Physicians Bulletin

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One Question at a Time

MOMS History
Omaha's First Health Fair - 1955

Patient Records
And the Retiring Physician

The Full Table
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Physicians Bulletin

2016 VOLUME 37, NUMBER 2

A Publication of the

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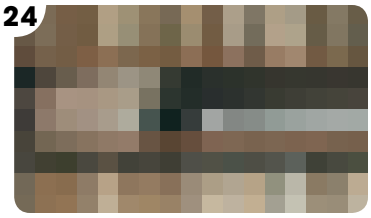
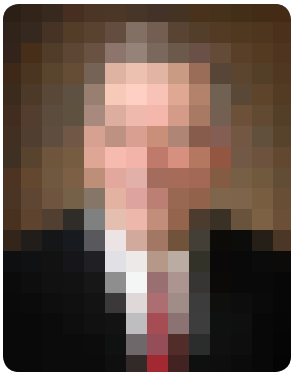


FEATURES

Metro Omaha Medical Society

DEPARTMENTS



Marvin Bittner, M.D.
Editor
Physicians Bulletin

Calling All People
Who Love to Write

I'M WRITING THIS EDITORIAL about, well, writing editorials.

In my role as editor of this magazine, one thing I do is write editorials. I like writing editorials.

I have opinions. Writing editorials gives me a chance to express my opinions. Maybe you'd like to write editorials to express your opinions.

Also, I like to write. I've liked to write for years. I was sports editor of my high school paper. I even had a part-time job writing in the sports department for the Peoria Journal Star. Maybe you like to write, too. Some Omaha physicians are part of the Seven Doctors Project, a creative writing group. Maybe you like to write – even though you never worked for a newspaper or joined a creative writing group.

In his 2005 commencement speech to the graduates of Harvard Medical School, author/surgeon Atul Gawande posed a problem that faces us physicians: How can one avoid being just "a white-coated cog in the machine" that constitutes the "maddening factory of health care?"

Part of his answer was to write:

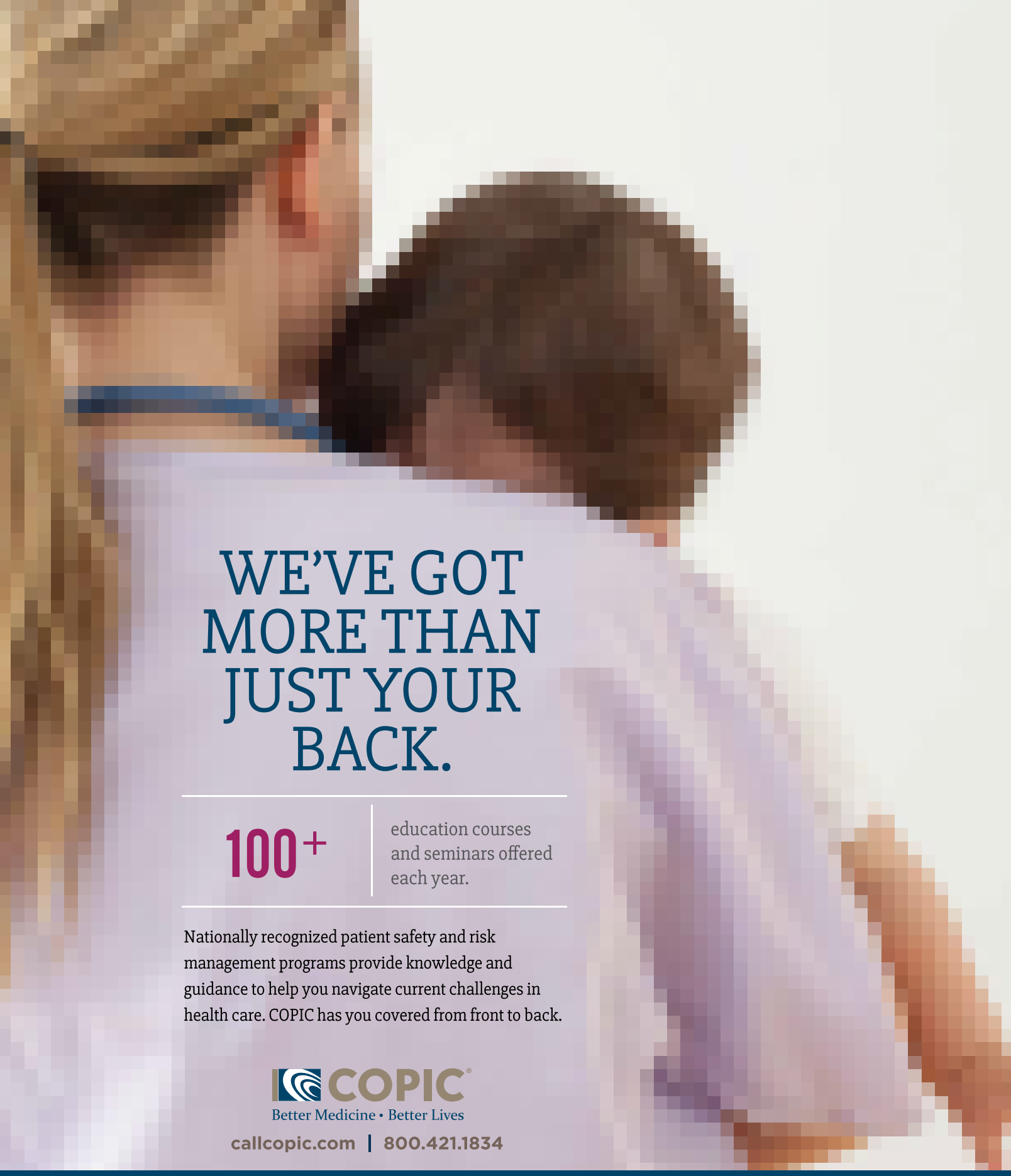
". . . by putting your writing out to an audience, even a small one, you connect yourself to something larger than yourself. The first thing I ever published was a diary in an online magazine of five days as a surgical resident. I remember that feeling of having it come out in print. One is proud but also nervous. Will people notice it? What will they think? Did I say something dumb? An audience is a community. The published word is a declaration of membership in that community, and also of concern to contribute something meaningful to it."

For me, writing has been a source of joy. There's satisfaction in turning a rant into something coherent. I've garnered compliments from colleagues.

This magazine is offering you an opportunity to write. Would you like to be a guest editor of one of our issues? Several physicians have done so. Last year, for example, Kris McVea, M.D., was guest editor of an issue on health care for immigrants. She wrote an editorial. She met with our staff to help select topics for articles in the issue.

Does it take a lot of time? No. Writing a 500-word editorial takes me an hour or two. The other time commitment is meeting with staff to plan each issue. Our MOMS staff, particularly Laura Polak, organizes the meetings and offers topics for articles to get the discussion going. Our publisher, Omaha Publications, takes care of nearly everything else. Omaha Publications provides a writer and a photographer. The company sells the ads, lays out the magazine, prints it, and mails it.

Do you have some ideas you'd like to express? Do you like to write? Think about being a guest editor. Get in touch with the MOMS office. Tell them you're interested. Give it a try. You might like it. You might like it so much that you'd even succeed me as editor!



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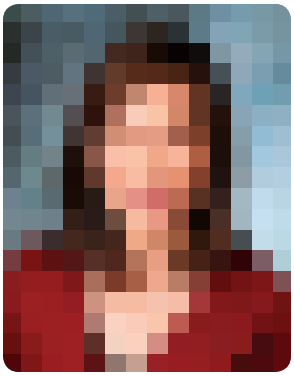

Carol Wang
Executive Director
Metro Omaha Medical Society

Whom Do You Want to Help?

"**SO MANY OF OUR** students lack these kinds of enrichment experiences and the language to understand a more traditional script. This was exactly the type of performance that engages young learners on so many levels."

"Your donation will further our mission to build local food systems, improve community health, provide employment and offer education on healthy life style choices."

These are just a couple of the thank-you messages we received from the 10 organizations the Metro Omaha Medical Society Foundation gave grants to last year. From a really diverse group of applicants, your Foundation board members chose to invest in a groundbreaking theater performance aimed at children with autism, a mobile truck that teaches communities about gardening, preventive screenings for hundreds of Omahans who don't have health access, equipment that will monitor oxygen levels in fragile children, and first-aid instruction for Boy Scouts summer camp, just to name a few.

What do all of these organizations have in common? Our MOMS members. Each of our applicants are sponsored by a member of MOMS – physicians who see that we can make a difference in improving lives through a nonprofit they're personally connected to or that their patients utilize.

And now is the time to reach out to these groups and offer your help. We're taking grant applications until the end of July (you can find it on our website www.omahamedical.com). Once August arrives, the grants review committee will start looking at the proposals and make funding decisions. The checks will be mailed in the fall.

If the project is big enough and has enough impact and scope, it may be selected to be our match grant recipient where doctors match the $5,000 that the Foundation puts aside. Those dollars have funded fresh food stands in an area of our metro where there is a food desert and created a health education curriculum for an inner-city school, to name a few recent projects.

So tell us what moves you in our community, captures your heart and deserves to have even more people helped. Recommend that a group apply, send me an email of an organization you want the application sent to, and share the Foundation information with people in your life.

MOMS Foundation Board members know it's an honor to be the custodians of money that MOMS members have invested into the Foundation to help make positive change. So put them to work and show them all the wonderful ways groups are helping improve lives in our community. They love being introduced to new programs and seeing what innovative approaches are addressing the issues affecting patients and their families.

This is your call to action – help make a difference. I know how generous you all are with your time, treasure and talent. What a way to make an impact by helping steer a charity our way while letting us know what matters to you. I can't wait to hear from you!

Metro Omaha Medical Society

STRATEGIC PARTNERS

The Metro Omaha Medical Society Strategic Partners offer a variety of expertise, products and services to assist physicians and practices in addressing their needs and achieving success.

We encourage you to talk with our Strategic Partners when making decisions for yourself or your practice.

Visit www.omahamedical.com for more information on our Strategic Partners.

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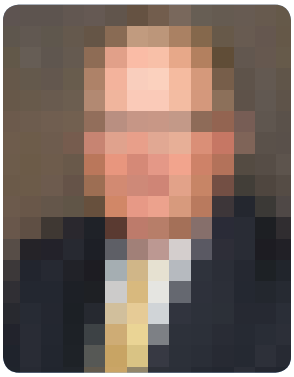


Dale Mahlman
Executive Vice President
Nebraska Medical Association

MOMS, Take a Bow

IT HAS BEEN AN honor and privilege to work with the leadership and staff of MOMS over my 13-plus years with the Nebraska Medical Association. I'd like to take the opportunity to congratulate MOMS on its 150th anniversary.

