

Physicians Bulletin

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The Importance of a Plan:

Successful Practice
Management Transition

Emerging Technology:

Changing the Art of
Communication

New Laws That Will

Impact The Profession

Online Patient Reviews:

'The New Word of Mouth'

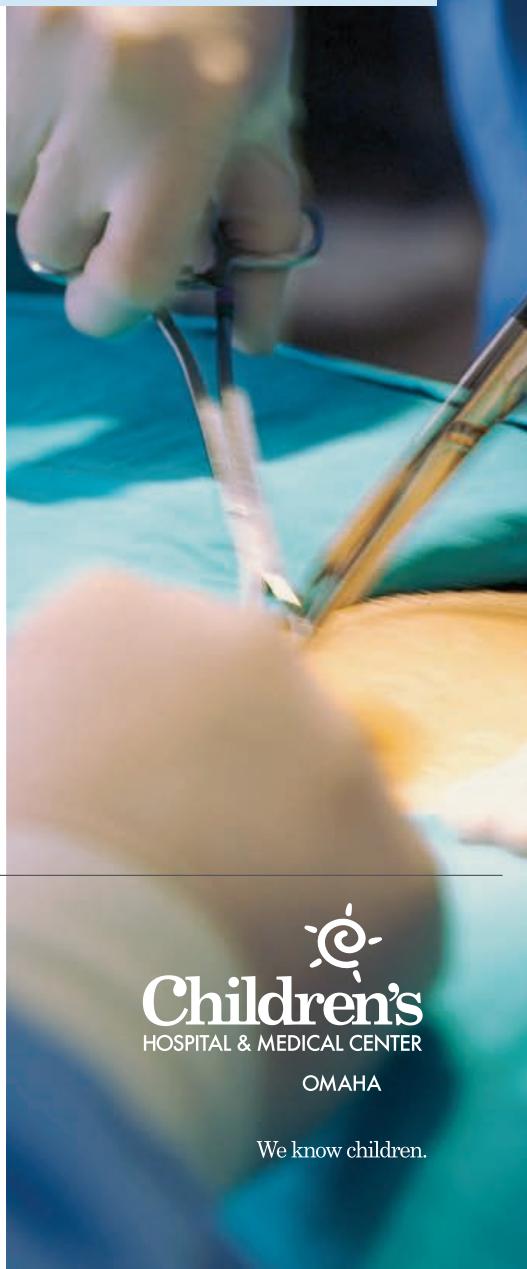
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Audrey Paulman, M.D.

Editor

Physicians Bulletin

The Art of Communication

ON A SUNNY DAY in June, I sat on a rocky bluff overlooking one of the best whale watching places in the world, Lime Kiln Point State Park in the San Juan Islands of Washington State. The sun was warm on my back, and the only sound was the prevailing winds and the spouting of the resident orcas and humpbacks passing by. It was my grandson's first trip to see the whales, and the whales were putting on quite a show. It was exactly where I wanted to be on this three day weekend. I was in the moment.

And then it happened. I received a 153 character message from a clinic nurse asking about an early refill of pain medication. It was followed with a follow up "by the way" text message and then a phone call about an abnormal mammogram. The sense of relaxation and serenity was gone as I resumed the "Doctor" part of my life.

This type of work-related communication has found me on a chair lift at a Colorado ski resort, on a boat on the lake in Wisconsin, a hillside in France, and during my afternoon nap at home on my "day off." Each time, the text message, phone call, or email brings me back to the worries and concerns of my work life. Surely, I could turn off my cell phone, but this device is also the way I communicate with my family, including my parents and grown children. I need those real time communications to continue.

I pondered this work-life imbalance as I sat in my kitchen this morning signing my work contract for next year. The questions I had were only answered in my own head, as the contracts are now presented to everyone as a work group, where communication is public and private needs are not addressed.

I reflected that basic communication has changed over the years, with the exchanging of information, ideas or news becoming so unidirectional.

And so I have listened. I have listened to changes coming from the state and federal government, the insurance carriers and managed care organizations, and the managers at work. Information effecting my work life now comes in memos, emails, and 140 character messages.

For all of us physicians, that trend of unidirectional communication has continued. As a group, we have come to accept working with the system-assigned resources including facilities and support staff to provide care to patients who we care for and really care about. As a group, we enjoy providing care the patients, and, as a group, we don't really enjoy the required administrative tasks. It seems that the human stories in medicine have been replaced by pointing and clicking in the electronic health record, and the meaningful relationships have been overshadowed by meaningful use criteria.

This edition of the Bulletin focuses on how physicians communicate. As the 140 or 153 character Tweet or SMS communication becomes the normal way of sending information, what tools does a physician need in order to be successful?

Phone messaging or in person communication used to be the choices for patient-physician communication. With patient portals, we as physicians need to be successful in the art of short written messages. The article "Emerging Technology: Changing the Art of Communication" addresses this.

Referral of friends, and Christmas and thank you cards used to be the way patients showed thanks. Physicians knew they were successful if they had full schedules. Now, patients rate their physicians on social media, using public rating sites. The article "Online Patient Reviews: 'The New Word of Mouth'" addresses this.

The staff in the physician's office direct the communication with the patients, speaking on behalf of the physician. It is important that this staff person has excellent communication skills. The position of office manager is key to the success of the physician. This is addressed in "The Importance of a Plan: Successful Practice Management Transition."

I hope these articles are helpful to you as a person, and as a physician—because that is what I think we need. Medicine has undergone rapid change, and now there needs to be a stability and understanding of the new norm.

Instead of more mandates and policies, I think we all need someone in authority to ask "Do you, as a physician, have what you need to take good care of patients?"

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CAN I BRAG? SIX months into our online assessment for physician burnout, we've been approached by organizations that have nationwide scope, as well as local and state entities, asking us for help and advice in replicating our model for their constituents. We are being asked to publish our findings and we're seeing some interesting results emerge that I wanted to share.

No one is coming in at the lowest levels of stress or distress. As one physician told me, it showed how conditioned he was to accepting an unhealthy level as the norm. The people taking the assessment come from all facets of our medical community: hospitals, private practices and academia. Thank you for all your support of this initiative and please consider taking the assessment to check your level of "normal." If you have a group that you think should hear about this, please invite us—we'd love to come and talk about it.

Which brings me to my next exciting tidbit to share: MOMS is approved to be a Continuing Medical Education provider of AMA Category 1 credits. We know, with the leadership of our committee chairs and board members, that we provide great educational programming and we now can make sure those events have another draw. We'll be working CME into our activities and, in addition, we will launch a series of one-hour CME educational offerings that give you an update on an area of medicine you may not interact with but would like to know the latest approaches to treatment. If you have an area of education you'd like us to address, let us know—we'd love to try to make it happen.

On that note, we're going to try some innovative ways to bring some of the educational programming to you. If you have a group and you want us to bring some workshops your way, let us know. We also want to grow our collaborations with other physician groups and combine forces to provide valuable resources and networking opportunities. And last, but certainly not least, we hope that coming to hang out with us is fun. I've been struck by the fact that in the grind of your days, there aren't always times where you realize a sense of joy or fulfillment. We hope that we're giving you something to look forward to.

