

Physicians Bulletin

January/February 2018 • USA \$1.95

Wayne's Story—

And the Impact a
Little Boy Had on
Dr. Prestridge

A Call For
a Collective Voice

Earning CME Credits—
A Change for
the Better

No Longer
Singing Solo

A Publication of the Metro Omaha Medical Society • OmahaMedical.com

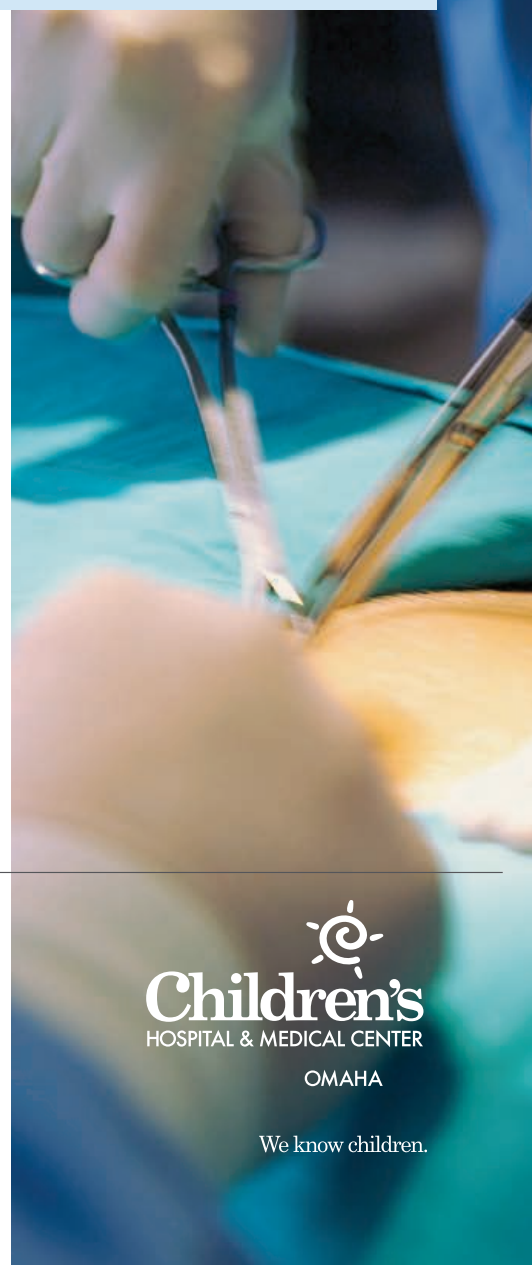


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Physicians Bulletin

2018 VOLUME 39, NUMBER 1

A Publication of the

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Audrey Paulman, M.D.
 Editor
 Physicians Bulletin

15 Percent Into the Change

1. Do you still have an unrestricted license to practice medicine?
2. Is your marriage good?
3. Does your family still love you?

Everything else will work out.

THESE QUESTIONS WERE ASKED of me by my accountant when I realized my first practice was not going to work out and I would be moving. Overwhelmed and feeling defeated, I realized that the practice was not exactly as promised, both from a professional and personal level. It was apparent that my husband and I would be looking for other employment. Early on, I experienced change.

In medicine, we all experience change.

John Fraser, the CEO of Methodist Health System, retired on Dec. 31. He was quoted in the Omaha World-Herald as saying that “the health care overhaul is perhaps 15 percent underway, but it has the momentum to turn the industry 180 degrees.” He anticipates that the change, which has been overdue, will be “pretty far down the road” in another five or six years.

Yikes! The change is only 15 percent down the road? The bulk of the change is ahead of us? How can this be?

When I look at the CMS timeline for value-based programs, the Medicare Improvements for Patients and Providers Act was introduced in 2008, the Affordable Care Act in 2010, MACRA or the Medicare Access and CHIP Reauthorization Act of 2015, and Alternative Payment Models and Merit Based Incentive Payment System are scheduled to roll out in 2019.

With 2019 only one year away and so many new programs being rolled out, how can we only be 15 percent into the change?

Introduction or rollout of a program is different than full implementation of a program. It takes months or years to proceed through the stages of initial pilot program, innovation period, and full implementation of a change.

The CMS Innovations website lists places where current “Innovation Models are being tested,” and “Models run at the State level.” These are programs being tested, to have widespread implementation in the future. Concurrent with the CMS rollout, private insurance carriers are beginning interventions of their own. John Fraser was right, we will be pretty far down the road in five or six years, but right now, we have just started the journey.

As he stated, we are in “a time of revolution and evolution” in health care.

If this is a revolution, then are we the warriors? And if we are, what resources do we have? What is the cost? How do we survive? I wasn’t trained to be revolutionary. It feels like I am in a revolution.

In any revolution, there are bound to be casualties. Often in health care, the casualties are the physicians. Without a body count, how can we know the toll? I believe that the body count is actually physician turnover.

The hospital systems measure and talk about “Physician engagement.” According to Gallup, an engaged physician will be 26 percent more productive than a disengaged physician. Costs to replace a physician are high. Hospitals need to have strong, engaged physicians to survive. Key in physician engagement, according to Beckers Hospital Review, include effective incentives, shifting the focus from contractual to cultural alignment, improving transparency, and developing strong physician leaders. Hospitals talk engagement, but isn’t physician turnover a better measure?