The NMA is extremely appreciative of our cooperative and collegial relationship with MOMS. I've learned that nationwide local country medical societies and state societies don't always have such a relationship which, in my opinion, is unfortunate and a missed opportunity. The NMA relationship with MOMS has allowed us both to provide great value and service to the physicians of the Omaha-metropolitan area and having a unified membership has worked for both organizations for many years. The NMA looks forward to continuing that relationship into the future.

Over the years, I have had the opportunity to work with six of the known modern-day executive directors and one, Sandy Johnson, is the reason I'm where I am today.

I am proud to say I am a graduate of MOMS' Community Internship program, having spent time with Drs. Gary Anthone, Thaddeus Woods and John Mitchell in their respective areas of expertise. The internship program is a wonderful opportunity for a look inside at what our members do every day and has been a great experience for many since the event's inception in 1992. I am happy to have been a participant in such a quality program.

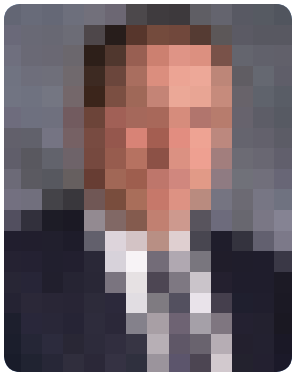
The MOMS' MESS Club has provided my wife and me with many great memories over the years. Watching many talented physicians sing and dance while spoofing the issues of the year in song from tunes written by some of the most clever physician-songwriters around has been great. Seeing elected officials, insurance company representatives, hospital leadership and others as the target of this good humor brings levity to the work of physicians at all levels. The talents of the performers continue to amaze me!

The activities MOMS has been involved with over the years are many including support of Nebraska's medical liability environment, work on a local non-smoking effort (and eventually the statewide non-smoking initiative) efforts on domestic violence, support of medical students through their "Speed Dating" event, coordinating the community with the Habitat Build project (although I will admit that seeing some physicians with a hammer or power tool is a bit scary), and the annual meetings with Omaha area state senators are just a few of the well-planned, well-attended efforts by Omaha-area physicians.

What's next for MOMS and the NMA? We continue to look for opportunities to help our physician members and their staffs. Given the focus on value-based reimbursement, we will continue to find valuable offerings and resources to share with our MOMS counterparts as the targets continue to move. And as always, we will continue to support the practice of medicine at the local, state and national level.

As I mentioned at the beginning of this column, the NMA looks forward to partnering with MOMS' physicians and staff on issues of importance in the present and future. The NMA will celebrate its 150th anniversary in 2018, but, for the moment, we congratulate MOMS on this tremendous milestone. You don't get to 150 without doing something right every day, so congratulations to the MOMS physicians and staff (past and present) on this achievement!

CMS Provides Clarity in Final 60-day Overpayment Rule



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

FOUR YEARS AGO, THE Centers for Medicare and Medicaid Services (CMS) published a proposed rule to implement Section 1128J(d) of the Social Security Act as required by the Affordable Care Act ("ACA"). Section 1128J(d) provides that health-care providers must report and return overpayments received from the federal health-care programs, and the refunding of such overpayments must be made no later than 60 days following the date the provider identifies the overpayment or the date on which a corresponding cost report is due, if applicable.

From the initial adoption of the ACA, there have been questions related to how Section 1128J(d) is to be interpreted, such as: When exactly does the 60-day period begin? What does the term "identify" mean? Obviously, there has never been a question whether actual overpayments should be refunded. The questions we have faced over the past few years relate to potential liability under the False Claims Act ("FCA") if overpayments are missed or otherwise not refunded within the short 60-day window. Again, the question has always been: When does the 60-day period begin?

Recently, on Feb. 12, CMS published the highly anticipated final rule on this topic. (See 81 Fed. Reg. 7654.) Whereas the proposed rule raised more concerns than it addressed, the final rule addressed many of the public's concerns and provided as much clarity as one might expect from CMS. Specifically, although the proposed rule provided that an overpayment was "identified" if a person had "actual knowledge" of or acted in "reckless disregard" or "deliberate ignorance" of the overpayment (apparently, in an attempt by CMS to incorporate the intent standard from the FCA), the final rule simplified the standard and provides instead that "a person has identified an overpayment when the person has or should have, through the exercise of reasonable diligence, determined that the person has received an overpayment and quantified the amount of the overpayment."

According to CMS, "[r]easonable diligence includes both proactive compliance activities conducted in good faith by qualified individuals to monitor for the receipt of overpayments and investigations conducted in good faith and in a timely manner by qualified individuals in response to obtaining credible information of a potential overpayment." CMS appears to be continuing its long-time efforts towards mandatory compliance plans. To that end, CMS expressly stated in commentary to the final rule that it believes any provider with no (or minimal) compliance measures in place "to monitor the accuracy and appropriateness of a provider or supplier's Medicare claims" would be exposed to liability for failure to exercise reasonable diligence if such provider received an overpayment.

Regardless of whether sufficient proactive compliance measures are in place, once credible information of a potential overpayment is received, the provider must conduct an appropriate investigation. In my opinion, one of the key clarifications in the final rule is CMS' statement that an investigation by the provider can establish "reasonable diligence" if the investigation is conducted timely and in good faith and completed no later than six months from the provider's receipt of the credible information. This allows providers up to eight months to investigate the information received and to make appropriate refunds (i.e., six months for the investigation and an additional two months to make the refunds). CMS may allow yet additional time in "extraordinary circumstances affecting the provider, supplier, or their community, such as complex investigations, natural disasters or other events out of the control of the providers."

The final rule became effective March 14, 2016, and applies to all overpayments identified within six years of the date the overpayment was received. The person making the refund must use an applicable claims adjustment, credit balance, self-reported refund, or other reporting process set forth by the applicable Medicare contractor to report an overpayment. Refunds made using the OIG Self-Disclosure Protocol or the CMS Voluntary Self-Referral Disclosure Protocol will also satisfy the reporting obligations under the final rule. Overpayments may be quantified using a statistical sampling methodology, but any such methodology must be described in the report provided.

Although the final rule may alleviate the need to rush into a decision once credible information of a potential overpayment is received, providers should consider whether their current compliance program is sufficient to establish their engagement in reasonable diligence as it relates to identifying potential overpayments.

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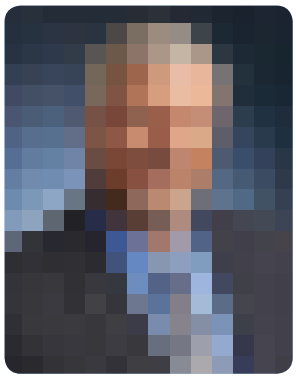
Protecting a Physician's
Online Reputation



Dean McConnell, J.D.
Senior Legal Counsel
COPIC Legal Department

PATIENT COMPLAINTS OFTEN SHARE one common denominator – a breakdown in the physician-patient relationship. When the breakdown is more business-oriented, a negative online comment can occur. The best options, therefore, for protecting your online reputation should be directed at repairing and preserving relationships with your patients.

Ignoring a negative comment looks like you do not care or agree the comment is valid. Hiding or removing negative reviews may result in a re-post of the comment on multiple sites, pointing out your efforts to "hide the truth." Attacking the commenter is dangerous and often results in more malicious or derisive comments.

What should a doctor do, then? Recognize that you have an unhappy patient. Respond to the complaint in a positive manner. React based on a full and objective assessment of the situation.

Recognize – Recognizing that the patient is unhappy is difficult when you are feeling attacked. Negative comments invoke defensive reactions and fears that the physician's reputation and practice may be seriously harmed. Despite these normal reactions, the patient's concerns must be addressed in a professional and appropriate manner. Whether the patient's complaints are justified or not, the patient is unhappy enough to make his or her complaints known to the world at large. Remember that this is only one of many patients in the practice, most of whom are very happy. While action is often prudent, it needs to be measured and appropriate to the context.

Respond positively – Acknowledge that the patient is not satisfied, that patient satisfaction is important, and ask to take the conversation offline to address the issue. The written response should be tailored to the specific complaint. If a patient is unhappy about waiting too long for an appointment, an appropriate response might be: "Thank you for taking the time to comment. While we try to respect each patient's time, sometimes the number of people who need our help causes unexpected delays, especially when emergencies arise. If there is anything we can do, please give us a call at the office. Your satisfaction is important to us." If the patient does not call, contact him or her. People will often say things online that they would never say face-to-face. A phone call provides a better chance of connecting with the patient and solving the problem. Before responding, cool off. Let it sit overnight and ask a trusted colleague to review it before posting. Also, be careful about HIPAA. Do not include treatment or payment information or provide patient names or identifying information in your response.

React appropriately – Sometimes, patients are right. Maybe the physician was just having a bad day. An explanation and an apology is usually all that it takes to resolve this situation. Maybe the payment policy for "no shows" should not be absolute and it can be waived for the mom who missed her appointment because she had to pick up her sick child from school. Maybe the problem really is a rude front desk person and corrective action should be taken. Take this opportunity to evaluate the practice and improve it.

Sometimes patients are wrong. Nevertheless, they are still patients. Maybe they were having a bad day. Maybe this patient is just not the right fit for your practice and you can provide them with a referral to a colleague that might be a better fit. In resolving these issues, communication with the patient is critical. Try to understand the situation from their perspective and consider whether there is some concession you can live with. Perhaps an explanation of how "no shows" affect the practice, a one-time waiver of the fee, and a clear communication that future "no shows" will be charged. A good, long-term patient might be saved for the price of an office visit. Patients who have been heard will sometimes remove their own negative comment or, better yet, post a positive one extolling how the doctor cares about patients and was willing to listen and address the problem.

Rally the Troops – Build a following of good patients online. Post a short blog on a health topic of interest. Ask patients to post reviews. These activities build a positive presence online. A negative comment will look like an outlier and provoke positive responses from your followers. For the most serious violations, and as the last resort, consult an attorney about bringing a defamation claim.

Matt Senden
Vice President
Healthcare Banking
Core Bank

Regular Financial Check-ups:
Operating a Healthy Practice

AS A PHYSICIAN, YOU are responsible for monitoring not just the health of your patients, but also the health of the clinic, practice or organization for which you work. And, not unlike the value of consistent check-ups for your patients to monitor their medical conditions, your practice can experience positive well-being and improved performance through intentional and disciplined financial benchmarking.

A financial check-up is a helpful process by which you can periodically review set financial indicators, and monitor the performance and trends of each. This doesn't replace monthly financial reporting but, instead, it's an efficient way to integrate higher level strategic tracking of the key financial indicators that are most critical for your specific practice.

You've heard the mantra of famed management guru, Peter Drucker, "what gets measured gets managed." I can think of few principles better suited for the topic of financial performance.

There are a variety of benchmarks that can be used to set goals and measure success in a medical practice: production, operating expenses, staffing ratios, receivables aging, collections, etc. Benchmarking provides the opportunity to:

- Quantify performance measures.
- Quantify the gap between your organization and "best practices."
- Make operational improvements using an objective basis for your decision-making.

