



Physicians Bulletin

January/February 2017 • USA \$1.95

Dr. Watts

Talks about Those Who
Influenced His Life

A Matter of Transparency:

MOMS' Board Duality of
Interest Policy

Coping Well With Stress?:

MOMS' New Confidential
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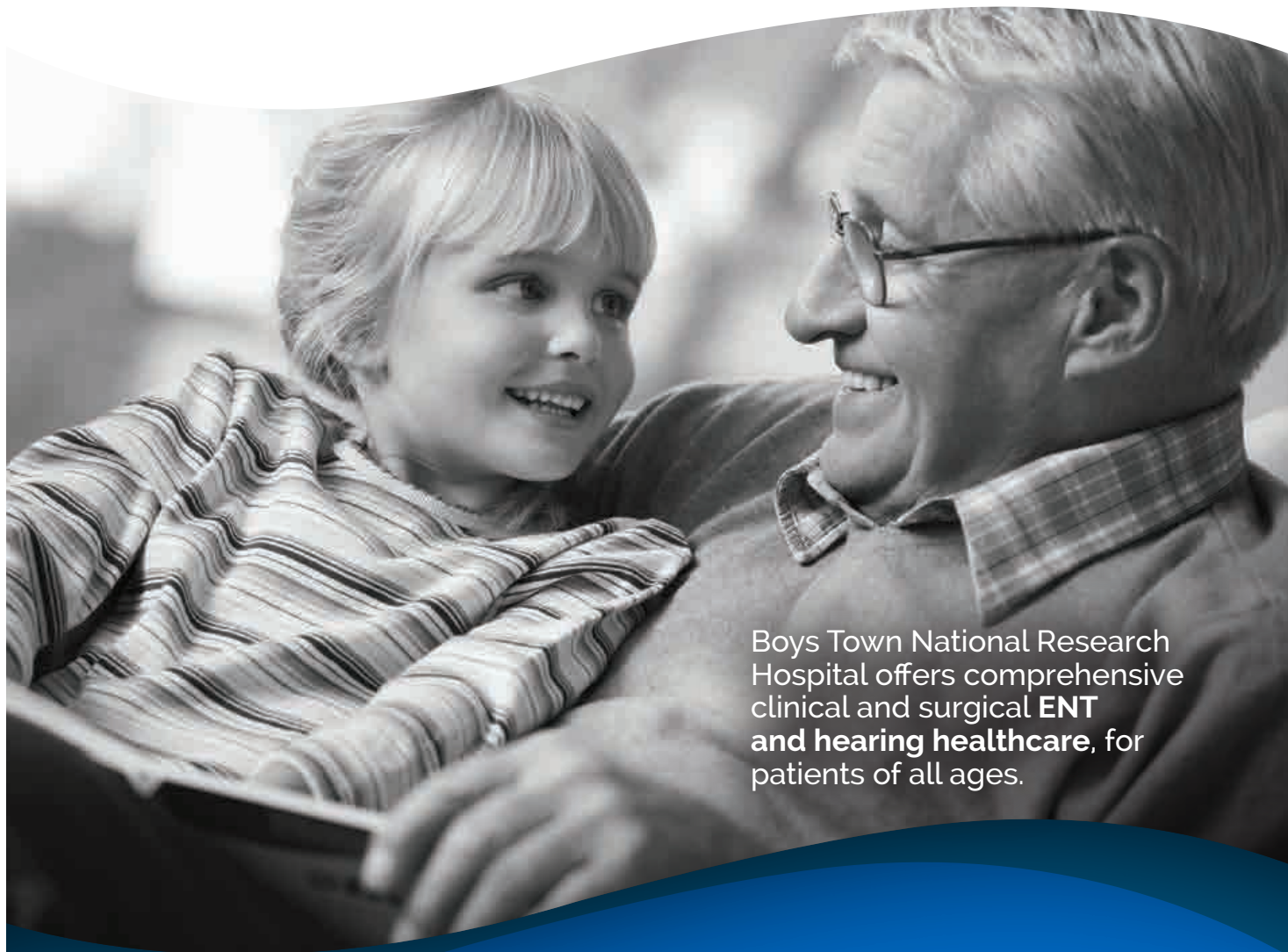


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Audrey Paulman, M.D.
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Above Everything Else, We Are Physicians

GOOD DAY,

Between the time I write this and the time you read this, there will be a new president of the United States. More change will happen in our lives, at work and at home. Some of the change will be good, some of it will be not as good, but change will occur.

At MOMS, the president will change as well. We would like to officially welcome Dr. Watts, who is the new leader of MOMS. We would like to thank you, Dr. Watts. He joins a long list of dedicated physicians who have agreed to serve their physician community through leadership positions of MOMS.

Like all of us, Dr. Watts completed education to become a physician. According to the State of Nebraska Health and Human Services Board of Medicine and Surgery, the definition includes only persons who received the diplomas of M.D., D.O., or MBBS. A physician is defined as follows.

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But really, we all went to medical school to become a physician, qualified in the diagnosis or treatment of human beings. It all seems more complicated now.

Being a physician is hard but rewarding work, and much of professional satisfaction occurs at the physician/patient interface. It is that relationship, of one physician and one patient, that caused many of us to go to medical school


As health-care systems change, that interaction between patient and physician has changed. The practice of medicine that we learned during residency has had rapid and dramatic change over the last decade. Change is hard work. Because burnout has become such an issue among physicians, MOMS has a task force working to provide confidential resources to individuals. You will find the tools in this edition of the Bulletin.

Also in this edition of the Bulletin is information about MOMS as it moves to transparency. A new policy for disclosure of conflict or duality of interest is discussed in this issue. It is in that duality of interest, or multiple roles that physicians assume, beyond patient care, that MOMS finds its strength, relevance and diversity.

For we all are physicians. We may be members of various specialty societies, but at our basic professional level, we are all physicians. Whether we are system leaders or staff physicians, whether we participate in the legislative process, administrative medicine, population health, or work in research, we are all physicians.

As editor, I will try to encourage physicians to tell their own story. I hope to be true to the cause of MOMS, as stated on their website.

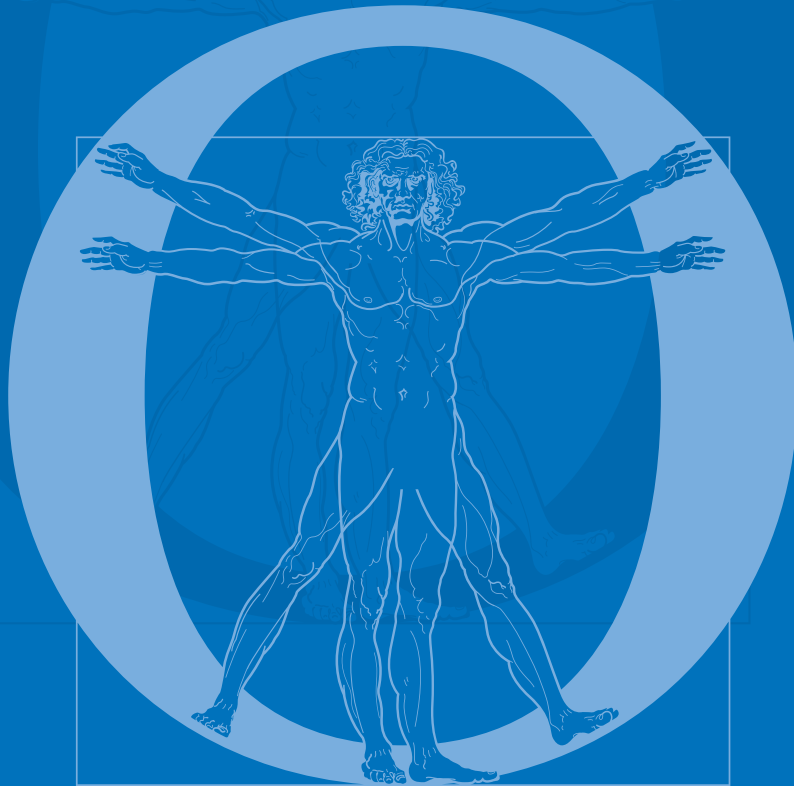
The Metro Omaha Medical Society is a professional organization of physicians dedicated to: helping physicians serve as patient advocates; promoting the ethics and the art and science of the profession of medicine; serving as physician advocates; ensuring access to quality health care; and improving the general health of the community.

