.D., reached 50 years in medicine in 2005, he scaled back his practice by cutting out surgery and hospital visits, and transitioned into immigration exams, but he knew he wanted to keep seeing patients. After all, his father practiced medicine for 60 years and he wanted to follow in his footsteps.

After reaching his milestone on July 1, Dr. McLeay officially retired from medicine on Sept. 1 when he and his wife, Ruth – who served as office manager – closed shop. "I have no regrets. We've had a good life."

In addition to his service to medicine, Dr. McLeay is proud that he is part of a soon-to-be five generation of physicians and his eight children, 30 grandchildren and his 10 great-grandchildren. He points to a photo of the wall. "Do you know how hard it is to get 50 people together?"

As for his family of physicians, his grandfather practiced medicine in Canada, his father practiced medicine mostly in western Nebraska, two sons practice in Omaha (Peter is a cardiologist; Matthew is a pulmonologist) and two grandchildren are in medical school. 

# Congratulations to Our Member Physicians Honored by the Nebraska Medical Association

## Harris Frankel, MD

### Inaugurated 2015-2016 NMA President

Dr. Harris Frankel, a past president of the Metro Omaha Medical Society, now leads the NMA.

Dr. Frankel has served in leadership roles with the Nebraska Health Information Initiative, Inc. (NeHII), both the NMA Medicare and Electronic Health Records Task Forces, the Professional Advisory Committee of the Midlands Chapter of the National Multiple Sclerosis Society, as well as the National Advisory Board.



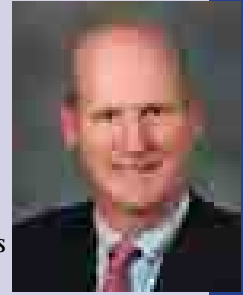
He is currently the medical director for the UNMC-Physicians Clinical Neurosciences Center and is Senior Vice President and Chief Medical Officer for Nebraska Medicine.

## Britt Thedinger, MD

### Named Physician Advocate of the Year

Dr. Britt Thedinger, a past president of the Metro Omaha Medical Society, is the first physician to receive this award in recognition for advocacy at the state and federal levels.

For years Dr. Thedinger has advocated for medicine - hosting candidate fundraisers and facilitating meetings between physicians and lawmakers including most recently, Sen. Deb Fischer and Gov. Pete Ricketts.



He currently serves as a physician representative on the State of Nebraska Board of Hearing Instrument Specialists and was a member of the Nebraska Health Care Exchange Commission.

## David Filipi, MD

### Awarded Distinguished Service to Medicine

Dr. Filipi has served as president of both the Metro Omaha Medical Society and the Nebraska Medical Association, as well as chairing many committees and commissions.



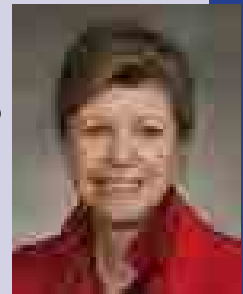
Dr. Filipi currently serves as the Chair of the MOMS Public Health Committee. He has dedicated his career to improving access to care and health-care delivery - having testified frequently before the Nebraska Legislature. He continues to be an integral figure in Hope Medical Outreach.

## Linda Ford, MD

### Awarded Distinguished Service to Medicine

The first female physician to receive this award,

Dr. Ford was recognized as a tireless advocate for physicians and patients having held in a variety of positions at the Metro Omaha Medical Society, the Nebraska Medical Association and the American Medical Association. She currently serves as Chair of the MOMS Public Relations Committee.



She also serves on the AMPAC board of directors, Congressional Review Committee, Council Assignment on Science/Public Health and Political Education Committee.



## Boys Town residential treatment center expanding

**B**OYS TOWN NATIONAL RESEARCH Hospital will break ground once again this fall for a Residential Treatment Center (RTC) to be built on the Brookhouser Medical Campus at Boys Town, next to the most recent treatment center building that opened in September 2013. When completed, the RTC located on the Downtown Medical Campus will relocate to the new facility. The new building will mirror the existing facility and will accommodate 44 youths, ages 5 to 18 years, with severe behavioral and mental health problems.

In addition to the residential services, the facility will include an outpatient child and adolescent psychiatry clinic with six offices. The current psychiatry clinic at Boys Town headquarters building will relocate to the new building allowing for improved access and parking for patients. The new center and outpatient psychiatric clinic are expected to open at the end of 2016.

The unoccupied 18,000 square-foot-downtown RTC facility will be put to good use. Plans are under development for the use of the new space, including research, office space, food services and patient care.

“Our mission is to change the way America cares for kids,” said John Arch, executive vice president of health care and director of Boys Town National Research Hospital. “With the new RTC and outpatient clinic, we further that mission.”