Sources for benchmarking external to a medical practice include the Medical Group Management Association (www.mgma.com), the Healthcare Financial Management Association (www.hfma.org), Medicare (www.cms.gov), the National Commission on Quality Assurance (www.ncqa.org), or data from your specialty's professional academy or association.

But, merely comparing one's practice performance to external benchmarks does little to change outcome. And using your own prior history as a means of judging performance may cause you to simply repeat poor practices without ever realizing the missed opportunities of true success.

Each practice is unique, but once you've identified a few key problem areas or sources of stress in your financial performance, get intentional about monitoring and improving in this area. The simple act of paying attention to something may allow you to make connections and identify trends, opening opportunities to improve.

I've always leaned on the practice of completing an annual strategic financial review, plus several smaller, quarterly or monthly dashboards to monitor key items – these can include fee schedule, aging by payer, productivity by physician, key expense categories, or physician comp, to name a few.

With a fiscal year just closed, now is a great time to establish some new financial benchmarking processes. Per Drucker's advice, start small so that you don't become overwhelmed or discouraged. Choose three metrics to monitor this year, and report on them monthly, digging into one more intensely each quarter. You want to build small wins, lock them so they become automatic, and then expand.

In today's financial environment, every physician practice should be setting and intentionally measuring certain core business and strategic practices in an effort to drive financial outcomes. Formulation of specific practice goals, whether financial or process-driven, will drive discussion toward improvement. Monthly or quarterly board or staff meetings often provide a good forum for discussing benchmarks, data comparisons and improvements.

Taking your practice's financial pulse regularly can help prevent negative impacts to your business, and aids in immediately diagnosing and treating any troublesome benchmarks. Remembering to stay intentional and disciplined in your reviews will ultimately lead to a strengthened and financially healthier practice.

[redacted]

FRIDAY & SATURDAY, APRIL 22 & 23

VOLUNTEERS NEEDED!

MOMS invites physicians, clinic staff and their family members 16 and over to volunteer.

No previous experience necessary.
There are jobs for all skill levels and training will be provided.
Half-day shifts start at 8:30 a.m. and Noon.
Lunch and beverages provided.

Visit www.OmahaMedical.com

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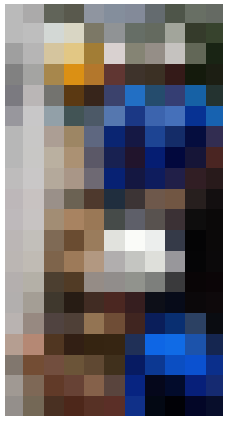
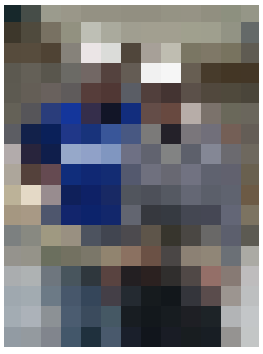
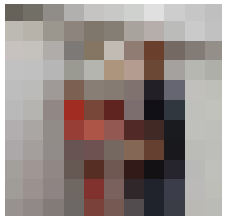
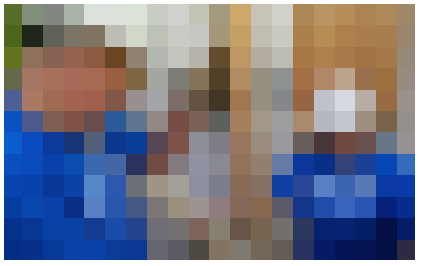


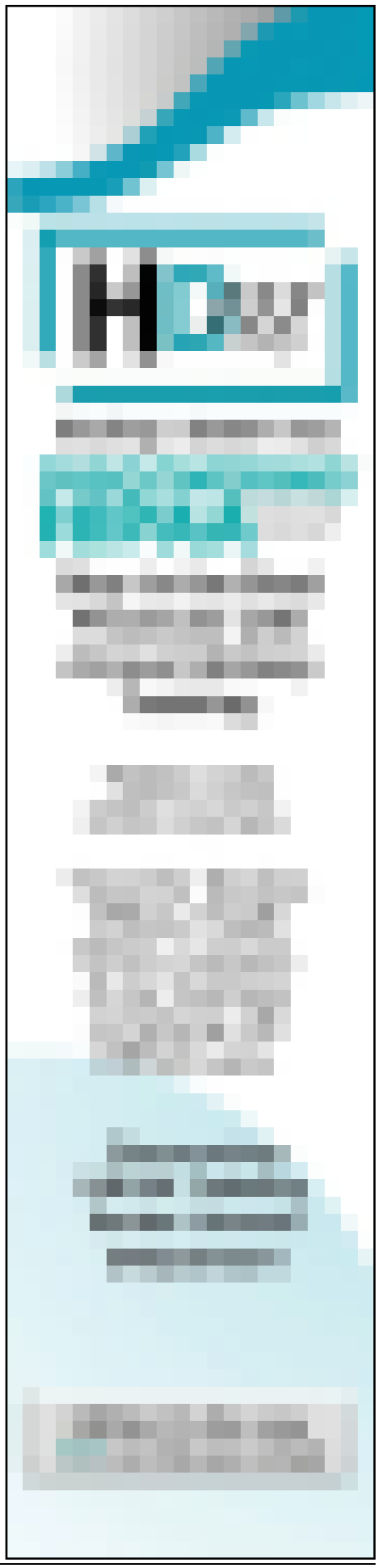


Much more than swinging a hammer and building homes.

It's about coming together and making a difference.







1955: MOMS Hosted Omaha's First Health Fair

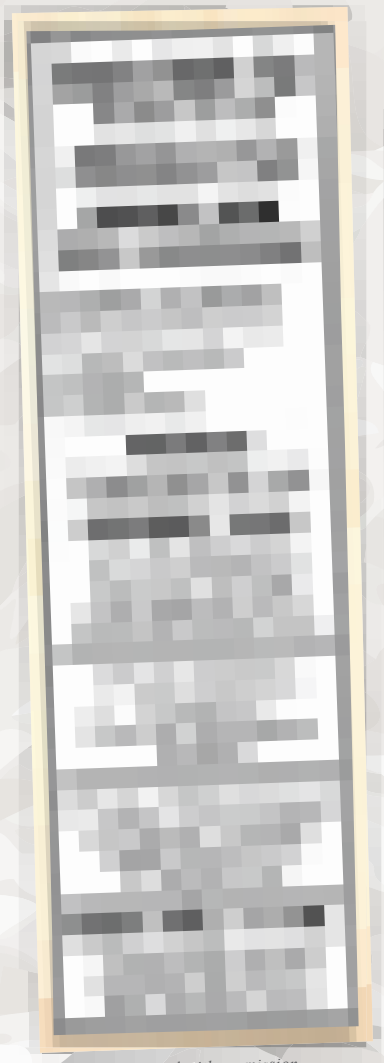
Focused On Medical Quackery and Offered Chest X-rays

IT MUST HAVE BEEN one heck of a health fair.

The year was 1955 – and medical quackery still ran rampant in the United States.

On display at the American Medical Association booth at the three-day Health Fair, held at Civic Auditorium, were devises of quackery with Richard Stalvey, a member of the AMA Bureau of Investigation, telling their stories.

A one-column advertisement, featured on page 15 of the Omaha World-Herald the day before the health fair's start, announced the cost – free – and its location – Omaha's New Civic Auditorium.



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Reprinted with permission from Omaha World-Herald

Editor's Note:
This story is part of a year-long series looking back at the major events in the 150-year history of the Metro Omaha Medical Society.

The advertisement, which was snuggled between announcements of Trentino Café's air-conditioned atmosphere and airing times of "The Seven Year Itch," playing at the Paramount.

The Metro Omaha Medical Society has a strong record of promoting health and supporting health-related legislation in its 150-year history. The health fair, the first of its kind in Omaha, was a highlight of its efforts in the 1950s.

The advertisement also called attention to first-day offerings: a discussion on "Cancer of the Breast" with John Latenser, M.D., and Keith McCormick, M.D.; "Films and Anonymous Speakers" sponsored by Alcoholics Anonymous; a discussion of the medical aspects of highway accidents with Ralph Moore, M.D., and C. Marsh, M.D.; and a talk about the relationship of smoking and cancer by Alton Oschner, M.D.

First-day coverage in the World-Herald focused on Stalvey's devises of medical quackery. The electronic radioclast, for example, was billed as capable of diagnosing ailments and curing them. The devise, about the size of a telephone switchboard, features switches marked "off," "treat" and "double treat." It was supposed to break down disease vibrations, according to the article, and restore the patient's health – for a cost of $1,500. According to Stalvey, the patient received nothing more than a minor electric shock.

Other devices on display, according to the World-Herald coverage:

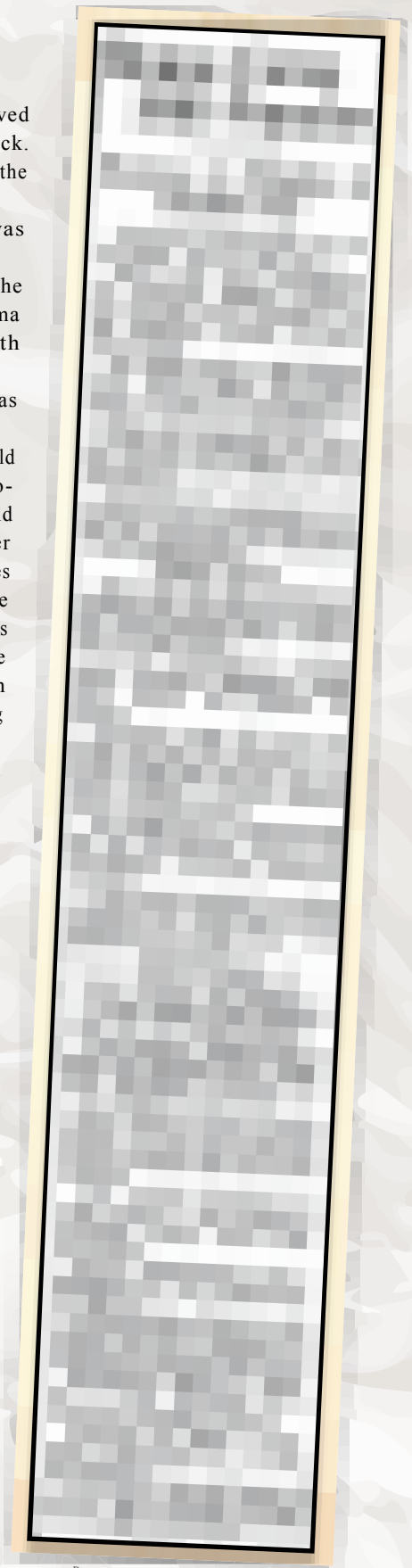
- Myers' Tapeworm Trap, which was supposed to trap tapeworms.
- Axine plates, which were worn in the shoes, were supposed to correct asthma and paralysis, and "substitute youth for old age."
- The Celestial bed, which for $250 was guaranteed as a cure for sterility.

