

Physicians Bulletin

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Drs. Shiffermiller

Three Generations of
Enjoying What They Do

Dr Shillcutt

From Burnout to Brave Enough

Dr. Scherl

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Audrey Paulman, M.D.
Editor
Physicians Bulletin

There's Much to Be Said About the Drs. Shiffermiller

ALWAYS SMILE A LITTLE when I say the name because of the physicians known as Dr. Shiffermiller. Such a long name for such nice professional people. There has been a Shiffermiller in practice since before I became a physician, and there will be a Shiffermiller in practice after I retire.

In this edition, the *Physician's Bulletin* has interviewed two Dr. Shiffermillers. They share their memories and perspectives of a life in medicine. I believe you will share some of the same memories. My shared memory is eating together at the hospital with my family and colleagues.

My mornings used to be more relaxed and simple. I would get up and drive to one of the hospitals, visiting patients. Sometimes, my children would accompany me to work, enjoying the doctor's lounge amenities, watching TV, and talking to doctors. Oftentimes, we would eat in the doctor's lounge.

I knew the people I worked with then. Most of the patients were continuity patients, and I knew them outside of their current inpatient setting. I also knew most of the doctors who were consulting on these patients. After making rounds, I would routinely stop for coffee in the lounge. Specialty physicians were always available for consults, and they would also share advice about changes in the medical community, politics, vacation travel, and stock tips. I didn't have to find information, it came to me.

And then the world changed. Across the country, and in Omaha, one more change has come to the practice of medicine. The doctor's lounges have been downsized.

It may have happened because hospitalists are now admitting and attending physicians, and primary care has become an outpatient only

specialty. It may have happened as the specialists began going to specialty hospitals, becoming less frequent visitors to general hospitals. It may be because physicians work for systems rather than in a practice. I don't know why it happened, but it happened.

The real loss is not the loss of the actual free breakfast or lunch. We all know there is no free lunch. The true loss is the loss of the sense of community of physicians who would come together, by choice, to communicate.

In that communication, perspectives were shared, new partners were introduced, innovations in medical care were shared, new practice locations were announced, and friendships were made.

To be sure, there is a cost in lost productivity and a direct expense to hospital systems in providing a lounge with nourishment for physicians. But isn't there a benefit as well?

In those meals, we, as physicians, could find each other and talk. I miss those days. I also miss the days when I felt like I had an active discussion about the decision-making process that impacted my day to day life.

So when issues like this impact us, where can we find now each other? The Metro Omaha Medical Society is one option.

The Metro Omaha Medical Society is a professionally diverse group of physicians. Our members are employed by over 150 different groups, from individual practitioner to large hospital systems. We represent 76 different specialties or subspecialties.

Some specialties are well represented. Over half of the members come from family medicine, Ob/Gyn, orthopedics, diagnostic radiology, anesthesiology, ophthalmology, pediatrics, internal medicine, and gastroenterology.

One-third of our members come from very small practices.

While the large hospital systems have many members of MOMS, less than 20 percent of their employed physicians are members.

Over 10 percent of our members are family physicians.

In the physician member group under the age of 40, one-half of the members are women.

The activities and publications of MOMS try to reflect the interests of the members of this group.

Where are you in this group? If you are reading this magazine, you are most probably a physician. This magazine is delivered to all physicians in Omaha, but only half of readers are dues-paying members.

With health care in a constant state of change, we need robust organizations and well-trained physician leaders. We have focused on members of this organization in this edition of the bulletin. Drs. Bill and Jason Shiffermiller offer insights into leadership and change. Dr. Sasha Shillcutt is facilitating a group to network women physicians. Dr. Susan Scherl shares her passion, which complements her professional career.

And for those of you who want to help actively make those decisions about changes to the doctor's lounge, or making improvements where you work, there is an article about leadership development opportunities for physicians.

Thanks for reading this edition of the Bulletin. 

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IN THE FALL OF the year, the Foundation Committee begins work to determine which organizations MOMS will fund in the upcoming year. It is also the time we reflect on what our current grant recipients have achieved. We want our foundation dollars to count toward improving the health of our community and having the greatest impact whether through education, safety or actual diagnosis of health conditions.

Although the year has not yet ended, we do have some progress reports for this year that really highlight what your donations are helping to achieve.

Boy Scouts of America used its dollars to provide AED (automated External Defibrillators) for four centers: Durham Scout Center, Camp Wa-kon-da, Camp Cedars and Camp Eagle.

The Omaha Chamber Music Society received funding to support playing music at Josie Harper Hospice House this past year. Music soothes the residents and the families and was a gift the Foundation was happy to support.

Training for medication management is being utilized to help young people who stay at the Child Saving Institute's emergency shelter ensure that they are taken care of in that facility appropriately and safely. Through our help, they now have a protocol for administering and securing drugs on site.

Supplies like instant thermometers have been added to the tools caretakers at Children's Respite Care Center have on hand for their facility, while free glucose screenings and first aid kits were in heavy use at the Bi National Health Fair on Metro Community College's campus to serve the 400 to 600 people in attendance.

A support group for women in epilepsy was formed and a camp experience was created for teens and young adults with epilepsy thanks to your generosity.

And what made the Foundation Board pause at the work done this year: Project Harmony used foundation funds to support lab testing of abused children to evaluate them for suspected drug exposure. This unique program tested the hair of 338 children from Douglas and Sarpy counties. Nearly 70 percent of these children were positive for exposure to methamphetamines, 55 percent positive for exposure to marijuana, 9 percent positive for cocaine exposure and 6 percent were positive for exposure to PCP. Many children had multiple exposures present. The average age of children tested was 4 years old. Results from this testing assisted in getting these children out of unsafe environments and into foster care.

We are so grateful for your continued support of our collective efforts to do great work in the community and for championing your favorite nonprofits for grant consideration. We hope that you'll attend the wine and karaoke night on Oct. 24, bid on a silent auction item and support the Foundation. [🔗](#)



Debra Esser, M.D.
President
MOMS Foundation



Dale Mahlman
Executive Vice President
Nebraska Medical Association

Better Now Than Sometime Later

THIS EDITION OF THE MOMS Physicians Bulletin highlights some great opportunities for our physician members to identify and sharpen skills as physicians lead the health-care team and advocate for medicine and patient care. My last column mentioned the introduction of the Nebraska Medical Association Physician's Leadership Academy, which kicked off on Sept. 15 with our initial class participants. We are excited to track the progress of our initial class and hope their experience is extremely valuable to their personal development, both in and outside of medicine.

When I think of leadership, I am reminded of our Nebraska Health Care Reform Task Force (which convened in 2007 and 2008) and the 25 physician members of the NMA who worked on that effort. The Task Force, the result of a resolution to our 2006 House of Delegates and during the NMA presidency of Rowen Zetterman, M.D., was co-chaired by Drs. Richard O'Brien and John Benson, of Creighton and UNMC respectively.

It was under their leadership that a diverse group of physicians from across the state and various specialties developed the recommendations that all Nebraskans should have good access to timely needed health care with an emphasis on good health habits, wellness and prevention, and that health care in Nebraska be of high quality, efficient, affordable and equitably accessible to all. This recommendation was developed by the physicians of Nebraska for all Nebraskans. Now that's leadership.

Around the country, other states were having similar discussions but here it was the Nebraska Medical Association and its physician leaders addressing the issue for our state.