Since I'm bragging, I hope you know what amazing things you're doing in your professional and personal lives. Every day I'm humbled by an accomplishment, a skill, a hidden talent, or other endeavor that one of you is also involved in. You inspire a lot of people and know that we're bragging about that too! ☺



Carol Wang
Executive Director



Dale Mahlman

Executive Vice President
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An Eye on Physician Leaders

WE TALK ABOUT “WHAT IS IMPORTANT” and “what really counts.” “It is what we learn after we know it all that really counts,” is one of my favorite all-time quotes from legendary basketball coach, John Wooden. I remind myself of this periodically and hope that all of us do.

This quote has relevance to me as the Nebraska Medical Association launches its inaugural Physician Leadership Academy this September, the result of a generous grant from The Physicians Foundation. The Physicians Foundation was founded in 2003 and funding was provided as a result of a significant monetary settlement, the result of a class-action lawsuit brought by medical societies (including the Nebraska Medical Association) against private third-party payors. One of the initial objectives of the Physicians Foundation was to promote physician leadership, and our 2017 grant will make that happen beginning this September.

Never having been to medical school, other than as a visitor, I have a picture in my mind of 125 extremely bright young people intensely focused on the science of medicine and for all the right reasons. The room is full of future leaders, who, at that point in their careers, need to be focused on the task at hand. We have been fortunate over the years to have many of these future physicians actively participating in the NMA and for that, we are a better organization. Our hope is that all members of the Nebraska Medical Association will review the opportunity the Leadership Academy presents to them and consider participating.

For several years, I have been concerned about the “transition of leadership” within our association. We have been extremely fortunate in the 15 years I have been involved with the

Nebraska Medical Association to have dedicated, well-intentioned physicians active with us. While leadership takes many forms, I have never felt we were ever less than well positioned as it relates to the issues of the association or the management of the association. That being said, my concern has always been identifying and “breaking in” the next generation of physician leaders.

The goal of the NMA Physician Leadership Academy will be to improve the leadership competencies and reduce the reactive tendencies of the interested participants. We believe physicians are the appropriate people to lead the discussion on health care; our intent is to use this 10-month program to help participants recognize their current skills and provide the tools and learning opportunities to become more effective leaders going forward.

More information on this opportunity will be released soon, but we believe this opportunity, provided at no cost to MOMS and NMA members, is one of many worthwhile activities that the NMA provides to our membership. My hope, and our hope as an organization, is that this leadership academy will enhance and complement the medical skills and trainings of our members.

I have said it before and I will say it again, medicine remains a profession and not an occupation. This is obviously a critical time facing health care so participation at all levels is critical. I also continue to believe that medicine is a contact sport as it applies to advocacy, and the more contacts you make as a well-informed advocate, the better. Our hope is the “new” Nebraska Medical Association Physician Leadership Academy is something you or your colleagues will take advantage of to make health care in Nebraska better tomorrow than it is today. ☺

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BE SURE TO DIVERSIFY

All investors—whether aggressive, conservative, or somewhere in the middle—can potentially benefit from diversification. Holding a mix of different investments may help your portfolio balance out gains and losses—when one investment loses value, another may be holding steady or gaining (although there are no guarantees).

UNDERSTANDING DOLLAR COST AVERAGING

Your employer-sponsored plan also helps you manage risk through a process called dollar cost averaging (DCA). When you contribute to your plan, usually an equal dollar amount each pay period, and that money is then used to purchase shares of the investments you have selected. This process—investing a fixed dollar amount at regular intervals—is DCA. As the prices of the investments you purchase rise and fall over time, you take advantage of the swings by buying fewer shares when prices are high and more shares when prices are low, following the old investing adage to “buy low.” After a period of time, the average cost you pay for the shares you accumulate may be lower than if you had purchased all the shares in one lump sum.

Remember that DCA involves continuous investment in securities regardless of their price. As you think about the potential benefits of DCA, you should also consider your ability to make purchases through extended periods of low or falling prices.

PERFORM REGULAR MAINTENANCE

Although it's generally not necessary to review your retirement portfolio too frequently (e.g., every day or even every week), it is advisable to monitor it at least once per year and as major events occur in your life. During these reviews, you'll want to determine if your risk tolerance has changed and check your asset allocation to determine whether it's still on track.

When developing a plan to manage risk, it may also help to seek the advice of a financial professional to help take emotion out of the equation so that you may make clear, rational decisions. ☺

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Risk Management and Your Retirement Savings Plan

BY INVESTING FOR RETIREMENT through your employer-sponsored plan, you are helping to manage a critically important financial risk: the chance that you will outlive your money. But choosing to participate is just one step in your financial risk management strategy. You also need to manage risk within your account to help it stay on track. Following are steps to consider.

FAMILIARIZE YOURSELF WITH THE DIFFERENT TYPES OF RISK

All investments come with different types of risk. Understanding these risks will help you make educated choices in your retirement savings plan mix. Here are just a few.

- **MARKET RISK:** The risk that your investment could lose value due to falling prices caused by outside forces, such as economic factors or political and national events (e.g., elections or natural disasters). Stocks are typically most susceptible to market risk, although bonds and other investments can be affected as well.

- **INTEREST RATE RISK:** The risk that an investment's value will fall due to rising interest rates. This risk is most associated with bonds, as bond prices typically fall when interest rates rise, and vice versa. But often stocks also react to changing interest rates.

- **INFLATION RISK:** The chance that your investments will not keep pace with inflation, or the rising cost of living. Investing too conservatively may put your investment dollars at risk of losing their purchasing power.

- **LIQUIDITY RISK:** This is the risk of not being able to quickly sell or cash-in your investment if you need access to the money.

- **RISKS ASSOCIATED WITH INTERNATIONAL INVESTING:** Currency fluctuations, political upheavals, unstable economies, additional taxes—these are just some of the special risks associated with investing outside the United States.

KNOW YOUR PERSONAL RISK TOLERANCE

Gauging your personal risk tolerance—or your ability to endure losses in your account due to swings in the market—is an important step in your risk management strategy. Because all investments involve some risk, it's important to be aware of how much volatility you can comfortably withstand before you select investments.

DEVELOP A TARGET ASSET ALLOCATION

The next step is to develop an asset allocation mix that is suitable for your investment goal while taking your risk tolerance into consideration.

Asset allocation is the process of dividing your investment dollars among the various asset categories offered in your plan, typically stocks, bonds, and cash/stable value investments. Generally, the more tolerant you are of investment risk, the more you may be able to invest in stocks. On the other hand, if you are more risk averse, you may want to invest a larger portion of your portfolio in conservative investments, such as high-grade bonds or cash.



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Take These Steps if You Don't 'WannaCry'

T'S MONDAY MORNING ON a sunny summer day at 6:45 a.m. You had a great and restful weekend, and you are ready to have a productive day. As you walk into your office (before your first cup of coffee), you are greeted at the door by your practice manager, and your "productive day" quickly falls with a thud. She tells you the office computer network has been "hacked." The network is locked, and staff can't get access to patient data or appointment information. She says something about bitcoin and a ransom. Staff members are in a panic, and patients are starting to come in the door for early morning labs.