Second-day coverage in the World-Herald focused on the free physical exams provided at the Health Fair. The World-Herald reported that the Red Cross Blood Center booth and the diabetes tests provided by the West Central Diabetes Association were the most popular, with the latter averaging 80 per hour.

> "AN ELECTRIC MOTOR ACTED AS THE HEART, FORCING LIQUID THROUGH RUBBER TUBES WHICH SIMULATED VARIOUS DISEASES OF THE BLOOOD VESSELS"

Other free services offered at the fair, according to the article, were dental and chest X-rays, heart beat tests and eye checkups.

Another highlight was a model of the circulatory system, provided by the Creighton University School of Medicine. "An electric motor acted as the heart, forcing liquid through rubber tubes which simulated various diseases of the blood vessels."



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3 Steps

2 Minutes

1 Life Changed Forever

The time you invest helping patients quit tobacco could add years to their lives.

The Nebraska Tobacco Quitline offers a fax referral program to assist you in supporting tobacco cessation (including quitting e-cigarettes) among your Nebraska Medicaid patients. It's easy to get started.

ASK patients about their tobacco use status and document.

ADVISE patients to quit and build their interest in the free and confidential Quitline phone counseling and other resources.

REFER patients to the Quitline. If they're ready to make a quit attempt, work with them to fill out the Medicaid Fax Referral form at QuitNow.ne.gov. Have them sign the consent section and fax the completed form to **1-800-483-3114**. A Quitline coach will call the patient within 48 hours.

Pharmacotherapy

Pharmacotherapy can be prescribed if appropriate and is authorized after a patient registers with the Quitline and completes one counseling session with a Quit Coach.

Nebraska Medicaid allows one nicotine replacement medication (NRT) per patient's quit attempt with a maximum of two quit attempts annually. Patients must be 18 years or older and will be charged a co-pay (generally $10 or less).

QuitNow.ne.gov | 1-800-QUIT-NOW (784-8669)

[Quitline services are available 24/7 in 170 languages.]

NEBRASKA TOBACCO QUITLINE

NEBRASKA OSTEOPATHIC MEDICAL ASSOCIATION FORMED

Osteopathic physicians have over a 100 year history of medical practice in Nebraska. Many osteopathic physicians in Nebraska belong to the state and local medical societies, and D.O.'s are on faculty at both medical schools.

For over 25 years D.O.'s have had a state association, mostly to serve as a conduit to the Boards of Health and Board of Medicine. Both boards require osteopathic medicine to be represented.

To represent D.O.'s in Nebraska and to be able to send a delegate to the American Osteopathic Association (AOA) annual meeting, the Nebraska Osteopathic Medical Association (NOMA) was formed in 2015.

To enhance the advocacy and educational opportunities for D.O.'s, the NOMA will be affiliated with the Nebraska Medical Association (NMA) as a specialty society, and membership will be handled by the NMA.

The NOMA will hold an educational session at the annual NMA meeting.

Patient Records and the Retiring Physician

THE SOLO-PRACTICE PHYSICIAN, AFTER nearly five decades of practice in Nebraska, decided to retire.

As a private practitioner who wasn't turning his practice over to another, the physician faced a dilemma: What to do with his patient records. "I realized I could be keeping some records until I was in my 90s," he said. "That became a concern."

Before deciding to maintain his former patients' records in his home, he did his homework. He checked out commercial storage places. He researched state law to determine how long he should keep records. In the end, his patient records are stored in a half-dozen four-drawer vertical files in a secure place in his home. He already has destroyed about one-half of the records he originally stored and is nearing the time when most of the remaining ones also legally can be destroyed.

He carefully weighed the pros and cons of home storage (see sidebar) before making his decision.

The simplest way for retiring physicians to secure patient records is to turn them over to the custody of remaining partners when closing their practice, said Jill Jensen, an attorney with the Lincoln office of Cline Williams Wright Johnson & Oldfather, L.L.P. In a partnership-type of arrangement what happens with records may depend upon the parties' organizational documents. If the physician is a solo practitioner and decides to close his or her practice at the time of retirement, Jensen said, the first step is to make current patients aware of the physician's upcoming retirement by contacting "active" patients in writing. Active patients are ordinarily those patients the physician has seen in the past three years. Allow at least 30 days' notice, and maintain a record of undeliverable, returned notice letters. Posting a notice at the physician's former office for those who cannot be contacted is another option.

The bottom line: "Make sure continuity of care happens and ensure that copies of active patient records are transferred to the patient's new physician," said Jensen, who practices in health care law, in particular, health care transactions and regulatory compliance.

Jensen addressed how long patient records should be kept, according to the state's applicable statute of limitations and statute of repose:

- For adult patients meaning age 21 or older under the statute of limitations - 10 years after the last date of service.
- For children, persons under the age of 21 under the statute of limitations, keep records for whichever is the later date in time: the patient turns 25 or 10 years after the last date of service.
- If a record relates to – or could relate to – ongoing litigation, keep those records until the end of the litigation or the applicable state limitations period, whichever is later.
- If the record may be needed for a governmental investigation or payer audit, maintain the record until the investigation or audit is completed or the applicable state limitations period, whichever is later.

The second step for the retiring physician is to destroy records that no longer must be kept. Records destruction must be done in a way that complies with guidance from HHS. "Take a long, hard look at what you have," she said. Determine what must be retained and what can be destroyed. Organize the records by the date they can be destroyed. Use a professional shredding company – and ask for a certificate of shredding – or shred them yourself. "You'll likely burn out a few shredders, but you'll know the records have been destroyed." To be destroyed in compliance with HHS guidance, paper records need to be rendered unreadable and unable to be reconstructed, which generally requires shredding. "Redacting records by blocking out sensitive information with a Sharpie does not comply," Jensen said.

Make sure electronic records are encrypted, which is required by HIPAA. "If electronic PHI is encrypted per HHS guidance, it's considered secure." When electronic records time out and can be destroyed, Jensen said, reputable IT companies can destroy hard drives in a way that complies with HHS guidance.

For paper records, the first decision is whether to store them privately or use a commercial storage company. For those who choose to keep them at home, Jensen offered some guidelines:

- Keep records in a secure place at home. Consider the basement, which may be more secure should a tornado hit. Locked cabinets in a locked room are best, but locked cabinets are a must.
- Limit access to just yourself. Make sure another person is aware of the records' location and how they are stored.
- Purge and destroy records at least yearly. More frequently if possible.
- If you have a home security service, use it to protect your home when you are away.
- Keep copies of HIPAA policies and procedures for at least 6 years after you retire.

Jensen has one last piece of advice, which she offered with full sincerity: "Whatever you do, don't store them in a backyard shed."

THE ADVANTAGES AND DISADVANTAGES OF HOME STORAGE:

ADVANTAGES	DISADVANTAGES
• Cost-savings over contracting for professional storage – likely a minimum of $100 per month	• Takes up space and complicates downsizing of one's home
• Ready access to records	• Risk of burglary or home invasion
• Option for retired physicians in rural areas where professional storage facilities are not available	• Risk of discovery by people not trained in confidentiality standards
• May not need to box and label records alphabetically and by year – as required by many storage facilities. Organize the records by when they can be destroyed	• Decreased access to records if temporarily living away from home (vacation or snowbird)
• No need for a HIPAA business associate agreement with an outside storage company	• Early death or disability may lead to added stress for family, who have to manage the records
	• May require spouse or adult children to be trained to properly maintain records
	• Risk of patient discovering where physician resides

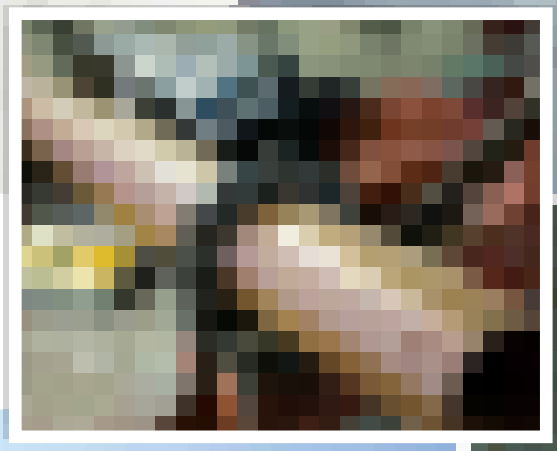
The Full Table

Methodist Hospital Expanded OR

WHEN ASKED TO DESCRIBE what the expanded operating rooms at Methodist Hospital will mean to physcians, Mark D'Agostino, M.D., used kitchen utensils to make his point.

"I'm used to a knife and fork," he said. "Now we'll have the full table."

For Dr. D'Agostino, the full table means the latest in ultrasound machines, lasers – "everything viewed on a television screen as big as a wall."



"I'M USED TO A KNIFE AND A FORK... NOW WE HAVE THE FULL TABLE"