Burned-out physicians leave. They go part-time, leave the practice, leave the system, or leave medicine altogether. This leaving is a

problem for physicians and patients alike. I believe the metric that matters is physicians leaving. Are we leaving because we are not prepared to participate in the revolution?

What training have we received to thrive in the revolution and has it been effective?

As adult learners, we are perhaps less open-minded. Adding the “why” to the training is important, as well as a peer relationship with the instructor. The training needs to be relevant, interactive, helpful to our work, and respectful of the fact that as physicians we have a lot to juggle—patient care, administrative time, family time, and personal quality time. Mandatory videos and multiple choice answers implemented by each health system may not provide adequate adult learning to prepare us. Maybe one way to prepare physicians for this revolution is to change the process of mandatory compliance training. Bringing training past the multiple choice clicks would be helpful. A city-wide training module with system specific modules would be helpful for physicians who, because of specialized training, practice in more than one hospital system. Pooling resources between hospital systems might help provide more quality education with content matter experts as resources for the trainees.

Are we prepared for the way revolutions are occurring now? Information was once shared on a one-on-one discussion or before an all-staff meeting. That isn’t the way it is done any more. Social change is occurring using social media and networking. Formal and informal news networks are spreading important messages. Is this a tool we can use to combine our voices? Can MOMS be involved in this change?

We also need to look at the tools we already have in this revolution—we have each other and our voices. There are articles in this edition of Physicians Bulletin to address some of these concerns. Dr. Laurel Prestridge is the incoming president and she is urging physicians use their voices constructively. Dr. Anthony Griess has an unusual method of using his talents to help others find their voices, as a karaoke DJ. New changes at ACCME open the door to new learning opportunities and MOMS is leading the way.

I will use my voice to share some advice. When it gets too much, I look at the questions from years ago. Those questions were helpful to me then, and helpful to me now.

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Words to Live By

HERE'S A SAYING I hear frequently from physicians in the context of why more doctors need to be involved, need to advocate for their patients and be engaged in medicine beyond their practice walls: "If you're not at the table, then you're what's being served."


That phrase comes to mind more and more as we look at the tumultuous changes in health care. There is a great need for physician leadership—hospital systems, lawmakers and other organizations all talk about the need for more physicians to lead and help shape how our patients are cared for and advise what health policy should look like. Some of our members have been heard to remark that many of the burdens that make the practice of medicine so difficult these days probably stems from a vacuum of physician participation and input in the past.

Another thing that has greatly changed how physicians interact and react is the growing isolation of practicing medicine. There are plenty of doctors who remark they don't know anyone outside of their clinic. It makes referring to other physicians a little more challenging, but it also means there are fewer conversations happening that can spark innovative ideas. Think about all those tech firms that have sprung up in our area. If you walk into their offices, they all have open spaces where everyone works together because they believe the conversations and the synergy of collaboration leads to greater outcomes than people working alone.

That's what MOMS is all about: creating a community of physicians and developing physician leaders to tackle the issues medicine is facing together. It's an investment in the greater good and helping make sure patients

are well-served now and in future generations. I know those doctors who participate in speed dating for your specialty with the medical students at Creighton and UNMC always remark how the ability to answer the questions about what it's like to work in their field of medicine, both the upsides and downsides, renews their passion for practicing and reminds them of what they love about what they do. (Just in case you've never heard of it before, our speed dating event allows medical students to talk to specialists in various fields for about 8 to 10 minutes at a time in a format that mirrors speed dating. We host it every fall).

We have to keep encouraging medical students and early career physicians to get involved and offer them opportunities to serve in various capacities. It's so inspiring to see those who jump in with both feet and watch them grow through the years. And if we do our job right, after training is completed they'll return to our area to practice because they've found those opportunities and relationships here. Helping nurture and mentor future physicians has become a responsibility we all must share.

So if you're reading this and you're not a MOMS member, it's time to step up and join. If you are a MOMS member but your partners aren't, please encourage them to sign up. This year, we're trying to focus on making sure your voices are heard on a variety of fronts and that can only happen if you have a seat at the table. Another saying that has really resonated with me lately certainly applies here. "A journey of a thousand miles begins with a single step." We hope you'll take this path with us because we need everyone's help and participation to make a difference. 



Carol Wang

Executive Director

Metro Omaha Medical Society



Dale Mahlman
Executive Vice President
Nebraska Medical Association

Take Your Place At the Table

THIS ISSUE OF THE Physicians Bulletin highlights the transition in leadership from David Watts, M.D., to new president, Laurel Prestridge, M.D. The Nebraska Medical Association would like to thank Dr. Watts for his commitment and service to organized medicine and the patients of Nebraska; we look forward to working with Dr. Prestridge over the course of the next year.

Transition and the ability to transition seem to be extremely important locally and nationally these days. Our office was faced with the loss of two 10-year team members this fall and, while unsettling and unfamiliar to us, our new additions have fit in nicely and will continue to move the mission and vision of the Nebraska Medical Association forward. Change reminds us that nothing is forever, but it can also provide a new energy and bounce in our step as we look towards the future.