Sadly, this is not fiction or some far-flung attorney scare tactic. It is not an issue of whether, but when your practice will fall prey to a malicious cyberattack. The WannaCry ransomware cryptoworm² incident occurred this past May and caused malware infections in health information systems in Europe, the UK, Mexico, Chile, India, Russia, and Taiwan and many other countries. It is reported that the WannaCry ransomware infected more than 230,000 computers in over 150 countries. Although systems in the U.S. were not as dramatically affected as those in other countries, the U.S. Department of Health and Human Services states that the threat from the WannaCry ransomware is not over.

So, what can you do now to prevent a great day from turning into a very bad one?

If you are faced with a cyberattack, the U.S. Department of Health and Human Services Office of Civil Rights ("OCR")³, recommends in its "Quick-Response Checklist" ("Checklist")⁴, that you take the following steps:

First, if you are in the midst of a cyberattack, you should move quickly to isolate the problem if possible and prevent any further damage to

your ability to operate. Is just one workstation or device affected? Can it be isolated from other information assets? Do you need help from an IT expert? If so, get help from a reputable vendor right away, and make sure the expert providing assistance has a signed business associate agreement with your practice.

Also, as a covered entity, you must take steps to mitigate any possible disclosures of the protected health information in your system in violation of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). An expert in cybersecurity should be trained and equipped to help you limit the damage if possible and help you identify what that damage may be, including, impermissible access to protected health information ("PHI").

Next, the OCR recommends that the situation be reported to local, state and federal law enforcement, such as the Federal Bureau of Investigation or the Secret Service. Cyber threat indicators (e.g., information needed to describe or identify malicious cyber reconnaissance, methods of defeating security controls, security vulnerabilities, security incidents, etc.) should also be shared with the Department of Homeland Security, the U.S. Department of Health & Human Services Assistant Secretary for Preparedness and Response, and private information-sharing and analysis organizations ("ISAOs"). Access or disclosure of PHI in the process of such reporting should not be provided, however, unless an exception under HIPAA applies.

No later than 60 days after discovery of a HIPAA breach, you are obligated to report to OCR a breach affecting 500 or more persons. You will want to determine as soon as possible how your system was affected and what

devices, software, or data were affected by the incident. Was PHI accessed, transmitted, or otherwise impermissibly disclosed? What was contained in the PHI and how many persons' PHI was affected?

In its Checklist⁵ as well as in the OCR's Fact Sheet: Ransomware and HIPAA⁶, OCR makes clear its view that any cyber-related security incident involving the accessing, acquisition, use or disclosure of PHI must be considered a HIPAA breach. You will want to conduct a HIPAA risk assessment to determine the facts and whether and to what extent a HIPAA breach occurred in your situation.

Dependence and reliance upon technology in the practice of medicine is not going away any time soon if ever. Neither are the "bad guys" who will try to steal your information. Taking steps now to better maintain and strengthen your information privacy and security policies, procedures, HIPAA compliance, training, and practices will not make the bad guys quit trying, but doing so should help you defend your practice and data assets when the bad guys try. ☺

¹The information presented in this article is for informational purposes only and is not legal advice. If you need assistance with a particular situation, please contact legal counsel of your choice for assistance.

²Ransomware is a type of malicious program that infects a computer and locks-out authorized users by encrypting information in the computer's hard drive. A decryption key for the data is offered for a fee. In the meantime, the system is inaccessible to authorized persons until the purchase price is paid and the decryption key unlocks the information.

³The Office of Civil Rights is the HHS division that enforces HIPAA.

⁴www.hhs.gov/sites/default/files/cyber-attack-checklist-06-2017.pdf

⁵www.hhs.gov/sites/default/files/cyber-attack-checklist-06-2017.pdf

⁶www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf

The Many Ways to Engage in Advocacy

N OUR CURRICULUM AT the University of Nebraska Medical Center, we learn that much of what determines individual and community health happens outside clinics and hospitals. From education and housing to food production and distribution, these socioeconomic, cultural and environmental conditions significantly shape the health and communities of our future patients. As part of our goal to provide high quality care, we must acknowledge these outside influences and address them in our patient interactions and their treatment plan. Moreover, we must recognize that dedication to advocacy efforts can play a vital role in protecting and improving the health of our patients and our communities. UNMC offers students a myriad of ways to engage in advocacy action.

As part of the grassroots program Student Delegates, students receive state and federal legislative updates and discuss bills and interim studies that affect public health and health-care professions. Student Delegates empowers providers-in-training to influence public policy by encouraging them to travel to Lincoln to meet with Nebraska state legislators or to testify before committees on bills during the legislative session.

Many UNMC students get involved in advocacy through joining the campus branch of the American Medical Association, an advocacy organization comprised of medical students, residents, physicians and other health-care providers from across all areas of the country. The AMA supports students in all levels of advocacy, from organizing calling campaigns to taking on leadership roles in national grassroots activities. Each spring, AMA members are also invited to travel to Washington, D.C. for the Medical Student Advocacy and Region Conference (MARC) to learn how to lobby effectively to lawmakers on behalf of patients and communities. Students subsequently put these skills into action by meeting with elected officials or their staff.

This past March, I joined three fellow UNMC students and medical students from Creighton University in representing Nebraska at MARC. We had the opportunity to hear enlightening speakers, including former Surgeon General Vivek Murthy. We then met with staff in the offices of Nebraska congressional members to discuss the future of the Affordable Care Act, the preservation of Deferred Action for Childhood Arrivals, and the continued support for Graduate Medical Education funding. It was encouraging to see so many medical students and residents from our Midwest region and from around the country who share passion and concern for how legislation and policies affect the health of the communities we will soon serve.

UNMC students also have the opportunity to join the Nebraska Medical Association, an organization similar to the AMA but focused specifically on Nebraska's health professionals and the health of Nebraskans. As members, students receive legislative updates and have access to talking points through the NMA office should they choose to contact representatives about legislation, regulations, and policy proposals. Student members are also invited to attend the annual NMA Legislative Advocacy Breakfast at the state capitol, where they meet with state legislators, making important connections and raising awareness on issues affecting individual and community health.

In the medical profession, we know and accept the requirement of staying up to date on scientific advancements, new practice guidelines, and innovative technologies. But by getting involved in advocacy at UNMC, I am coming to appreciate the similar importance of committing to educating and partnering with the makers of our laws and policies. Such advocacy ensures the voice of medicine is heard in the legislative process, enabling providers to impact those social, environmental, economic, and structural factors that shape the health of the individuals and communities we serve. ☐



Laura Newton

*University of Nebraska Medical Center
College of Medicine, Class of 2020*



Emerging Technology: Changing the Art of Communication?

WHERE THERE ONCE WAS a telephone call to a patient with test results, there now is an email message waiting in an inbox. Where there once was a face-to-face conversation about a patient's need for a follow-up appointment, there is a text message with the details.

At the heart of these scenarios is the emergence of technology in the health-care communication process.