Legislation was introduced in 2009 by State Sen. John Harms of Scottsbluff, and because health care was front and center in Washington D.C., our Legislature chose not to advance this well-crafted legislation. As a result, we waited for the passage of the Affordable Care Act at the federal to see health care "reformed" and we continue to watch the daily struggles with the enacted legislation. While not perfect, some think it's better than nothing.

My front row view of our task force discussions saw physicians willing to address the pressing issues of the time, challenge the status quo, and begin to focus on prevention and patient involvement in their own health care. The key to all of this was physicians were involved in the discussion and leading the conversations.

MOMS and the NMA strive to inform our members of the opportunities for involvement and providing information that is relevant to the issues of the times. Waiting for change to occur without being involved in the discussion makes me really uncomfortable and, thus, having informed and engaged physicians representing the profession of medicine is more important now than ever. Physicians are all extremely busy with work and family commitments, but with additional leaders willing to accept the challenge, we hope there will be better balance and opportunity for all.

Our Health Care Reform Task Force decided over 10 years ago that we needed to lead on the issue of health care. Today, physician members across the state are leading their practices, patients and communities advocating for the profession, for patients and for the health of all Nebraskans. The opportunity to lead through your state and county medical societies is available. Reach out to us. The time to lead is now. 



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MOMS also has members seated on a variety of area health-related committees and boards.

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

Interested in getting involved?

Contact Laura Polak at (402) 393-1415 or laura@omahamedical.com





Michael Sitorius, M.D.
Family Practitioner, Nebraska Medicine
Professor and Chair of Family
Medicine, UNMC

Patient-Centered Medical Home Delivers More Personalized Care

FOR THE PAST SEVERAL years, my colleagues and I at Nebraska Medicine have focused on improving the way we deliver health care by transforming our practice into one that more closely follows a patient-centered home model of care, also known as a Patient-Centered Medical Home (PCMH). This model focuses on taking care of the whole person in an integrated, team-based concept that provides comprehensive care for chronic and acute conditions, preventive care as well as end-of-life care.

A key concept of this model is the distribution of care to many people in the office who work together as a team and take collective responsibility for the patient's care. The primary health-care team is expanded to include a physician, nurse, behavioral medicine specialist, pharmacist, social worker and nutritionist who work closely together to deliver care to each patient in a cost-efficient and proactive manner. Instead of treating a person only when he or she is sick or injured, PCMH seeks to promote preventive care through education by prompting patients to seek important screenings and follow-up care.

Another key element of this model is taking the focus away from seeing more patients to focusing on partnering with patients to provide more comprehensive care. We encourage the patient to share responsibility and accountability for his or her own health. Without the patient's active involvement, this model cannot be successful. This requires teaching patients about their disease, the importance of home management and prevention.

The use of electronic health records can improve the success of this model as it allows your team to better organize important clinical data and to track and measure your patients' health, identify health needs, needed screening tests and immunizations, and to focus on the development of disease management systems.

I am a firm believer in this model of care. It is an important step in moving health care from a model that is volume-based to one that is value-based in terms of safety, quality, access to care and outcomes.

Through this journey, we have found that this model is a win-win for everyone as it not only has the potential to lower health-care costs, but also to provide multiple benefits to both the patient and the health-care providers.

FOR THE PATIENT:

- Better coordination of care.
- More personalized care.
- Improved access to care.
- A better focus on prevention.
- Improved health outcomes.

FOR THE HEALTH CARE PROVIDERS:

- Greater professional satisfaction.
- Improved quality and safety.
- Encourages better use of resources.
- Promotes more proactive care.
- Allows team members to practice at the top of their license.

One of the biggest challenges to this model is changing the culture of the health-care environment from the traditional physician-led model to one that is team-based, values the contribution of each team member and allows each team member to practice at the top of his or her professional license. The traditional model is engrained in us and breaking that established hierarchy can be difficult. Another challenge is the transformation to a payment system that rewards this model and allows for sustainability. But with new models such as the Merit-Based Incentive System (MIMPS) and the Alternative Payment Model (APM), we are getting closer to meeting this challenge.

At a time when health care seems to be at a turning point, it is also a time to reflect about how we deliver our services and what the future of health care should look like. If one of our goals is to improve the patient experience and our delivery of health care services, I believe PCMH models are a step in the right direction. 



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AT 7:15 ON A given October Wednesday evening, the setting sun is well entangled in ruffled swaths of folded colors as they drape across a Midwestern sky. Radiant golden cornstalks billow along roadsides from the cool prairie wind, and a small group of people gather to sing. A nurse, physician, retired teacher, professor, tennis fanatic, passionate knitter, and a lone medical student are a few of the souls who people the St. Luke United Methodist Church Chancel Choir. Differing viewpoints, ages, or any falsely perceived social categories quickly dissipate into the opening chords from the grand piano before our mouths first open. An imperfect harmony rises in the sanctuary above our shared identity as amateur singers.

Sunday, April 5, 2015, was a sunny, calm day in Omaha. Understanding of my busy schedule as a first-year medical student, my family traveled from Minnesota for the Easter holiday weekend. I perused several churches in the area for prospects to attend. Those high atop the list, of course, were ones with services that aligned best with our brunching reservation. However, shortly after sitting down in the pew, the opening note coming from the choir made me forget about brunch all together. Flooded by memories of years spent playing the piano and flute and singing in a high school choir, I realized my passion for music had been neglected in recent months. I went back to that same church two weeks later, compelled by the idea of getting to listen to the vocal ensemble again. Surprisingly, I was asked to join them.

I was the youngest member by several decades.

As I entered my second year of medical school, both choir practice on Wednesday evenings and our performances on Sunday mornings became written into my weekly schedule with the same weight of an academic assignment, exam, or the hours I set aside to study. Carving out the time to sing each week became

more challenging during my clinical rotations, but it proved that setting aside space to continue our passions can be done.

Now, seasons and years of singing together have passed. For everyone, it remains an hour or so in time shielded from the burdens of today or tomorrow or the prairie winds blowing outside the stained-glass windows. Each rehearsal typically ends as the last chord strains to suspend blissful tones, and our director tucks the musical scores back into their folder. From my seat in the alto section in the second row, I see the singers that have become like family. The sopranos to my right: a collective group of grandmothers I fiercely admire and adore. Basses in the back, although furthest away, always inquire about how I am doing and offer life advice in a way only a grandfather could do. Tenors sing over my shoulders. And of course, in the nearby altos, I hear most intimately the rich nuances in the timbre of voice that surely come exclusively with age.

This choir has kept time through my years in medical school; a steady and persistent hum, ever-present within the walls of a hospital and weaving through the hours I have spent in a library or lecture hall. Sometimes I just need to listen. There is no tangible way to quantify how much happier I am having gone through medical education experiencing the collective happiness with others from singing each week. I've learned more about life, love, loss, and listening than could ever be taught in a classroom. It has complemented my formal medical training in a wonderful way.

I'm currently amid applying to residency. The voices from this choir will always provide a subconscious rhythm and a joyous anchor of fond memories as I prepare for the next chapter on this journey, wherever that may be.

But until then, I'll keep on singing. 🎵



Elizabeth Null

*Fourth-year Medical Student
Creighton School of Medicine*



Dr. Scherl She Now Prefers to Play the Flute



AT FIRST, SUSAN SCHERL, M.D., didn't have much choice but to play the flute. "I think my parents picked the flute for me because it was the most portable of all the band instruments," she said.