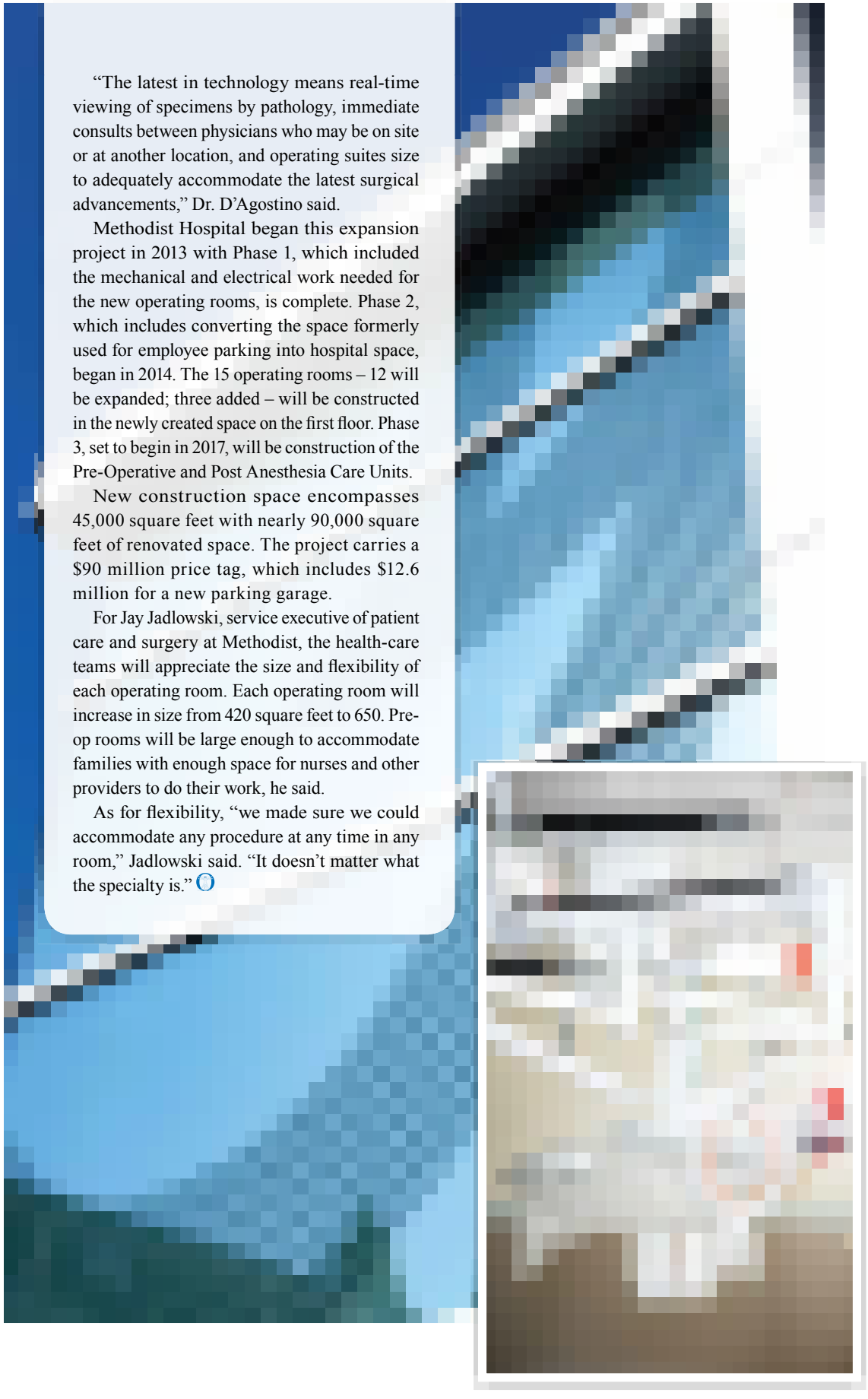
"The latest in technology means real-time viewing of specimens by pathology, immediate consults between physicians who may be on site or at another location, and operating suites size to adequately accommodate the latest surgical advancements," Dr. D'Agostino said.

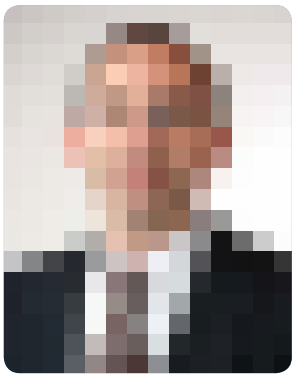
Methodist Hospital began this expansion project in 2013 with Phase 1, which included the mechanical and electrical work needed for the new operating rooms, is complete. Phase 2, which includes converting the space formerly used for employee parking into hospital space, began in 2014. The 15 operating rooms – 12 will be expanded; three added – will be constructed in the newly created space on the first floor. Phase 3, set to begin in 2017, will be construction of the Pre-Operative and Post Anesthesia Care Units.

New construction space encompasses 45,000 square feet with nearly 90,000 square feet of renovated space. The project carries a $90 million price tag, which includes $12.6 million for a new parking garage.

For Jay Jadlowski, service executive of patient care and surgery at Methodist, the health-care teams will appreciate the size and flexibility of each operating room. Each operating room will increase in size from 420 square feet to 650. Pre-op rooms will be large enough to accommodate families with enough space for nurses and other providers to do their work, he said.

As for flexibility, "we made sure we could accommodate any procedure at any time in any room," Jadlowski said. "It doesn't matter what the specialty is."





The D'Agostino File

Hometown:
Kansas City, Missouri

Undergraduate:
Creighton University

Medical Degree:
Creighton University
School of Medicine

Residency:
University of Kansas, Kansas City, Kansas, in anesthesiology

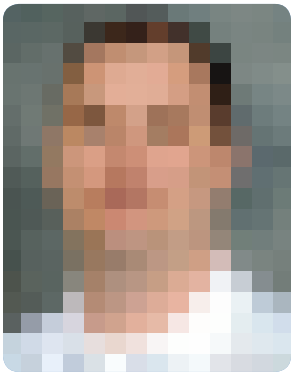
Title:
Chairman, Departments of Surgery and Anesthesiology

Location:
Methodist Hospital

Family:
Wife, Teri; daughters, Katie, Lisa and Andi

Hobbies:
Woodworking and his grandchildren

Why I Joined MOMS:
"The camaraderie with the men and women with whom I work every day. MOMS is the only way I can stay in touch with the greater perspective of medicine in my community."



The Teetor File

Hometown:
Lexington, Nebraska

Undergraduate Degrees:
University of Nebraska-Lincoln in exercise science and athletic training

Medical Degree:
University of Nebraska Medical Center

Residency:
UNMC in anesthesiology

Title:
Staff anesthesiologist

Location:
Boys Town National Research Hospital

Family:
wife, Wendy; sons, Elliott and Benjamin; daughter, Adilynn

Why I Joined MOMS:
To have the opportunity to meet other physicians in Omaha and work on improving the quality of healthcare in our community.

A New Approach to Re-certification:
One Question at a Time

TRAVIS TEETOR, M.D., DOESN'T expect to see many questions about chronic pain again.

The question popped up recently as part of a new approach to re-certification for anesthesiologists. Beginning in January, physicians are regularly evaluated using a self-assessment tool called MOCA 2.0. The American Board of Anesthesiology had previously announced it was shelving its process for assessing physician competency, which meant taking a test every 10 years. MOCA 2.0 consists of an online Web portal that allows physicians to access educational resources pertinent to the practice area.

ABA's overhaul of its recertification program was the first taken among the 24 members of the American Board of Medical Specialties. More specialties are expected to follow suit, according to Modern Healthcare.

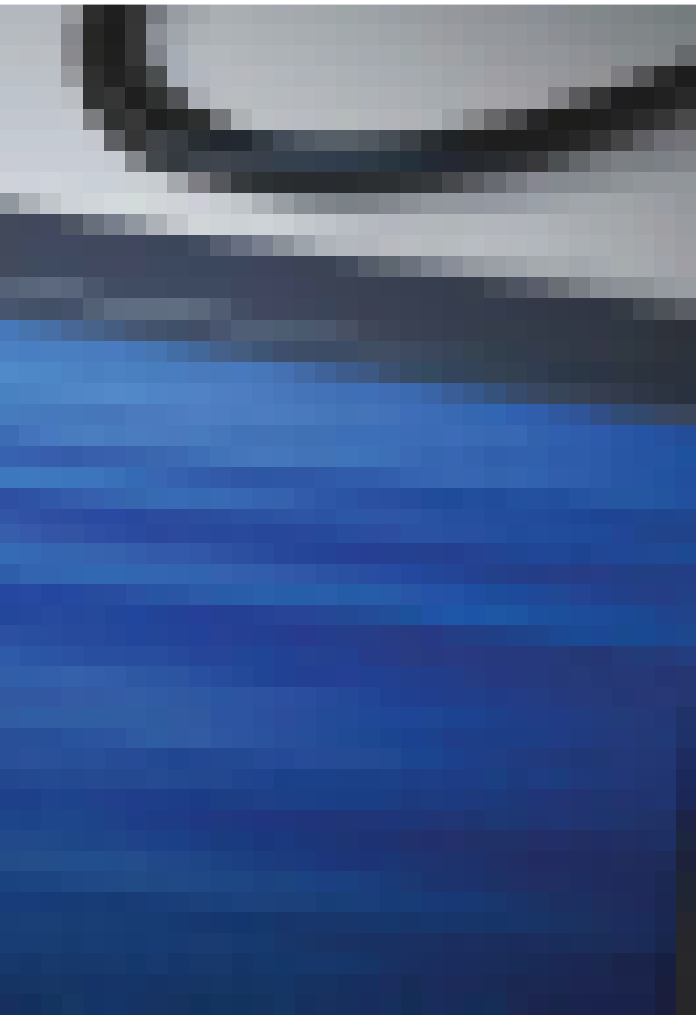
Dr. Teetor, president-elect of the Nebraska Society of Anesthesiologists, recently completed his first quarter of assessment through the ABA's new process. He answered 30 questions during the first quarter. Dr. Teetor described what he sees as the benefits of MOCA 2.0, its challenges, and the potential to improve the process.

Taking a test every 10 years, Dr. Teetor said, meant physicians likely crammed for the exam, but weren't likely to retain the knowledge they obtained during the study process. In addition, taking time to prepare for the test meant some physicians had to take time off from work.

Answering 30 questions – at a few minutes a pop – every three months also means setting aside time – just in smaller doses, he said. "It's just another thing added to a busy day." The questions become available over time, Dr. Teetor said, which prevents someone from answering more than 30 during a single quarter.

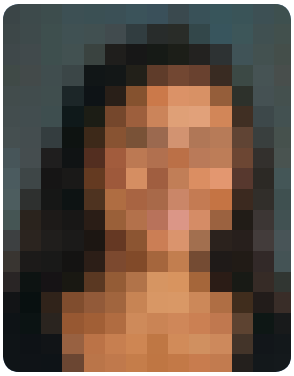
Physicians aren't required to answer all 30 questions correctly – and he noticed some questions were repeated during the process. "My thought is they are looking at how well we retain knowledge."

Dr. Teetor said he sees the potential for MOCA 2.0 to evolve. After physicians answer a test question and receive the answer and an explanation, they answer two others: How certain where they of the answer and how well did the question pertain to their area of specialization.



The questions about chronic pain, he expects, will no longer in his pool of questions as it infrequently pertains to his work in pediatric anesthesiology at Boys Town National Research Hospital. He also expects questions to be added to address new developments in anesthesia – such as one about sugammadex, which recently received FDA approval for use during surgery.

MOCA 2.0 consists of the four main components of recertification for anesthesiologists, which have been revised, Dr. Teetor said. The first component – professionalism and professional standing – remains unchanged. Component 2 consists of lifelong learning and self-assessment, of which MOCA 2.0 now fulfills the self-assessment requirement of the 250 hours of CME credit required every 10 years. The third component is MOCA Minute, which replaced the 10-year test and requires answering 30 multiple-choice questions each quarter. The fourth component – medical practice improvement – previously included a simulation course, which is now optional. Fulfilling that requirement proved cumbersome, Dr. Teetor said, because Omaha anesthesiologists often had to travel out-of-state to take the simulation course.