If you would like to participate on the editorial committee, please don't hesitate to contact me or Laura at laura@omahamedical.com. We would love to hear from you. 

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As health care 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, and practice 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 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

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ONE MONTH INTO 2017 with the holidays in the rearview mirror and spring still at least four weeks ahead, my question for all of you is what do you want your year to look like? This is a good time to take stock before the pace of life accelerates and you lose sight of what you want to accomplish. It's certainly something we're all very conscious of here at the Medical Society.


Last year, we embarked on an ambitious undertaking to address the issue of physician burnout. Our amazing task force crafted together a vision of programming, online resources and support networks. And now it's "go" time. Hopefully you'll see and hear, from many channels, about the online survey you can take to see how you're handling stress. We want to give a huge shout-out to the Behavioral Health Foundation that really believed in the innovative and impactful possibilities this program could accomplish and helped us get it off the ground.

When Dr. Dike Drummond came to speak at Leadership Institute and at a dinner session in October, he told us and a lot of you that one of the keys to recharging your batteries is to find joy and carve out time for yourself. We know from studies on the science of happiness that meaningful relationships, a sense of community and support, as well as purpose are all indicators of life satisfaction levels.

That's where we hope interest groups/networks offer one outlet. How about being a part of a book club? Have a standing coffee date with other physicians? Create a happy hour tradition? Bring us your idea of what would give you enjoyment and we'll help you find others who want to do the same thing. We hope these informal gatherings will give you time to unplug and become "can't miss" time for you.

MOMS is also re-launching our website with what, we hope, provides you with resources, information, and a place to help you find other physicians for referrals. As you use it, please let us know if there is anything you would like to see there that would help you care for your patients, be a better health-care team leader and make your life run smoother. We really want the website to be a one-stop place for tools you need.

With technology, distractions and obligations that make your life feel turbulent, we want to be a calming presence in the storm. We're already considering how to tackle health literacy issues as our next community initiative and partnerships/collaborations that can equal more knowledge and skills that will make you more valuable. As always, if there is something you think we should be addressing, our ears are always open.

Really, what it comes down to is MOMS is focusing our 2017 on improving physician lives. We certainly hope you'll join us and take advantage of all that entails because we believe it's a small investment in yourself that will net big returns. 



Carol Wang

Executive Director

Metro Omaha Medical Society



Dale Mahlman
Executive Vice President
Nebraska Medical Association

2016: Who Would Have Expected?

"IT AIN'T OVER 'TIL it's over" has long been associated with Yankee great Yogi Berra, but the past several months have shown us it applies to many of us on a regular basis.

Who would have thought that after 108 years the Cubs would finally win a World Series title? Who would have thought "The Donald" would become the 45th president of the United States? Who would have thought the repeal of the death penalty in the state of Nebraska would be repealed? These are just a few examples of some things I thought would never happen in my lifetime. What the heck do I know?


One thing I do know is organized medicine provides value to its physician members. MOMS celebrating its 150th year in 2016 demonstrates its value to its membership; at the NMA, we are preparing for our 150th anniversary in 2018. Both MOMS and the NMA are led by physicians who care about their profession at the local, state and national level, and are staffed by people who care about the issues that impact physicians.

The next year will certainly be a time of change for us all, which began with our new Legislature's arrival in Lincoln on Jan. 4 and a new president taking office. Regardless of our political preferences or leaning, these are exciting times for all of us. In Nebraska, the state's financial condition will certainly be in the background as issues of interest to medicine are presented and debated. We anticipate continued interest in the opioid issue, an issue the NMA has been actively involved with for the past couple of years in regards to prescribing guidelines and for almost 10 years on the Prescription Drug Monitoring Program (PDMP). Working together with the Legislature, Department of Health and Human Services, Attorney General's office, Nebraska Pharmacists Association, NeHII and many other interested parties, we have hopefully laid the foundation

for a successful implementation of Nebraska's PDMP. We anticipate continued interest in Medicaid and the uninsured issue, especially with the anticipated debate in Washington D.C. regarding the Affordable Care Act. With all these issues, our Commission on Legislation stands ready to review and report on introduced legislation that affects or interests medicine.

At the national level, Jan. 20 signals a new day for our country. With the Republicans in control of the White House, Senate and House of Representatives, we all hope the "era of inaction" will change to a time of consensus. I might not be completely optimistic of that, but a year ago I would have never guessed the Cubs would win the World Series or Trump would win the presidency. Given all that, let's all pull together at least in spirit to support the new administration, Congress and Nebraska Legislature to do what's best for our citizens, physicians and patients.

On a personal note, I have appreciated the continued opportunity to work with MOMS leadership, specifically Drs. David Ingvoldstad and Jane Bailey as they represented the MOMS membership in 2016 on the NMA Board of Directors. We look forward to working with Drs. Kris McVea and incoming President David Watts in 2017 as they assume positions on the NMA Board. In comparing with other county/state medical association examples across the nation, having a long-standing cooperative relationship with MOMS Executive Director Carol Wang, and the staff of MOMS makes our job at the state level much easier and more beneficial for our physician members.

The one thing I know for certain about the year 2017 is that MOMS and NMA will be advocating for physicians and the health of all Nebraskans. If there is an issue you have an interest in, let us know as we need your help. In the words of the AMA, "Together we are Stronger!" 



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Just let us know what your passion is and we will help find a way for you to pursue it.

*Interested in getting involved?
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Medicare Quality Payment Program:

What Providers Need to Know for 2017

THE CENTERS FOR MEDICARE and Medicaid Services (CMS) recently issued the final rule implementing the Quality Payment Program (the QPP), as part of the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"). As of Jan. 1, 2017, the QPP replaces the often-criticized Sustainable Growth Rate formula for determining physician payments under Medicare. The QPP will instead provide a 0.5 percent payment increase for 2017 and 2018. However, in 2019 payments for QPP-eligible providers will decrease unless those providers participate in the Program through the Merit-based Incentive Payment System (MIPS), an Advanced Alternative Payment Model ("APM"), or some combination of the two. If an eligible provider chooses not to participate in the QPP in 2017, that provider will receive a guaranteed negative 4 percent payment adjustment in 2019. This article will summarize the minimum requirements of participation to prevent such payment reductions.

Merit-based Incentive Payment System: MIPS essentially combines, into one system, the requirements of the Physician Quality Reporting System (PQRS), Physician Value-based Modifiers and Meaningful Use, all of which will sunset on Dec. 31, 2018. There are four performance categories that comprise MIPS: Quality (replaces PQRS); Advancing Care Information (ACI, replaces Meaningful Use); Improvement Activities (a new category); and Cost (replaces Value-based Modifiers). Composite scores for MIPS participants will be generated based on weighted performance within the four categories. This composite score will then be used to determine payment adjustments on a sliding scale.


Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Anesthetists are eligible to participate in MIPS in 2017, if they bill more than \$30,000 to Medicare and provide care to more than 100 Medicare patients per year. MIPS-participating providers must collect data during the initial performance period, which runs the 2017 calendar year, and submit that data by March 31, 2018. The ways in

which a provider may submit performance data depends on whether the provider is participating in MIPS as an individual or group, as well as the group size and specific performance category being reported. Data submission mechanisms can include qualified clinical data registries (QCDRs), qualified registries, CMS-approved survey vendors, the CMS Web Interface, as well as submissions through EHRs and general claims submissions.

CMS has developed three flexible options for MIPS participants to submit their 2017 performance data to avoid a reduced 2019 payment. First, to avoid a reduction and keep payments the same, a provider can submit as little as one Quality measure or one Improvement Activity. CMS declined to require a minimum reporting period (i.e., number of days) for for this limited level of participation to encourage providers to at least test their data submission capabilities. Because non-participation guarantees a payment reduction, it is our recommendation that providers, at a minimum, submit one performance measure or activity. As a second option, a provider may submit 90 or more days of at least two 2017 performance measures, activities, or all of the required ACI measures to earn a small payment increase (less than 4 percent) in 2019. The third option is for providers to submit a full year of 2017 data that includes all required Quality, Improvement Activities, and ACI performance measures and activities will be eligible for a modest payment increase (up to 4 percent) in 2019, which exact increase will be based on their MIPS composite score. In addition to the above, providers who earn a composite score of 70 or higher will be eligible for an additional performance payment, funded from a pool of \$500 million.

Advanced Alternative Payment Models: As an alternative to MIPS, the QPP allows for participation in Advanced APMs, which allow providers to earn more for sharing in risks related to patient outcomes. Providers eligible for Advanced APM incentives are those participating in one of the following models: Comprehensive ESRD

Care; Comprehensive Primary Care (CPC+); the Next Generation Accountable Care Organization Model; the Medicare Shared Savings Model (Tracks 2 and 3); and the Oncology Care Model (two-sided risk). Providers participating in an entity that sees at least 20 percent of Medicare patients or receives at least 25 percent of its Medicare Part B payments through an Advanced APM will be deemed Qualified Participants (QPs) by CMS and may earn a 5 percent incentive payment in 2019. Providers participating in an entity that does not meet the QP thresholds but sees at least 10 percent of patients or receives at least 20 percent of Medicare Part B payments through an Advanced APM will be deemed a Partial Qualifying Participant (PQP). PQPs can choose to participate in MIPS to receive a positive payment adjustment; otherwise, payments will remain flat as PQPs are ineligible to receive the Advanced APM 5 percent incentive. Finally, those falling below the PQP threshold are considered "MIPS-APM" participants and must participate in MIPS to prevent a negative payment adjustment. CMS will notify Advanced APM participants as to whether or not they meet the QP threshold in advance of the end of the MIPS performance period, so those providers will know if they should plan on submitting MIPS data in 2018. Advanced APM participants should consult their model's website to for information on how to submit performance data, as each Advanced APM may vary.

Regardless of the approach taken, we recommend eligible providers begin participating in the QPP as soon as able. The earlier providers begin participating, the more prepared they will be to earn valuable payment increases and incentives in the coming years. 



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Requests for Medical Records for the Next 150 Years

IN THE ERA OF open access, patients have the ability to request documentation of their visits with medical providers. Worker compensation, divorce and custody controversies, life or disability insurance application reviews, and ongoing legal proceedings all periodically lead to these types of requests. In each situation, sensitive information and potentially adverse comments in the record may result in unfavorable consequences for the patient.

Under HIPAA, patients have the right to review (free of charge) and receive a copy (for a reasonable, cost-based fee) of their medical and billing records and any other records that are used to make decisions about a patient. Failure to comply with HIPAA's access requirements has been one of the top five most common violations of HIPAA.

A partial list of the most common records that a provider is not required to produce (i.e. patients do not have a right of access) includes:

- Quality assurance or professional review materials.
- Psychotherapy notes (personal notes of the therapist pertaining to counseling sessions; medications, dates of visits, billing information and other parts of the records are still subject to the right of access).
- Information compiled in anticipation of a civil, administrative, or criminal action.
- Clinical Laboratory Improvement Amendments (CLIA) records that are exempt or prohibited from disclosure.
- A medical record which, if released, would likely cause harm to the patient or another person (in the professional judgment of the provider).
- Research study records, but only if the patient agreed during the consent process and only while the clinical trial is in progress (patients must be informed that their right to access will be reinstated following the conclusion of the clinical trial).
- Information obtained from someone other than a health-care provider, such as a family member or close friend, under a promise of confidentiality.

A common myth is that you cannot provide copies of another provider's records that are contained in your records. This is not true. A HIPAA FAQ specifically states that a provider can produce such records and, in fact, it may be a violation of the right of access if you do not do so when requested by the patient. A provider may require a patient to submit any request for access to records in writing, but only if the patient has been informed of this requirement, usually in the Notice of Privacy Practices.

Guidelines for Providing Records to Patients: In general, physicians are required to provide the records in a "timely" manner (as soon as reasonably possible, but no later than 30 days after the request). In unusual situations beyond the control of the physician, an additional 30-day extension may be obtained if the patient is notified before the expiration of 30 days. These unusual circumstances may exist, for example, if the records are off-site and cannot be retrieved within the 30-day time frame.

Being too busy, short-staffed or similar reasons will not suffice. The Privacy Rule requires physicians to produce the records in the form and format requested by the patient, if readily producible in that form and format, or if not, in a readable hard copy form. For example, if a patient requests an electronic copy of a paper record, the physician is required to scan the paper information into an electronic format if the office has scanning capabilities.

The physician can charge a reasonable, cost-based fee for providing a copy, but can only charge for the following:

- The cost of labor for actual copying time. Time spent reviewing the request, retrieving the records, etc. cannot be charged.
- The cost of supplies (e.g. paper and toner, or USB drive or DVD, if electronic).
- Postage if the patient requests the records be mailed.

If the patient requests a summary or explanation of the records, labor for creating the summary may be charged if the patient agrees in advance to the proposed fee. [O](#)