Later, when Dr. Scherl was looking to give it up, her mother set her straight. "My mother said to me: 'Of course it's hard. If it was easy, everyone would be walking around playing the flute. Stick it out.'"

She did, and found that, with practice, playing the flute wasn't as difficult as she originally thought. She stuck with it – even as her fourth-grade classmates dropped out – and started taking private lessons.

While attending Horace Mann, an independent college preparatory school in the Bronx, Dr. Scherl played in its orchestra and chamber music group, and took such classes as music theory.

She continued taking lessons in college and medical school. "I wanted to keep my skills up. It became part of a habit.

"It didn't occur to me to stop."

She did have to take a pause. Her two residencies – at Saint Luke's Roosevelt Hospital Center in surgery and State University of New York Health Science Center in orthopaedic surgery followed by a fellowship at Case Western Reserve School of Medicine in pediatric orthopedics – kept her too busy for much practice time, let alone lessons. "I was too busy to miss it."

As an attending at the University of Chicago, Dr. Scherl found herself with more time. She played with Lakeside Flutes, a select ensemble of flutists from the greater

“While I am playing or learning a piece, I can’t think about medicine. I have to focus on what I’m doing.”
- Dr. Susan Scherl

Chicago area, for eight years.

When work (she’s professor of pediatric orthopedics at UNMC and a staff physician at Children’s Hospital and Medical Center) took her to Omaha, she said, her first query via Google was to see if she could find a community flute group. She found the Heartland Community Flute Choir.

“It’s the perfect outlet. I get to play with other people. We play music that takes a bit of practice, but not a lot.”

The flute choir, which is composed of 40 members, practice weekly and performs four times a year. “There’s enough people on each part – that I’m not missed when I am on call.”

Dr. Scherl said playing the flute complements her professional career. She gets to meet people who aren’t in health care. “It’s really nice to have something in my routine outside of work. Music helps her tap into the creative portion of her brain. Finally, playing the flute forces her to set work aside. “While I am playing or learning a piece, I can’t think about medicine. I have to focus on what I’m doing.”

Dr. Scherl said she can’t imagine giving up the flute, no matter how busy medicine keeps her. “It’s something I have been doing most of my life. It’s kind of a habit. It’s hard



ALL FLUTES ARE NOT THE SAME

Mention the flute, Dr. Scherl said, and most think of the C flute. It’s the most common, and the one Dr. Scherl plays. “I can play the piccolo (flute) a bit.”

The piccolo, is smaller than the C flute (short for concert flute) and is an octave higher. The bass flute is bigger and an octave lower. The alto flute is between the c flute and bass flute in size and one-fourth octave lower than the C flute, she said.

The four flutes use the same fingering.



Dr. Shillcutt

From Burnout to Brave Enough



SASHA SHILLCUTT, M.D., KNEW where she was headed.

“I was reaching the point where, on paper, I was finding a lot of success. I looked good on paper,” she said. “Personally, I was exhausted. I was emotionally and physically depleted. I was feeling immense pressure to keep up with my teaching and clinical career.”

“I felt isolated,” said Dr. Shillcutt, associate professor and vice chair in the Department of Anesthesiology at UNMC.

What Dr. Shillcutt started as a mechanism for self-care evolved into a passion for providing female physicians with an outlet for professional and personal networking. What she started as a text community and moved to Facebook as its platform, now can be found at www.becomebraveenough.com

Visitors to the website learn that the purpose of Brave Enough is to challenge and encourage others to be brave enough – to lead, to encourage others, to change, to fail, to be kind, to speak up and to ask for the promotion – and also to wear the lipstick and live the dream that God placed deep within your heart.

The online community, which started with 30 women physician members, has grown to nearly 6,000. “Women can access the group and a network of friends when it’s convenient for them. Morning. Evening.”

To join, female physicians must be vetted, Dr. Shillcutt said, to ensure the sanctity of the group. The online community has evolved into a network for those seeking professional advancement, self-care and social interaction.

And what became an online community, now has a face-to-face component, Dr. Shillcutt said. Groups of female doctors who meet

through the group have formed in Florida, California, New York (state), Illinois, Arizona and Nebraska.

The next step is the Brave Enough Women’s Leadership conference held in Omaha in mid-September, sponsored through UNMC Department of Anesthesiology. Dr. Shillcutt expected more than 200 attendees from 42 states. Lecture topics included resilience, health and self-care, and mindfulness negotiation. Social activities included a champagne gala on Friday night and music and dinner on Saturday night. Attendees could shop during lunch “The retail shops are coming to us.”

Finally, this conference had one other unusual characteristic, Dr. Shillcutt said. “It is a women-only event that is designed as a retreat for women physicians.”

Dr. Shillcutt said what once was a means for her professional and personal survival has become a passion. She speaks at conferences throughout the country. Often, she’ll meet women during these conference who ask her if she is the Sasha from Brave Enough. “I think we need a secret handshake.”

Some members nominated Dr. Shillcutt for an AMA Inspiring Women award. “That was a huge honor for me.”

Dr. Shillcutt said she is now in a better place – professionally and personally. The wife and mother of four has found balance. “I think we as physicians need to be vulnerable. We need to admit when we need help and encouragement, and we need to connect with other people. We have to take care of ourselves.” 



Dr. Shillcutt's Latest Must-Read

As an avid reader, Dr. Shillcutt can recommend a book or two that's proven beneficial to her personal and professional growth. Currently at the top of her list is Dr. Carol Dweck's "Mindset."

"I heard about it because every book on leadership or resilience referenced it," she said.

In the book, Dweck, a Stanford University psychologist, explains how success in school, work, sports, the arts, and almost every area of human endeavor can be dramatically influenced by how one thinks about his or her talents and abilities. People with a fixed mindset – those who believe that abilities are fixed—are less likely to flourish than those with a growth mindset—those who believe that abilities can be developed.

Dr. Shillcutt, who reads three or four books each month, said: "It is such a great book and inspired me to continue to foster a growth mindset, which I believe is even more important as we grow in our careers. The book is about the importance of accepting that failure is part of growing, and that it is not so much achieving success in everything, but overcoming failure that builds resilience."



Drs. Shiffermiller

Three Generations
of Enjoying What
They Do



Dr. Jason (Shiffermiller (left) reads medical journals with father Dr. Bill Shiffermiller

BILL SHIFFERMILLER, M.D., ISN'T one to pass up an opportunity to give his son a little jab.

"I just got an email from him," he exclaims. "He has a new title. I don't even know what it is. Something about head of analytics. Is that true?"

Which causes his son – Jason Shiffermiller, M.D., to grin and respond after listing his other title: an assistant professor in the section of hospital medicine at UNMC.

"There's a newer title," he tells his father. "But probably not any more money."
"Only more work. Not any more money."
And so it goes – the banter between father and son, who are peers and part of three generations of Shiffermiller physicians. Jason Shiffermiller's revelation about his new responsibilities at UNMC was one topic of discussion when the pair got together recently at the senior Shiffermiller's office to discuss how medicine has evolved during the past 60 years, and the strong bond they feel as father and son and members of the health-care profession.

The elder Dr. Shiffermiller goes first. He shares his memories of spending time with his

father – the late Floyd Shiffermiller, M.D. The family would eat together at the local hospital in Ainsworth, Nebraska. He knew all the hospital employees. And he made house calls with his father. "I got to know the lifestyle."