Shweta Goswami
Third-year Medical Student
Creighton University School of Medicine

Learning
To Cope with Death

IT WAS A COLD January morning as I parked my car into Creighton University Medical Center's parking lot, spilled coffee on my white coat and walked through snow with wet shoes and socks into the hospital at 6:30 a.m. Despite the morning struggles, I looked forward to greeting the patients I had been following for my first week on Internal Medicine. I began my questioning with all patients the same exact way, "Mr/Mrs. X, do you remember me from yesterday? I was the medical student who came and woke you to speak to you?" I usually got mixed responses, depending on how upset the patient was about being awake. One of them had a pretty aggressive cancer that was causing shortness of breath, but he had a bright attitude and a second chest tube placement seemed to help his breathing. Although I knew he was reaching the end of his life, I didn't think it was in the immediate future. I saw him every day for a week, and I loved that he'd describe his night in intense detail.

> "I'M NOT AFRAID OF DEATH; I JUST DON'T WANT TO BE THERE WHEN IT HAPPENS"
> *-WOODY ALLEN*

However, on this cold January morning, he was no longer upbeat. He was using his accessory muscles to help him breathe. A nurse found an air bubble within his chest tubes and both had to be removed. I saw my attending in the room discussing the need to call the family and place the patient on comfort care. My heart sank because I knew that meant within the next day, he would die. I intellectualized everything and logically understood that he didn't have that long to live. The family came over and the patient was moved to a bigger room and placed on morphine for comfort. I came and saw the family, but couldn't look at my patient and asked how everything was going. I felt really dumb asking that question because everything wasn't going well at all; their father/brother/grandfather was dying.

Having never really experienced a loss of a patient, I kept telling myself that it was logical. My patient had cancer; he was having trouble breathing, so logically, he would die soon. I woke up the next morning and got the news: He had passed away late into the night. Each day that went by became a struggle and I didn't want to go to work for fear someone else I was following would die. Finally, I broke down and spoke to my attending. I told him I didn't understand why I was feeling so down and he reassured me it was completely normal to feel upset over the loss of a patient. He told me his own personal story of losing his first patient and how he had chosen to deal with loss. We talked about how everyone has their way of coping; whether it is to pray, or invest in hobbies as an escape.

Everyone knows death is part of medicine, but no one really knows how to prepare for it. Unfortunately, the best way to know how to cope is to have first-hand experience with it. For me, I learned that I have a lot of compassion for my patients and I coped by taking some time to be with my family, who have always been there for support.

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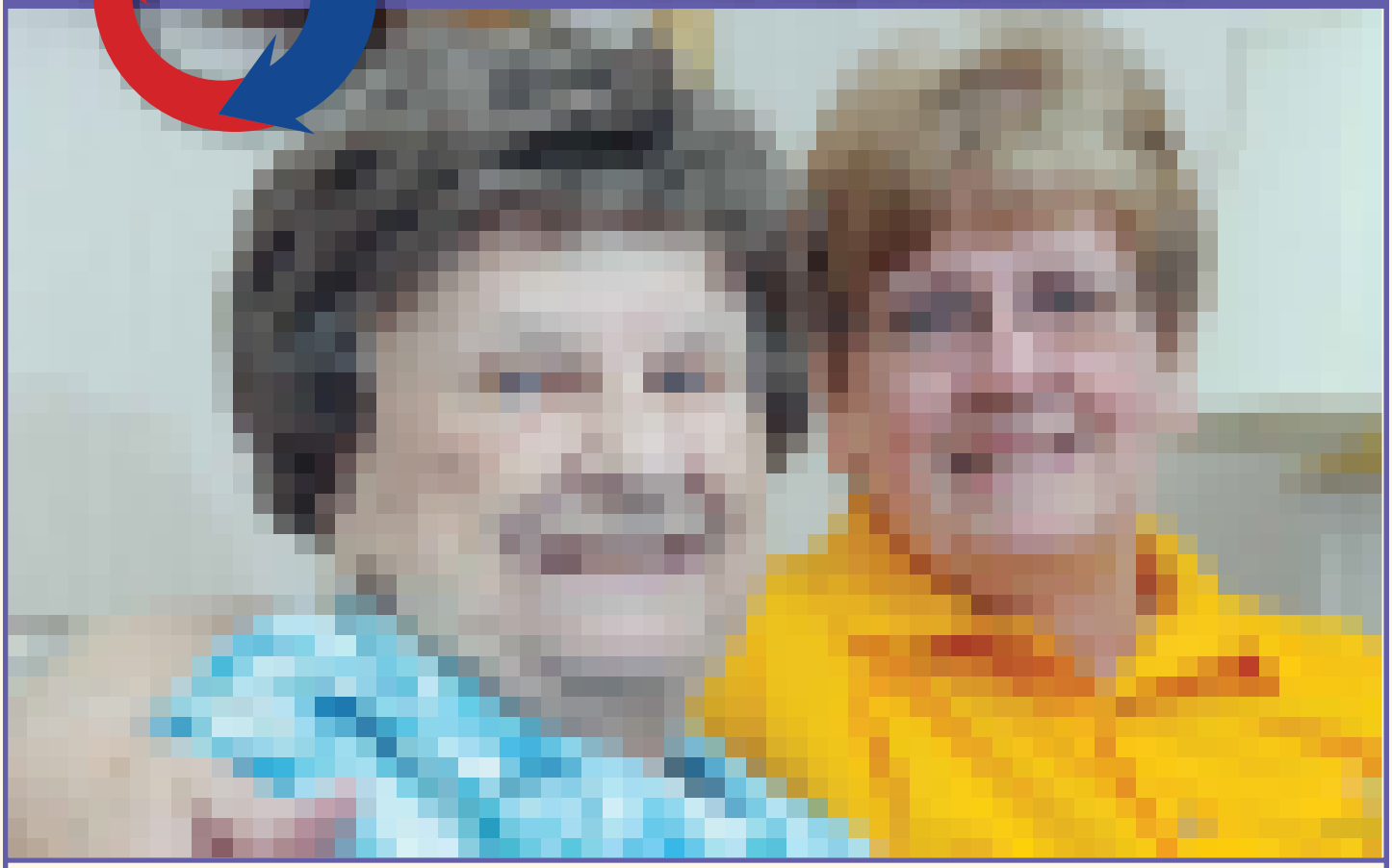

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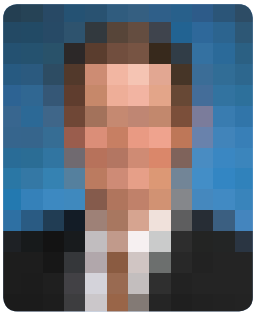


Dr. Feilmeier

Receives Junior Chamber International Honor

FOR HIS HUMANITARIAN EFFORTS around the globe Michael Feilmeier, M.D., an ophthalmologist and medical director of the Global Blindness Prevention Division at the University of Nebraska Medical Center's Truhlsen Eye Institute, was named a 2015 Junior Chamber International (JCI) Ten Outstanding Young Persons of the World recipient in the category of humanitarian and voluntary leadership.

Dr. Feilmeier was first introduced to humanitarian health care as a medical student. The most pivotal moment for him was a month-long trip to the Himalayas where he witnessed surgeons successfully delivering world-class eye care to hundreds of patients in the most rural environments at a cost of $20 and a procedure time of five minutes per patient. He called it his lightning strike moment in life.

"This is the moment I knew I'd be spending my life giving the gift of sight back to as many patients as time and resources would allow," Dr. Feilmeier said of the experience.

During the following year, Dr. Feilmeier traveled throughout Nepal, India, Ghana and the Dominican Republic teaching fellow ophthalmologists better surgical techniques and performing hundreds of sight-restoring surgeries.

Dr. Feilmeier is currently a private practice cornea surgeon at Midwest Eye Care, but volunteers his time serving as the medical director of the Global Blindness Prevention Division, which he founded in 2011 at the UNMC Truhlsen Eye Institute.

Under his guidance, the division has provided eye care services and sight-restoring surgeries to patients living in Nepal, Ethiopia, Peru, Ghana, Somalia, Kenya and Haiti, as well as to Native Americans living in Nebraska, Iowa and South Dakota.

To date, Dr. Feilmeier and his team have performed more than 1,700 sight-restoring surgeries, facilitated the screenings of more than 10,000 patients for eye care and raised more than $500,000 in donated cash, equipment and consumables.

Dr. Gold

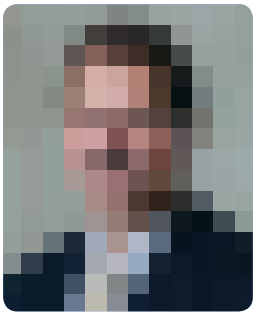
Honored by National Medical Education Body

UNMC CHANCELLOR JEFFREY P. Gold, M.D., was honored recently by the Liaison Committee on Medical Education (LCME) with the organization's Outstanding Service Award for 2015.

The award, which recognizes individuals whose work has a major impact on the quality of medical education in North America, has only been awarded three times, said John Fogarty, M.D., dean of the Florida State University College of Medicine and chair of the LCME. The LCME is recognized by the U.S. Department of Education as an accrediting agency for medical education programs leading to the M.D. degree.

Dr. Gold has been involved in the LCME since 2008, serving as the organization's co- chair from 2011-13 and as chair from 2013-14. The award was presented at the LCME Service Recognition Reception and Award Ceremony in Baltimore. The presentation was part of the Association of American Medical Colleges Annual Meeting.

Dr. Gold's accomplishments included the transition from a pure accrediting body to an accrediting body that works equally hard or harder to help medical schools help themselves to enhance programs and student success.



Dr. Romano

Wins Medical Education "Hero" Award

DR. MICHAEL ROMANO, CHIEF Medical Officer for Nebraska Health Network, has been awarded the 2015 Robert Raszkowski ACCME Hero Award from the Accreditation Council for Continuing Medical Education (ACCME®).

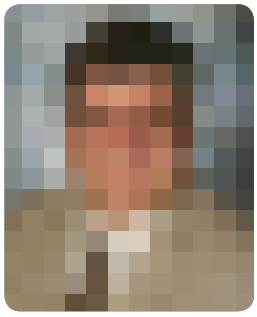
The award honors Dr. Romano's leadership in the ACCME's mission to promote quality standards for continuing medical education (CME) that help improve physician performance and patient care.

Dr. Romano was recognized for his service on the ACCME Board of Directors, and for his six years of service on the Committee for Review and Recognition. The award is named for the late Dr. Robert Raszkowski, a long-time ACCME volunteer, and is given to volunteers who provide exemplary and long-term service to the organization.

"We honor Dr. Romano for his commitment to leadership and volunteerism in CME on the national and state levels," said Dr. Graham McMahon, President and CEO of the ACCME. "His dedication demonstrates the power of education to drive quality in our medical profession and in healthcare."

Before serving as board Chairman for the Nebraska Health Network and then becoming the group's Chief Medical Officer, Dr. Romano served the Council Bluffs community for nearly 30 years as a family physician and as chief medical officer for Methodist Jennie Edmundson Hospital.