And Michael White, M.D. chief academic officer for CHI Health, can expound on the value and challenges created by technology for communications between physician and patient, and physician and physician.

"Information technology has done much to advance medicine," he said. "But we are not anywhere near reaching the full potential of what technology can do. It has allowed us to become more consistent in places regarding documentation."

"But the way we share information between patients and physicians, and between physicians with their colleagues is not ideal. It has depersonalized communication, especially between colleagues."

Most critical is creating a platform for health-care institutions to seamlessly share information for patients being cared for by multiple organizations and caregivers,

Dr. White said. The onus for creating this platform isn't on local, state or federal government, but the health-care organizations themselves, he said. "We must make this a priority. The platforms for electronic health records must effectively talk to one another."

Combating the potential loss of that personal touch, Dr. White said, means going back to the basics: Knowing one's patients.



Communicate clearly & follow through

letter. These days, patients and physicians have instant access to health information—which makes for a more informed care process. “Patients come to their appointments much better prepared and informed—thanks to technology.”

The challenge physicians face is being sure—when they communicate electronically—that their patients, and in some cases their peers, fully understand the message, Dr. White said. “Sometimes it’s hard to fully communicate the intent of a message in the written word.”

Dr. White said he promotes a basic approach when communicating with patients:

As technology evolves, Dr. Whites said, “we as physicians need to have that discussion with our patients: ‘How do you want to be communicated with: Text? Video chat? Email? By telephone?’”

Dr. White, a self-professed “technophile,” said he has practiced medicine long enough to remember the days when communication were in-person, by telephone or by

Simple messages typically can be transmitted through electronic means when the content is straight-forward. For information that is technical or more involved, Dr. White suggested, a face-to-face conversation may be best. Likewise, the first conversation between physician and patient, he said, may be best in person.

Dr. White said he would like to leave this thought with his peers: “Communicate clearly and follow through. Don’t assume that information has been appropriately received.” ☐



The Asthma &
Allergy Center

The Importance of a Plan

Successful Practice Management Transition



SEVERAL YEARS AGO, MARY Beth Wass started dropping hints. “I’m in my 60s. I’m not going to be here too much longer.”

Wass had worked with Linda Ford, M.D., since the late 1970s and had served as manager of the Asthma & Allergy Center since the late 1980s. “I wanted my retirement to be a good transition.”

It was, Dr. Ford said, except for one part: “I didn’t want her to leave. I didn’t want to think about it. She knew everything about the practice. I knew it was coming.”

With planning, the transition from one clinic manager to the next can be smooth, Dr. Ford and Wass said. The key, they said, is having a succession plan in place, especially for when a clinic manager leaves abruptly. The two, along with Danielle Geiger, practice administrator for Nebraska Cancer Specialists’ five clinics, stressed the need for a succession plan for clinic managers and other support staff.

Geiger has been on both sides of the transition process. She was serving as lead nurse practitioner for one of Nebraska Cancer Specialists’ clinics when she was approached about her current position. The current practice administrator had announced her retirement, which allowed for a deliberate and coordinated transition process, Geiger said.

► *continued on page 22*

Mary Beth Wass (left) and Dr. Linda Ford of the Asthma and Allergy Center.



Danielle Geiger, Nebraska Cancer Specialists' practice administrator

◀ continued from page 21

This provided Geiger with a six-month onboarding period where she worked with her predecessor to learn her new duties. The only hiccup Geiger said she experienced was, as a nurse practitioner (her predecessor wasn't one), she wasn't fully prepared for some extra responsibilities that were added to job duties.

Now, for some advice from the three:

Wass played a key role in finding her successor, Dr. Ford said. First, Wass handled the recruitment process, which included advertising in Heartland Chapter of the Professional Association of Health Care Office Management and sharing word with the Nebraska Medical Group Management Association, along with listing the position with CareerLink.com.

Then, Wass reviewed the several dozen applications and conducted the initial interviews with top candidates. She narrowed the candidate pool to four. "With the quality of people I saw, I knew they would be in good hands."

Dr. Ford and her partner, G. Daniel Brooks, M.D., took over the selection process from there and interviewed the finalists before making a hire.

Dr. Ford said she was looking for someone who was a self-starter and a problem-solver. As for trust, Dr. Ford said, "trust comes with time."

Wass added other qualities she sees as essential for clinic managers: knowledge of the health-care environment and experience running a practice, even if it has been a smaller one. The ability to weigh options and make decisions, Wass said, also is critical.

notice before leaving. She immediately posted the position, looked internally for a replacement and asked current staff to help carry the workload until a replacement could be found.

"What we ended up having to do was basically talk to her (the outgoing business manager) and get everything hammered out in a time frame that was too short. Too many things we couldn't uncover."

Geiger said she realized after the fact that she wasn't fully aware of all the daily responsibilities this manager handled—which aren't exactly the same duties as those who manage NCS's other clinics.

Geiger said she couldn't overstate the importance of having accurate job descriptions for key clinic staff and ensuring that staff know one another's roles so they can fill in when needed.

Asking employees to update their job descriptions can be a bit dicey if they interpret the request as their job being on the line, Geiger said.

She suggested taking this approach: "I want to know what all you do for us. If something would happen to you, we know there are so many things you are responsible for." O

"I CAME BACK AND SHE HAD TWO PAGES OF QUESTIONS FOR ME. I THINK IT WAS A GOOD TRANSITION, WHICH WAS MY GOAL."

Wass' successor was named with enough time for the two to work together for a week before Wass went on vacation. "I came back and she had two pages of questions for me. I think it was a good transition, which was my goal."

Geiger recently had to move much more quickly when one of her business managers—who just happened to be running Nebraska Cancer Specialists' largest clinic—gave two weeks'

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NEBRASKA LAWMAKERS APPROVED SEVERAL pieces of legislation during the last Unicameral session that will impact the way physicians care for their patients, said Kelly Caverzagie, M.D., who chairs MOMS' legislative committee.

LB 92: TELEHEALTH INSURANCE COVERAGE & PROVISION CHANGES: CHILD BEHAVIORAL HEALTH

Most impactful, Dr. Caverzagie said, may be Legislative Bill 92, which requires health carriers to provide coverage for telehealth services and change telehealth provisions relating to children's behavioral health. The legislation enacts a new section in the insurance statutes to provide that individual and group health policies, certificates, contracts, and plans shall not exclude a service from coverage solely because it is delivered through telehealth and is not provided through in-person consultation or contact between a provider and a patient.

The bill also eliminates a prior Medicaid coverage restriction for telehealth services for children.

Dr. Caverzagie said this legislation provides physicians with more opportunities to administer care through telehealth.

The legislation also expands options for care for people in many underserved areas in the state, he said.

Most impactful, Dr. Caverzagie said, may be Legislative Bill 92, which requires health carriers to provide coverage for telehealth services and change telehealth provisions relating to children's behavioral health.

Dr. Caverzagie, associate professor of internal medicine at UNMC, commented on other legislation passed by Nebraska lawmakers earlier this year:

LB 88: MULTISTATE AND MILITARY SPOUSE LICENSURE

Legislative Bill 88 has double impact. First, it allows spouses of active military members to get temporary licenses in Nebraska by showing that they held a license from another state that

requires as much or more education and experience. The temporary licenses would be good for one year or until the person gets regular credentials. "This is important in Nebraska because of the military presence we have in our state."