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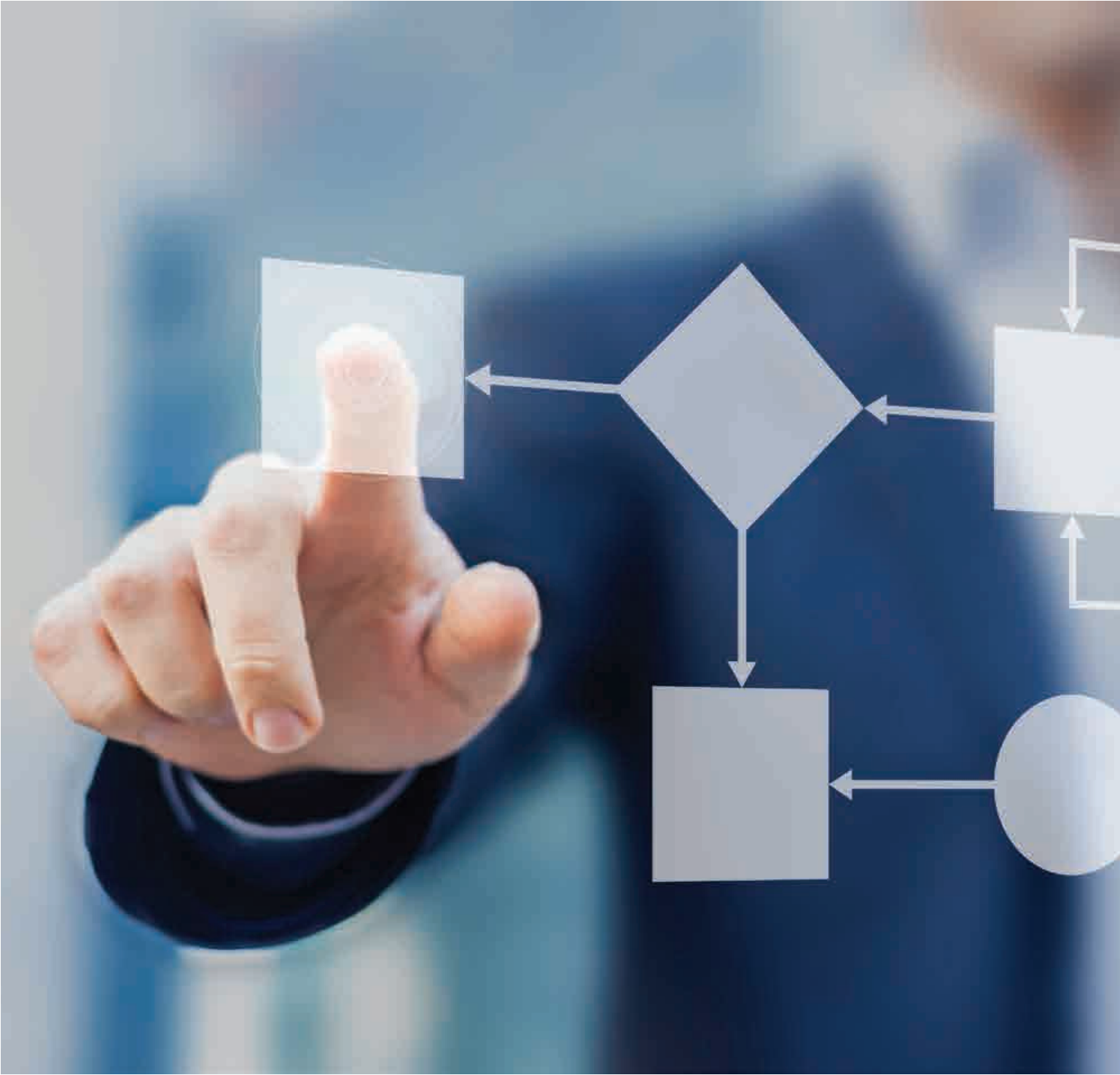
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A Matter of Transparency

FOR NONPROFIT ORGANIZATIONS SUCH as the Metro Omaha Medical Society, transparency is critical.

"Positive ethical decision-making leads to organization strength and scholarship, which then simply leads to the advancement of good," said James Devney, D.O., Omaha physical medicine and rehabilitation physician and MOMS member.

Dr. Devney recently approached MOMS Executive Director Carol Wang with the suggestion that it might be time to create a policy on conflict and duality of interest for the medical society. Wang formed an ad hoc committee, which consisted of Dr. Devney; Rowen Zetterman, M.D.; David Filipi, M.D.; Alan Thorson, M.D.; and Kevin Nohner, M.D.

The committee provided the MOMS Board of Directors with a proposed Policy on Duality of Interest, which it adopted in late 2016. The policy calls for each board member to disclose officer, director, committee or consulting positions with organizations that have conflicting or dual goals and objectives. They also must disclose competing business and professional interests or activities and recuse themselves from decision-making that involves these interests.

The policy also requires that each board member sign a disclosure at the beginning of his or her term, and is expected to provide updates for such events as change in employment or position.

MOMS' Council of Grievances and Professional Ethics will review annually all new disclosures and determine from what matters individual board members should recuse themselves.

Finally, any conflicts or duality of interest will be shared with the MOMS membership annually in the Physicians Bulletin.


Dr. Zetterman emphasized the importance of nonprofit organizations having policies regarding conflict and duality of interest for its leadership. Conflict of interest occurs when a member benefits directly (financially or professionally) through involvement with an organization. Duality of interest is more common in these situations, he said.

Duality of interest may occur, for example, when a member's area of expertise or specialty might benefit through involvement in an organization such as MOMS. He provided this scenario: "A medical association is involved with internal medicine. I am an internist. I don't own internal medicine so it's not a conflict of interest, but as an internist I should not affect the financial interest of internal medicine."

"Both (conflict and duality of interest) are realistic things to ask to be disclosed," Dr. Zetterman said.

Dr. Devney added, "It is important for the physician membership to rest assured knowing that MOMS' leadership remains committed to the highest level of professional ethics in carrying out its primary mission."

Dr. Devney explained that ethical guidelines remove the guesswork out of decision-making and expectations for involvement, and foster an improve comfort level among members and leaders of an organization.

"Recent efforts on behalf of MOMS reflect and reinforce that our local physician organization remains grounded and principled in professional ethics and transparency." 



Watts File

Hometown:

Cedar Rapids, Nebraska

Undergraduate Degree:

University of Nebraska-Lincoln in English literature

Medical Degree:

UNMC College of Medicine

Residencies:

Mayo Clinic in internal medicine and dermatology

Fellowship:

Cleveland Clinic in MOHS Surgery and cutaneous oncology

Speciality:

Skin cancer, MOHS Surgery

Why I Joined MOMS:

To take a more active role in helping shape local organized medicine



Dr. Watts Talks about Those Who Influenced His Life

THE LIST INCLUDES A high school science teacher who validated a love for learning.

David Watts, M.D. said his life has been enriched by people who inspired him to do more. "People who believe in you and encourage you – that human connection can be such a powerful force in a person's life."

As his year as president of the Metro Omaha Medical Society begins, Dr. Watts is quick to acknowledge influential people in his life while focusing his attention during his term on health education.

First, he discussed people who have served as mentors. His ninth-grade general science teacher at Cedar Rapids High School, Gene Cook, stirred an appetite for science. "So often, a favorite teacher lights a fire that alters the course of our lives." Cook was enthusiastic about the sciences and inclusive in his approach to teaching.



If he could, Dr. Watts said, he'd like to tell his teacher thanks. "I would love for him to know how grateful I still am for his encouragement and support, what an impact he had on me."

Dr. Watts took a detour before enrolling in college. After high school he worked loading trucks at Behlen Manufacturing in Columbus. "It became clear that it made more sense to work with my mind than with my back."

Without a clear direction at the time, he enlisted in the U.S. Navy, with an eye toward the G.I. Bill. He reviewed the list of available specialties and decided the Hospital Corps looked the most interesting.

During active duty, Dr. Watts spent time at Camp Lejeune in North Carolina, assigned to a Marine platoon. He later sought additional training as a pharmacy technician. The opportunity to work closely with his Marines, he recalled,

sparked an interest in studying medicine once he had fulfilled his military obligations.

Next stop: the University of Nebraska-Lincoln, where he would meet his faculty adviser, Robert "Bud" Narveson, Ph.D., in the English Department. Although Dr. Watts took just one class from his adviser, Dr. Narveson left a lasting impression. "He was a wise, thoughtful man."