*Imagine better health.<sup>SM</sup>*

## Five cath labs jointly achieve accreditation

**F**IVE CHI HEALTH CARDIAC catheterization labs in Nebraska and Iowa – CHI Health Bergan Mercy, Immanuel and Lakeside in Omaha, CHI Health Midlands in Papillion and CHI Health Mercy in Council Bluffs – have achieved ACE accreditation which sets CHI Health’s cath labs for best practice performance. These five sites

are also the first in a series of Catholic Health Initiatives (CHI) cardiac cath labs on track to achieve this notable accomplishment.

“Accreditation continues us on a path to drive best practices in our institution,” said Jeff Carstens, M.D., executive medical director of CHI Health Heart & Vascular Institute. “We chose Accreditation for Cardiovascular Excellence (ACE) because of their collaborative nature. We felt their program was appropriate for us. Other accreditation programs have broad systems. We wanted to go deep, and ACE is uniquely focused on validating the quality and processes of the cath lab and percutaneous coronary interventions.”

CHI Health provides heart care services ranging from outpatient to tertiary care across Nebraska and in southwest Iowa. The CHI Health team has also been recognized by the American Heart Association/American Stroke Association’s “Get WithThe Guidelines” and the CMS HQID Top Performer awards.

During the review process, the five cardiac catheterization labs earned praise for many aspects of its program. ACE expert reviewers worked in partnership with the CHI Health heart team to identify opportunities to update and standardize all processes.

In 2013, the same hospitals were also the only facilities in the world to be accredited for chest pain and heart failure and certified in atrial fibrillation by the Society of Cardiovascular Patient Care.



## Children's Sleep Center earns AASM accreditation

**T**HE SLEEP CENTER AT Children’s Hospital & Medical Center has earned accreditation from The American Academy of Sleep Medicine. The AASM Standards for Accreditation ensure that Children’s Sleep Center displays and maintains proficiency in testing procedures and policies, patient safety and follow-up care, and in physician and staff training. It is the gold standard by which the medical community and the public can evaluate sleep medicine services.

Under the direction of Casey Burg, M.D., a pulmonologist double-certified in pediatric pulmonology and pediatric sleep medicine, the center offers the most comprehensive program in

the region. In addition to Dr. Burg, staff members include Mark Wilson, M.D., a board-certified pediatric pulmonologist; Ivan Pavkovic, M.D., a pediatric neurologist double-certified in neurology and pediatric sleep medicine; Brett Kuhn, Ph.D., the state’s only psychologist certified in behavioral sleep medicine; Amber Widstrom, a physician assistant specially trained in pediatric sleep medicine; 10 respiratory therapists with advanced certification in sleep medicine; and a clinic RN, coordinator and supervisor who are all specifically dedicated to pediatric sleep medicine.

The Sleep Center treats children for a variety of conditions, including sleep apnea, narcolepsy, snoring, and restless leg syndrome. Children are often referred to the center by their pediatrician or other pediatric specialists. In many cases, sleep problems can be effectively managed and treated in the clinic through a combination of therapies including lifestyle and behavioral changes, medication management, continuous positive airway pressure (CPAP) and/or surgical recommendations.

For physician-to-physician consults, referrals, admissions and transport service, contact the Physicians’ Priority Line at (855) 850-5437 for a 24-hour link to pediatric specialists.



## Program to foster next generation of research scientists

**A** NEW DOCTORAL PROGRAM AT Creighton University will put a human face to research by concentrating on the translational and clinical applications of some of the most cutting-edge science in the world today.

Creighton’s Ph.D. program in clinical and translational science will be one of only a handful in the nation and the only one in the region. Devendra K. Agrawal, Ph.D., the developer of the doctoral program and the director of Creighton’s Center for Clinical and Translational Science, said the degree is meant to create the next generation of research scientists doing work directly related to patient care and disease management.


“At Creighton, that’s our mission: to help people in all walks of life, in all situations,” said Agrawal, who also started Creighton’s master’s degree in clinical and translational science six

years ago. "Thus, there's a strong need to educate and train the scientists who will be most responsible for providing that knowledge and expertise in the years to come."

The doctoral program will take as its root the probing of questions that will touch off research in cell or genetics laboratories, or in the field of animal experimentation that can be directly translatable to humans.

Starting the curriculum this fall with two students, Dr. Agrawal anticipates growing the program to accept four or five students annually, based on the availability of grant funding from the National Institutes of Health and other extramural sources. In the last decade, he said, NIH has been vocal about developing more academic and research programs aimed at clinical and translational sciences.

All too often, Dr. Agrawal said, scientists can get pigeonholed into shrinking spheres of expertise. He hopes this program, with faculty drawn from medicine, pharmacy, nursing, dentistry and the other sciences, serves to broaden research across disciplines and give students new and uplifting experiences.

