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Audrey Paulman, M.D.
Editor
Physicians Bulletin

What is in Our Pipeline?

THE ASSOCIATION OF AMERICAN Medical Colleges (AAMC) predicts that by 2025, there will be a shortage of between 46,000 to 90,000 physicians in the United States. Many variables are considered in this calculation, including retirement of physicians, a predicted decrease in work hours as work-life balance becomes a goal, and the demand for care by the population. This information is all available online as outlined in its publication, “The Complexities of Physician Supply and Demand: 2013 to 2015.”

Planning for the future, be aware those people who will be providing care in 2025 and beyond are now just finishing high school. What is in our pipeline for physicians in the Metropolitan Omaha area? With physician work hours and burn out frequently in the news, why would a high school senior choose healthcare or medicine as a career?

For over 25 years, there has been a pipeline program in Nebraska to recruit, educate and retain students from rural Nebraska who will return to practice in rural areas of the state. This pipeline program is known as Rural Health Opportunities Program (RHOP). This program has shown success as RHOP partners with small state colleges to recruit college freshmen into committing to health careers. A similar program, UHOP, for urban students, has been started in Omaha. Creighton University has a Post-Baccalaureate Pre-Medical Program. UNO’s program starts at the freshman year in undergraduate college, and Creighton’s program is structured for university upperclassmen or graduates.

Is that too late in the educational process? Is the time of matriculation to college too late to start the pathway? If the entrance exam to medical school includes advanced biochemistry, biology and mathematics, then can those topics all be addressed in college – or do students choose to take advanced science courses in high school? And isn’t the groundwork for taking calculus in high school qualifying for algebra in eighth grade? What lifetime educational background is necessary to be a successful medical student?

Perhaps the educational process to be a physician does not start at high school. It probably starts earlier, perhaps in elementary school.

It could be even younger, with the educational process beginning in the pre-kindergarten programs, where children are prepared to be ready for school. These programs are robust in Omaha, along with in-school and after school programs that support STEM education.

One program working to bridge all academic institutions and the students interested in health-care careers is the Nebraska Health Education Center (AHEC). AHEC, funded by a federal grant, works to help pre-health students get the programs and support they need. In addition, AHEC actively tracks those students expressing an interest in health-care careers.

I don’t know what needs to be in place to prepare a person to go to medical school. But locally, we have great support for the physicians of tomorrow.

In this edition, we are highlighting some of these pipeline programs. In Omaha, we are very fortunate. With two medical schools, more than 10 local universities, high school enrichment programs, active after school programs, and a local focus on early childhood development, we, as a community, are poised to address the physician shortage of the future with local resilient, well-prepared, compassionate, and diverse physicians of the future.

If you want more information about these programs, email MOMS and we can get you information.

If you are a physician with a passion to help, please let us know. We can help you find opportunities to participate in this process. You are welcome if you are a retiring physician, a part-time physician with a few extra hours, a student, or a life-long learner. You have a perspective that only you can share with the graduating physicians of the future. Email us at laura@omahamedical.com or call (402) 393-1415.

The AAMC report can be found at: <https://www.aamc.org/download/426242/data/ihsreportdownload.pdf><https://www.aamc.org/download/426242/data/ihsreportdownload.pdf>



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In Action

WHERE DOES THE TIME go? Here we are looking at the beginning of a new grant reward year. Last year was my first year on the Foundation Committee and I am pumped to begin again. Last year there were so many great opportunities from non-profit organizations for us to review. This year, the committee will be looking to fund community organizations that have ties to medicine, address social determinants of health or increase community well-being.

Those are lofty ambitions, but sometimes positive change and impact come with small actions: like live music in hospice centers to let patients and their families enjoy music in unexpected settings. Or automatic defibrillators for camps, or equipment at summer camps for children with chronic disease.


And then there are the results that stun us on the foundation board and shine a spotlight on a terrible need. This last year, we funded a Project Harmony program for drug testing children who were being removed from their homes for potentially dangerous situations. Nearly 70 percent of those children tested positive for methamphetamines, marijuana, THC, Cocaine and PCP. The average age of those children was 4 years old. The youngest was a 1-week-old baby.

Not only does funding these important initiatives improve the health of children but hopefully will strengthen the family core as they work to reunite and address social determinants of health that we know shape an individual's ability to maintain health as well as achieve purposeful goals in life.

In sending us the evaluation report, Gene Klein, the executive director of Project Harmony, wrote, "Please pass on to your Foundation Board our deep appreciation of your support. You made a difference."

Those are the stories that really remind us of how important our dollars can be and what an essential partner we can be in our community. We want to do more good and that is where we need your help.

This year, I am asking you to recommend sending an application to your favorite nonprofit organizations. It's available online at www.omahamedical.com on the Foundation page. We are always looking to fund a number of projects that have a health or social project goal. Or offer to be a physician sponsor for a program that doesn't have physician endorsement for this application cycle. Just let us know what kind of nonprofits touch your heart, and we'll connect you to an organization who needs a member physician's support.

As one of our foundation board members said in a recent meeting, "We, as physicians, often don't have time to look into organizations and find those that are good investments of our charitable dollars. So let the MOMS Foundation do the work for you." I ask that you keep the MOMS Foundation in mind for charitable giving. Increasing our foundation endowment would allow MOMS to increase our donation dollars to our community and make a greater impact in the lives of our community partners and patients. 



Debra Esser, M.D.

President

MOMS Foundation



Dale Mahlman
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Nebraska Medical Association

The 'Madness' of March Leads to the Greatness of April


AS I REVIEW THE recently concluded March Madness, I think of several things and smile. The usual definition of March Madness includes the NCAA Men's basketball championship that concludes in April. A new addition to the usual definition now includes the March 24 decision to not hold a vote on the AHCA, the discussion over tax reform and, most importantly, the Match Day events of March 17 at both UNMC and Creighton.

As a lay person with no idea about the anxiety associated with Match Day, scheduling the event on St. Patrick's Day would lead me to believe there is a relationship between the anxiety and potential good cheer many of the Irish engage in. To have a class of the gathering together on campus to determine their new locations of continued education appears from a distance to provide a significant amount of apprehension even for those who will be the future leaders of the Nebraska Medical Association.

While this edition of the MOMS Bulletin focuses on the physician pipeline, the NMA has been interested for many years in reaching youth, high school students and younger, interested in medicine and beginning to think about a role in the field of medicine. Several years ago, we produced a DVD that was provided to all high schools across the state highlighting 16 different professions from physician to nurse to radiology tech, etc. We produced this tool with the assistance of a generous grant from the Nebraska Medical Foundation with the intent of making high school students aware of the many, many professions within medicine. We'd love to have more Nebraska physicians originate here to help us fill physician positions across the state.

Over the years, I have been amazed at medical students' stories about their interest in medicine and when that interest began. What I am amazed at is how fast that process seems to progress; the first-year students I seemingly just met are now established physicians and testifying for the NMA on bills at the Legislature, confirming their personal interest in advocating for the profession and their patients.

The NMA has been fortunate over the years that our student chapters have provided excellent leaders at both the state and AMA level. Personally, I have been fortunate to spend time with many of these young people and continue to be thankful for their commitment as I continue along the aging process. Knowing the backgrounds of these young professionals makes me comfortable the profession is not only in good hands at the present time, but for many, many years to come.

"March Madness" is growing into "Amazing April" and beyond, and we continue to look to the future, advocating for physicians and the health of all Nebraskans. To those M1, M2 and M3 students who are inching closer to their day of discovery, please know I personally and the staff of the NMA are thankful for your career choice and look forward to working closely with you in the future. 