"It has been an honor and a privilege to be a volunteer with the ACCME over these past six years," Romano said. "I've had the chance to associate with some incredibly smart, high-quality individuals at every level of the CME enterprise and I am so grateful for the opportunity."



Drs. Filipi, Soori

Recognized for Service

DAVID FILIPI, M.D., WAS honored for his community service and Gamini Soori, M.D., for his service to medicine during MOMS Annual Meeting in late January.

The Community Service Award is recognizing an individual for his or her significant contributions toward improving the health and quality of life in the Metro Omaha community.

Dr. Filipi has served on the Douglas County Board of Health since 2006, including terms as secretary-treasurer and president. He's been on the board of the Hope Medical Outreach Coalition since 2004, including a term as president, and, since 2008, he's been the organization's medical director, working to connect the indigent and low income with health care. He also is a past president of the Nebraska Medical Association, Metro Omaha Medical Society and the Nebraska Academy of Family Physicians, and currently serves as chair of the MOMS Public Health Committee.

The Distinguished Service to Medicine Award, which was presented to Dr. Soori, is presented to a MOMS member physician in recognition for distinguished service to patients, the Medical Society and the people of the Metro Omaha area in working toward achieving MOMS' mission, and for significant contribution to the practice of medicine and care of patients.

Dr. Soori founded and is president of Midwest Independent Physicians Practice Association. In that role, he also led the development of the organization's insurance plan and ACO. He is a founder and past president of the Missouri Valley Cancer Consortium, a co-operative clinical trial group, and has chaired MOMS' public relations and legislative committees. He has also served as president of medical staff at CHI Health Bergan Mercy Medical Center and is on the AMA Board of Trustees.

NEW MEMBERS

Diana V. Do, M.D.
Ophthalmology

Russell J. Hopp, D.O.
Allergy/Immunology

Benjamin A. Maertins, M.D.
Vascular/Interventional Radiology

Thomas D. Soma, M.D.
Anesthesiology

Gregory A. Erickson, M.D.
Orthopedic Surgery

Jeremy M. Howe, M.D.
Family Practice

Michael A. Romano, M.D.
Family Practice

Maegen J. Wallace, M.D.
Pediatric Orthopedics

Metro Omaha Medical Society

Did You Know?

Membership Allows Physicians to Connect

As healthcare continues to become more and more compartmentalized, it is important for physicians to stay connected. As a member of the Metro Omaha Medical Society you have the unique opportunity to interact with physicians representing every specialty, as well, private practice, within a health system or academic environment.

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 upcoming events or explore opportunities on our boards and committees.

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

Not currently a MOMS/NMA member but would like to start taking advantage of our many membership benefits? Contact Laura Polak at the Metro Omaha Medical Society if you have any questions – phone: (402) 393-1415 or email: laura@omahamedical.com

ANNUAL MEETING DRAWS A CROWD

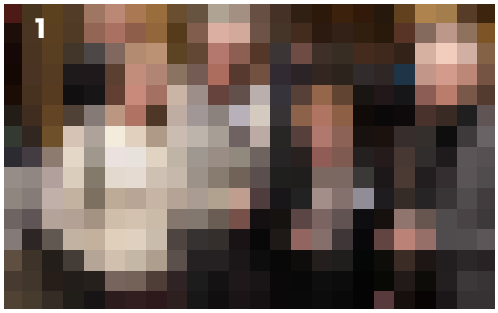
The MOMS Annual Meeting and Inaugural Dinner, held on Jan. 28, served as the start of the Society's 150th Anniversary celebration. Outgoing president, Dr. Deb Esser, provided a recap of 2015, then handed the gavel over to incoming 2016 president, Dr. David Ingvoldstad for a look at what is to come. The event was well-attended with over 120 members and guests.

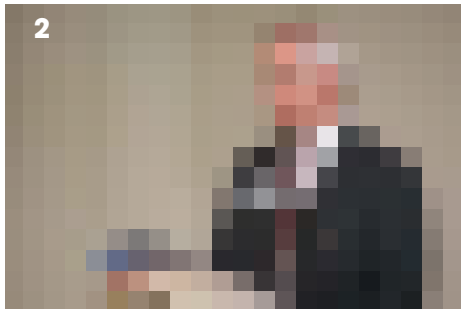
1. Many past-presidents attended the event. From left are Dr. Cindy Ellis, Dr. Lee Retelsdorf (1977 MOMS president), Dr. Muriel Frank (1989 MOMS president, first woman president), and Betty Morar.
2. Nebraska Lt. Gov. Mike Foley welcomed attendees and presented a proclamation naming 2016 the year of the Metro Omaha Medical Society.
3. The MOMS 2016 Executive Committee members, from left, Drs. David Ingvoldstad, president; Deb Esser, immediate past-president; Lori Bruner-Buck, secretary/treasurer; and David Watts, president-elect.
4. MOMS Foundation Chairman, Dr. Michelle Knolla, (right) presents a check for $10,220.00 to Lindy Hoyer, executive director of the Omaha Children's Museum. The funds were proceeds from the MOMS Foundation Annual Match Grant and will be used to create an interactive medical exhibit that will be on display October 2016 to April 2017 as part of the museum's ImagiNation exhibit.
5. Two awards were presented during the event: the Distinguished Service to Medicine Award to Dr. Gamini Soori, and the Community Service Award to Dr. David Filipi. From left are Drs. David Ingvoldstad, Gamini Soori, Deb Esser, and David Filipi.
6. Matthew and Dr. Lindsey Northam take a look at the silent auction items. Proceeds from the auction benefitted the MOMS Foundation grant fund.

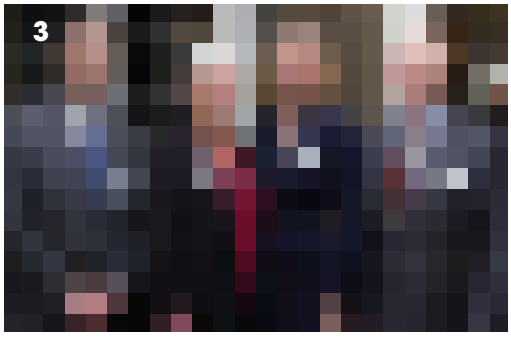
EARLY CAREER PHYSICIANS BATTLE YOUNG ATTORNEYS AT TRIVIA NIGHT

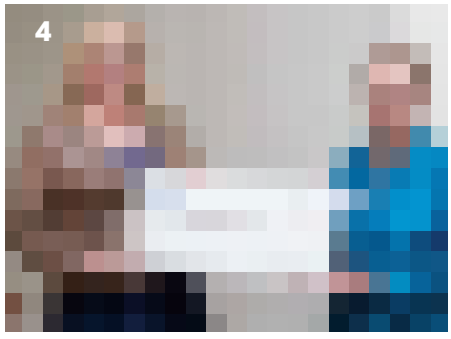
The MOMS Early Career Physicians group hosted a trivia night in conjunction with the Omaha Bar Association Young Attorneys in the MidTown Crossing Club Room on Feb. 11. OBA Executive Director Dave Sommers served as emcee and quizzed the teams on a variety of medical and legal pop culture questions.

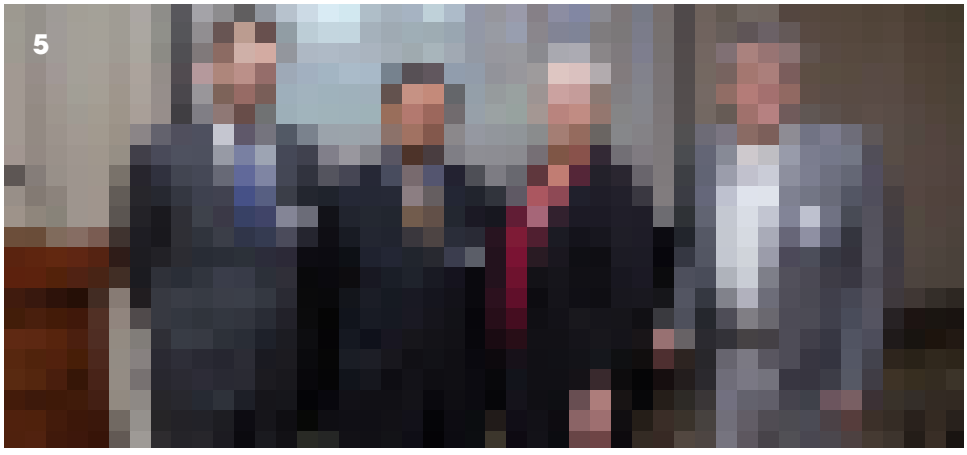
7. The winning team, from left, was Eric Dworak (law student), Alex Dworak, M.D., Danielle Dring, J.D., Alexis Wright, J.D., Bob Sherrets, J.D., and James Boesen, J.D. - *Photo courtesy of Lorraine Boyd, editor, The Daily Record.*
8. Jason Lambrecht, M.D. (far right), chair of MOMS Early Career Physicians, teamed up with (left to right) Ryan Thomas, J.D., Brady Hoekstra, J.D., and T.J. O'Neil, J.D. in the trivia content.

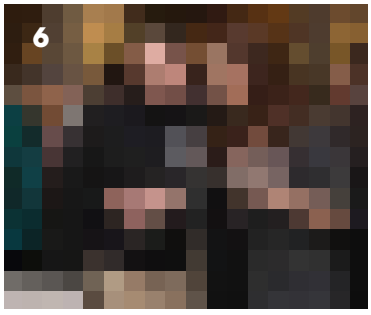


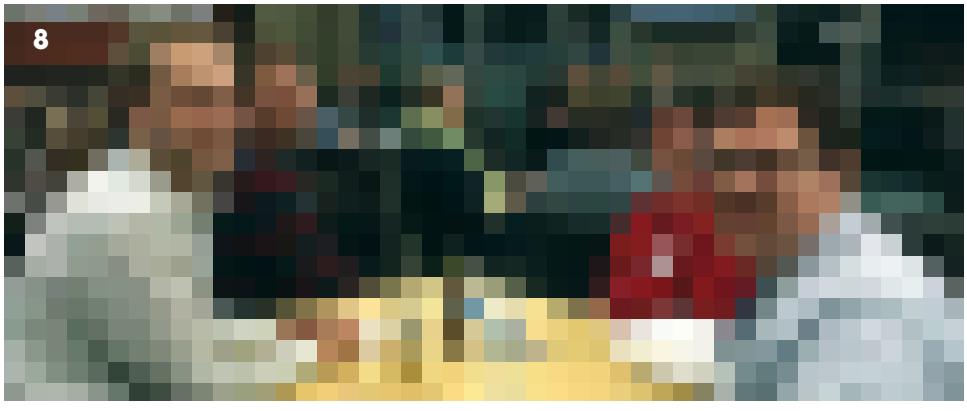












COMING events

Metro Omaha Medical Society

DOCBUILD: HABITAT FOR HUMANITY BUILD EVENT

FRI. & SAT., APRIL 22 & 23

We invite physicians, residents, medical students, clinic staff and family (16 years and older) to participate. No previous experience necessary – tasks available for all skill levels. Register for a single 3-4 hour shift or the entire two-day event. Register online at: www.OMAHAMEDICAL.com

RETIRED PHYSICIANS MEETING

THURS., MAY 12 AT 10:00 AM
MOMS BOARDROOM

Featuring Timothy McCaw, Deputy First Marshal, City of Omaha discussing M's Pub fire - cause, control and outcome.