In addition, the Interstate Medical Licensure Compact (IMLC), was amended into the bill among other licensure bills this past session. The IMLC offers a voluntary expedited process to licensure for physicians who wish to practice in multiple states. The mission is to reduce the burden of licensure for physicians who may practice in multiple states while potentially increasing access to health care for patients in underserved or rural areas, allowing them to easily connect with medical experts through the use of technology.

The application process will be expedited by using a physician's current existing information previously submitted in his or her state of principal license. The state of principal license will verify the physician's information and conduct a new background check. Once qualified, the physician may then select any number of Compact states in which he or she wish to practice. Basically, Dr. Caverzagie said, this will expedite the licensure process for physicians wishing to care for patients in other nearby states.

New Laws That Will Impact the Profession

LB 195: MAMMOGRAM DENSE BREAST TISSUE NOTIFICATION

Legislative Bill 195, which takes effect in September, requires all health-care facilities that perform mammography to provide notification to the patient following the mammogram regarding the patient's individual breast tissue classification, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. In addition, they must provide additional information if the patient has dense breast tissue. If the patient has heterogeneously dense or extremely dense breast tissue, additional notification is required. This legislation is a mixed bag, Dr. Caverzagie said, because while it aims for optimal patient care, it also mandates how care is provided through legislation.

LB 223: PHYSICIAN PARTICIPATION IN PHYSICIAN DRUG MONITORING PROGRAM UPDATES

Legislative Bill 223 is important because it will allow physicians to participate in updating the Prescription Drug Monitoring Program (PDMP). The new law will allow licensed or registered health-care professionals credentialed under the Uniform Credentialing Act to be designated by a prescriber or dispenser to act as an agent for the purpose of submitting or accessing data in the PDMP when directly supervised by such prescriber or dispenser.

This is important because as of Jan. 2, 2017, all dispensed controlled substances are required to be submitted on a daily basis to the PDMP. Beginning Jan. 1, 2018, all dispensed prescriptions will be reported to the PDMP.

LB 487: PROVIDE AND CHANGE IMMUNITY PROVISIONS RELATING TO DRUG OVERDOSES AND ALLERGIC REACTIONS

Legislative Bill 487 has two components that may save lives—although through different means, Dr. Caverzagie said.

The first portion changes the penalty provisions relating to or committed by people experiencing or witnessing a drug overdose if they request emergency medical assistance for himself or herself or another person as soon as the emergency situation is reasonably apparent. They must be the first person to make a request for medical assistance, remain on the scene until help arrives and must cooperate with medical assistance and law enforcement personnel—allowing them to not be charged with possession of a controlled substance.

In addition, as provided by the bill, any emergency responder or peace officer administering naloxone to treat an apparent opioid overdose will not be subject to administrative or criminal prosecution, nor will they be civilly liable for damages caused by the treatment or care

for the individual experiencing the overdose unless the responder is willfully, wantonly, or grossly negligent.

The legislation also extends civil immunity to prescribers and dispensers of non-patient specific medication which schools are required to keep on hand for the emergency care for a person experiencing a potentially life-threatening asthma or allergic reaction event on school grounds or at a school-sponsored event.

Dr. Caverzagie provided a hypothetical example: A high school football player experiences an allergic reaction. A physician attending the game administers an Epinephrine injection, which it wasn't prescribed for the player. As long as the physician acts in good faith, he or she can't be liable no matter the outcome, Dr. Caverzagie said. 

3

Steps

2

Minutes

1

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The assessment is not meant to diagnose or to make any type of formal assessment. Instead, your results will be evaluated by a third-party, out-of-state counselor, who will provide recommendations and point you to resources if needed.

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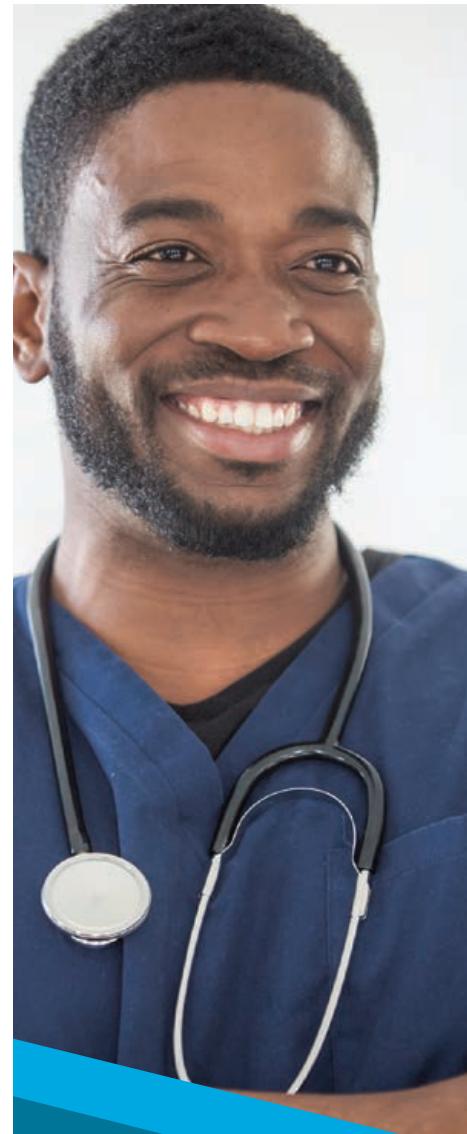
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Online Patient Reviews:

'The New Word of Mouth'

THERE WAS A TIME when physicians—and anyone else in a profession where protecting their brands was paramount, needed to be concerned about what their patients were saying to one another and the occasional consumer report by a local television reporter.

"TV markets—small, medium and large—would latch onto stories of a disgruntled person, even a patient. All they needed was a willing subject to talk about their story. You could clearly get your message out in a pretty easy manner," said Ed Stewart, senior vice president and media strategist for the St. Louis-based FleishmanHillard.



Search for (e)



Write a Review

While television stations still air reports by disgruntled consumers, Stewart said, technology has spawned many other reasons for physicians to protect their brands.

And protecting one's brand is critical, he said. "Clearly their (physicians') brand is their reputation, which follows them no matter what. You can't put a price on your brand. Your reputation."

Physicians must realize—if they don't already—that everything they do, including their bedside manner—will be scrutinized on social media, and word can spread instantaneously, Stewart said.

So what's a physician to do?

"Social media and online reviews are becoming the new word of mouth," said Brooke Witrock, director of marketing for Boys Town National Research Hospital.

Routine Google searches are a good place to start, Witrock said. Search for your name, your specialty and any other words connected with your practice, she said. "I think it's a good practice to see what's out there. What are people saying."

Stewart said weekly, if not daily, checks may be in order. "It can be time-consuming. But it's worth the time."

Clearly their (physicians') brand is their reputation, which follows them no matter what. You can't put a price on your brand. Your reputation.

-Dr. Filipi

have your physician online."