During high school, Bill Shiffermiller recalled, he realized he enjoyed the sciences, and decided to follow his father's profession.

He doesn't recall his father's reaction when he revealed that he wanted to study medicine. "He was not very demonstrative. He was a quiet person. He wouldn't likely have said much."

But then he adds: "I'm pretty sure he was pleased."

The story unfolds a bit differently when Jason Shiffermiller told his father about his plans to forego a career as a biomedical engineer for one in medicine. Jason was attending Iowa State University, and transferred to the University of Nebraska-Lincoln. His reasoning: His engineering curriculum included a large dose of mathematics, which was fine, but little interaction with people.



A Tie that Binds

Bill Shiffermiller says he relishes the time spent talking shop with his son and his daughter-in-law, Abby, who is also a physician. “The fun part is to listen to what they’re doing and understand what’s going on in their professional lives.”

He tells the story of the time when he, his father (Floyd) and his son – three generations of physicians – discovered they had a medical school connection. Jason was imitating his anatomy professor (Edward Holyoke, M.D.), who had a distinctive voice. “My father is laughing because he had the same professor. He (Dr. Holyoke) taught 63 medical school classes.”

Bill Shiffermiller’s reaction: He asked a friend, who was a nuclear engineer, to speak with his son. “I thought Jason had received an introduction to the engineering blues. I thought maybe he didn’t understand what the options for engineers were.”

“I think it was too late,” his son replies.

Then he adds: “That was at the point where I tended to not listen to you guys’ (meaning his father and mother, Laura),” Jason says. “At some point, I realized your advice was better followed than ignored.”

His father’s reply: “Jason’s mother was not terribly enthused. That’s what I recall.”

“She tried to make sure I understood the full range of possibilities,” Jason responds.

So he switched his major, which meant the Shiffermiller bloodline would have a third generation of physicians.

When Jason thinks about his childhood – as the son of a physician – one memory is eating meals with Dad when he was a resident at the VA. He also recalls listening in while his

father – already working at Methodist Health System – was involved in an intense conversation on the telephone. “You were troubleshooting some problem. You just held a lot of authority. The way you interacted. I don’t even know if you were the boss at that point. I remember you were clearly respected by your colleagues.”

Bill Shiffermiller, now vice president of medical affairs at Methodist, serves as a bridge between his father’s way of practicing medicine and his son’s world. He says he can see value in both worlds.

Back in his father’s day, physicians weren’t dogged by the rules and regulations that can limit their time spent with patients. He recalls his father would see 30 patients in one day – and log his interactions with them on one sheet of paper. “Removed stitches. Treated laceration. And that’s it. Just thinking about it and what the documentation requirements are now, that’s a remarkable change.”

» *continued on page 24*

The younger generation of physicians are more aware of work-life balance, Jason says. “It’s all about how much you’re enjoying what you do.”



◀ continued from page 23

Jason: “Maybe for the better?”

Bill: “It took no time to document what we did. Now I am going to say between 30 and 35 percent of a physician’s time is spent documenting what you did with a patient.”

Jason: “I think it takes more time. I think you spend more time on the computer than you do with a patient.”

Bill: “There weren’t any computers back then.”

Jason: “I can’t say I’d feel very comfortable without them.”

His father brings the topic to a close. “He’s never seen it any other way. I’d say it’s what you get used to. There are lots of great ways technology enhances care.”

He also points out that technology now enables physicians to do some of their work away from the clinic or hospital. “You forget about the efficiency part. You can do a large majority of what you do at any site. I can do it in the office. I can do it in Ireland.” Fifteen years ago, his office had three full-time staffers pulling 600 charts each day. “Now you can get the information in a few seconds.”

Still, when pressed, Jason stresses that the best time to practice medicine would be at some point in the future – when all the kinks linked to technology are worked out. He points out that the average app on his iPhone functions at a higher level of efficiency than any electronic health record system. “They (electronic health records) could be tools for our efficiency. There’s still a lot of opportunity.”

Talk with the Shiffermillers turns ever more serious when their conversation focuses on physician burnout. Back in his early days practicing medicine, physician burnout wasn’t discussed, Bill says. “The protection of physician burnout is the interaction with your patients, your colleagues and the people you work with in your office.”

Still, he says, repetition can take its toll. You treat patients with similar ailments for 40 years. Ironically, the relationships formed during this time can be what keeps a physician fresh, he says.

The younger generation of physicians are more aware of work-life balance, Jason says. “It’s all about how much you’re enjoying what you do.”

If Bill has one concern about the latest generation of physicians it’s this: “I would say the flip side to life balance in protecting from burnout is the long-term relationship that’s established with the physician’s patients that helps to bring value to the practice of medicine and, as we get more specialized, may be difficult to achieve.”

His son has a slightly different take. Jason explains that patient satisfaction is an important measure of health-care quality, and one of the major drivers of patient satisfaction is whether the health-care provider is having a good experience. “I think that’s a totally different paradigm from my father’s day.”

I think we’re becoming more aware that one of the things that determines patient satisfaction is the satisfaction of the people caring for them.”

Bill adds, “Which is not the sort of model that health care was based on previously.”

This conversation ends where it began – with a discussion about family. This time it’s about Jason’s son (Bill’s grandson). Could there be a fourth-generation Shiffermiller physician?

Back in his early days practicing medicine, physician burnout wasn’t discussed, Bill says. “The protection of physician burnout is the interaction with your patients, your colleagues and the people you work with in your office.”

“I don’t think I would discourage it,” Jason says. Part of his job, he explains, is working with UNMC medical students and residents, who want to know more about their options in medicine. “I’d be more interested in talking to my son, if he considers a career in medicine at all, about where within the field his interests lie and what kind of medical career he’d want.”

Jason’s father is a bit more candid about the possibility of his grandson practicing medicine. “I just hope I live long enough. My grandson is 19 months old.” 🗣️

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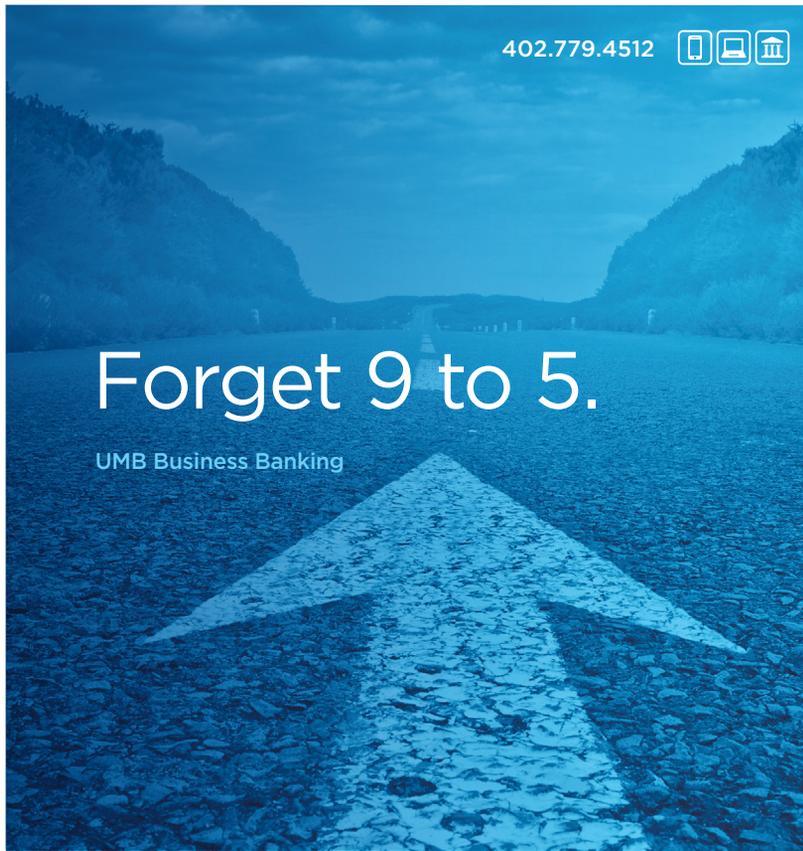


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Local Physician Leadership Programs



ALENA BALASANOVA, M.D., KNOWS the stakes are high, which is why she's willing to add to an already busy schedule.