RETIRED PHYSICIANS MEETING

THURS., JUNE 23 AT 10:00 AM
MOMS BOARDROOM

Featuring Ray Schulte, MD presenting on medical care in Africa

USA SWIMMING FOUNDATION'S BUILDING CHAMPIONS 5K FUN RUN

SUN., JULY 3

MOMS is a presenting sponsor of this event and we invite member physicians and their family members to participate. Watch for more details coming soon.

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

Study Supports Value of Providing Well-Fit Hearing Aids in Infancy

FINDINGS FROM A NATIONAL study called "Outcomes of Children with Hearing Loss" discovered that many hard-of-hearing children who receive optimal, early hearing intervention services are able to catch up to their hearing peers. Results were published in a special supplement volume of the journal, Ear and Hearing.

"For children learning spoken language, hearing well is crucial to their communicative development and ability to build social connections," said Mary Pat Moeller, Ph.D., director of the Center for Childhood Deafness and the language development laboratory at Boys Town National Research Hospital.

Other main takeaways from the study include: Hearing aid provision in early infancy results in better early language outcomes, but children who were fit later showed the ability to resolve early language delays after hearing aids were used for an extended period; consistent daily hearing aid use provides some protection against language delay and supports auditory development; the richness of parents' or caregiver's talk with the child positively influences children's language abilities.

Boys Town National Research Hospital has conducted national hearing research for more than 40 years. This longitudinal research collaboration with the University of Iowa, Boys Town National Research Hospital and the University of North Carolina at Chapel Hill is the first study of its kind in the United States to identify a large group of young children who are hard of hearing and follow their language development for several years.

Dr. Moeller said the study empowers parents, health-care providers and educators with the empirical support to put protections in place that may help children with hearing loss succeed in all facets of their lives.

For more information, go to healthinfo@boystownhospital.org

Sports Medicine Clinic Provides Care to Young Athletes

LIKE ANY EXERCISE, PLAYING a sport can help children control weight, improve self-esteem and do better in school. There are dangers for child athletes, however. More than 3.5 million Americans age 14 and younger are treated for sports injuries every year.

To meet this need, Children's Hospital & Medical Center provides care to young athletes at its Sports Medicine Clinic. Intended for children who participate in competitive and recreational programs, the clinic provides specialized care for sports-related injuries ranging from concussions to sprains, strains and overuse.

"Sports injuries in adolescents and teenagers are difficult," said Kody Moffatt, M.D., pediatrician and Children's sports medicine specialist. "The body, bones and joints aren't fully developed. We want to make sure these injuries are diagnosed and treated before they create a chronic, long-term problem that could impact the child's ability to compete successfully down the road."

"At Children's, we've worked to develop an integrated program that brings together my experience with sports-related injuries and the experience of Layne Jensen, M.D., a pediatric orthopaedic surgeon who specializes in surgical repairs for young athletes who are still growing," Moffatt says.

Most sports-related injuries do not require surgery. However, Dr. Jensen is available for on-site consultation. Dr. Jensen brings a unique understanding of the developing musculoskeletal system and translates this expertise into successful surgical techniques to repair serious sports injuries while protecting a young athlete's future growth and development. Among his innovative techniques is ACL reconstruction for children who cannot undergo traditional procedures due to skeletal immaturity.

In addition, Children's pediatric cardiologist Chris Erickson, M.D., contributes to the multidisciplinary focus with comprehensive heart evaluations when needed. He brings expertise in cardiac sports medicine related to heart rhythm disorders, genetic arrhythmia syndromes and sudden cardiac arrest.

Nebraska Medicine Transplant Team Performs First Lung Transplant

THE FIRST LUNG TRANSPLANT procedure at Nebraska Medicine since the institution launched the program late last year was performed on a 58-year-old Omaha man.

And less than a month after the procedure was performed, Phil Sauvageau was heading home. The married father of four received a double lung transplant on Jan. 24 after being placed on Nebraska Medicine's lung transplant waiting list Jan. 21.

"We are extremely proud of this accomplishment," says Heather Strah, M.D, medical director of lung transplantation at Nebraska Medicine. "Before we listed Phil, we made sure everything was in place and that he was ready for this life-changing surgery. So many providers came together to make sure Phil received excellent care. He couldn't have been in better hands."

Since 2012, Sauvageau has struggled with idiopathic pulmonary fibrosis (IPF), a disease that causes scarring of the lungs, often resulting in respiratory failure. Because there is no cure for IPF, Sauvageau's only option for survival was a lung transplant.

Sauvageau will now receive long-term follow-up care at Nebraska Medicine, which includes testing and pulmonary rehabilitation every day for the next several months. After that, he'll receive checkups every few months for the rest of his life. Patients who survive their first year after transplant are typically expected to live seven or eight years, but Dr. Strah has seen many patients who were transplanted 10, 15, 20 years ago who are still enjoying relatively good health.

Nebraska Medicine's Lung Transplant Program offers single lung, double lung and heart-lung transplants. Clinicians hope to evaluate 20 to 30 patients and transplant 10 patients in the first year.

University of Nebraska Medical Center

UNMC to Help Shape 'Medical School of the Future'

THE AMERICAN MEDICAL ASSOCIATION has selected the University of Nebraska Medical Center College of Medicine as one of 20 medical schools selected to join its Accelerating Change in Medical Education Consortium.

The consortium's goal is to enhance the innovative work underway to create the medical school of the future and quickly spread these innovations to additional medical schools throughout the country. The medical schools will each receive $75,000 over the next three years to advance the AMA's innovative work aimed at transforming undergraduate medical education to better align with the 21st century health care system.

The schools were selected from among 170 eligible U.S. medical schools by a national advisory panel that sought proposals that would significantly redesign medical education.

Chancellor Jeffrey P. Gold, M.D., said the initiative is an important step in medical education.

"It signifies a new day for how physicians will be trained to provide care in the 21st century health delivery system -- training for now and in the future -- not the way we've always done it," Dr. Gold said. "The health system is evolving, and it's important that we take a leadership role."

Dr. Gold was chair of the AMA's Council on Medical Education during the formal kickoff of the Accelerating Change in Medical Education Consortium. The 20 new schools will build upon the projects that were created by the 11 schools awarded grants by the AMA in 2013. Their work will ultimately impact thousands of medical students across the nation currently being trained to care for patients.

With the added schools, the now 31-school consortium will support training for an estimated 18,000 medical students who will one day care for 31 million patients each year.

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

Apply Online:
www.omahamedical.com

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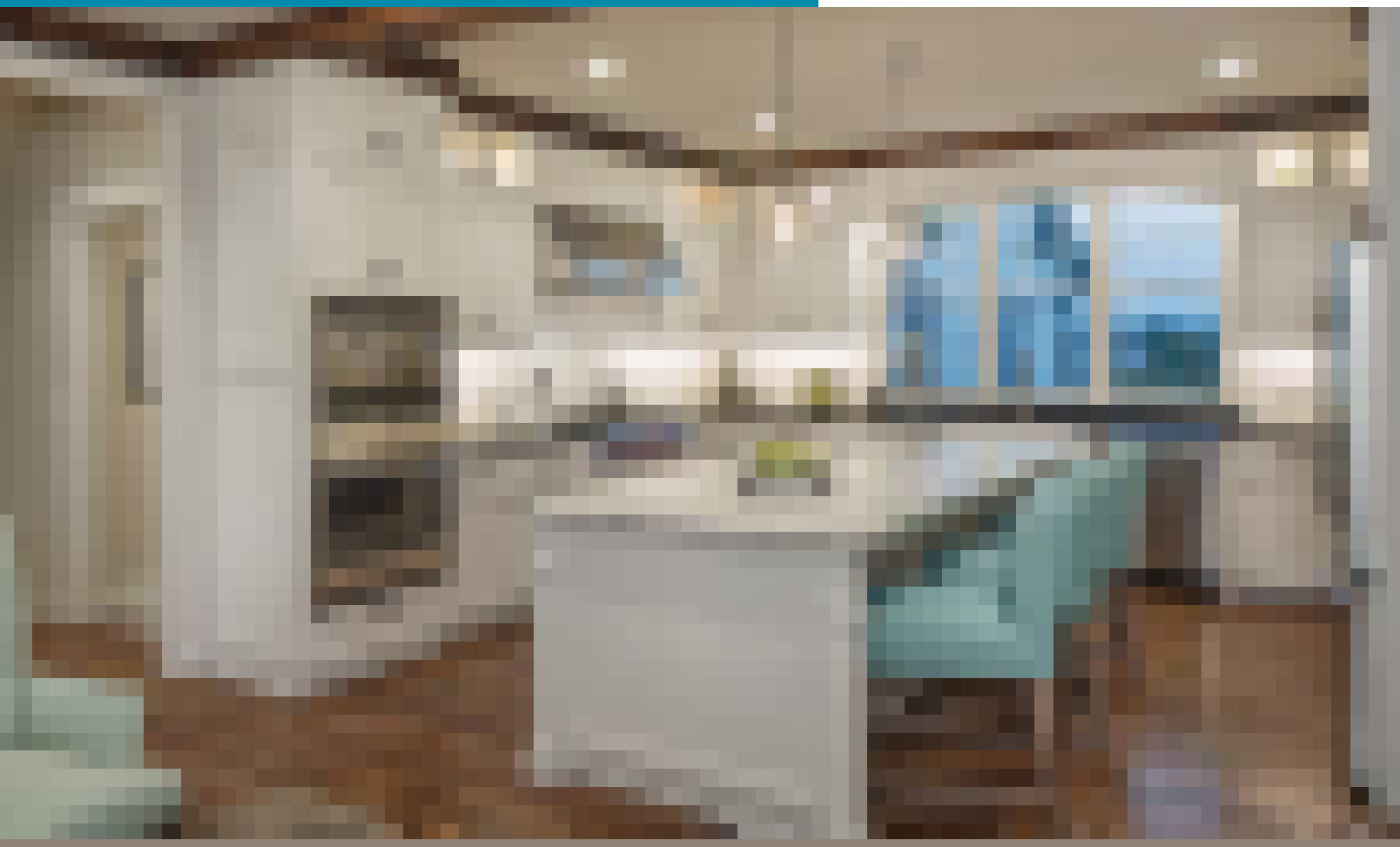

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