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As you Retire or Reduce Your Practice

AS PHYSICIANS ENTER THE later stages of their careers, they are forced to confront questions about reducing practice activities or hanging up the stethoscope altogether. This transition requires thoughtful planning to address the administrative details and other changes that will take place. Perhaps the best starting point is to ask the following question: “Do I plan on fully retiring from practicing medicine or would I like to continue my medical practice on a limited basis?”

Regardless of what direction is chosen, there are a couple things to remember:

- **Notify your patients:** When physicians change their scope of practice or retire, this can have a significant impact on the patients they care for, especially ones who they have been seeing for many years. Patients should receive adequate notification about how their care will be transitioned (if necessary) and how they can access their medical records (medical practices are required to have a records retention policy and plan in place).

- **Make a checklist of other parties you need to inform:** These may include the Nebraska Department of Health and Human Services, the Drug Enforcement Agency, privileging facilities, certifying boards, colleagues, referral networks, contracted payers, membership associations, vendors and service providers. At least 60 to 90 days prior notification is recommended for each of these in order to handle any details before your change or departure from practice. Consultation with personal legal counsel may also be needed to ensure all compliance issues are assessed and addressed properly.

You should contact your medical professional liability (MPL) insurance carrier at least 90 days prior to any changes to discuss adjustments to your coverage. A good carrier has years of experience in dealing with these types of situations and can help you explore options that are appropriate for your needs.

Coverage for retirement: When deciding to retire from the practice of medicine, physicians should be familiar with the tail provision of their policy (also known as extended reporting period


coverage). Tail coverage provides protection for any previously unreported incidents, claims, or lawsuits that may be reported after the termination/cancellation of the policy.

Be sure to ask about the qualifications and options related to death, disability, or retirement. Some carriers will waive the premium for tail coverage if certain conditions are met, including years of coverage, however, in some cases they may include a minimum age requirement. Carriers may also waive tail coverage for a bona fide retirement. However, physicians who re-enter the practice of medicine at a later date could be subject to cancellation of their tail policy, or be required to repay the waived tail coverage amount.

Coverage for changes to scope of practice: When a physician is reducing his or her scope of practice (i.e., no longer providing obstetrical care), moving to a part-time schedule, transitioning into a medical/administrative role, or volunteering, there are opportunities to modify the MPL policy and adjust the premium charged.

Be upfront with your carrier about your transition plans. If you are unsure what your future holds, discuss options that will allow you to make changes as you explore different opportunities. During these discussions, identify any locums or consulting work planned, administrative medicine work, or plans for medical volunteer work that might require continuation of coverage. Volunteering is a great option to consider and a way for physicians to continue to contribute to health care. Several MPL carriers offer coverage at a reduced premium to eligible physicians who provide uncompensated medical care.

If a physician is covered by a hospital or medical group in which the coverage is provided, he or she should understand what will happen to this coverage when no longer employed or contracted. In most cases, coverage can be easily written to an individual policy if desired.

This can be an exciting and challenging time as physicians change or transition out of their medical careers, but it should not be negatively impacted by complications of your MPL policy – let your carrier help you through this. 

Physician Mentorship Program Can Lead to a More Engaged and Satisfied Staff



Debra Romberger, M.D.

*Pulmonary Medicine and Critical Care Specialist
Chair of the Department of Internal Medicine
University of Nebraska Medical Center*

I'VE ALWAYS BELIEVED in the power of mentorship. Throughout my own career, various mentors have played a critical role in helping me choose appropriate paths and advance my career in ways I probably otherwise may not have, had it not been for their encouragement, support and wisdom.

We currently have a mentor program in place for new resident physicians in the Department of Internal Medicine that continually receives positive feedback. New residents are paired with General Internal Medicine faculty physicians. The mentor acts as a sounding board, offers advice and can serve as a sympathetic ear when there is a problem. As first-year residents move through that initial year and decide whether they may want to pursue a specific specialty of internal medicine, their mentors can help guide them in connecting with additional faculty who provide more specific career guidance in terms of fellowship training in a given specialty. Jill Zabih, M.D., assistant professor of the Department of Internal Medicine, is centrally involved in making this program work.

As chair of the Department of Internal Medicine, I believe that one of my most important jobs is to also make sure that our faculty have ample opportunities to grow, develop and to achieve their goals. Last year, I initiated a mentoring program within our department to help facilitate this growth and development. We created a new position within the department, director of faculty development, and appointed Shannon Boerner, M.D., assistant professor of the Department of Internal Medicine, to that role.


Our mentoring program helps newly hired faculty identify a more experienced faculty colleague to assist with integration into the UNMC-Nebraska Medicine system. During this first year, the mentor helps facilitate goal-setting and the identification of resources and pathways to achieve these goals, as well as guidance about the future. The mentor provides ongoing support to the mentee through orientation and transition into their new work environment.

There are many benefits to a mentoring program, some of which include:

- **Setting goals:** The mentor can help the mentee establish goals, determine the steps needed to achieve these goals and help the mentee stay focused.
- **Growth and development:** A mentor program augments the sharing of knowledge and can help guide a new physician toward additional growth opportunities.
- **Increased job satisfaction:** The medical field can take a toll on individuals in terms of stress and burnout. The mentor program can increase job satisfaction because physicians feel good about achieving their personal goals.
- **Quality patient care:** Higher job satisfaction of physicians translates into an improved patient experience because physicians are able to better focus when they are providing patient care.
- **Reduced turnover:** Mentors can make the transition to a new position easier. Anything we can do to help faculty feel more comfortable as they transition into their new job is likely to help them stay in their job.

• **Better work/life balance:** If physicians feel like they are achieving personal goals at work, they feel better about making time for family, hobbies and/or community endeavors.

For faculty who have been here for a few years or more, Dr. Boerner recently created a small group mentoring program. This is for faculty who want additional support and guidance in advancing their career paths. The mentee meets with this small group of more experienced faculty to assess their progress towards goals such as promotion and gets input and direction to ensure they are on a pathway that will help them be successful in achieving goals. Getting input from a variety of colleagues provides different perspectives and ideas.

Hospitals can benefit in many ways from the establishment of mentoring programs. They contribute to the development of a more focused and engaged physician staff. Mentors help mentees learn the culture of a medical system, develop relationships across the system, and identify skills that can be developed or improved upon. In turn, mentors may also benefit from, and are often inspired by, the enthusiasm of their mentees and enjoy sharing lessons they have learned. Ultimately, a good mentoring program can lead to a more productive and loyal staff. 

Reducing Disparities

Diversifying the Profession



THEIR PROGRAMS – ALTHOUGH different in scope and approach – have a similar goal: helping those from disadvantaged populations reach their goal of becoming a physician.

“We want to bridge the gap and provide opportunities for those from underrepresented minorities to reduce the disparities in health care,” said Mervin Vasser, MPA, assistant director of Creighton University’s Post-Baccalaureate Pre-Medical program. “This program has been instrumental in developing culturally competent physicians and health-care providers.”

Creighton’s program helps students who previously were denied entry into health professions schools to earn their way in by helping them prepare for their entrance exam and remove any coursework deficiencies. Participants in the intense 13-month program also are exposed to curriculum they will experience in medical, dental and pharmacy and health professions school, Vasser said.

The UNO/UNMC Urban Health Opportunities Program’s approach is different: Students apply as high school seniors and those admitted, provided they meet UHOP requirements, are guaranteed admission into UNMC’s College of Medicine following completion of their bachelor’s degree at UNO.

“With guaranteed admission, students can focus on things with a longer goal in mind,” said Paul Davis, Ph.D., program director. “From the beginning, we focus on the end result, which is becoming a great physician.”

Creighton’s program started in the 1970s and was one of the first of its kind in the nation. Vasser said the program recently experienced a first: A medical student recently matched in vascular surgery at the University of Arizona – a first for the Creighton’s School of Medicine. “And it was one of ours,” Vasser said.