Nebraska Medical Association leadership transitions annually with the installation of a new president. Generally speaking, each year we also replace two to three board members and are tasked with finding physicians willing and interested in serving their state professional organization. Over the years, this has become more and more difficult as we are competing with physician commitments to specialty societies, their practice, their family and other personal commitments. Thankfully, we continue to fill our board with well-respected and thoughtful physician leaders. In my 15-plus years with the NMA, MOMS physicians have served as leaders in many areas, including legislative, professional liability, Medicare/Medicaid, workers' compensation, and health-care reform. Most recently, the NMA convened a work group to develop prescription drug guidelines and, once again,

several MOMS physicians answered the call and delivered a great resource for all Nebraska prescribers to reference.

The specialty societies managed by the NMA, currently 11 in total, are well-represented by MOMS physicians and often hold their meetings in the Omaha area. These societies have seen transitions in leadership over the years, and all of them have continued to thrive.

“Leaving something better than you found it” is something that I and the NMA staff aspire to live and work by. While we continue to work toward this goal, it feels like it’s becoming a harder task as some of our reliable members transition out as they retire or move on to second careers. In September, we kicked off our first Physician Leadership Academy. Our initial class of participants includes three MOMS physicians, and we are excited about the development of those involved. Developing leaders to replace our transitioning physicians is critical, and our expectation for this class of physicians is high. Taking the time to develop the leadership skills is the first step in this process.

As we have transitioned from 2017 to 2018, issues remain the same but our ability to respond still takes active participation from our membership. I have asked repeatedly in the past for all our members to take the time to engage, just pick an issue and get started. We need to replace our retiring members with new faces and relationships. Remember, whether you realize it or not, each of you has a responsibility in preserving the profession of medicine.

I have heard the following saying from many: “if you aren’t at the table, you will be on the menu.” Please take your place at the table. Your profession and your patients are counting on you. 

Stress?

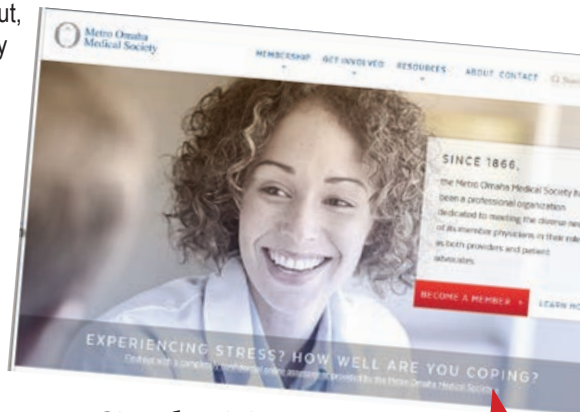
How well are you coping?

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.

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LEADERSHIP OPPORTUNITIES

Physicians who participate in the Metro Omaha Medical Society boards and committees often go on to other leadership positions – on the state and national level, or within their practice or health system.

The Metro Omaha Medical Society currently has opportunities for members to serve on the following committees:

EDITORIAL BOARD

The committee determines the content for the Physicians Bulletin Magazine. Meeting schedule fluctuates with mix of in-person and teleconference meetings.

MEMBERSHIP COMMITTEE

The committee is responsible for recruitment and retention efforts as well as benefits related to membership. Meetings are monthly (quarterly in-person with remaining meetings via email).

EARLY CAREER PHYSICIANS COMMITTEE

Committee is responsible for event planning as well as identifying areas where MOMS can help to connect, engage and empower residents, fellows and physicians in their first 5 years out of training.

SPECIAL INTEREST GROUP FACILITATORS

Seeking volunteers willing to serve as group facilitators. The groups will bring together physicians with similar interests. Facilitator training will be provided (see event ad page 15.)

*Interested individuals please contact
Laura Polak at (402) 393-1415 or
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Laurie K. Baedke

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VET FOR “FIT” NOT JUST FOR “TECHNICAL COMPETENCIES

Organizations have unique cultures. A candidate who thrives in one workplace may struggle in another. And, often individuals have the capacity to perform work, but possess traits that make them difficult to work with, or for. For these reasons, and others, it is important to dig below the surface and get to substance – the strengths, weaknesses, traits and tendencies that ultimately determine how well that individual will fit within your unique organizational culture, and align with your team’s dynamics.

From a practical perspective, “bad hires” are not inexpensive. Onboarding and training alone is a pricey investment. Moreover, let’s consider the long-term value of accounting for the human capital quotient. When we’re working with others who share our values and vision, the most daunting projects become manageable or even rewarding. Conversely, the pesky presence of a toxic colleague can jeopardize the performance and well-being of a work group.

Cultivating productive, happy teams starts on the “front-end,” the recruiting process. We need to get beyond canned answers by asking the right questions. Behavioral interviewing encourages specific and authentic responses, such as examples and anecdotes, rather than general or hypothetical responses delivered in a practiced manner. The heart of this effective interview style is best summed up with that old proverb: “A leopard cannot change its spots.” The applicant puts his or her “best face forward.” If you’re not asking substantive questions, you may not see a candidate’s “true self” until it’s too late – after investing in an individual who damages your formerly harmonious and productive workforce. What you’re interviewing for, and the questions you select, should all revolve around soliciting information about past performance, knowing that track record is the most accurate predictor of future performance regardless of what that person (and hand-picked references) says on his or her application.