Dr. Balasanova, assistant professor and director of Addictions Education at UNMC, is participating in the Nebraska Medical Association's Physician's Leadership Academy with one goal in mind: "I recognize the stakes for physician leadership are higher than ever. Local leadership is needed to overcome the woes of our national health-care system.

The academy is just one opportunity for physicians to boost their leadership skills or continue their education. Other options include the UNMC Great Plains Leadership Institute or Creighton University's new executive MBA program, which is tailored for physicians. Here is a summary of the three:

NMA PHYSICIAN'S LEADERSHIP ACADEMY

Funded by a two-year grant from the Physician's Foundation, the academy recently kicked off its inaugural program, and will launch a second session in August 2018.

"We are working to create the next generation of physician leaders," said Dale Mahlman, NMA executive vice president. "Medicine is a profession, not an occupation. This experience focuses on what isn't taught in medical school."

The 10-month program, which is free to NMA members, kicked off in August with participants completing a 360-degree assessment. A half-day workshop followed in September, to be followed by eight additional monthly half-day sessions held in Lincoln. Participants also receive monthly coaching sessions.

Mahlman said the NMA Leadership Academy monthly sessions will combine elements of leadership development, peer coaching and social accountability.

Mahlman said the monthly sessions will combine elements of leadership development, peer coaching and social accountability. Participants will learn and practice new leadership skills in the context of business performance, he said.

The NMA will begin taking applications for the spring 2018 or the 2018-19 opportunity.

Dr. Balasanova, who has participated in the AMA's Young Physician Section, said she appreciates the opportunities she has had to experience health care on a national level. "But at the end of the day, leadership starts at home – which is why I am excited to participate in the physician's academy."

For more information, contact Mahlman at dalem@nebmed.org

UNMC GREAT PLAINS LEADERSHIP INSTITUTE

Jeremy Howe, M.D., was looking for an outlet to complement the training he learned in medical school. "I received training in medical school on how to be a physician. I didn't have training on how to work one-on-one with people," said Dr. Howe, associate medical director for satellite clinics for OneWorld Community Health Centers.

He found that outlet by participating in the 12th class of the Great Plains Leadership Institute.

"We focus entirely on leadership," said Katie Brandert, institute director. "We help our participants realize that leadership skills and strengths are transferable no matter the field."

The institute launches its 13th class in October with 26 participants, who come from Nebraska, Iowa, Kansas and Missouri. The program was designed to build and enhance the leadership skills of emerging and senior leaders from organizations whose primary mission is to improve the health and well-being of populations and communities, Brandert said.

Participants represent federally funded health centers, local and state health departments, insurance companies, community-based non-profits and research institutions.

Class 12 included emergency preparedness personnel, health educators, a refugee health specialist, a quality improvement coordinator, and Dr. Howe.

Dr. Howe said his takeaways from his experience include improving his management skills, especially motivational interviewing. "How to work with people." The bonus? "I got to meet like-minded people."

**"It will take great leadership to advance population health strategies in our communities; this institute strives to offer the needed skills."
- Katie Brandert**

Through its curriculum, the institutes challenges participants to:

- Own their leadership identity by learning to be the leader they aspire to be.
- Value cultures and differences by being open to diverse perspectives and differences.
- Develop others by helping them build their skills.
- Lead positive change by facilitating and championing it.
- Influence organizational culture by nurturing a positive one.
- Create effective partnerships through collaboration across teams, organizations and systems.
- Build political savvy through awareness and diplomacy.
- Interpret complex systems by understanding their role and place in them.

The Institute curriculum features a distance-learning component and participants meet three times during the year at retreat centers near Omaha. Learning opportunities include a 360 assessment, simulation experiences, and hands on application.

Tuition is \$2,750, and assistance often is available, Brandert said. Applications for Class 14 will be available this spring.

"It will take great leadership to advance population health strategies in our communities; this institute strives to offer the needed skills," Brandert said.

For more information, visit the website (www.greatplainsleadership.org) or contact Brandert at (402) 552.7256

CREIGHTON'S NEW EXECUTIVE HEALTH CARE MBA PROGRAM

Michael White, M.D., is ready to return to school for a reason.

Dr. White, CHI Health's chief academic officer, is enrolled in the inaugural class of

Creighton's new Executive Healthcare MBA program, which launches in October and is geared to health-care professionals with their busy schedules in mind.

"Health care continues to undergo major transformational change," Dr. White said. Guaranteeing success requires leaders who can bridge the areas of clinical practice and administration to effect positive change. Participating in the curriculum of the executive MBA program will allow me to develop the skills to understand these ever-changing drivers and build a framework for success."

The cohort-based hybrid program allows students to earn their degree in 18 months. The program calls for students to spend 16 days – in four-day blocks – on Creighton's campus. The initial class includes physicians, other advanced clinicians, and healthcare executive leaders

Class content is driven from curricular resources developed by the American College of Healthcare Executives and the American Association of Physician Leadership, said Laurie Baedke, director of Creighton's Healthcare Leadership Programs.

Baedke, who is a board-certified Fellow of the American College of Healthcare Executives and the American College of Medical Practice Executives, said the program is geared toward health-care professionals who are:

- Looking to expand their business acumen to strengthen their leadership skills to advance professionally. "They will find themselves immersed in a peer-learning environment with individuals who have a similar desire to improve themselves."
- Looking to matriculate with classmates from a wide spectrum of health-care professionals, including those representing health systems and community organizations, those working in hospitals and in private practice. "The richness and diversity of their peers' perspectives will only enhance this experience for each student. You're not just learning from textbooks, but from your peers."

Tuition, which includes all textbooks, course materials and meals during the 16 days spent on campus, is \$50,000. Applications for the 2018 class will be available this spring. Baedke said she expects the program to grow to 25 students per year, with a projected 15 enrolled in this inaugural cohort.

For more information, visit <https://business.creighton.edu/program/executive-healthcare-mba>

3

Steps

2

Minutes

1

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

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

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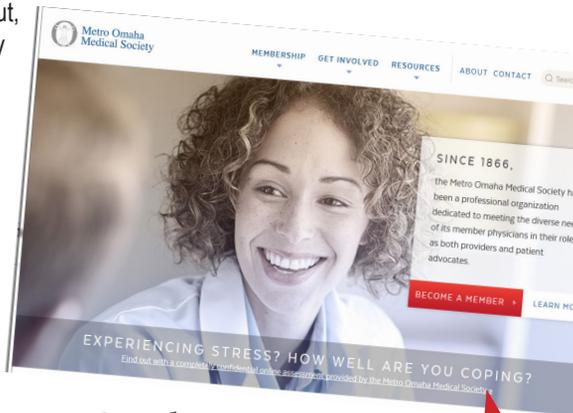
How well are you coping?