His interest in English literature, he said, had to do with the subject matter. "Literature deals with larger issues we all deal with: love, work, loss, the drive to make a difference."

Dr. Watts recalled a conversation with his adviser. "I told him I might be interested in writing at some point. He told me I needed something to write about."

Meaning life experiences. Dr. Watts said he now has something to write about – but the time isn't right yet. He will someday, he said.

During his undergraduate days, Dr. Watts remained firm in his intention to attend medical school – and did, at the University of Nebraska Medical Center. One of his mentors in medical school – Suzanne Braddock, M.D. – helped clarify his goals. "She's an evolved person with incredible enthusiasm. Her love for whatever she is doing, including dermatology, is just infectious."

Throughout his life, Dr. Watts said, his father, Jim, was an important example, especially in his love for animals and working outdoors. Aside from his kind heart, Dr. Watts said, his father gave him an appreciation for helping things grow.

continued on page 23 »



With proper nutrition, a healthy environment, and gentle guidance, a tree or a tomato plant, Dr. Watts learned from his father, can grow to its maximum potential. "It's a beautiful thing to see."

He also credits another mentor, David Brodland, M.D., during his dermatology residency at Mayo Clinic for his meticulous, evidence-based approach to skin cancer treatment and prevention, which led to Dr. Watts' decision to specialize in MOHS Surgery. Later, that focus turned to advocacy.

The most recent addition to his list of people who have influenced his life is Dale Mahlman, Executive Vice President of NMA. Mahlman has helped him understand the importance of physician advocacy, and building relationships with policy makers. Mahlman understands that lawmakers rely on advice from health-care professionals when informing themselves about medically-related legislation.

"It can be as simple as a phone call or email," Dr. Watts said. "They want and need to hear from us."

Talk about advocacy leads to talk about the need for health education, which is the focus of Dr. Watts' term as MOMS president. He said health education begins with communicating with patients – not just talking at them. Physicians in "doctor speak" mode may find their patients nodding their heads cooperatively, while barely understanding the conversation.

"Health literacy can help level the playing field," he said. "It's about effective two-way communication."

Health education leads to prevention. Dr. Watts said he recently read a statistic that 25 percent of Americans still believe that smoking is not dangerous for their health. "We need to find ways to engage people that hit home and help them understand health issues at a gut level."

Health education begins with early childhood education. Evidence shows that the most critical time for learning is in a person's first five years, he said. "Just hearing more spoken words as a toddler can make an enormous difference over the life of an individual, and on that person's impact on our communities." 🕒



And the Things that Bring Him Joy

DAVID WATTS, M.D., MAY be the happiest when he's working in his yard.

This is no ordinary front yard or back. He lives on 6 acres that provides him with ample opportunities to pursue his passion: "I'm a yard guy. I appreciate healthy, well-cared-for trees, perennials and buffalo grass."

Dr. Watts said he views his delight with outdoor work as a gift from his father, who farmed before he became an electrician. "You can take the kid off the farm, they say, but you can't take the farm out of the kid."

Plus, Dr. Watts said, he "gets to play with lots of machines and tools."

And working in his yard isn't just a summertime endeavor. "There are things going on all year long. It's not just about the growing season."

Dr. Watts said he finds trees – there are over 100 on his acreage – fascinating. He has trees he's planted with family members, and one his late father gave him. His "dad tree" from the Black Hills is one of his favorites, along with the spruce tree co-workers gave him on his 60th birthday.

His favorite place to be when he's home and outside is in his grove of black walnut trees, which cover about 1 acre of his property. "It's like a park. It's one of the coolest spots in the summer. It's a great place to go and be quiet."

Dr. Watts said he also practices yoga. He's a certified instructor and has held classes for co-workers. He enjoys how yoga develops mindfulness, balance, core strength and flexibility. "There's a centering aspect to it."

His (nearly) daily exercise routine includes working with weights and putting in time on his elliptical machine.

Finally, Dr. Watts relishes a good book, which gives a nod to his undergraduate literature major. Harper Lee's "To Kill a Mockingbird" sits atop his list of favorites. "I admire the way Atticus Finch communicates his values and humanity to his children and neighbors through example – the way he treats others."

Dr. Watts' devotion to the book, however, has not compelled him to read Lee's "Go Set a Watchman." He's read the reviews and doesn't know if he wants to have his image of Finch altered just yet. 🕒



3

Steps

2

Minutes

1

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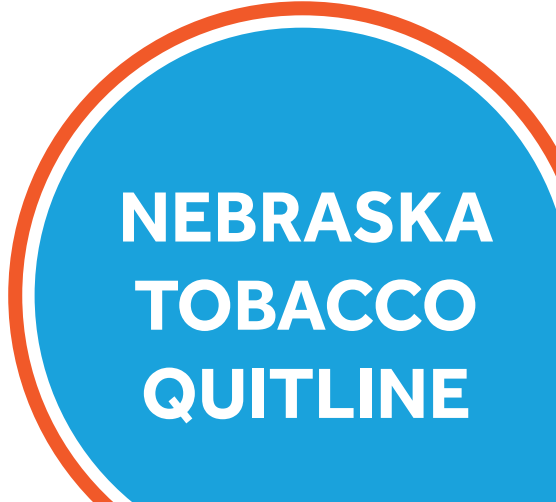
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Coping Well With Stress?

MOMS introduces innovative confidential online assessment

STEVEN WENDEL, M.D., HAS a quick response when asked who should take a new online assessment to gauge on-the-job burnout: "I think all health-care providers should take it," he said. "The pace of change in health care is accelerating and can contribute to burnout. We're all vulnerable."

Including himself.

As chair of UNMC's Dept. of Psychiatry, Dr. Wengel sees his share of physicians, including some in a patient role, who show all the signs of struggling to keep up with the demands on their time. It's why he believes the programs being offered by MOMS on this issue are so valuable and important, starting with the online assessment tool.

"This is a vitally important mission – to help physicians identify that they are getting burned out – and to address it," Wengel said.

Studies estimate 50 percent of physicians show symptoms of burnout. Finding ways to help them recognize it and giving them resources while allowing them to remain anonymous have been challenges that the online assessment, hopefully, solves, said Whitney Clausen, special projects coordinator for MOMS.

The assessment, developed by the American Foundation for Suicide Prevention, is a mixture of 37 yes-no and 4-point Likert-scale questions and one open-ended question. It's currently

being used at the University of California, Davis Health System and was the subject of a study published in the journal *Academic Psychiatry* in June 2015.

What makes the MOMS implementation of this program unique is that it won't be based in any employer setting, but is available community-wide for any physician to access.

"Our priority in this is to get this tool into the hands of anyone who needs it," MOMS Executive Director Carol Wang said. "We hope that by having it unaffiliated with any employers or colleagues, plus the added knowledge that the evaluators are in another state, gives people peace of mind and removes any barriers to participating."

Physicians can go to the MOMS website (www.omahamedical.com) to access it, as well as through the main portal: providerwellness.org. There, they can give

"It is a call to action for us."

their email, which will remain encrypted in the system, and establish a login. The questions take about 10 minutes to answer, Clausen said. Afterward, a licensed social worker from a telehealth firm in Pennsylvania will evaluate the provider's answers and send back a response through an encrypted email system or via the website. "Even if a person demonstrates that he or she is handling stress well, they will still get resources sent to them," Clausen said.

continued on page 27 »

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◀ continued from page 25

If someone is showing signs of distress, the social worker can refer that person to both tele-psychologists and tele-psychiatrists so care can be sought. There will also be local professionals who are experienced in working with physicians available if that is preferred.