READY, SET, VET FOR BEHAVIOR

It’s one thing to tell you why this interview style works; it’s quite another to outline how to put the method to work. Here are some sample behavioral interview questions:

- Change can be hard. Tell me about a time when you overcame resistance to change?
- Give me an example of how you worked collaboratively with others to meet a common goal?
- Conflict on the job is inevitable. Describe a time when you experienced conflict with another individual in the workplace.
- How do you set goals (provide an example)?
- Tell me what kind of colleagues you most enjoy working with? What are their attributes, personality types, and work styles?
- Tell me what kind of colleagues you are most challenged in working with? What are their attributes, personality types, and work styles?

Sure, applicants can still skirt behavioral-based questions but it’s much harder to do so than with traditional interview questions. To avoid evasive answers and to get a fuller, accurate picture of the person you’re interviewing, the STAR method is invaluable. Bring the following four points with you to interviews, and you’ll always have additional probing questions at the ready:

- What was the Situation?
- What was your Task?
- What was your Action?
- What was the Result?

Unprecedented industry change breeds a “high-risk, high-reward” environment that demands engaged team members, aligned with your broader organization’s mission and principles. Behavioral interviewing doesn’t require any more time or money than traditional methods, but you avoid the headaches and expense associated with bad hires. And “getting it right the first time” positions your organization well for all that the industry and future holds. 

LET’S REFLECT ON YOUR most maddening workplace experience. In all likelihood, the source of these challenges wasn’t “tactical” or “operational” in nature. It was human. Was this stressor a toxic co-worker? An incompetent manager? A “Negative Nelly” employee? Sometime, somehow, someone considered those co-workers, managers and employees to be worthy talent.

So how did the bad apple find its way into the basket, where it threatened to sour the whole bunch?

The answer is rooted in the way employers have traditionally interviewed prospective hires. Conventional methods place interviewees in the position of power. These approaches promote rehearsed or “canned” statements that allow the applicant to present himself or herself in the best light. Why is this problematic? Well, if candidates check all the right boxes from a qualifications perspective (degrees, credentials, work experience, etc.), they are likely to pass screening to get in front of an interviewer. But, now that you know the baseline job requirements are met, use the interview dialogue to assess whether this person would actually fit well in your organization or team’s culture. What are their values? How do they respond to stress? Conflict? Adversity? What motivates them? Can they demonstrate or describe ways that they have actually performed in multiple scenarios, many of them less than ideal?

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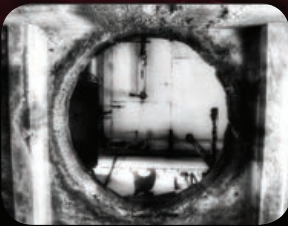
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These skills will not only help combat
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Earning CME Credits— A Change for the Better

STEPHEN LAZORITZ, M.D., HAS noticed change in the approach to how physicians can earn continuing medical education credits – and he couldn't be happier. "I'm a CME junkie," he said. "I love learning, and I love to learn in many different ways."

The change stems from the realization that people learn in different ways. Listening to a lecture isn't the only way to continue one's ongoing education, he said, "and probably isn't the best way."

▶ *continued on page 18*





The Lazoritz File

Hometown:

Brooklyn, New York

Undergraduate Degree:

State of University of New York in Buffalo in sociology

Medical Degree:

State University of New York in Buffalo

Residency:

Naval Hospital in Portsmouth, Virginia, in pediatrics

Specialty:

Pediatrics

Title:

Medical Director

Institution:

WellCare of Nebraska

Hobbies:

His eight grandchildren,
Standing up for Life

Family:

Wonderful wife, Mary Lazoritz,
and six incredible children

Why I Joined MOMS:

"Why would anyone who is in this medical community not join MOMS? That is the better question."

◀ *continued from page 17*

Earning CME Credits— A Change for the Better

Dr. Lazoritz, who serves as chairman of the Nebraska Medical Association's Education Committee, credits the leadership of the Accreditation Council for Continuing Medical Education, the ACCME, and the NMA for leading this charge.

And he credits the Metro Omaha Medical Society for embracing it. MOMS contin-

ues to present programs that help physicians as lifelong learners. The focus is for each physician to develop his or her own education plan. "By providing a whole assortment of education programs that give CME credit, MOMS is taking the first step in that direction," Dr. Lazoritz said.

All this has Dr. Lazoritz reminiscing about one of his mentors, the late Gil Schreiner, M.D., who was on staff at Children's Hospital. Long after he retired, Dr. Schreiner would continue to join students and staff at grand rounds.

"Some of people I respect most, even though they have retired, continue to educate themselves," Dr. Lazoritz said. "Gil Schreiner was one of them. He continued learning. He continued asking questions."

He recalled that medical residents would laugh at his questions – "he asked so many of them."

"By providing a whole assortment of education programs that give CME credit, MOMS is taking the first step in that direction."