The UHOP program, which was created two years ago, now has graduates in medical school, Dr. Davis said. Those students are mentoring undergraduate UHOP participants. “It’s wonderful to watch their interaction,” he said.

Vasser and Dr. Davis provided details about their respective programs:

Creighton’s Post-Baccalaureate Pre-Medical Program:

Creighton’s program is about offering students from underrepresented populations with a second chance, Vasser said. The second part to the equation is helping them make the most of that opportunity, he added.

“This program is putting diversity at the forefront for Creighton University,” Vasser said. The program is a collaborative effort with the schools of medicine, dentistry and pharmacy and health professions. The Deans of each school provide scholarships for those students that matriculate into their programs.

Program participants typically need academic enhancement or support in their test-taking preparation, he said. Some repeat courses to boost their GPA and enhance their chances among selection committees.

To be eligible for the program, one must be a U.S. citizen, permanent resident or a foreign national with a visa permitting permanent resident in the country. Participants must have earned a bachelor’s degree from an accredited U.S. institution that reflects a significant focus on the sciences. Applicants must have applied to, but have been denied admission to an accredited medical school and cannot have been previously accepted to or enrolled in an accredited medical school.

Participants begin the program with a summer session (June-July) that focuses on academic skills assessment and includes curricular review sessions in biology, physics, chemistry, mathematics, social sciences and English.

During the academic year, participants take intensive coursework in the same areas and also take a Kaplan MCAT preparation course.

During their second summer session, participants take part in medical school curricular review sessions in anatomy, and molecular and cell biology, host defense, microbiology, pharmacology, and the neurosciences. They also participate in a session that focuses on academic excellence.



Current UHOP participating students. Pictured with the students are (back row center – left to right) University of Nebraska Medical Center Chancellor Jeffrey Gold, M.D. (red tie), UHOP Coordinator Paul H. Davis, Ph.D., and University of Nebraska at Omaha Chancellor John Christensen, Ph.D.

Their next step is medical school. Graduates of the Post-Baccalaureate Pre-Medical Program have successfully attended such medical schools as Creighton University, UNMC, Duke University, Johns Hopkins University, Dartmouth-Hitchcock Medical Center and Ohio State University, amongst others

While the student who matched in vascular surgery at the University of Arizona was a first, Vasser said, “that’s just an example of one of the hundreds of students we have matriculated.”

The program accepts 10 pre-med participants each academic year (Creighton also has programs for dental, pharmacy, and occupational and physical therapy students). Vasser estimated that, historically, 90 percent of pre-med program participants have been accepted into medical school. “At this point, most, if not all, complete medical school,” he added.

For more information about the program, call (402) 280-2332.

UNO/UNMC Urban Health Opportunities Program:

The UHOP program started two years ago with a group of soon-to-be seniors at UNO. “You have to start somewhere,” Dr. Davis said. “We gave them an incredibly intense 12-month (three-semester) experience, with upper-level classes or graduate-level courses. We took them through the paces – then we sent them to medical school.”

And there they are – about to finish their first year. “They were well-prepared,” Dr. Davis said. “Four went forward and four are still in.”

Now, they’re coming back to mentor the current 24 program participants. “They provide shepherding and mentorship for students who will take their place someday. It’s wonderful to hear their sense of excitement.”

Participants receive tuition assistance while at UNO, mentoring by UNMC medical students, MCAT preparation assistance, automatic UNO Pre-medical Committee sponsorship, and guaranteed admission to UNMC’s medical degree program after successful completion of the undergraduate program.

To qualify, participants must apply as a high school senior, be a U.S. citizen or permanent resident, be a resident of the state of Nebraska, and have a high school grade-point-average of 3.0 or higher, and an ACT composite and mathematics score of 24 or higher, provide letters of recommendation, and possess a strong interest in medicine.


To successfully complete the program, participants must be enrolled full-time at UNO, volunteer in their community, participate in

summer enrichment programs at UNMC or UNO, attend quarterly meetings with their UHOP peer mentor, maintain a minimum 3.25 cumulative and BCPM (biology, chemistry, physics and mathematics) GPA, and maintain a Pre-medical Committee sponsorship. Participants also must achieve a minimum MCAT score.

UHOP’s benefits for Nebraska and the health-care community will be felt for generations. Not only will the program provide physicians for underserved areas in the state, participants will learn from their classmates and vice-versa, Dr. Davis said.

UNMC’s M-1 class is its most diverse ever. “A large part of that achievement is because of the UHOP program,” Dr. Davis said. “What a great opportunity to increase the diversity of our medical community here Omaha and beyond. Why is that important? Because a greater proportion of our local residents will likely access medical care if they feel their doctors understands them or speaks the same language.”

Moreover, the diversity of the medical school class benefits all students. Students become friends with those unique from themselves. They learn to trust one another. “They begin to understand the various backgrounds in our community. It gives more doctors an additional, often valuable perspective. What a great investment.”

For more information about the UHOP program, call (402) 554-5980. 



Creighton University 2016-2017 Pre-Medical Post-Baccalaureate class.

Opportunities Beyond the Norm



Students participating in the Ralston High School Medical Sciences Academy



WHEN A BENSON HIGH School student contracted tuberculosis, teachers involved with the school's Health Professions Academy named it the "disease of the week."

"It was a natural. Let's use this as a teaching moment," said Greg Schlegel, academy specialist.

So academy instructors shared a fact sheet about the disease and had students watch a video of a person who was battling TB. Then, they asked the question: Is this something that interests you?

Designating a disease of the week – others have included swine flu, bird flu and progeria – is one way Benson students are being introduced to the health-care professions. The health academy is one of three offered at the school to promote career opportunities for Benson students.

The Benson academy, its counterpart at Ralston High School, Girls Incorporated of Omaha and the NorthStar Foundation (a boys-only after-school program) are examples of organizations that are exposing youth to the health sciences with the hope they might pursue a career in health care.

First things first.

On a recent Wednesday, NorthStar staffers were taking a group of young teen-age boys to visit UNMC's simulation lab. While there, NorthStar students learned to navigate the digital, interactive wall that allows students to pull up any image of the human body. A few weeks later, students renewed their CPR certification.

It's all part of exposing NorthStar students to the practical and aspirational sides to health care, said Scott Hazelrigg, NorthStar president. "We expose them to the 10,000-foot level and bring them back to the two-foot level."

The goal is to provide program participants with experiences in health care when they are younger, Hazelrigg said, so as they go through high school pursuing a career in health care seems to be a realistic possibility. Helping them ready themselves for college by taking the appropriate courses in high school is all part of the progression, he said.

NorthStar takes a similar approach to exposing students to architects and engineers, and partnered with HDR. Recently, students helped redesign storage space at NorthStar and, with HDR's assistance, raised the money needed to fund the project. "This was a tangible project,"

Hazelrigg said. "You apply real work applications – and here's how it plays out."

Girls Incorporated of Omaha encourages its participants to focus on science, technology, engineering and mathematics (STEM) through a variety of programs. "We are very intentional to give them a chance to experience all the opportunities in the world," said Emily Mwaja, program director. Examples include:

An onsite offering that focuses on sex education programming introduces girls to careers in the health professions and medically accurate information "to learn more about themselves," Mwaja said. They interact with physicians and nurses and shadow them in clinical settings.

Members also spend time at OB/GYN clinics where they learn about the birthing process and anatomy. The experience introduces them to this medical specialty while also providing them with practical information, she said.