"We want this to be a role-model program that will be producing that next generation of researchers," he said. "The goal is to have students learn the most they can and be able to share that knowledge in the improvement of patient care and to feel like they are doing something that is pushing science forward to help others." 




## Dr. Romano named NHN chief medical officer

The Nebraska Health Network (NHN) announced that Michael Romano, M.D., has been appointed as its chief medical officer.

Dr. Romano has been actively involved in the organization since its inception, serving most recently as president of the NHN board, a role he will relinquish in order to step into his new position.

"Having served as our board president Dr. Romano has extensive knowledge on the foundation of the Nebraska Health Network, has been instrumental in developing key priorities and defining initiatives," said Lee Handke, chief executive officer of the NHN. "Dr. Romano will

be able to utilize his experience, knowledge and understanding of the local health care market to drive physician communication, engagement and clinical integration throughout our network." 



## Cancer center construction moves along


A "TOPPING OFF" CEREMONY WAS held at the Fred & Pamela Buffett Cancer Center to mark the completion of the structural framework for all floors of the 10-story research tower and the eight-story patient care areas in the \$323 million facility.

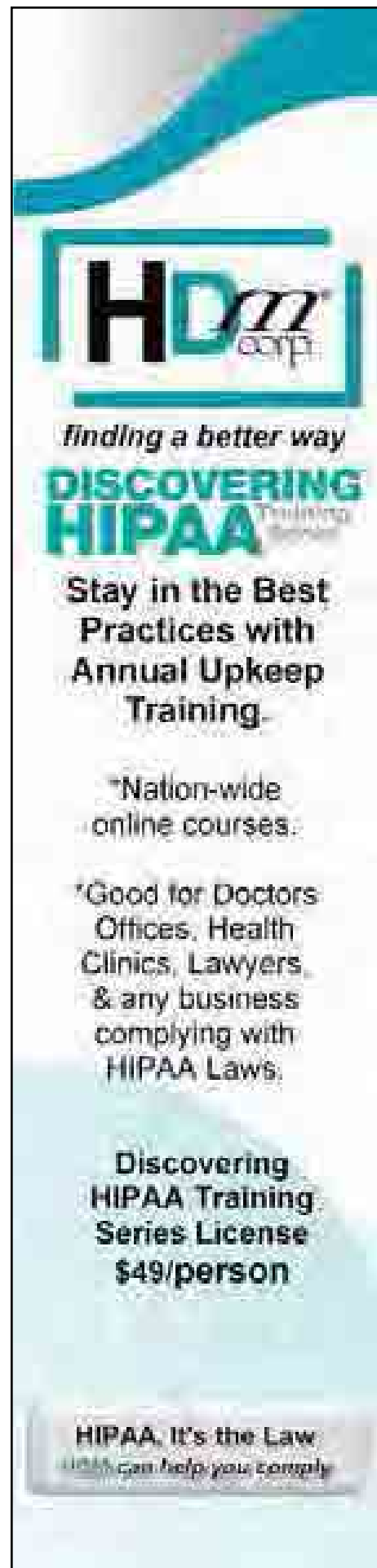
The 615,000-square-foot building is scheduled for completion in the spring of 2017. It is one of the largest projects ever for the state of Nebraska and the largest for the University of Nebraska.

It is estimated that the Fred & Pamela Buffett Cancer Center will provide 1,200 jobs at the medical center and 4,657 new jobs to the metro area. It will infuse \$537 million annually into the economy.

Nine different beams were raised during the ceremony. Over the past six months, the beams traveled more than 2,000 miles around the state with people signing the beams at such events as the Cattlemen's Ball, the Ambassador of Hope Gala, and the Nebraska Science Festival.

"This is a great moment for our campus, the state of Nebraska and the city of Omaha," said UNMC Chancellor Jeffrey P. Gold, M.D. "We truly appreciate the tremendous support of the citizens of Nebraska for this incredible project. The beams signed by thousands of people around the state will continuously represent an opportunity for us to pay homage to all our supporters."

The project is being funded through a combination of public and private funds. The Nebraska Legislature pledged \$50 million for the research tower based on the University of Nebraska Foundation raising a similar amount. In addition, the City of Omaha pledged \$35 million for the cancer center over five years, and Douglas County pledged \$5 million over five years. 



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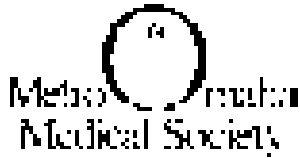
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# Application for Membership



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

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male or  Female  
 Clinic/Group: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Office Manager: \_\_\_\_\_ Office Mgr. Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 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](http://www.omahamedical.com)



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