- Dr. Stephen Lazoritz


This approach allows physicians to look beyond the traditional means of receiving CME credits: attending conferences and listening to lectures, Dr. Lazoritz said.

Why shouldn't serving on a committee that seeks to improve the quality of care for patients serve as the basis for CME credits? he asked. And why shouldn't reading medical journals, which discuss medical

advancement, count? he also asked.

And whether attending a meeting or discussion – and whether it counts for CME credit – shouldn't be dictated by attendance. "If just one person attends, but one person benefits, shouldn't that be enough?" he said.

Dr. Lazoritz encouraged his peers to check with their specialty boards to see if their CMEs can also contribute to their licensure renewal. "Each board is different. The ACCME is working with the specialty boards."

The overarching factor for determining how CME credit can be earned, Dr. Lazoritz said, should be based on helping physicians improve patient care, competence and outcomes. "That's what it all comes down to – helping physicians better care for their patients," he said. 

To learn more about continuing medical education credit, physicians can go to www.accme.org, along with MOMS' and the NMA's websites – omahamedical.com and nebmed.org

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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)

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Wayne's Story
& the Impact a Little Boy
Had on Dr. Prestridge

CREDIT HER DAYS VOLUNTEERING as a candy striper for Laurel Prestridge's interest in medicine. "I liked the environment."

And her brother's battle with Legg-Calve-Perthes disease – the ball of his hip disintegrated – for giving her an inside look at medicine. "He was on crutches for two years. He got so many X-rays. I liked the idea of medicine."

Her pursuit of medicine temporarily changed after her undergraduate days, and she pursued a master's degree in nutrition. During her time at M.D. Anderson Cancer Center in Houston, she supervised a medical student, who was researching the lack of nutrition education in medical schools. "I thought, 'I'm as smart as this guy.'"

So at 26, she entered medical school. She figured her training as a nutritionist helped her entry into medical school, and internal medicine seemed likely to be her landing spot.

Fast forward to her time as a resident in pediatrics at Jeff Davis Hospital in Houston, where 18,000 babies are born each year. At the end of her internship, Dr. Prestridge was tired. When her director inquired whether she was interested in another internship. "I said 'I'm not doing another one. I'm staying in pediatrics.'" Translation: The on-call responsibilities that came with her internship were tremendous. "I was exhausted."

Dr. Prestridge is glad she chose pediatrics, which meant she met Wayne, a young boy who had kidney failure. He couldn't eat, and his physicians insisted something was wrong with his GI tract. "I kept saying nothing is wrong with his GI tract."

His mother insisted her son would start eating once he received a new kidney. The ongoing challenge to diagnose what ailed Wayne took a negative turn. Some speculated that his mother wasn't feeding him.

"When he got a kidney transplant, I had a picture of him eating a bag of Cheetos. Once his kidney was working, he was hungry and he ate. It wasn't his GI tract."

In the end, Wayne's mother was correct. Everyone was happy, "and I learned to listen very closely to the parents."

The fight for Wayne and his mother motivates her still, she said. Although she's lost touch with the family, she envisions that Wayne is healthy, finished with school and working.

After practicing medicine in Texas for a time, she followed her husband, John Langwith, who wanted to take a job at Ameritrade – to Nebraska. "I was a trailing spouse. It was worth it."

After stints at Creighton University Medical Center and Children's Hospital, she joined Boys Town National Research Hospital-West in 2006. She said she's at home there. "It's an institution that values people and the jobs they do.

They listen and they give you the things you need to work and be happy."

After four decades in medicine, Dr. Prestridge, who recently began her term as president of MOMS, said she continues to enjoy her work. "I enjoy the face-to-face with the families." That doesn't mean practicing medicine doesn't have its challenges, she said.

She recently attended a seminar on stress and burnout, and learned that physicians in some specialties spend just 25 percent of their day with patients, "and 50 percent with this guy," while pointing to her laptop. "I don't like that."

The message she heard that night: Find and retain the joy in medicine. Gratitude is key, she learned, to a successful day. "Thinking about what went well that day and what you're thankful for."

"I enjoy the face-to-face with the families." That doesn't mean practicing medicine doesn't have its challenges.
- Dr. Laurel Prestridge



The Prestridge File

Hometown:
Houston, Texas

Undergraduate Degree:
Rice University in Houston
in biology

Graduate Degree:
Clemson University, Clemson,
South Carolina, in nutrition

Medical Degree:
University of Texas Medical
School in Houston

Residency:
Baylor University in Houston
in pediatrics

Fellowship:
Baylor University in pediatric
gastroenterology and nutrition

Specialty:
Pediatric gastroenterology

Location:
Boys Town National Research
Hospital-West

Hobbies:
Scuba diving is the latest.
Wine will always be one.

Family:
Husband, John Langwith; two
adult children, Casey and Peter

Why I Joined MOMS:
"Because I think it's important
for physicians to have a voice.
MOMS is the organization
that gives us that voice." See
accompanying story on page 25.