Girls Inc. members also participate in Eureka, a five-year program with partner UNO, where they spend part of their summers immersed in the sciences. As incoming eighth-graders, participants spend two consecutive Junes working with UNO professors in the sciences. Their third and fourth summers (July) are spent at community organizations (Charles Drew, the Humane Society are examples). Girls Inc. connects with participants their fifth summer to determine how their career plans have evolved.

Finally, Operation Smart, a 20-year-old program with partner College of Saint Mary, introduces girls, kindergarten through sixth-grade, to the sciences.

Mwaja has a brag to share: A Girls Inc. alumna recently was accepted into medical school. During her "white coat" ceremony, she shared that she fell in love with the sciences during her time in Operation Smart.

The Ralston High School Medical Sciences Academy is in its sixth year, although the school's health sciences programs is nearly four decades old.

The academy's initial focus was on providing students with Certified Nursing Assistant training, said Debbie Ziegler, a registered nurse, certified teacher and local adviser for the school's Health Occupations Students of America (HOSA) chapter.

continued on page 20 ►

► continued from page 19

“Our kids wanted more experiences.”

So the academy formed a relationship with a nursing administrator at CHI Health Bergan Mercy, who was open to providing students with opportunities to see health care firsthand. The two-year program has 18 first-year students and 16 second-year participants.

Second-year students participate in 16 weekly morning rotations at Bergan. They get to watch physicians, nurses and technicians in action. They observe and ask questions. “They do some wonderful things that most high school seniors don’t get the opportunity to do.”

Their reaction, Ziegler said, often results in comments such as “Oh, my goodness. I had no idea.”

And Ziegler knows the academy is making a difference and shared a brag: An academy graduate recently was accepted to several medical schools.

The approach at Benson is different – as all students are involved in one of three career academies at the school. Benson’s three-year program has 350 students.

**"Our kids
wanted more
experiences."**

Sophomores take a foundations of health care class in which they learn about the 125 professions related to medicine. They also earn their certification in CPR and first aid. Juniors take one semester of medical ethics and one semester of medical terminology. Seniors take anatomy and physiology – or the honors class versions of both.

The academy, which is based on the National Career Academy Coalition model, has its own advisory board, which includes members who represent Nebraska Medicine, Nebraska Methodist College, CHI Health Immanuel Medical Center, CHI Health Creighton University Medical Center and UNMC.

The academy coordinates job fairs, arranges for guest speakers, provides students with job shadow opportunities and arranges for students to hold internships. They recently toured the Biocontainment Unit at UNMC’s Fred & Pamela Buffett Cancer Center.

Instructors involved in the academy have done externships at CHI Health Immanuel Medical




During a NorthStar STEM learning event, a high-school freshman from Omaha Northwest High School explores the digital, interactive wall in the Simulation Lab at UNMC.

Center and make it a priority to find ways to incorporate health care into their everyday curriculum, Schlegel said.

Schlegel has a brag of his own: Academy students recently participated in the HOSA state competition in Kearney. Seven students qualified for the national HOSA competition and four

will participate. “They’re headed to Orlando this summer. This is a first for our students.”

HOSA is an international student organization recognized by the U.S. Department of Education and the Health Science Education (HSE) Division of ACT 

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Dr. William Schlichtemeier spends time volunteering.

Transitioning to Retirement

WILLIAM SCHLICHTEMEIER, M.D., HAD his transition into retirement planned out.

When Dr. Schlichtemeier, an ophthalmologist, brought a younger physician into his practice, he stopped seeing patients on Mondays. “I didn’t want to be always looking over his shoulder.” When he sold the practice, he stopped working on Tuesdays.

“And when Obama got re-elected, I stopped working on Wednesdays,” he said with a laugh.

“Instead of walking out the door, I gradually worked my way out.”

While Dr. Schlichtemeier planned his retirement, he never planned to stop treating patients. Now, he does so as a volunteer.

“I do the same thing I did before, I just don’t get paid,” said Dr. Schlichtemeier, who retired in 2014.

He volunteers at One-World in south Omaha and a Lion’s Club clinic in Council Bluffs and operates on blind people in Mexico with LIGA International. His combination of volunteering at local clinics, playing and performing on the piano, teaching marksmanship to novice and experts shooters, and, most important, spending time with his grandchildren is how Dr. Schlichtemeier chooses to spend his days in retirement. He and his wife sing in the Christ Community Church choir as well.

Dr. Schlichtemeier and three other physicians talked about their decisions about how and when to retire.

For David Filipi, M.D., retirement meant cutting back, but not entirely. As retirement approached, he spread word that he was looking for opportunities to stay connected with medicine. It worked. He holds one volunteer position with a medical nonprofit, and has four part-time positions in health care. “The nice thing is I schedule my own day. I take vacations whenever I want.”

Myrna Newland, M.D., stepped away from her administrative position at the University of Nebraska Medical Center, but didn’t step completely away from the institution where she spent all but one year of her professional career.

As a professor emerita, she kept her office, her email address, and the opportunity to spend as much time – or as little – on campus.

Then there’s Dorothy Zink, M.D., who retired in 2011. She put in a full day of seeing patients on her last day of work. That evening, she left her office at the family practice clinic where she saw patients for 25 years for the last time and headed to Alabama the next morning to see her grandchildren. She hasn’t looked back since.

The retired physicians talked about their journeys toward retirement and offered advice to their peers who are planning theirs.

Dr. Filipi: Busy to a Point

As he approached 65, Dr. Filipi figured his time had come to retire as medical director for Blue Cross Blue Shield of Nebraska. “I thought it would be a good time to make a change,” he said. “There were good people behind me to take my spot.”

That was two years ago, but Dr. Filipi knew he wouldn’t be able to stay away from medicine. So he spread the word that he was looking for opportunities to fill his time in retirement. Now, he’s as busy as he wants to be.

He serves as volunteer medical director for Hope Medical Outreach Coalition. He also works four part-time positions, which amount to about 20 hours per week, that includes medical director of the Midwest Independent Physicians Association and as medical director for the College of Saint Mary’s physician assistant program. The latter gig allows him to teach and support CSM faculty and students.

Most important, he said, is having time to watch his two grandchildren while their parents – his daughter and son-in-law – attend to their pizzeria in Omaha. He also finds time to garden and travel.

Walking away from Blue Cross, he recalled, wasn’t as difficult as he thought. He still sits on a company committee and attends monthly meetings. “I knew it wasn’t goodbye forever.”

"Instead of walking out the door, I gradually worked my way out."

-Dr. Schlichtemeier

"Identify your unique strengths you wish to continue to contribute. Decide where they fit in retirement."

-Dr. Filipi

Dr. Filipi offered this advice: "Identify your unique strengths you wish to continue to contribute. Decide where they fit in retirement. Recognize that stepping away from your colleagues and friendships will be difficult. That's why it's nice to have volunteer or part-time jobs with medical connections."

Dr. Newland: Grateful for Her Opportunity

Dr. Newland didn't know it then, but her dean's request that she get involved in a AAMC program that promoted leadership for female physicians extended her career in medicine.

Until then, she had been working as a clinical anesthesiologist at University Hospital. She loved the work, but days on the job that included nights on call begin to take a toll.

"It would take me two or three days to get recuperated to where I felt good," she recalled. "This opportunity came at an excellent time. I would have had to cut back to no night calls or working part-time."

The opportunity was an offer from UNMC's chancellor to serve as the medical center's ombudsman and direct its equity office. Her roles also allowed her to become involved in faculty development, which she loved.

But as she hit 70 and beyond, Dr. Newland said, she realized retirement was nearing. At the same time, UNMC's chancellor (Harold M. Maurer, M.D.) was looking to retire. "I thought the chancellor is stepping down. New leadership coming in – it's a good time for me to retire."

But she knew the stakes. She had heard stories of physicians who retired, tried golfing for six months and then found themselves restless and bored. She also knew the importance of remaining in contact with her peers.