Follow-up evaluations will be automatically sent at four- and eight-month markers. MOMS hopes to publish the results to give other communities an idea of what they can implement.

The Behavioral Health Support Foundation (BHSF) considered the approach so innovative, it is funding the cost of the social workers who evaluate the results of each assessment as well as the cost of telehealth sessions for medical students, residents and fellows who need them during the 2017 pilot project.

"We're so grateful for their support and their investment in physicians," Wang said. "As we were moving forward with this model, it became clear that our medical students and residents are showing signs of stress, yet can't afford this type of care. BHSF considers this a workforce retention, as well as access-to-care issue, and wanted to make sure our physicians are being cared for."


The hope is that health systems will invest in this program to keep it sustainable. There are individual links for each hospital to make it easier to track how many doctors from each facility are accessing the system. Clausen has also worked with public health experts, quality assurance managers and academic accreditation officers to make sure the follow-up evaluations can be valuable for some of their required reporting measures.

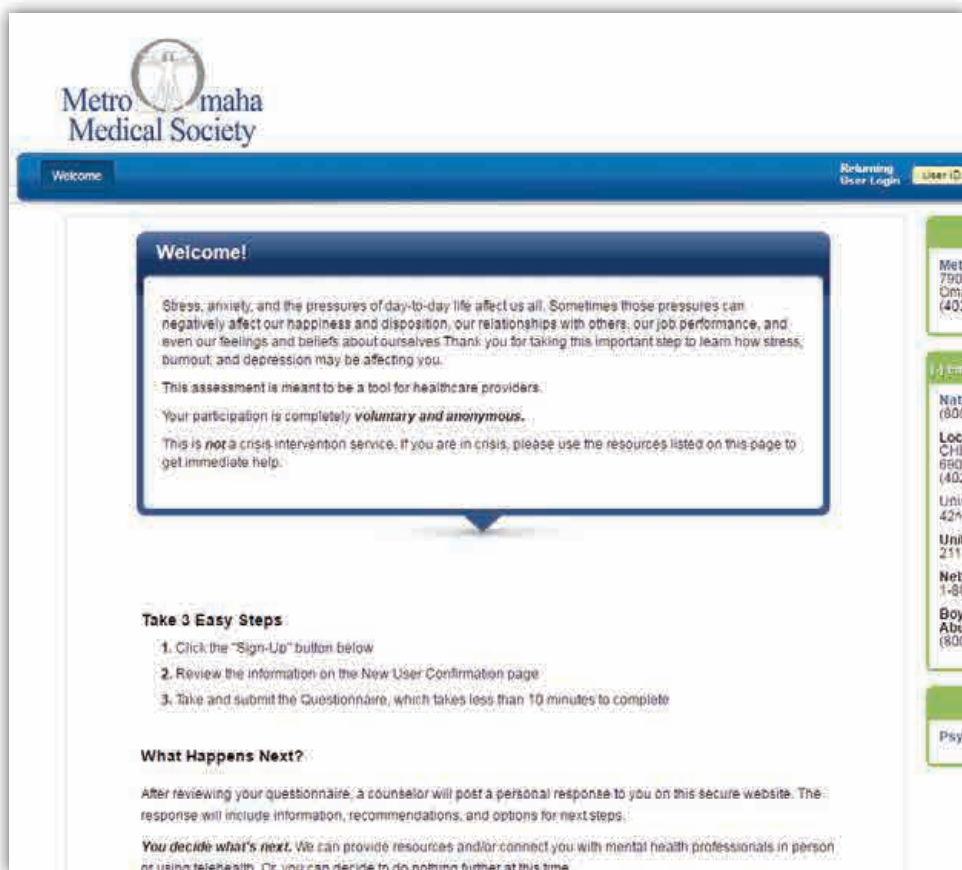
Wang said she believes burnout is something that every organization in health care needs to be concerned about because of the ramifications of burned-out physicians on patient care. She noted that this initiative has been driven by physicians concerned about their colleagues and wanting to help one another.

"It is a call to action for us. We need to address this."

Dr. Wengel tries to meditate every day as a stress-reliever. Even so, he plans on taking advantage of the assessment, using it as a barometer to gauge how his efforts are working – and because he knows he's not immune to feeling emotionally exhausted or overwhelmed by his workload.

"I will take it. I need to walk the talk."

He hopes others will follow. 



Welcome!

Stress, anxiety, and the pressures of day-to-day life affect us all. Sometimes those pressures can negatively affect our happiness and disposition, our relationships with others, our job performance, and even our feelings and beliefs about ourselves. Thank you for taking this important step to learn how stress, burnout, and depression may be affecting you.

This assessment is meant to be a tool for healthcare providers.

Your participation is completely **voluntary and anonymous**.

This is **not** a crisis intervention service. If you are in crisis, please use the resources listed on this page to get immediate help.

Take 3 Easy Steps:

1. Click the "Sign-Up" button below
2. Review the information on the New User Confirmation page
3. Take and submit the Questionnaire, which takes less than 10 minutes to complete

What Happens Next?

After reviewing your questionnaire, a counselor will post a personal response to you on this secure website. The response will include information, recommendations, and options for next steps.

You decide what's next. We can provide resources and/or connect you with mental health professionals in person or using telehealth. Or you can decide to do nothing further at this time.



Self-Check Questionnaire

Page: 1 2 3 4 5 6 7 8 9 10

During the last 4 weeks, how often have you been bothered by any of the following?	Not at all	Some of the time	A lot of the time	Most or all of the time
Feeling nervous or worrying a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your life is too stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling so frustrated by your situation that you don't know what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing increased conflicts with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling anxious, restless or overwhelmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling completely alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong feelings of anger or agitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having fear of losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next >>

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Omaha Healthy Kids Alliance staff doing environmental sampling at an AIR home.

A Great Match:

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Alliance

PROJECT AIR

ASTHMA IN-HOME RESPONSE

THREE VISITS TO THE emergency room in nine months and five missed days at school.

David's chronic and persistent asthma attacks were affecting not only his life, but also his mother's, who missed three days of work to be with her son.

An initial Healthy Home Assessment, conducted by Omaha Healthy Kids Alliance (OHKA), revealed some common maintenance issues that were causing David's asthma attacks: water entering through cracks in the foundation and exposed window wells were causing mold to form. The basement air ducts were not sealed, which led to poor air quality throughout the home. The supply vent next to David's bed was coated in dust. Finally, family members used candles, incense and harsh chemicals, including bleach, to clean the home.

No wonder David faced constant challenges with his asthma, said Shannon Melton, director of health programs at OHKA.

During the initial assessment, David's family learned about asthma triggers that existed in the home and low-cost ways to combat them. OHKA staffers later provided hypoallergenic mattress and pillow covers, furnace filters and pest management supplies. In the meantime, David's mother had purchased several items on her own to make their home less conducive for David's asthma attacks.

"This was a signal that OHKA's educational efforts were working," Melton said. "It was clear that the family's motivations and behaviors surrounding asthma were changing based on the information they received."

OHKA's Project AIR (Asthma In-Home Response), which aims to reduce asthma triggers in the home, has conducted 22 home visits since January 2015. The alliance receives referrals from medical and local housing service providers, said Nicole Caputo-Rennels, director of housing services for OHKA.



Omaha Healthy Kids Alliance staff delivering asthma trigger reeducation supplies to an AIR family.