» *continued on page 22*

“Medicine is hard and it takes a lot of time. But there are rewards all around you.”
- Dr. Laurel Prestridge

◀ continued from page 21

In focusing more on being grateful, she recently embraced the practice of listing three things each day for which she is thankful. On a recent Wednesday, Dr. Prestridge did just that. She said she was thankful:

- That she has a great relationship with her former nurse practitioner.
- That she is healthy.
- “And I’m always thankful for my husband.”

She’s also thankful that a career in medicine has allowed her to pursue a passion: She’s part-owner of Vino Mas, a wine and spirits store in northwest Omaha. “It fits into the joy in that it involves learning.” With a dose of fun: Learning about wines and visiting wineries throughout the world. She’s visited wineries in Italy and New Zealand, with plans to visit Chile and South Africa. “It’s spending your resources on experiences rather than things.”

At 65, Dr. Prestridge said, she’s thinking about retirement, which likely won’t come for several years. She started the thought process several years ago by meeting with a career counselor. “What are you going to? What does it look like for me?”

She said she knows she will want to continue learning, and likely volunteering – perhaps for Habitat for Humanity. For now, she plans to optimize her time at her practice, while starting to plan for her life in retirement.

For now, she’s happy helping her patients. “Medicine is hard and it takes a lot of time. But there are rewards all around you.”

Like a little boy named Wayne. 🍷



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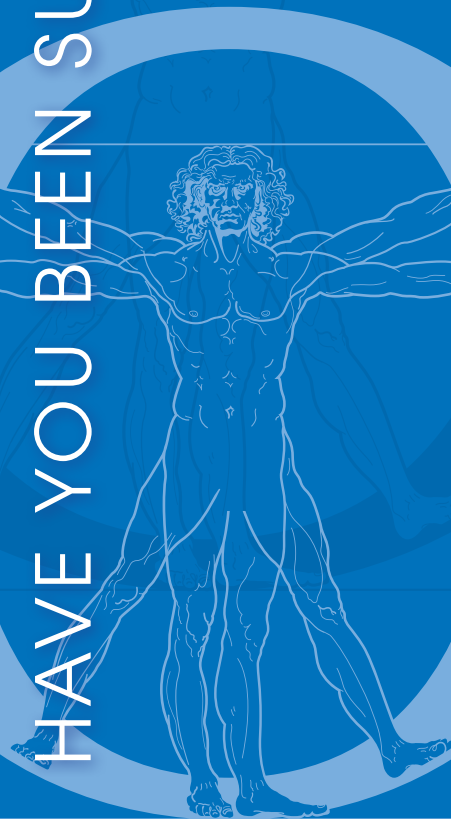


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A Call for a Collective Voice



THE REALITY IS MANY DECISIONS that directly affect physicians are made by people who are not physicians.

Laurel Prestridge, M.D., is concerned her peers don't understand the importance of making their collective voice heard amidst those of hospitals and insurance companies.

Helping physicians realize how to make their voices heard is at the top of her platform of issues during her term as MOMS president. The solution comes through networking. Physicians talking to other physicians, finding a cause – and unifying behind it, she said. “Decide favorable or unfavorable – and then work with people who can make change.”

MOMS and the Nebraska Medical Association can serve as the conduit for bringing people together for a cause, she said.

Case in point: Both organizations have focused past attention on scope of practice. Patients often don't understand who is treating them – a physician, nurse practitioner,

The reality is many decisions that directly affect physicians are made by people who are not physicians.

— Dr. Laurel Prestridge

physician's assistant. “Even if you tell them, they don't know. We have different levels of training and understanding. MOMS has been in support of keeping the lines as clear as possible.”

And both organizations successfully worked to make public places in Nebraska, such as restaurants, smoke-free. “Wasn't that a great thing?”

Dr. Prestridge has her own cause she's beginning to champion. She said many infants in Nebraska have problems digesting milk, she said, which means they must be fed an expensive type of formula. Mothers who receive government aid receive the formula, but “if you're a young family that's working, suddenly you're paying hundreds of dollars a week. This is extra money you didn't count on spending.” The high

cost has forced some young parents to quit their jobs so they can qualify for federal aid.


Some states – but currently not Nebraska – require insurance companies to cover the cost (or at least subsidize it) of this type of formula. “I

would like to see that taken up by one of our politicians.” First, she plans to visit with insurance companies to see if they have a solution.

Dr. Prestridge's entry into involvement with MOMS came at the request for former president Diana Doyle, M.D. The two were on a MOMS-sponsored trip for female members to Santa Fe, New Mexico. The trip was part social, part educational as participants led CME sessions.

Dr. Doyle asked her to serve on MOMS' Board of Directors. She later became involved in the NMA and served as chair of the MOMS Women in Medicine.

Her re-entry into MOMS came when she agreed to serve on the nominating committee. As the committee was considering who should be picked to lead the organization, one past president suggested she should move into the role. And the rest is history.

Her experience as a MOMS officer has allowed her to meet other physicians outside of her specialty and build her network. “There's a lot of bang for your buck (by joining MOMS). You don't have to spend lots of hours to get something accomplished. You just have to raise your voice.” 



No Longer Singing Solo

THE BREAKTHROUGH CAME WHILE he was crooning Harry Chapin's "Cat's in the Cradle."