Should a negative review or comment appear in an online directory, Stewart has some advice: Don't panic, but be sure to respond. One critical decision that must be made is determining the best way to respond.

"Social media and online reviews are becoming the new word of mouth,"

- Brooke Witrock

Realize that physicians are rated through online directories such as Yelp, Healthgrades, Vitals and Zocdoc, Witrock said. Physicians also should realize that an entire generation now has grown up online.

"This is not new to them. It is what they know and how they interact. It's an expectation to

First, take a moment to review the comment, Stewart said, but be sure to remain objective about its content. "People are entitled to their opinions, but not their own facts." Stewart offered some advice:

If the facts are off-course, set them straight. His other advice;

- Don't leave questions unanswered.
- Avoid being antagonistic when responding. Respond while taking a matter-of-fact approach. Don't be accusatory or attacking. "But you do have to set the record straight."
- Avoid letting your emotions come into play when responding. "Take a moment to pause. Be sure not to respond in an emotional manner instead of a factual one. Treat it like a court case."
- Personalize the response. "This is not the time for a cookie-cutter approach."
- Get your facts straight. "You will be challenged. Don't open another can of worms. Make sure you're sure before you respond."

Stewart said the timing of the response is critical. First, take a moment. Craft a response, review it. Ask an objective party also to review it. Times such as these may call for the need for assistance for a social media specialist.

Witrock reminded physicians to keep private health information out of the response. "You would not want to offer medical advice online," she said. "That needs a response by phone."

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Dr. Schaefer

Honored at WCA Event

JOANN SCHAEFER, M.D., EXECUTIVE vice president of health delivery engagement at Blue Cross Blue Shield of Nebraska, was recently honored at the 30th Anniversary Women's Center for Advancement's Tribute to Women event.

Dr. Schaefer, one of 10 women honorees was recognized by WCA for being a champion of women in both their personal and professional lives.

"She has been an important voice and we are thankful for her presence in the Omaha community. She is a significant role model for women and girls looking to enter the health care community. We know how busy she is in leading endeavors to control health costs and improve quality of care, but she always makes time to help when needed," said Erin Mulligan, WCA development assistant. "We are so happy to celebrate Dr. JoAnn Schaefer this year with the other nine honorees."

At Blue Cross Blue Shield of Nebraska, Dr. Schaefer is also a leader on the company's health and wellness team.

Prior to joining Blue Cross and Blue Shield of Nebraska, Dr. Schaefer served in a dual role as chief medical officer and director of the division of public health for the Nebraska Department of Health and Human Services from 2005 to 2013. Before that, she practiced family medicine and served as a tenured associate professor in the Department of Family Medicine at Creighton University Medical School.

Dr. Schaefer graduated from Creighton University Medical School and is board-certified in family medicine. She has been recognized by both Creighton University Medical School and California State University Fullerton, where she received her undergraduate degree, for her service and as a distinguished alumnus. ☺



Dr. Sparks

Part of Collaborative Research Program

THE CHILD HEALTH RESEARCH Institute, a collaboration between the University of Nebraska Medical Center and Children's Hospital & Medical Center and recently approved by the University of Nebraska Board of Regents, will provide a base for an already established and growing research program within the 10-year-old affiliation between the two organizations.

John Sparks, M.D., chairman of the UNMC Department of Pediatrics, said that since UNMC and Children's first affiliated in 2007, the affiliation has been extremely successful and has seen dramatic growth in both the clinical and education areas. "On the research side, we've also been very successful and have grown our research on many different metrics," he said. "We've developed particular expertise in four areas—cancer, heart disease, infectious disease and rare diseases—and have increased our funding and activities dramatically."

As a result, Dr. Sparks said, the time is right to launch into a bigger commitment to research.

"The institute will further strengthen the mutual commitment between Children's and UNMC in research and to help define a roadmap for the future, to ensure we continue successfully in research for years to come.

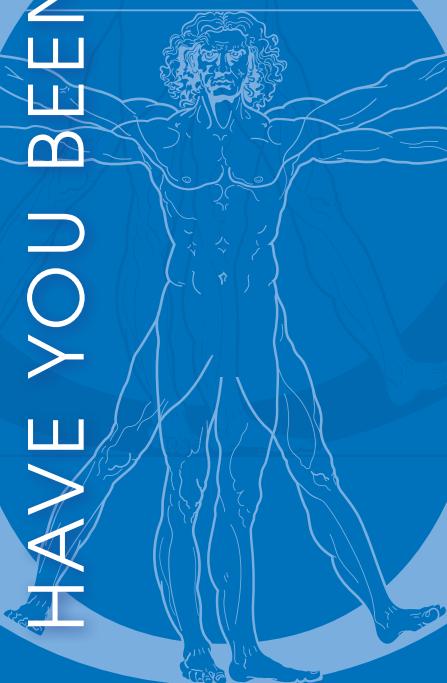
"We've been growing, but we see the institute now as an organizing force to set a tone and direction for the future," he said. "The focus is to start growing our critical mass of researchers and to improve our publications and our funding base. I would hope in the not too distant future we'll be big enough to think about our own facility."

Dr. Sparks moved to Nebraska as professor and chair of pediatrics in early 2008. During the last 10 years, UNMC has successfully implemented a strong affiliation with Children's Hospital & Medical Center, and the two have jointly grown clinical programs, including the first recognition in US News & World report. UNMC students consistently perform above national average on shelf exams, the residency has strengthened considerably, and UNMC has increased from one fellow in one active fellowship program to 10 fellows in five programs. External departmental funding has increased to about \$5.6 million last year.

Dr. Sparks holds the Carol Remmer Angle, M.D., Presidential Chair of Pediatrics at UNMC, and is associate dean for pediatric affairs. He is chief academic officer and pediatrician in chief at CHMC and chairman of the board of Children's Specialty Physicians (CSP). Dr. Sparks is in his ninth year as department chair at UNMC (19th year as department chair overall), and serves on the board of the Association of Medical School Pediatric Department Chairs (AMSPDC) for the academic health center. ☺

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NEW members



David W. Bouda, M.D.

Medical School:
UNMC

Residency in Internal Medicine:
Wilford Hall USAF Medical Center

Fellowship in Medical Oncology:
University of Texas Health
Science Center, San Antonio

Specialty:
Internal Medicine and Oncology
(Practicing in Bariatric Medicine)

Office/Location:
10812 Elm St. (Rockbrook Village)

Dr. Bouda has changed his focus to healthy living and weight loss over the past seven years. He directs a bariatric medicine clinic that utilizes his interest in life coaching and conversational intelligence.

He continues to enjoy eight grandchildren and working with his wife in their bariatric clinic. He reads history and mystery books voraciously. He currently is working on the "last great diet book."



Sarit Hovav, M.D.