Donations from MOMS members presented at the MOMS Annual Meeting on January 26 through the MOMS Foundation Match Program will be used to purchase four radon monitor machines and two laser particle counters. This will allow OHKA to increase their current inspection capacity and conduct as many as 300 home inspections each year. The MOMS Foundation selected Project Air as the recipient of its Annual Match Program and matched the first \$5,000 received in donations.


Debra Esser, M.D., foundation president, said the project is a worthy one: Home evaluations with parent and child education about the triggers of asthma and following your physician's recommendations, as well as basic fixes in the home environment such as pillow covers, avoiding pets and stuffed animals on the bed, can help reduce emergency room visits, admissions to the hospital, missed school days and missed work for parents. "We can help Omaha become a healthier community".

The support is appreciated, Melton said. "We at OHKA are grateful for the support from the MOMS Foundation. By supporting Project AIR, we are able to help children with asthma by assessing homes, providing education and supporting families to ensure that every child lives a healthy, breathable home."

At the end of the home assessment, during which the family received its customized "AIR kit," David's mother asked, "Why are you all doing this for me?" An OHKA staffer responded, "Because we believe that every child deserves to live in a healthy and safe home."

"She was so overjoyed because of the supplies she received and the investment the staff took in her home and the well-being of her child," Melton said.

During a follow-up visit, David's parents reported that their son had not returned to the emergency department, had experienced no symptomatic days in the previous two weeks, and had not missed school due to his asthma.

"This is exactly the results that we are hoping for with all of our families," Melton said. "Not only did David's health improve based on our intervention, but we created behavioral change and shifted this family's mindset from intervention to prevention, from short-term concern to long-term care." 

To learn more about OKHA's Project AIR, visit <http://omahahealthykids.org/resources/project-air>.

TOP 10 REASONS TO JOIN

Membership Benefits of the Metro Omaha Medical Society & Nebraska Medical Association

COPIC INSURANCE PREMIUM REDUCTION (SAVE UP TO 10%)

MOMS members receive an automatic 5% premium reduction and qualify for an additional 5% premium reduction for participating in the COPIC Risk Management Program. These savings are in addition to any savings you may already be receiving.

LEADERSHIP DEVELOPMENT & OPPORTUNITIES

Develop leadership experience and skills through committee and board involvement and MOMS annual Leadership Institute for Health Care Professionals.

NETWORKING & COLLABORATION

Today's health care community is increasingly segregated and physicians don't have as many opportunities to network and collaborate. Through member events, networking events, committees and boards, members interact with physicians of all practice sizes, specialties and every health system.

STAY INFORMED

MOMS and NMA electronic and print publications keep physicians informed and knowledgeable about current trends affecting the practice of medicine.

Physicians Bulletin
Nebraska Medicine
MOMS eBulletin
NMA STAT

OPPORTUNITIES FOR INVOLVEMENT PURSUE YOUR PASSION!

What's your passion? Access to care? Reducing childhood obesity? Ensuring quality care? Prevention? Community outreach?

MOMS & NMA offer ways to get involved, have a voice and make a difference. Through MOMS public health and legislative committees or events such as MOMS DocBuild (Habitat for Humanity build event) - we will help you pursue your passion.

ACCESS TO INDUSTRY LEADING EXPERTS

MOMS Strategic Partners are industry experts carefully vetted and chosen for their emphasis and expertise in serving the health care community. Have questions and need to speak with someone with the answers - turn to one of our Strategic Partners.

SAVINGS ON AAA MEMBERSHIP & ROADSIDE ASSISTANCE

(Member physicians, clinic staff and family members)
Save 15% on annual AAA membership renewal for existing AAA members. New AAA members also receive 15% savings as well as initiation fees are waived.

ADVOCACY

MOMS and the NMA advocate for physicians and the health of all Nebraskans through interacting with lawmakers, monitoring proposed legislation and policy making.

ACCESS TO NMA HEALTH & DENTAL PLANS

Member physicians, their clinic staff and immediate family members have access to health and dental plans that were designed with the needs of physicians in mind.

PEER GROUPS

MOMS has events designed for early career physicians, women in medicine and retired physicians.

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Dr. Armitage

Has Research Center
Named in His Honor


THE CENTER FOR LEUKEMIA and Lymphoma Research, established in 2003, was renamed by the board to the Dr. James O. Armitage Center for Leukemia and Lymphoma Research in honor of his internationally recognized expertise in the treatment of lymphoma. The University of Nebraska Board of Regents voted to rename the center late last year.

In 1982, Kearney, Neb. native, James Armitage, M.D., launched one of the most successful bone marrow transplant programs in the world for the treatment of blood cancers at UNMC. The medical center's first bone marrow transplant was performed on April 1, 1983.

Since that time, Dr. Armitage, the Joe Shapiro Professor of Medicine, has seen it grow into a world-renowned program that has performed 5,000 transplants in patients from all 50 states and

more than a dozen countries - 4,530 transplants in adults and 470 in children. Most adults have sought the treatment for cancers of the blood; in particular, lymphoma, leukemia and multiple myeloma. Pediatric transplants are normally performed for patients with more aggressive diseases such as acute leukemias and neuroblastoma as well as non-malignant diseases such as aplastic anemia and severe combined immunodeficiency.

Dr. Armitage, a 1973 UNMC graduate, has served UNMC in various capacities including chairman of internal medicine and dean of the College of Medicine. In January, Dr. Armitage was named deputy editor of the Journal of Oncology Practice that is published by the American Society of Clinical Oncology.

The Board of Regents also approved the renaming of the eighth floor of UNMC's McGoogan Library of Medicine to the "Wigton History of Medicine Archives" in honor of longtime library supporter, Robert Wigton, M.D. 

NEW MEMBERS

Benjamin Hall, M.D.

Midwest Gastrointestinal Associates, PC Gastroenterology

Michael Romano, M.D.

Nebraska Health Network Family Medicine

Adam Vossen, M.D.

Immanuel Pathways Internal Medicine



Dr. Suh

Turns to 3D Printer to Develop Prototype Eye Surgery Tool

EYE SURGEON, DONNY SUH, M.D., has discovered how useful 3D printing is for improving medical instruments used in surgery to repair Strabismus, a condition in which the eyes cross from misaligned eye muscles.


He has been working with the University of Nebraska Medical Center's 3D printing club, UNMC Makers, with the support of the McGoogan Library of Medicine. "I'm very excited about this project and to be working with UNMC graduate students and staff. They are as enthusiastic and energetic as I am," said Dr. Suh, associate professor in the UNMC Department of Ophthalmology and Visual Sciences in the Truhlsen Eye Institute and chief of Pediatric Ophthalmology and Adult Strabismus at Children's Hospital & Medical Center.

Dr. Suh said one of the traditional tools he uses to repair eye muscles in hundreds of children each year, called a needle driver, cannot easily maneuver into tight spaces for the surgery.

"The new tool will allow surgeons to work in a very small space with a limited view around the eye without compromising the safety to perform eye muscle surgery with a great precision."

To see if such a tool would effectively function, he and his team used 3D technology to develop a prototype to be tried in a laboratory setting.

With the help of Tyler Scherr, Ph.D. and graduate student, Tim Bielecki, Dr. Suh printed a prototype. A manufacturer is in the process of making a titanium prototype of the tool.

When the prototype is completed, Dr. Suh will test the tool in the laboratory. Dr. Suh and his team plan to present his project at an international conference of the Association for Research in Vision and Ophthalmology in Hawaii. 