Until then, Tony Griess, M.D., had an aversion to singing solo in public. He'd forced himself – a few verses at a time – during his time in voice classes in high school. "I was volunteered a couple of times by my teacher. I didn't like to be the center of attention."

Dr. Griess was singing karaoke in his friend's bar in their hometown of Minden, Nebraska. He had sung karaoke before while in college. He liked it – knowing there is strength in numbers.

"I'd go back time to time. It was great fun."

Again, as long as he wasn't singing alone. That was only allowed when, Dr. Griess said, when he was in the shower.

Until, he sang Chapin's most-famous ballad while at the Breakaway Bar in Minden. "The nerves left. They up and left that one day. Which was nice."

The irony of the particular song that liberated him isn't lost on Dr. Griess. Karaoke typically is a high-energy, upbeat activity, Dr. Griess said. "'Cat's in the Cradle' is kind of a downer."

The next step, he said, was to buy his own karaoke sound system, even with a price tag of several thousand dollars. His wife – Amy Cannella, M.D., a rheumatologist – gave her blessing. "Amy said 'Go for it. Because I'm tired of going to Minden.' At least, that's what I'm thinking she was feeling."

"They may not sound like Justin Timberlake or Adam Levine, but the music is still in us. I think it's in all of us."

— Dr. Tony Griess

The sound system is stationed in the basement of his home, unless Dr. Griess is hosting a karaoke party, which he enjoys doing. He began serving as karaoke disc jockey – a KJ for short – at parties for his co-workers at Dermatology Specialists of Omaha. "Karaoke

is great for holiday parties. Halloween parties. Fall get-togethers. I think karaoke is a great way to have a party."

And any time at such gatherings, Dr. Griess, as the KJ, encourages the crowd. Karaoke needs a group of at least six eager and energetic participants. Talkative bystanders can be a distraction. Alcohol can help karaoke participants lose their inhibition about singing in public, he said.

"There's strength in numbers. They try it once, then they want to go back up – as long as they have their support group."

» *continued on page 29*



The Griess File

Hometown:

Minden, Nebraska

Undergraduate Degree:

University of Nebraska-Lincoln
in biology

Medical Degree:

University of Nebraska
Medical Center

Residencies:

UNMC in internal medicine;
Missouri Health Sciences
(University of Missouri) in
dermatology

Fellowship:

MOHS Surgery in Tallahassee,
Florida (private clinic)

Specialty:

Dermatology

Location:

Dermatology Specialists of
Omaha (DSO)

Hobbies:

Stamp collecting, and playing
basketball and volleyball

Family:

Wife, Amy Cannella, M.D.;
children, Gus, Vivian, Anton

Why I Joined MOMS:

"I thought it was a good group to be a part of in Omaha and it was the strongest medical group here."

3

Steps

2

Minutes

1

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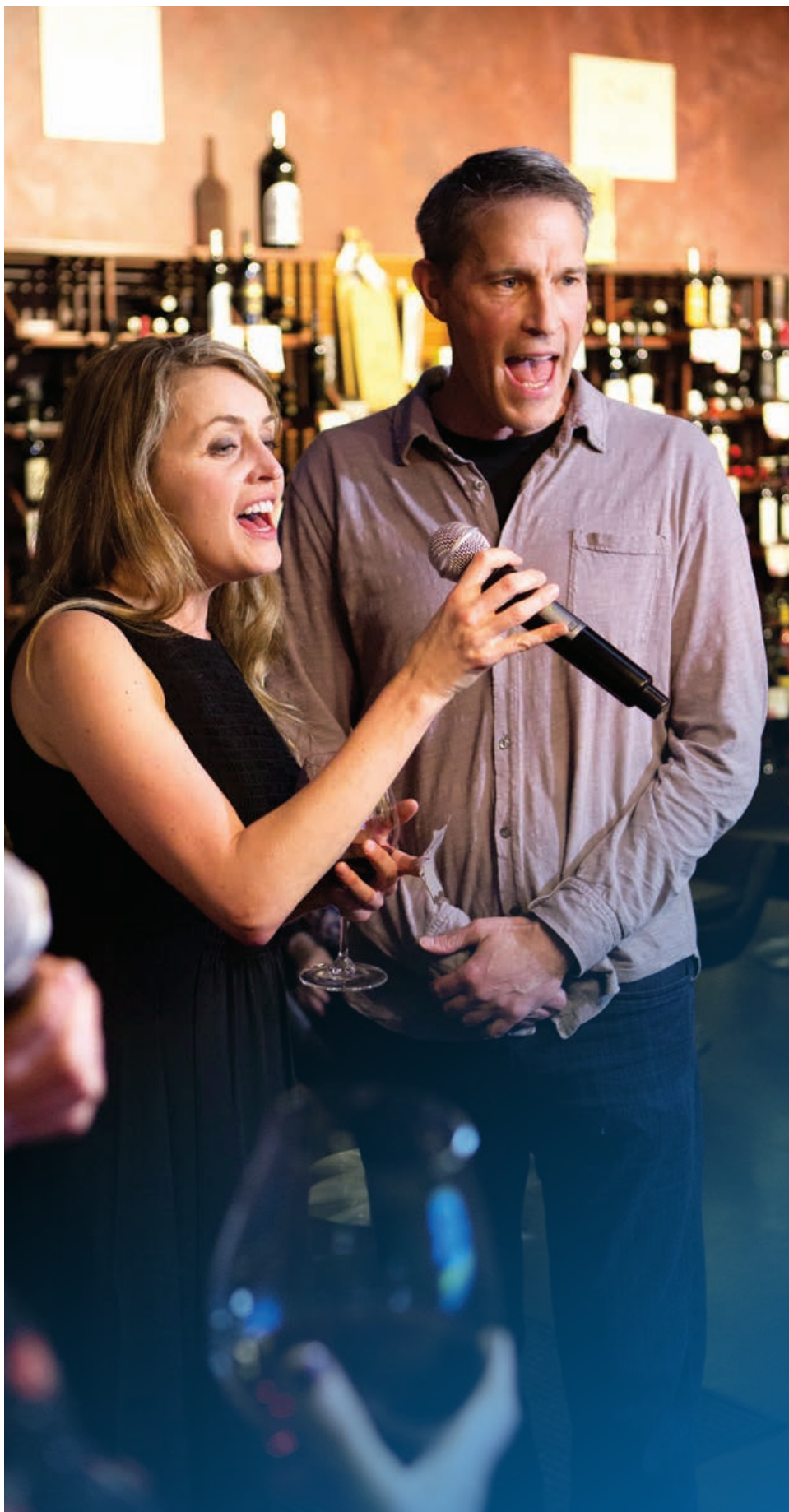
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He's also found singing karaoke helps release stress. "If I'm a little on the stressed side, I'll go down and drop eight songs. It's a great help."