Medical School:
Ross University School of Medicine

Residency in Psychiatry:
UNMC/Creighton

**Fellowship in Brain
Stimulation and Neuroimaging
in Mental Illness:**
UCLA Semel Institute for Neuroscience

Specialty:
Psychiatry

Office/Location:
440 Regency Parkway Drive,
Suite 136

Dr. Hovav was born in Israel and moved to the U.S. in 1985. She has two intelligent and talented children—Almog, age 14, who is a master guitarist, and Maayan, age 10, who loves to play piano. Her husband Roni is her biggest supporter and a source of constant encouragement. They have two dogs—a poodle and a beagle-terrier. Dr. Hovav loves to cook and bake and is always looking for something new to make her family. Professionally, she is involved in the American Psychiatric Association on a national level. She enjoys seeing adult and geriatric patients and providing both excellent and compassionate mental health care.

OTHER NEW MEMBERS

Samuel Bierner, M.D.
Physical Medicine & Rehabilitation
UNMC/Nebraska Medicine

IN Memoriam

William T. Griffin, M.D.
Jan. 11, 1930 – June 4, 2017

Hans Rath, M.D.
May 19, 1928 – June 11, 2017

DocBuild:

Habitat for Humanity Event

Despite cool temperatures combined with wet and muddy conditions, the annual MOMS DocBuild Habitat for Humanity home building event in late April brought in more than 50 volunteers, including physicians, residents and medical students, as well as medical school and clinic staff. Volunteers worked to frame basements on several homes.

- 1 A group of volunteers receives instruction before working on framing the basement of one of the Habitat for Humanity homes.
- 2 MOMS President Dr. Dave Watts, from left, and Creighton internal medicine residents Dr. Peter Vayalil, Dr. Amandeep Rakhra, Dr. Jeff Macaraeg and Dr. Roy Norris.
- 3 On the job, from left, are Dr. Laura Wilwerding, Dr. Maureen Fleming, Amy Guziec (Creighton OB/Gyn Residency Program Coordinator) and Ana Nelson (Creighton School of Pharmacy and Health Professions, Class of 2018). 



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COMING events



Metro Omaha Medical Society

MOMS KNOWLEDGE BOMBS:

One-hour CME sessions featuring specialty updates for all providers.

"NEPHROLOGY: THEMES ON BEANS"

PRESENTED BY RICHARD LUNCH, M.D.

TUESDAY, AUGUST 15
NOON - 1 P.M.

"TACKLE PENICILLIN ALLERGY"

PRESENTED BY SARA MAY, M.D.

TUESDAY, SEPTEMBER 26
NOON - 1 P.M.

"UPDATE ON OBESITY & BARIATRIC SURGERY"

PRESENTED BY TIFFANY TANNER, M.D.

FRIDAY, NOVEMBER 10
7 - 8 A.M.

MOMS OFFICE - 7906 DAVENPORT ST.

All sessions in the MOMS Boardroom at 7906 Davenport Street.

Breakfast/Lunch provided.

Free to MOMS members.

\$10 for non-members.

The Metro Omaha Medical Society designates each Knowledge Bomb Session for a maximum of one (1) AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information or to register for any of the upcoming Metro Omaha Medical Society events, visit

[www.omahamedical.com/
get-involved/all-events](http://www.omahamedical.com/get-involved/all-events)

NMA ANNUAL MEMBERSHIP MEETING:

TRANSFORMING HEALTH CARE BY IMPROVING PHYSICIAN LEADERSHIP

FRIDAY, SEPTEMBER 8

EMBASSY SUITES HOTEL - LINCOLN, NE

Visit www.nmaevents.org for more information or to register.

CAMPUS & HEALTH SYSTEMS update



Staying Downtown

BOYS TOWN NATIONAL RESEARCH Hospital and Medical Clinics have been serving patients and their families for 40 years at its downtown medical campus, 555 N. 30th St., and plans to remain there.

Medical services at Boys Town Hospital's downtown location include Boys Town Pediatrics, Boys Town Ear, Nose and Throat Institute, Pediatric Ophthalmology, the Center for Childhood Deafness and Vision Disorders and the Surgery Center.

In May, Boys Town Ear, Nose & Throat Institute opened a new clinic location at 7205 West Center Road. The clinic offers general and complex ear, nose & throat care for children and adults by two board-certified otolaryngologists: Richard Tempero, M.D., Ph.D., and Kelli Rudman, M.D., and a full audiology clinic and hearing aid dispensing. This medical clinic also offers internal medicine, pediatrics, same-day pediatrics, and allergy, asthma and immunology. ☺



Moving an Entire Hospital Isn't Easy

ALMOST FOUR YEARS OF planning. Moving tens of thousands of pieces of medical equipment. Designing a state-of-the-art trauma center.

CHI Health Creighton University Medical Center (CUMC) has moved from its 40-year-old home to two other locations—with minimal disruption to patients.

Staff at University Campus, which features a freestanding emergency department on the main floor at its 24th and Cuming streets location, provided care for more than 20 patients in the first six hours of being open. The \$37 million facility also includes outpatient clinics and a retail pharmacy.

CUMC's Level I Trauma Center moved to the Bergan Campus at 75th Street and Mercy Road, and had its first patient within a few hours of opening. The Intensive Care Unit there has doubled in size and the enlarged emergency department features a clinical decision and observation unit. A new helipad and a four-bay drive-thru ambulance garage have been busy receiving patients.

Renovation and new construction was \$135 million. A new multi-story clinic and academic tower will help train the doctors, nurses and other health-care professionals of the future.

"This is so unique it's different. We're looking past 2017 and into the future," said CHI Health Chief Executive Officer Cliff Robertson, M.D. "The future is not in hospital beds—it's finding new and innovative ways to care for patients outside the hospital while keeping costs down."

Consolidating two medical centers will help take the excess capacity out of the market, Dr. Robertson said. And costs will be lower—operating two hospitals that have some empty beds is more expensive than operating one hospital with few or no empty beds.

Dr. Robertson likens what CHI Health is doing to what the airline industry did in the 1990s. Industry leaders recognized the need for major change to help them survive and prosper. ☺



Facility Dog Provides Therapy to Patients

ONE OF CHILDREN'S HOSPITAL & Medical Center's newest employees is also its most popular. No one seems to mind if he snuggles up for a power nap during the workday or takes frequent breaks outside.

That's because Sven brings four-legged joy and comfort to everyone he meets. And, beyond warm feelings, this 2-year-old golden retriever is providing specialized therapy to young patients.

In mid-November 2016, he joined Children's as the hospital's first resident facility dog. A 40-hour-a-week employee with patients to see and therapy to facilitate, Sven is not only popular—he's busy, too. Sven's interaction with patients is more than a diversion. It is therapy that provides support and normalization in the hospital setting.

Child Life specialist Britta Carr is Sven's handler. Carr directs Sven as they provide various therapeutic interventions throughout Children's inpatient units and outpatient oncology clinic. Sometimes the duo is brought in to motivate a patient to comply with their treatment plan, whether that's taking a medicine or getting them out of bed to walk or participate in therapy.

Another job for Sven is helping young patients through uncomfortable treatments and painful procedures. Carr and Sven also are called in to offer bereavement support in end-of-life situations. Having a dog to hug and pet in those sad moments can be a comfort to siblings, as well as staff.