Provider Wellness Confidential Online Assessment

To address physicians and burnout, the Metro Omaha Medical Society has taken the initiative to provide physicians, medical students, residents and fellows in the Metro Omaha area a confidential way to gauge stress and gain access to supportive resources. The Provider Wellness online assessment is a series of 39 questions and takes about 10 minutes to complete.

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.

For residents and fellows who indicate a high level of stress, a series of telehealth sessions will be provided at no cost.



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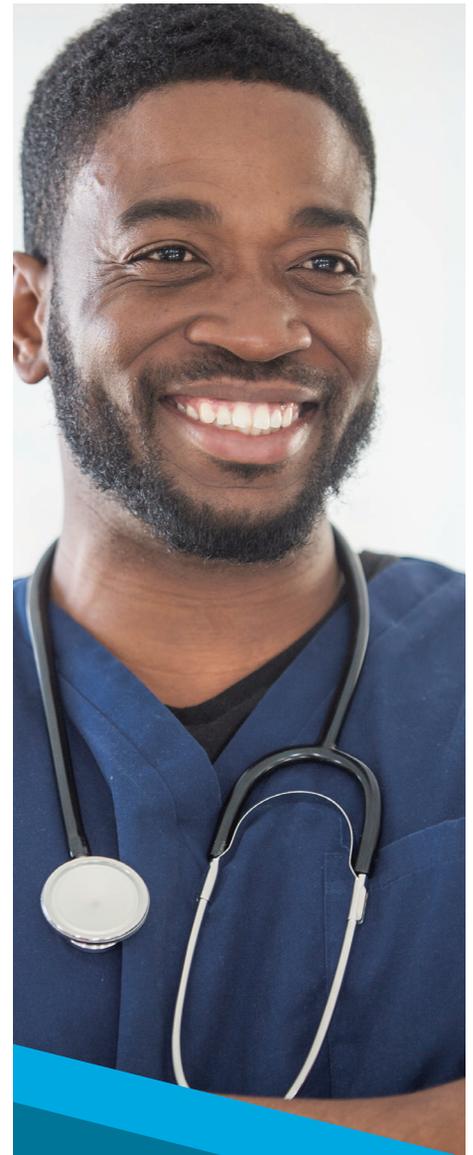
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MEMBER news



Dr. Feilmeier Named NMA Young Physician of the Year

MICHAEL FEILMEIER, M.D., WAS presented the Nebraska Medical Association's Young Physician of the Year Award at NMA Annual Meeting in September. The award recognizes a member physician who has made valuable contributions to the community.

Dr. Feilmeier was selected for this award because of his dedication to both local and international patients who would otherwise have little or no access to truly life-changing care, as well as his work with medical students and peers to help further their education and passion for medicine.

Dr. Feilmeier is the medical director of the International Division of Ophthalmology at UNMC and is in practice at Midwest Eye Care. He obtained his undergraduate degree from Nebraska Wesleyan University and his medical degree from UNMC.

He completed his residency training in ophthalmology at the Bascom Palmer Eye Institute at the University of Miami. Dr. Feilmeier then went on to complete an additional year of surgical fellowship training in corneal transplant and refractive surgery, as well as the prevention of global blindness at the John A. Moran Eye Center at the University of Utah in Salt Lake City.



Dr. Fernandez Presented COPIC Harold E. Williamson Humanitarian Award

CRISTINA FERNANDEZ, M.D. WAS presented the 2017 ~~recipient of the~~ Nebraska COPIC Humanitarian Award in Honor of Harold E. Williamson at the Nebraska Medical Association annual meeting in September. This award is presented

each year to honor a Nebraska physician for volunteer medical services and contributions to the community, especially recognizing those individuals who unassumingly volunteer outside of the spectrum of their day-to-day lives.

Dr. Fernandez tirelessly advocates for youth in the underserved population focusing on overall health and childhood obesity. Her efforts stretch across involvement with a wide-reaching array of health and community organizations, development and participation in countless health fairs, mentoring of students and even volunteering her time at local homeless shelters.

Dr. Fernandez completed her residencies in pediatrics at the UNMC Department of Pediatrics, the Lincoln Medical & Mental Health Center in New York and the Hospital Universitario del Valle. She practices at the Children's Physicians Creighton University clinic and is a Professor at the Credit University School of Medicine.



Dr. McGarry
Named to Inaugural
Musculoskeletal Oncology Chair

SEAN MCGARRY, M.D., AN associate professor in the department of orthopaedic surgery and rehabilitation at UNMC, has been named the inaugural holder of the James R. Neff, M.D., Musculoskeletal Oncology Chair.

Dr. Neff, for whom this chair is named, was professor and chair of the UNMC Department of Orthopaedic Surgery and Rehabilitation from 1991 to 2000.

Dr. McGarry joined the UNMC faculty in 2005. He grew up in central Iowa, attending Creighton University for college and medical school and the University of Colorado for his orthopaedic residency. He earned clinical and research fellowships in orthopaedic oncology from the University of Florida.

During 2005, while completing his research fellowship and serving as an instructor at the University of Florida, Dr. McGarry was called into service at UNMC following the death of Dr. Neff. He traveled to Omaha each month for eight months so people in the region would have a specialist at UNMC who could treat their musculoskeletal oncology problems.

Since 2005, Dr. McGarry has become an expert in the field of musculoskeletal oncology and is widely known for his focus on limb salvage. He has written 20 journal articles and five book chapters dealing with orthopaedic oncology, produced 10 online education materials and presented more than 20 talks on regional, national and international platforms.

He co-chairs the Sarcoma and Melanoma Tumor Board with Nicole Shonka, M.D., an associate professor in oncology and hematology in the UNMC College of Medicine. This board meets twice a month to discuss and plan treatment for difficult cases as a team, including oncologists, pathologists, radiologists and clinicians from Nebraska Medicine.

The James R. Neff, M.D., Chair of Musculoskeletal Oncology Fund was established through the University of Nebraska Foundation. This permanent endowment was funded for the purpose of advancing research, education and clinical work in the area of musculoskeletal oncology at UNMC. 



Dr. Muelleman
Named President-elect of
Emergency Medicine Board

ROBERT MUELLEMAN, M.D., UNMC professor and past-chair of the Department of Emergency Medicine, recently was elected president-elect of the American Board of Emergency Medicine (ABEM). Dr. Muelleman has been a member of the board of directors since July 2011, and was elected to the executive committee in 2015.

Dr. Muelleman has served on the UNMC faculty for 24 years, including 18 years as head of emergency medicine. In 2007, he created the UNMC Department of Emergency Medicine, and, in 2004, he oversaw the establishment of a three-year emergency medicine residency program at UNMC. The residency program has attracted resident physicians from throughout the country.

Dr. Muelleman has served the ABEM in a number of capacities, including as an examiner for the Oral Certification Examination since 2005, an item writer for the ConCer Examination, and as representative to the Residency Review Committee for Emergency Medicine.

In addition, he served as chair of the Academic Affairs and Finance committees, as well as the Board Eligibility and Single Accreditation System task forces; is a member of the Executive Committee, Maintenance of Certification Committee, Research Test Administration Committee, and Test Development Committee.

Dr. Muelleman earned his medical degree from UNMC, completed residency training and a research fellowship at the University of Missouri-Kansas City and Truman Medical Center in Kansas City, Mo.