She assumed the title of professor emeritus, which allowed her to keep an office on campus and access

to UNMC facilities, especially the library. She also teaches on a volunteer basis. This allows her to come and go as she pleases, and also pursue other passions, which include overseas travel and visiting her children, in Arizona, Massachusetts and the District of Columbia.

Dr. Newland recommends planning for retirement three to five years out. Start by gradually reducing your workload while looking for opportunities to fill your time in retirement.

For her, that meant keeping a presence at UNMC. "I have to say I am so grateful to the university for giving me the opportunity to work at the medical center and have a rewarding career."

Dr. Schlichtemeier: Setting His Own Schedule in Retirement

A promise to his wife that he would retire in 2000 went unfulfilled. "New lasers were out. These lasers can change people's lives. I worked a decade after that. Technology is so wonderful. With this eleventh generations laser we safely do things you couldn't imagine a decade ago to help people see without glasses.

"That would have been way too soon to quit."

During this time, however, Dr. Schlichtemeier found himself a bit more tired at the end of the day. He also grew disenfranchised by changes in medicine, especially the cost associated with the emergence of "clumsy" electronic medical records. "I needed a tool, not an invention." So he brought the son of some friends into his practice, which eventually resulted in him selling the practice to this colleague.

Now, he spends his days pursuing passions and continuing to perform eye surgery at community clinics. "I'm a little bit busier than I would like."

He's not complaining, although, he admits, his hobbies sometime overlap. "My trout fishing gets in the way of my bass fishing, and my bass fishing in the way of salmon fishing, and that gets in the way of taking my grandchildren fishing. Or Cub Scouts. Or spring planting. Or harvest."

His advice: Understand that medicine is much of your identity. "You get so much of your identity from what you do.

When you retire, it's like giving up a part of yourself." So have a plan, he said, and decide how you are going to spend your time and what you want to do.


Dr. Zink: She Followed Her Grandson's Advice

Dr. Zink recalled the family conversation, which occurred several years before she retired. Members of her extended family ganged up on her in an effort to convince her to retire. Her granddaughter provided the clincher: "I asked 'Why should I retire?' He told me 'then you'll have more time to spend with your grandkids.'"

Her transition to retirement included a stint at job sharing and attending a seminar on retirement presented by the Academy of Family Physicians. "I wanted to make sure I would be happy retired." She was advised to make sure she had hobbies and have her finances in order.

She also learned that retirement often means physicians lose their identity as caregivers and life savers. "This is whole different lifestyle. Everything is medicine to this point, and you're not going to have that as your identity anymore. I thought it was all true."

Dr. Zink planned her retirement date, but kept it mostly private. She was concerned if she announced her retirement too early, she might lose some of her patients. "I wanted to continue a full practice until I retired."

Changes in health care and feeling tired all the time, she said, confirmed her decision to retire. These days, Dr. Zink continues to travel. She also spends time at her church, helps friends, visits nursing homes, goes on medical missions and fills in on occasionally at Methodist Physicians Clinic. 

Retired or Preparing to Retire?

MOMS Retired Physicians Group is a great way to stay connected to your fellow physicians. The group meets three to four times each year.

For more information on retired membership, please contact Laura Polak at laura@omahamedical.com or call (402) 393-1415.

Looking at the Numbers: Early Childhood Education Efforts in Action

CONSIDER THESE STATISTICS:

- The number of teen-age births (15- to 19-year-olds) in Douglas County decreased from 729 in 2006 to 429 in 2015. Teen-age births accounted for 6.3 percent of all births in the county in 2006, compared to 4.9 percent of all births in 2015.

- Twenty-five percent of all Douglas County residents, age 18 and older, identified themselves as smokers in 2006, while 20 percent identified themselves as smokers in 2015.

Decreases in teen-age pregnancy and smoking rates have been tied to the health-related outcomes of early childhood education, according to a 2016 report by the Centers for Disease Control and Prevention and a 2014 story in U.S. News & World Report.

Jessie Rasmussen, president of the Buffett Early Childhood Fund, said multiple studies have shown the adverse effects of negative early childhood experiences, including poverty, homelessness, neglect and abuse. “Those early experiences in children can create the stress that is toxic enough to impact our biology and behavior,” she said. “The good news is we can buffer that toxic stress through nurturing stable relationships.”

A focus on early childhood education that emerged in the 1990s, Rasmussen said, is providing positive results. First, a definition and some parameters, according to the CDC report:

“Early childhood education (ECE) aims to improve the cognitive or social development of children ages 3 or 4 years. ECE interventions can improve all children’s developmental trajectories and act as a protective factor against the future onset of adult disease and disability. Children disadvantaged by poverty may experience an even greater benefit, since ECE programs also seek



to prevent or minimize gaps in school readiness between low-income and more economically advantaged children.

Rasmussen and Anne O’Keefe, M.D., senior epidemiologist for Douglas County Health, stopped short of connecting local ECE programs with the drops in teenage births and smoking rates in the county.

Dr. O’Keefe, who provided the statistics, said designing studies to track the impact of ECE and a decrease in unhealthy behaviors in adults can prove difficult because of the need to compare two groups – one with intervention and one without.

“One can never draw a straight line,” Rasmussen added.

Still, Rasmussen and Dr. O’Keefe said, can name numerous organizations that support early childhood education which are producing positive

results. One example, Rasmussen said, is Early Childhood Services, which started in 2010 to help children under age 5 receive quality care and education and prepare them to enter school.

One signature program, the Teen & Young Parent Program, which provides services for young men and women with limited resources who are expecting or parenting a child age 5 or younger. The program is a collaborative effort among such local agencies as the Child Saving Institute, Heartland Family Service, Nebraska Children’s Home Society, Lutheran Family Services and the Visiting Nurse Association.

Rasmussen also cited the work of the Learning Community of Douglas and Sarpy Counties in early childhood education.

The learning community is partnering with the Omaha Public Schools to provide an intensive early childhood program, including additional




development opportunities for teachers beyond what is provided within the school year, said Renee Franklin, director of the elementary learning centers.

The program also includes coaches, an inclusive model and continuous review of data for improvement, she said.

Additionally, the Learning Community partners with the Nebraska Early Childhood Collaborative to provide intense training and development for local child-care directors. Child-care directors are provided with a personal coach who attends the training with them one week and helps them apply what they've learned the following week, Franklin said.

"Our focus is to support directors whom are still working on the necessary achievement ranking to qualify for coaching support from the state," she said.

Another program, Parent University, is a research-based model that support parents in helping their children in their educational development, she said. The program takes a two-generational approach and the Learning Community is the first in Nebraska to be accepted into the Ascend Network, which is based out of the Aspen Institute.

"We know that working with parents and children together is the key to a child's successful academic career." 

"We know that working with parents and children together is the key to a child's successful academic career."