MEDICAL LEGAL DINNER

TUESDAY, MARCH 14

OMAHA MARRIOTT REGENCY

Enjoy dinner and an evening with both your fellow physicians and members of the Omaha Bar Association. Omaha World-Herald Columnist Mike Kelly will be the featured speaker.

2017 DOCBUILD:

HABITAT FOR HUMANITY
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FRIDAY & SATURDAY, APRIL 28 & 29

Physicians, residents, medical students, clinic staff and administration – everyone is welcome to join as in an effort to build healthy homes in the Omaha area. No experience needed. All equipment provided. Volunteer for a single half-day shift or multiple shifts.

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

IN Memoriam

William P. Egan, M.D.
Sept. 4, 1934 – Nov. 13, 2016

MOMS event recap

Women in Medicine

Members of the MOMS Women in Medicine were joined by members of the ACP Nebraska Women in Medicine for the "Yoga & UnWined" event in mid-November. Evolve to Harmony Yoga Studio provided the perfect location for an evening of networking and stress reduction.

- 1&2 Attendees were instructed on a variety of yoga poses by instructor Carole Westerman.
- 3 Attendees enjoyed wine and sampled healthy meal solutions from Eat Fit Go.



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Conference to Focus on Outcomes Research

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

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

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

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

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

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



Children's Sports Medicine Clinic Aids in Concussion Recovery

CONCUSSION MANAGEMENT FOR ADOLESCENTS is a key focus of the Sports Medicine Program at Children's Hospital & Medical Center, and one of its leading diagnoses to date. This past fall, the program expanded its services to Children's new Spring Ridge facility, located at 17819 Pierce Plaza in Omaha. Here, Children's new Concussion Management Clinic (CMC) staff manage concussions more efficiently and provide the care needed to treat patients with lingering symptoms that plague their return to school and sport. The CMC consists of physical therapy, speech therapy and athletic training services working together to develop an individualized program to guide the patient through the healing process and back to full function.

Concussions are classified as mild traumatic brain injuries that affect how the brain functions. Imaging studies can detect structural injuries to the brain, but concussions are functional injuries, which usually show as normal in imaging. It takes a team of specialists to accurately diagnose and treat this injury.

Approximately 90 percent of concussions will resolve within three weeks, as long as there is not a subsequent blow to the head during the healing process. Patients often experience headaches, confusion, changes in personality, light and noise sensitivity, balance problems, sleep difficulties and/or a range of other issues that cause difficulty in school and during physical activity. The CMC at Children's is designed for those patients who are on the path to recovery, yet still have some physical deficits and classroom struggles. With these patients, the multidisciplinary team performs a thorough evaluation to determine which physical, emotional, cognitive and sleep deficits are still present. Once these deficits are recognized, a detailed treatment plan is designed to help these young students return to the classroom, and on to their recreation or competitive activity of choice.



Goeser Receives ACHE Regent's Award

JOHN FRASER HAS ANNOUNCED he will retire from his role as president and CEO of Methodist Health System at the end of the year.

Fraser joined Methodist Health System as executive vice president and chief operating officer of Methodist Hospital in 1991. He was named president and CEO of the hospital in 1997, a position he held until 2007, when he was appointed president and CEO of Methodist Health System.

During his tenure at Methodist Hospital, Fraser led the planning and construction of Methodist Estabrook Cancer Center, as well as Methodist HealthWest. He was also instrumental in updating and maintaining the facility's clinical technology, including a \$20-million renovation of the entire hospital.

In Fraser's time as the chief administrator, Methodist Hospital also earned numerous awards and certifications—most notably, being awarded Magnet(r) status by the American Nurses Association Nurses Credentialing Center—the first hospital so designated in Nebraska.

Methodist Hospital President and CEO Steve Goeser's role expanded at the beginning of the year as the new Methodist Health System executive vice president and chief operating officer in preparation for the transition. He was named to an additional role as Methodist Health System vice president of clinical services earlier this year. In his new capacity, Goeser will retain all of his current responsibilities and add the supervision of Methodist Health System corporate office departments.

Goeser was named president and chief executive officer of Methodist Hospital in 2007, overseeing Methodist Hospital and its divisions, including the Methodist Women's Hospital. He joined Methodist Hospital in June 2004 as vice president.



Nebraska Medicine to Expand Emergency Department

NEBRASKA MEDICINE IS EXPANDING its emergency department, with construction set to begin in January with a completion date of late May or early June.


"The timing is right," said Michael Wadman, M.D., emergency medicine physician at Nebraska Medicine and chairman of the University of Nebraska Medical Center's Department of Emergency Medicine. "The ED (emergency department) expansion will allow us to accommodate an anticipated increase in patient volume over the next several years. Our mission is to provide timely, high quality emergency care for all of our patients and this project will provide the space we need."

When the current emergency department opened in November 2005, it was built to accommodate 60,000 patients annually. By the end of 2016, the department was expected to surpass that number. Analysis indicates the emergency department can expect another 4,000 to 10,000 patient visits annually. Expanding the space will allow staff to accommodate another 10,000 patients each year.

To accommodate the increased ED volume, the med center will add:

- Seven private exam rooms.
- Extra workstations for physicians and nurses.
- Minor upgrades to eight current critical care ED rooms.

Existing office areas, the staff lounge and conference room will all be removed to make space for the new improvements. Patient care areas will not be affected during construction.

"The ED is truly the front door of the hospital for many of our patients," said Nebraska Medicine CEO Dan DeBehnke, M.D. "Whether it's a broken bone, severe burn or allergic reaction, our team is focused on caring for each individual patient. We want the community to know that we're still here to meet their needs 24/7 – even during renovations." 



University of Nebraska Medical Center


Set to Develop an Infectious Disease Training Center

THE UNIVERSITY OF NEBRASKA Medical Center and its primary clinical partner, Nebraska Medicine, have been awarded \$19.8 million by the U.S. Department of Health and Human Services to develop a Training, Simulation and Quarantine Center to teach federal health-care personnel procedures in treating highly infectious diseases and to create a place to monitor people who have received a high-risk exposure to a highly infectious disease, such as Ebola.

"This is both a tremendous opportunity and responsibility, and I know our medical center will rise to the challenge," said UNMC Chancellor Jeffrey P. Gold, M.D. "Given UNMC and Nebraska Medicine's successful experience during the Ebola crisis, our state-of-the-art biocontainment unit, and the planned Interdisciplinary Experiential Center for Enduring Learning (iEXCEL), we are perfectly positioned to deliver on this project."

UNMC applied for the competitive funding, and in its proposal, UNMC expressed its intention to leverage its expertise, experience and institutional commitment - in partnership with the Office of the Assistant Secretary for Preparedness and Response (ASPR) – to establish the center at UNMC/Nebraska Medicine. The UNMC Training, Simulation and Quarantine Center (TSQC) will be a state-of-the-art training and simulation center and will include a dedicated quarantine center, co-located on campus with the Nebraska Biocontainment Unit.

The national center at UNMC/Nebraska Medicine will fulfill a critical training need for U.S. government health-care workers, as well as create a unique purpose-built U.S. quarantine facility to serve the nation's needs.

Principal investigators on the project are Chris Kratochvil, M.D., associate vice chancellor for clinical research, John Lowe, Ph.D., director of research for the Nebraska Biocontainment Unit, and Shelly Schwedhelm, executive director of emergency preparedness for Nebraska Medicine. 

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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:
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