The American Board of Emergency Medicine (ABEM) certifies emergency physicians who meet its educational, professional standing, and examination standards. Its mission is to ensure the highest standards in the specialty of emergency medicine. There are currently over 35,000 ABEM-certified emergency physicians. 

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RESIDENTS

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Dominique Boudreau Boadwine, M.D.

Clayton Damme, M.D.

Michael Dobson, M.D.

Daniel Ermann, M.D.

Amy Hargrove, M.D.

Mitchell Kohl, M.D.

Sandeep Kunwar, M.D.

Alyssa Lucker, D.O.

Caitlyn Milone, M.D.

Garrett Mockler, M.D.

Sarah Renna, M.D.

Christopher Snyder, M.D.

Prashanth Sripal, M.D.

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Dr. Rudy Kotula, infectious disease specialist at Methodist Physicians Clinic, wife, Suzanne, and daughter, Anna, class of 2019.



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Retired Physicians Meeting

The Retired Physicians group welcomed John Parsons and Roger Howard of Omaha Bridges Out of Poverty on July 18.

- 1 The Physicians learned of the organization's goals and ways to get involved.
- 2 Crop and place the photos of John & Roger side by side :Founders of Omaha Bridges Out of Poverty are John Parsons (left) and Roger Howard. 📷



Medical Student Orientations

Whitney Clausen from the Metro Omaha Medical Society was joined by Meghan Johnson and Sam Stinson from the Nebraska Medical Association to welcome incoming medical students at both schools' orientations. The medical society representatives worked alongside the AMA Student Representatives.

- 1 Anthony Easterday (left), as AMA Student Representative, speaks to incoming medical students at the Creighton orientation.
- 2 Helping with medical student recruitment, Laura Renner, an AMA Student Representative, talks about the benefits of membership.
- 3 (left to right) Grant Jirka, UNMC AMA Student Vice President; Whitney Clausen, MOMS Medical Student Liaison; Meghan Johnson, NMA Membership Director; and UNMC AMA Student Recruitment Co-Chairs Alex Moulton and Isaiah Crum at the UNMC Medical Student Orientation fair. 📷



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COMING events



COMMUNITY INTERNSHIP PROGRAM

OCTOBER 9-12

Lawmakers, business executives and community leaders will be shadowing local physicians October 9 -12 and the event will wrap up with a banquet dinner on Thursday, October 12.

Any physicians willing to serve as preceptors for the interns, please contact Laura Polak at laura@omahamedical.com.

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TUESDAY, OCTOBER 24

5:30-8:30 PM

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See the Ad on page 32.

MOMS ANNUAL MEETING

JANUARY 25, 2018

CHAMPIONS RUN

Join us for dinner as we look back at 2017 and bid farewell to outgoing president Dr. David Ingvaldstad. Dr. Laurel Prestridge will be inaugurated as the 2018 president and provide a look ahead.

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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New Name, New Emphasis on Communication Research

BOYS TOWN NATIONAL RESEARCH Hospital recently expanded its communication research to include language learning and development for all children. The new name for the Hospital's Center for Childhood Deafness program is Center for Childhood Deafness, Language and Learning, to reflect the new focus that will help more children and families.

Leading this charge is Karla McGregor, Ph.D., newly appointed senior scientist and director of the Word Learning Lab. McGregor joined Boys Town Hospital in August, after spending 12 years at the University of Iowa as a professor of communication sciences and disorders and director of the Word Learning Lab. The research of the Word Learning Lab focuses on how individuals learn, remember and use words, and how these functions can be supported for those who have developmental language disorders.

Boys Town Hospital is dedicated in providing leading edge clinical care, pioneering translational research and improving the lives of children and their families through applied technology and educational outreach programs. "As we grow our research programs, we are able to better serve our mission and change the way America cares for children, families and communities," said John Arch, hospital director and executive vice president of health care at Boys Town. 

'Vertical Flow' Concept Introduced in ERs

EVERY DAY, HOSPITAL EMERGENCY departments care for many patients with low-acuity, non-emergent needs. These patients present a challenge for the hospital to effectively and efficiently meet their care expectations while also caring for people with high-acuity emergent conditions. In the Omaha area hospitals, patients treated in and sent home from a hospital ED spend on average more than two hours in the ED.

It's a nationwide challenge felt locally at CHI Health. "Of the thousands of patients who typically arrive in the emergency department in a given year, the vast majority are treated and released, without ever being hospitalized," said Kevin Nokels, president of CHI Health Creighton University Medical Center – Bergan Mercy (CUMC-BM).

To improve the care experience for patients presenting with lower-acuity needs, CHI Health incorporated a "Vertical Flow" care model in its emergency departments at the recently renovated CUMC-BM and the newly constructed Creighton University Medical Center – University Campus in north Omaha. The new process provides streamlined patient flow with decreased throughput time resulting in improved patient, provider and employee satisfaction. It replaces the traditional triage model with a "nurse first" concept in which patients are greeted first by an RN with a parallel registration. This pivot triage model is designed to have the RN greet patients, assess and immediately assign the patient to a room to be seen by a physician or advanced practice clinician.

The goal is to keep patients moving as they're assessed, treated and released – sometimes within 30 minutes. The result is a more efficient and flexible process to provide different levels of care to best meet patient needs. The "Vertical Flow" model has been successful in reducing the average time a patient with a low-acuity need spends in the ED from more than two hours to less than one hour. 

Children's Intensive Care Units Honored with National Awards

CHILDREN'S HOSPITAL & MEDICAL Center's intensive care units were recently recognized as some of the nation's best by the American Association of Critical Care Nurses (AACN).

Children's NICU is one of only seven NICUs nationwide to be honored with the Gold Beacon Award for Excellence, an award given by the AACN. The Gold Beacon Award – the highest designation possible – recognizes excellent and sustained unit performance and patient outcomes.

Children's PICU shares this prestigious recognition, as one of only 10 PICUs in the country to receive a Gold Beacon Award for Excellence from the AACN.

"Units that receive this national recognition serve as role models to others on their journey to excellent patient and family care," said AACN President Clareen Wiencek, Ph.D. "I applaud the commitment of the caregivers at Children's for working together to meet and exceed the high standards set forth by the Beacon Award for Excellence."

The AACN cited Children's NICU and PICU teams as showing excellence in leadership, staff engagement, communication, learning, development, evidence-based practice and processes and outcome measures which lead to optimal care of patients and families.

"This designation proves that Children's nursing team is truly one of the best in the country," said Debbie Arnow, senior vice president of Patient Care Services and chief nursing officer. "We are proud of our dedicated staff who deliver outstanding experiences—and optimal outcomes—in some of the most challenging, yet rewarding, health-care environments. This is a rare and humbling achievement." 



Nebraska Cancer Registry Earns 20th Consecutive Gold Certificate

THE NEBRASKA CANCER REGISTRY at Methodist Hospital has earned its 20th Gold Certificate from the North American Association of Central Cancer Registries (NAACCR). This makes Nebraska Cancer Registry one of just five central registries in North America that has been able to achieve and maintain the Gold Certificate consecutively for 20 years. In addition, the Nebraska Cancer Registry has also been recognized by the National Program of Cancer Registries (NPCR) as a Registry of Excellence.

In 1997, the NAACCR instituted a program that reviewed member registries for their ability to produce complete, accurate and timely data. Annually for the past 20 years, the Nebraska Cancer Registry (State Tumor Registry) has responded to this call for data from NAACCR.