As Children's patient population grows, different methods of support are needed. The versatile therapy dog role will be increasingly in demand, as Children's continually looks to improve the outcomes and experiences of all patient families. ☺

CAMPUS & HEALTH SYSTEMS update



Flowers Is Vice President of Compliance at Methodist

A VETERAN LAWYER WITH COMPLIANCE, health care and legal counsel experience has been named vice president of compliance for Methodist Health System.

Shari Flowers comes to Methodist with over 16 years of compliance experience, including 10 years of providing health-care compliance, and legal counsel and advice to business partners and corporate leadership.

Prior to joining Methodist, Flowers served as vice president compliance and ethics, chief compliance officer at Blue Cross and Blue Shield of Nebraska the past three years.

"Shari's experience as a lawyer as well as her compliance expertise in the health care industry at Blue Cross and Blue Shield make her a perfect fit for our organization," said Steve Goeser, executive vice president and chief operating officer for Methodist Health System. "Shari understands the health care industry and its many demands from a compliance standpoint. That expertise will be very valuable and we are excited to have her on board."

At Methodist, Flowers' responsibilities will include the senior administrative direction of the health system's corporate and regulatory compliance, risk management, contract management and privacy/security functions.

Flowers began her career as a pension negotiator/legal liaison with Principal Financial Group in Des Moines. She later worked as a compliance consultant at Mutual of Omaha Life Insurance Company.

Flowers joined Blue Cross and Blue Shield of Nebraska in 2006 and held positions of senior corporate counsel and director of strategic business services prior to her vice president role.

She is a graduate of the University of Northern Iowa and the Creighton University School of Law. ☈



Led by the physicians and health systems of your community.

From Taking Shots to Making Baskets

WITH A NEW HEALTH-CARE bill being debated on Capitol Hill and a new presidential administration weighing in on the American health-care system, the ground around you as a physician is guaranteed to keep shifting.

Among many changes you can expect, the move to value-based care and how physicians get paid continues to pick up steam.

The Centers for Medicare and Medicaid Services (CMS) regularly launches new incentive programs – such as the Comprehensive Primary Care Plus initiative—that promote better care, smarter health care spending and healthier people.

Major health insurance companies such as Aetna, Blue Cross Blue Shield, Humana and United Healthcare develop agreements with provider groups such as the Nebraska Health Network (NHN) that focus physicians and practices on the Triple Aim of high-quality care, patient satisfaction and controlled costs.

The game is changing from the fee-for-service world of getting paid to "take shots" – the more a provider does, the more they get paid – to a value-based model where providers are reimbursed to "make baskets" on quality, cost and patient experience measures.

So how can you as a provider be poised to succeed in this new world?

Michael Romano, M.D., a family physician and NHN's chief medical officer, boils it down to this: Know the least-healthy 20 percent of your patient pool, and maintain laser-focus on managing the care of those individuals.

"The secret to success is that the sickest and most costly patients in your population need extra attention and care management from physicians and their teams," Romano said.

The challenge with this is when "you don't know what you don't know." It's easy to identify patients who need more managed care when they consistently visit your office. The problem lurking is the least-healthy 20 percent that you never see.

"They may be attributed to you through a value-based contract with Medicare or a commercial insurer, but they're not seeking care from you or being care-managed at all," Romano said. "You need help identifying those people and getting them in a practice workflow that addresses their needs." ☈



University of Nebraska Medical Center

SIM-NE Trucks to Serve State

UNMC HAS LAUNCHED FOUR Simulation in Motion (SIM-NE) trucks that will be stationed in Norfolk, Lincoln, Kearney and Scottsbluff.

The 44-foot long, dual-axle customized trucks will be deployed and stationed customized trucks, funded by a \$5.5 million grant from The Leona M. and Harry B. Helmsley Charitable Trust, feature a mobile simulation, real-life training experience designed to increase life-saving training opportunities through high-tech simulation. The training is free and targeted to rural emergency medical service agencies and rural critical access hospitals.

The trucks feature dual slide-out room extensions, a simulated emergency room and an ambulance, as well as computerized mannequins that talk, breathe, have heartbeats, and can react to medications and other actions of the learners. They can die and be revived over and over again.

Each mobile unit is outfitted with supplies to recreate a realistic environment for learners which includes: pre-programmed computerized medical and trauma scenarios; monitors that display vital signs of patient simulators; and audio and video recording/playback capabilities.

Participants will use real medical and rescue equipment that includes airway management equipment, cardiac monitor/defibrillators, medications, intravenous supplies, stretchers, immobilization devices, and resuscitation equipment.

UNMC Chancellor Jeffrey P. Gold, M.D., said the SIM-Nebraska project will help save lives. "These four trucks are a realization of the University of Nebraska Medical Center, of Nebraska Medicine and of the University of Nebraska system at large," he said. "Because it's a way of saying to the communities we serve 'we hear you and we're here to help you to keep the citizens of the local community healthy, to keep them engaged, to keep them productive, to keep them part of the economic development resources of this great state of Nebraska and to continue to allow us to recruit the best and the brightest.'"

Paul Paulman, M.D., UNMC assistant dean for clinical skills and quality, is principal investigator of the grant. Jennifer Adams, M.D., UNMC assistant professor of anesthesiology, is co-investigator. ☈

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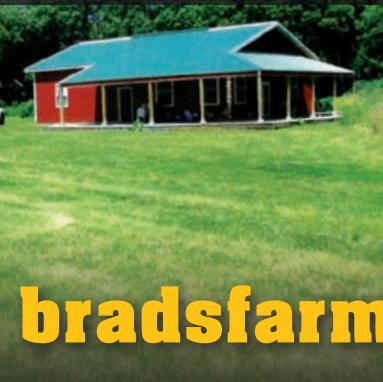
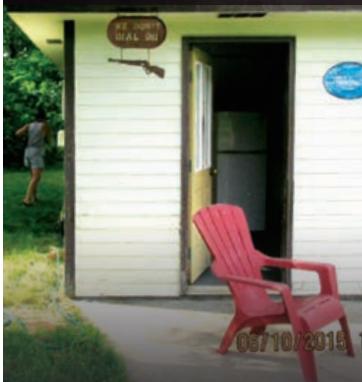
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Application for Membership



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

Personal Information

Last Name:	First Name:	Middle Initial:
Birthdate:	Gender: <input type="checkbox"/> Male or <input type="checkbox"/> 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:	<input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other:	
Event Notices & Bulletin Magazine:	<input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other:	

Educational and Professional Information

Medical School Graduated From:		
Medical School Graduation Date:	Official Medical Degree: (MD, DO, MBBS, etc.)	
Residency Location:	Inclusive Dates:	
Fellowship Location:	Inclusive Dates:	
Primary Specialty:		

Membership Eligibility Questions

YES NO

(If you answer "Yes" to any of these questions, please attach a letter giving full details for each.)

- Have you ever been convicted of a fraud or felony?
- Have you ever been the subject of any disciplinary action by any medical society, hospital medical staff or a State Board of Medical Examiners?
- Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine?
(Including revocation, suspension, limitation, probation or any other imposed sanctions or conditions.)
- Have judgments been made or settlements required in professional liability cases against you?

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Signature

Date

B

Fax Application to:
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