- Renee Franklin

3

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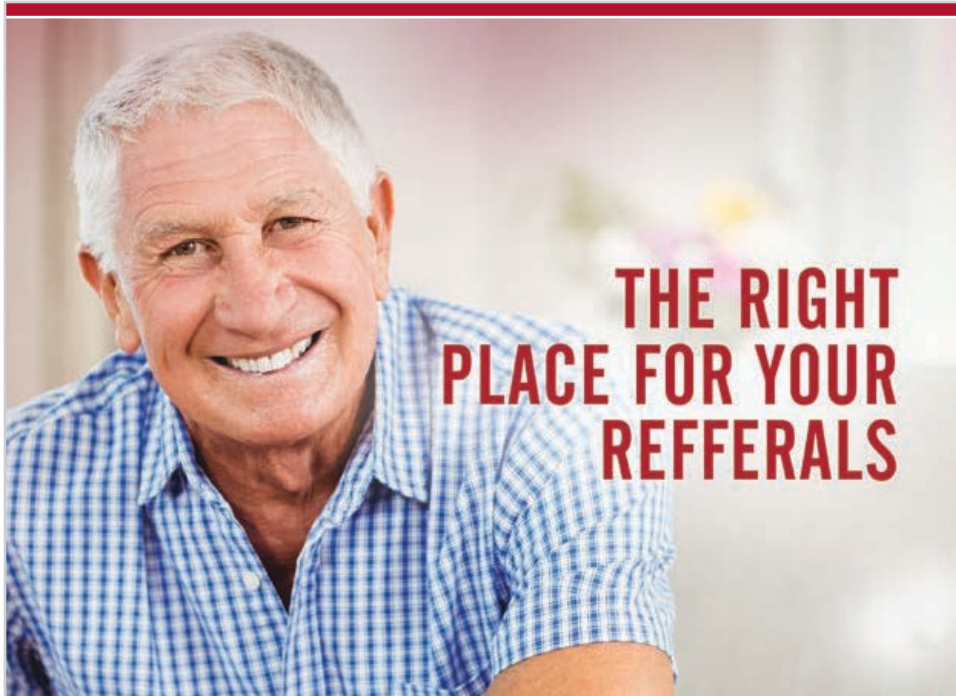
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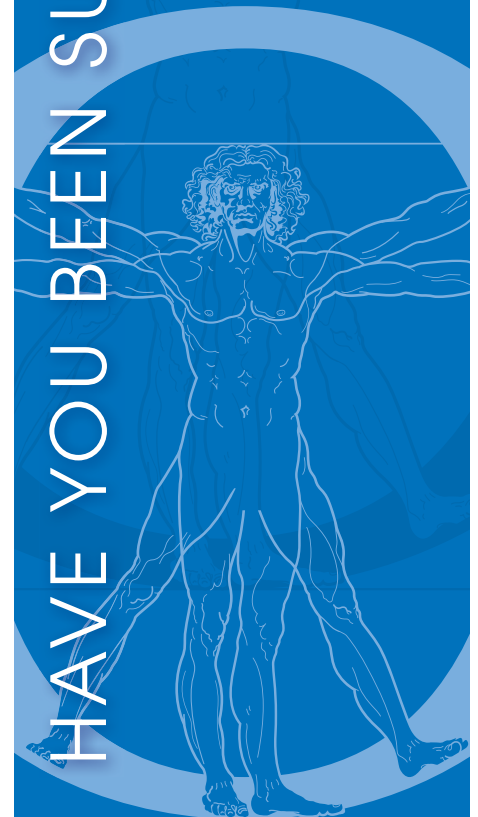

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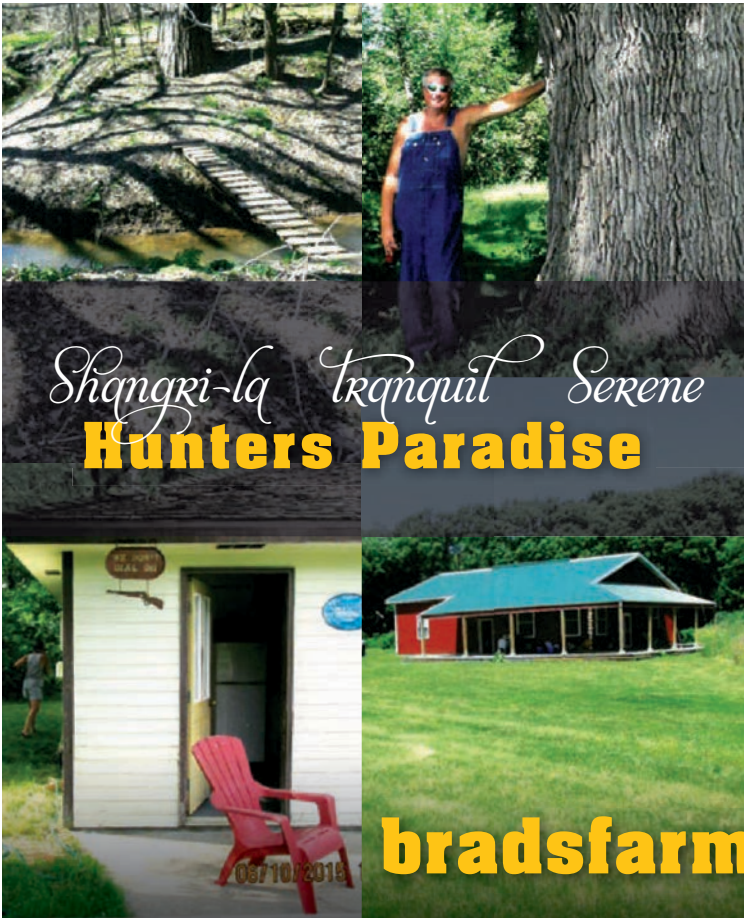
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Dr. Garvin Takes Reins of Hip Society

KEVIN GARVIN, M.D., PROFESSOR and chair of the UNMC Department of Orthopaedic Surgery and Rehabilitation, will serve as president of the Hip Society from 2017 to 2018.

He officially began his new role at the annual American Academy of Orthopaedic Surgeons (AAOS) meeting in March.


In his new role, Dr. Garvin becomes the society's 48th president and joins a long list of influential past Hip Society leaders dating back to the society's inception 50 years ago.

In 1968, the Hip Society was created by Frank Stinchfield, M.D., professor and chairman of orthopaedic surgery at Columbia's School of Physicians and Surgeons. He and 20 other hip surgeons came together to start a society dedicated to the diseases and surgery of the hip joint.

Harvard Medical School professor and surgeon William Harris, M.D., served as the society's inaugural president.

Dr. Garvin was elected to The Hip Society in 1994 and is the society's only member from Nebraska. He has served in numerous committee positions over the years, most recently as first vice president of the board of directors. In his role as president, Dr. Garvin will be responsible for working alongside other members of the board to provide information and education to orthopaedic surgeons and residents on topics related to disorders of the hip.

Dr. Garvin will preside over two annual meetings, specialty day at the AAOS meeting and various board events throughout the year. His appointment coincides with the society's 50th anniversary celebration, and he will host the annual members-only meeting this October in Omaha.

"It is a true honor to be recognized by my peers and selected for this position," Dr. Garvin said. "We are excited to host the members of The Hip Society in Omaha for the first time, especially for the society's historic 50th anniversary meeting." 



Ebola Grant Expanded; Dr. Kratochvil Part of Leadership Team


A \$12 MILLION GRANT AWARDED in 2015 to establish the National Ebola Training and Education Center (NETEC) has been doubled to \$24 million to allow for a variety of expanded services, including creation of a special pathogens research network. Chris Kratochvil, M.D., is co-principal investigator of NETEC for UNMC.

The grant awarded to the co-leads of NETEC - the University of Nebraska Medical Center in Omaha, Emory University in Atlanta, and NYC Health + Hospitals/Bellevue in New York City - will run in tandem with the original five-year grant. Funding is provided by the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response (ASPR) through the U.S. Department of Health and Human Services.

The supplemental \$12 million funding will allow the three partner institutions to perform additional site visits, conduct more education and training courses, as well as build the special pathogens research network. This network will include the 10 regional Ebola treatment centers located throughout the U.S. that are specially trained and equipped to handle patients with highly infectious diseases.

The special pathogens research network will allow investigators to conduct rapid response research when a new outbreak occurs, said Dr. Kratochvil, M.D., associate vice chancellor for clinical research and vice president for research at Nebraska Medicine, UNMC's clinical partner.