The Nebraska Cancer Registry was created by the Nebraska Unicameral in 1986 and began collecting cancer data in 1987. The purpose of the registry is to gather data that describe how many Nebraska residents are diagnosed with cancer, what types of cancer they have, how far the disease has spread at the time of diagnosis, what types of treatment they receive, and how long they survive after diagnosis.

“The work being done by the Nebraska Cancer Registry is so vital to health care organizations and providers, not only in Nebraska but throughout the United States and Canada,” said Julie Nielsen, Nebraska Cancer Registry coordinator. “It is the information we gather that helps the medical community continue their fight against this horrible disease. Our team is proud of the work we do and to be honored for it, for the 20th straight year, is tremendous.”

Cancer registries that meet the Gold Standard for Registry Certification have achieved the highest NAACCR standard for complete, accurate, and timely data to calculate standard incidence statistics for the year reviewed. The assessment is repeated annually and the recognition only pertains to a single year of data. 



Consumers Gaining Power Through Ratings, Reviews

HEALTH CARE CONSUMERS ARE finding their voice.

Content in the past to let word-of-mouth do their talking about the quality of health care they get, consumers now have a myriad of avenues to share thoughts about their providers.

At least 40 third-party organizations publish physician ratings in the U.S.: Healthgrades, WebMD, Consumer Reports and RateMDs.com are some of the most popular. Movie rating service Rotten Tomatoes is even getting into the physician ratings game.

Health insurance companies and Medicare are joining in with surveys that rate patient satisfaction on measures that include how quickly patients get care, whether they understand doctor's instructions and if the provider helped assess their mental health. In many health insurance or government-payer contracts, physician compensation is starting to be impacted by patient survey results.

“It's here and it's not going away,” said Michael Romano, M.D., chief medical officer of the Nebraska Health Network. “Patient experience ratings will have a growing impact on a physician's bottom line.”

Nebraska Medicine recently became the first Omaha provider to publish its own online rating system for nearly 300 providers. The 5-star-rating system is based on a 10-question survey, and Nebraska Med has seen a 420 percent jump in survey returns since adding an email survey to the snail-mail version. The system hopes to add text message surveys soon.

“People will no longer accept making health care decisions without having the same kind of consumer information they find when shopping for vacations or air fare,” said Chad Brough, chief experience officer for Nebraska Medicine. “Physician ratings and reviews will be expected for health care consumers looking for information.”

To get ready for the coming patient satisfaction wave, Dr. Romano suggested providers get familiar with what insurers and Medicare are asking patients to assess their performance. And Brough suggested providers “search for yourself right now” and see what's being said.

“You have an online reputation today,” Brough said. “It's just a matter of whether you're actively managing it, or allowing others to shape it.” 



Nebraska Medicine Again Earns U.S. News Again Ranking

U.S. NEWS & WORLD Report evaluates more than 4,500 hospitals nationwide to come up with its annual list of best hospitals. Nebraska Medicine-Nebraska Medical Center is the No. 1 rated hospital in the state of Nebraska. Additionally, Nebraska Medical Center is nationally ranked in three specialties:

- Ear Nose and Throat
- Gynecology
- Urology

U.S. News also rated Nebraska Medicine-Nebraska Medical Center as high performing in six other specialties: cancer, gastroenterology and GI surgery, geriatrics, nephrology, neurology and neurosurgery, and pulmonology

Finally, the medical center received the highest ranking possible in eight procedures/conditions: abdominal aortic aneurysm repair, aortic valve surgery, chronic obstructive pulmonary disease, colon cancer surgery, heart bypass surgery, heart failure, knee replacement, and lung cancer surgery.

“It's so gratifying to see the extraordinary care our staff provides here on a daily basis translate into an honor this significant,” said Dan DeBehnke, M.D., chief executive officer of Nebraska Medicine. “The people who live in Nebraska and the surrounding region have long known about the world-class care available at Nebraska Medicine, and this honor reinforces those notions. As rewarding as this is, however, we will continue to improve on this performance.”

The annual Best Hospitals rankings, now in their 28th year, are part of U.S. News' patient portal, designed to help patients make informed decisions about where to receive care for life-threatening conditions or for common elective procedures.

For the 2017-18 rankings, U.S. News evaluated medical centers nationwide in 25 specialties, procedures and conditions. In the 16 specialty areas, 152 hospitals were ranked in at least one specialty. In rankings by state and metro area, U.S. News recognized hospitals as high performing across multiple areas of care. 



University of Nebraska
Medical Center

Researchers Develops Growth Plate Model

AFTER SEVERAL HUNDRED EXPERIMENTS, Andrew Dudley, Ph.D., of the University of Nebraska Medical Center, Angela Pannier, Ph.D. of the University of Nebraska-Lincoln, and their teams have achieved a first step in their quest to begin their search for new ways to treat growth plate disorders.

In growth plate disorders, growth plate cartilage, or the cartilage found at the end of long bones in adolescents, doesn't function the way it should, which affects the length and shape of bones.

One of the most common genetic growth disorders, achondroplasia or dwarfism, causes arms and legs to be short in comparison with the head and trunk. However, some disorders affect only specific bones, such as brachydactyly, which causes shortening of the digits, whereas other chondrodysplasias cause one arm to be shorter than the other.

Growth plate disorders also can result from trauma to the growth plate or when the growth plate has to be removed to treat certain pediatric cancers. Treatment for these disorders involve limb lengthening or shortening by breaking the bone and resetting it – potentially multiple times throughout childhood and adolescence.

“There are likely better ways of approaching this,” said Dr. Dudley, associate professor in the UNMC Department of Genetics, Cell Biology and Anatomy. “The hope is tissue engineering of growth plate cartilage can help reduce the pain, suffering and cost of growth plate disorders.”

Dr. Dudley and team recently published an article in the journal *Tissue Engineering Part A* that documents the first development of a growth plate model in the laboratory in which mature and immature cartilage cells communicate. This communication is necessary for cartilage and bone growth.

“Scientists have been able to produce cartilage in the laboratory, but the tissue doesn't grow and isn't mechanically strong,” Dr. Dudley said. “Growth depends on immature and mature cells in the cartilage talking to each other. We've been able to stimulate the cells in a way to get very distinct zones of mature and immature cells that talk.” 



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Did You Know?

MOMS Collaborates to Benefit Public Health

As part of its mission of improving the general health of the community, the Metro Omaha Medical Society -- as an organization, through its members and its foundation -- collaborates with many local agencies and organizations by offering grants/funding, information sharing, physician volunteers/leaders and meeting space.

MOMS collaborates with:

- **Community Health Improvement Project (CHIP)**
- **Douglas & Sarpy County Health Departments**
 - Habitat for Humanity
 - Heartland Vision 2020
- **Hope Medical Outreach Coalition**
- **Immunization Task Force - Metro Omaha**
- **Live Well Omaha & Live Well Omaha Kids**
- **Omaha Public Library Baby Reads Program**
 - Omaha by Design - Complete Streets
- **OMMRS (Omaha Metropolitan Medical Response System)**

When you choose to be a MOMS member, you help to strengthen these efforts.

Want to get involved and help to make a difference?

Apply for membership online at www.omahamedical.com
or contact Laura Polak at (402) 393-1415 or laura@omahamedical.com



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:
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Omaha, NE 68114

Apply Online:
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