"It's not 'if,' but 'when,' because it's only a matter of time before another outbreak like Ebola happens," Dr. Kratochvil said. "When Ebola hit, UNMC, Emory and other institutions were all independently trying to determine the best drug for treatment. It was inefficient - we weren't using the same protocols, and there was no consistency to the research. Now we can all collaborate to develop medical counter measures together."

Dr. Kratochvil, a member of the Nebraska Biocontainment Unit Leadership Team, also is chief medical officer for for UNeHealth, a not-for-profit entity formed to coordinate clinical opportunities between UNMC, Nebraska Medicine and its physician practice group, UNMC Physicians. UNeHealth was formed to serve as a point of contact for developing commercial clinical research partnerships and collaborations for the academic health center. 

NEW members



Howard Y. Liu, M.D.

Medical School:

University of Michigan

Residency in Psychiatry:

Massachusetts General Hospital/McLean Hospital

Fellowship in Child Psychiatry:

UNMC

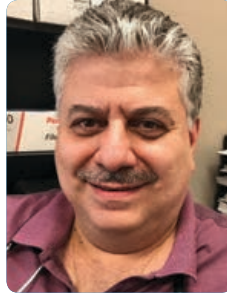
Specialty:

Psychiatry

Location:

UNMC/Nebraska Medicine

Dr. Liu grew up as a comic book fan before Hollywood made superheroes cool. He is also a self-proclaimed foodie, and organizes a quarterly resident/faculty Psychiatry Food Club hosted in faculty homes with international food themes. He also frequents his favorite Omaha restaurants, Lalibela Ethiopian and Canton House for authentic Chinese food. Dr. Liu and his wife, Dr. Jennifer Liu, a family physician who also works at UNMC, have four children. Dr. Liu is an active Twitter user, and you can follow his daily tweets @DrHowardLiu.



Marwan R. Salfity, M.D.

Medical School:

University of Cambridge
School of Clinical Medicine

Residency in Internal Medicine:

Mayo Clinic Rochester

Fellowship in Cardiovascular Disease:

Baylor College of Medicine

Specialty:

Cardiovascular Disease

Location:

Nebraska Cardiac Care, PC

Dr. Salfity's greatest joy is spending quality time with his wife and three children. He also enjoys reading, walking, traveling, taking long drives and debating local and global issues.



Sasha K. Shillcutt, M.D.

Medical School:

UNMC

Residency in Anesthesiology:

UNMC

Fellowship in Perioperative Echocardiography:

University of Utah Medical Center

Specialty:

Cardiac Anesthesiology

Office/Location:

UNMC/Nebraska Medicine

Dr. Shillcutt enjoys spending time with her husband, Lance, and their four children. She is the vice chair of strategy and innovation in the Department of Anesthesiology and teaches several national programs. She is passionate about physician wellness and speaks frequently on physician and executive burnout. She is an avid blogger and reader, and finds joy in coaching other women in medicine to pursue their calling.

OTHER NEW MEMBERS

Bryan Krajccek, M.D.

Pulmonary Critical Care
Pulmonary Medicine Institute, PC

Laeth Nasir, M.D.

Family Medicine
Creighton University School of
Medicine/CHI Health Clinic

Nicholas Wegner, M.D.

Orthopedics, Foot and Ankle
GIKK Ortho Specialists

IN Memoriam

Robert L. Kruger, M.D.

Jan. 22, 1934 – May 6, 2017

Kirk C. Lewis, M.D.

Jan. 18, 1927 – Feb. 9, 2017

Medical Legal Dinner

The Medical Legal Dinner, held March 14, brought together MOMS member physicians and members of the Omaha Bar Association. The event, now in its 40th year, featured keynote speaker Mike Kelly, columnist with the Omaha World Herald presenting “Uniquely Omaha: Five decades of writing real, non-fake news.”

- 1 (from left) Omaha Bar Association President, the Honorable Douglas F. Johnson; presenter Mike Kelly; Metro Omaha Medical Society President Dr. David Watts.




Photo courtesy of The Daily Record

- 2 (from left) Joanie Zetterman (wife of Dr. Rowen Zetterman), Dr. Jane Dahlke, Dr. Donny Suh and Susan Suh.




- 3 (from left) Dr. Lanette Guthmann, John Guthmann and Dr. Dan Olson
Photo courtesy of The Daily Record.



- 4 (from left) Bill Kathol, Dr. Anthony Yonkers and Dr. Linda Head. 

Retired Physicians

The MOMS Retired Physicians group met on May 9 at the Madonna Rehabilitation Hospital Omaha campus. Mary Gene Wepfer, Associate Vice President of Development for Madonna Foundation, spoke to the group and provided a site tour.

- 1 Mary Gene Wepfer provided attendees a tour of the facility.
- 2 (from left) Dr. Sherrill Murphy, Mary Gene Wepfer, Dr. John Sage and Dr. Merle McAlevy discuss the use of play as part of therapy in the pediatric wing.
- 3 (from left) Dr. Kristen Hoffman, Dr. Dorothy Zink, Dr. Robert Cochran, Dr. Karl Niehaus, Dr. Ken Barjenbruch, and Jill Cochran. 



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Dr. McClellan • Dr. Burd • Dr. Hain



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COMING events



**PHYSICIAN NETWORKING/
ADVOCACY EVENT:**

**“ADVOCATING FOR YOUR PATIENTS IN
THE ERA OF HEALTHCARE REFORM”**

THURSDAY, JUNE 22

5:30 – 6:30 P.M.

**MIDTOWN CROSSING ROOFTOP
COMMUNITY ROOM
200 S. 31ST AVE.**

This event, hosted by MOMS and the Nebraska ACP Early Career Physicians, will provide an opportunity for physicians to network and hear presenter Bob Doherty, SVP ACP, Governmental Affairs and Public Policy. *More information and registration online.*

WOMEN IN MEDICINE EVENT:

OUTWARD BOUND OMAHA

TUESDAY, JULY 11

6-8 P.M.

4242 N. 49TH AVE.

Build rapport and connection with your fellow female physicians as we explore ways to strengthen problem-solving skills, build confidence and foster teamwork. *More information and registration online.*

RETIRED PHYSICIANS EVENT:

OMAHA BRIDGES OUT OF POVERTY

TUESDAY, JULY 18

10 -11 A.M.

MOMS OFFICE – 7906 DAVENPORT ST. Roger Howard and John Parsons, with the input of community partners, have developed a plan to empower under-resourced families to change their lives by discovering and overcoming barriers to success with a goal of helping 50,000 Omaha-area individuals lift themselves out of poverty by the year 2026. *More information and registration online.*

Register online at
www.omahamedical.com
under "Get Involved"

For more information or to register for any of the upcoming Metro Omaha Medical Society events, visit www.omahamedical.com/get-involved/all-events.



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Move Marks 'Monumental Transformation'

THIS SUMMER'S STAGED MOVE of CHI Health Creighton University Medical Center 40 blocks west to the campus of CHI Health Bergan Mercy marks a major step forward.

"We are undergoing a monumental transformation," said CHI Health CEO Cliff Robertson, M.D. "We are serious about preparing for a new future, taking the best of academic medicine and the best of community health care and putting them together in a new model."


With the move, CHI Health is creating a new academic medical center -- Creighton University Medical Center - Bergan Mercy -- at the 75th and Mercy streets location. The facility has undergone \$140 million in new construction and renovations including a Level I Trauma Center, Intensive Care Unit, multistory clinic and academic tower.

"This state-of-the-art trauma center and emergency department will be the closest Level I Trauma Center, by drive time, to 60 percent of the households in greater Omaha," Dr. Robertson said. "That brings trauma care closer to our patients while honoring our commitment to the underserved."

A commitment to innovating for the future touches every aspect of the new campus, such as the new ICU with continuous real-time remote monitoring. Technology and infrastructure enhancements are also designed to maximize the learning environment for hundreds of health sciences students from Creighton University, CHI Health's academic partner.

"The academic aspect is incredibly important because we're preparing the next generation clinicians for the world they're actually going to experience when in practice," Dr. Robertson said.

The classrooms, laboratories and clinics are designed to bring students, faculty and clinicians together for an inter-professional approach.


"It's truly an environment where everyone teaches and everyone learns," Dr. Robertson said. "The academic medical center, as part of our academic health system, will transform how care is delivered, how future health care professionals are educated and how clinically relevant research reaches the bedside." 



Children's Opens Third Urgent Care Center

CHILDREN'S HOSPITAL & MEDICAL Center earlier this year opened a third Urgent Care Center at Children's Physicians, Dundee, 4825 Dodge St.

Children's Urgent Care Centers offer after-hours treatment of pediatric conditions that include ear infections, sore throats, sprains and minor pains, minor burns, minor asthma and small lacerations. Children's Urgent Care at Dundee also offers digital X-ray and lab services. Any child can use Children's Urgent Care Centers.

Children's also operates Urgent Care Centers at the Children's Physicians, Val Verde and West Village Pointe offices. All Children's Urgent Care Centers are open weekdays from 6 p.m. to 10 p.m., and weekends and holidays from noon to 10 p.m. 



METHODIST

Cardiac Surgery Among Nation's Best


WHEN IT COMES TO heart surgery in the Midwest, Methodist Hospital ranks among the best, according to recently released Consumer Reports data.

Methodist was one of only 13 hospitals in the Midwest, and the only hospital in Omaha, recognized for their excellence in overall heart bypass, with a rating of better than expected. Methodist also received high marks for patients receiving all four of the recommended medications associated with bypass surgery.

"We are certainly very proud of the cardiac care we provide at Methodist Hospital," said Steve Goeser, Methodist Health System executive vice president and chief operating officer. "Our surgeons and the other members of our medical team are exceptional. The data proves that, as does this recent acknowledgment from a well-respected publication."

In three additional categories related to bypass surgery, data indicated that Methodist performed as expected. Those areas included patient survival, absence of complications and optimal surgical technique. Another cardiac area reviewed for the report was aortic valve replacement surgery, in which Methodist performed as expected in all categories.

These Consumer Reports ratings were derived from data submitted by hospitals to the Society of Thoracic Surgeons. The ratings are based on data from the medical records of patients.

The methods used to derive these ratings have been endorsed by the National Quality Forum, a nonprofit organization that endorses consensus standards for measuring and publicly reporting. 



University of Nebraska Medical Center

Looking to Change the Education, Technology Landscape

MACRA. . . QPP. . . MIPS. . . APM?

THE ALPHABET SOUP THAT is health care today is probably one of the last things you can focus on as a provider with a packed schedule. But promised reform is here; 2017 is the first performance year on Medicare quality and cost measures – performance counts NOW -- with payment adjustments beginning in 2019.

Here's a brief explanation of what all those letters mean:

MACRA – the Medicare Access and CHIP Reauthorization Act – repealed the Sustainable Growth Rate (SGR) formula for Medicare Part B reimbursement and replaced it with a new value-based system called the Quality Payment Program (QPP).

MACRA created two QPP paths from which providers have to choose: the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APM). Both models provide incentive payments for high-quality, efficient care and penalties for not reporting. Most physicians in Omaha will fall under the MIPS program and its reporting requirements.

Providers who bill more than \$30,000 of Medicare Part B charges per year AND who provide care for more than 100 Medicare patients/year are subject to MIPS reporting. They will receive a downward payment adjustment of 4 percent on Medicare services beginning in 2019 if they report nothing for 2017.

We'll repeat that one: MIPS requires Medicare providers to report at least one quality measure to avoid a downward payment adjustment of 4 percent beginning in 2019.

Are you thoroughly confused? Don't worry, you're not alone.

Because CMS is allowing providers to "pick your pace" in reporting for 2017, you can report one quality measure or one clinical improvement activity listed by CMS to avoid a downward payment adjustment. That's the route we are suggesting for most of our provider groups: the minimum to avoid the penalty.

If your reporting mechanisms are robust and your quality activities high, you can shoot for a higher bar and report more quality measures and improvement activities for a minimum of 90 days for a chance at an upward payment adjustment.


For more information on MACRA, MIPS and what you need to do to comply with a Quality Payment Program, CMS has a helpful website at www.qpp.cms.gov.

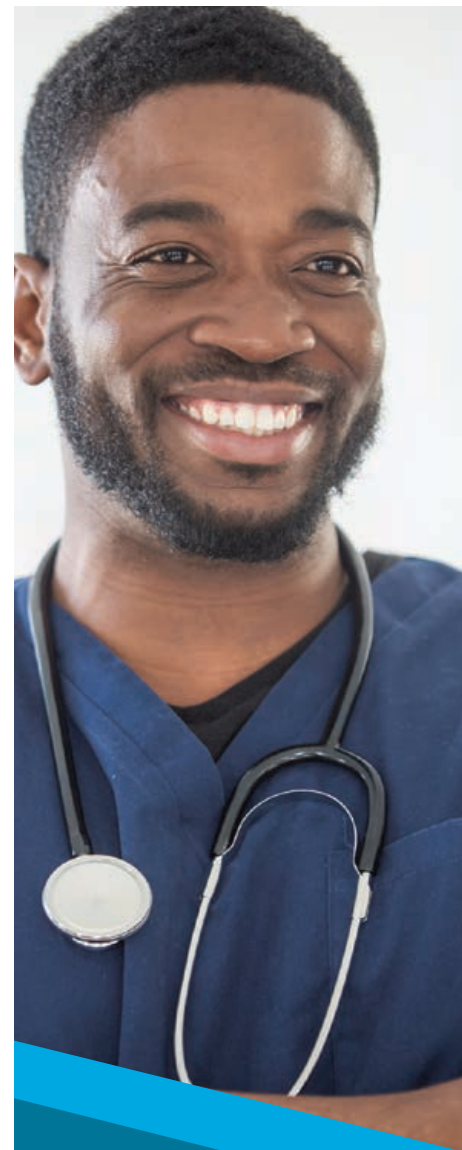
THE UNIVERSITY OF NEBRASKA Medical Center is poised to propel the training of doctors, nurses and allied health professionals into the next generation with emerging virtual and augmented reality.

The university recently held a ceremonial groundbreaking for a building that will change the education and technology landscape in Nebraska. University leaders also announced a lead gift from the Dorothy B. Davis Foundation of Omaha, as well as major donations to the University of Nebraska Foundation from other individuals and organizations, to help make the building possible.

The \$118.9 million facility is being funded through a combination of private donations as well as funds from the City of Omaha, State of Nebraska and U.S. Department of Health & Human Services. The building will be named the Dr. Edwin Davis & Dorothy Balbach Davis Global Center for Advanced Interprofessional Learning (Davis Global Center) – in recognition of Dr. Davis, a longtime UNMC physician and educator who was a forerunner in incorporating new technology to enhance learning, and his wife Dorothy.

The Davis Global Center will house UNMC's iEXCEL (Interprofessional Experiential Center for Enduring Learning) program and expose learners at all stages in their professional development to clinical training exercises and surgical skills training in realistic simulated care environments using advanced simulation technologies, as well as virtual immersive reality, augmented reality and holographic technologies.

The nearly 192,000-gross-square-foot center has been developed to help transform health care education from the traditional lecture-based model to embrace more "hands-on" engagement that addresses skills competencies, including teamwork. Studies show that experiential learning yields greater retention than lectures, as well as improves proficiencies. 



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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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