◀ *continued from page 27*

Once they get some reps as part of the group, Dr. Griess said, singers transition to duets, finally solos. "They may not sound like Justin Timberlake or Adam Levine, but the music is still in us. I think it's in all of us."

And Dr. Griess said it's in him, with singing and leading karaoke as a hobby that's becoming more of a passion. He's also found singing karaoke helps release stress. "If I'm a little on the stressed side, I'll go down and drop eight songs. It's a great help."

Over time, Dr. Griess said, he and his family members have developed karaoke favorites:

His wife: Dan Fogelberg's "Same Old Lang Syne." "She'll come down to the basement to sing that song."

His daughter prefers Katy Perry's "Roar," while older son Gus likes Bruno Mars' "Uptown Funk" and younger son (age 5) Anton chooses "I Was Made for Lovin' You" by KISS.

Then, Dr. Griess has his standbys. Neil Diamond's "Sweet Caroline" is high energy, as is Poison's "Every Rose Has Its Thorn" Finally, "Summer Nights" from the "Grease" soundtrack "gets groups going, even though it's a duet." 🎵

LEFT: Dr. Griess sings with Dr. Emily Kean at a member networking and karaoke event hosted by the Metro Omaha Medical Society.



Amber Beckenhauer, DO

Medical School:

Kansas City University of Medicine & Biosciences

Residency in Family Practice:

Lincoln Medical Education Partnership

Specialty:

Family Medicine

Location:

The Healthy Human, Direct Primary Care

Dr. Beckenhauer is an osteopathic physician who attended KCUMB in Kansas City from 2004-2008. She then returned home to Nebraska for residency at LMEP in Lincoln, from 2008-2011 (LMEP is a family practice residency with an OB focus, as well as C-section training). After completing her residency in June 2011 she moved to Blair, Nebraska, with her family to start practicing full-scope family practice in a rural setting at the Critical Access Hospital in town.

Her husband is from Wayne, Nebraska, and she is from Ashland, Nebraska, so Blair was a nice half-way point for them. They have three sons, ages 10, 5 and 3 years of age, named Jackson, Tucker and Hank, whom she feels are beyond amazing. The excitement they bring to their home daily is unforgettable. They live near a pond and some of her fondest memories are what they pull out of there and bring home in the summers. They love to travel, camp, and just make memories as a family.

For this reason, in February 2018, she will be starting a new adventure that will allow her to add balance back to her personal and professional life. She is finishing her full-time position at the local hospital, and will be opening a Direct Primary Care practice in Blair, called The Healthy Human, Direct Primary Care. She will have full-service family medicine, and collaborate with the surrounding communities to provide another option for health care.

She looks forward to being a member of MOMS and the NMA as she starts her new adventure. ☺

OTHER NEW MEMBERS

Mark Burt, M.D.

Anesthesiology
Anesthesia West

Adam Conley, M.D.

Pediatric Neurological Surgery
Midwest Neurosurgery, PC

Brian Kelly, M.D.

Allergy, Asthma, Immunology
& Pediatric Pulmonology
Boys Town National Research Hospital

Elizabeth Kelly, M.D.

Otolaryngology
Boys Town National Research Hospital

Alex Lesiak, M.D.

Orthopedic Surgery—Hand, Wrist & Elbow
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William Lydiatt, M.D.

Head & Neck Surgical Oncology
Methodist Head & Neck Surgical Oncology

Lee Millward, M.D.

Emergency Medicine
Emergency Clinicians, LLC

Samar Ray, M.D.

Orthopedic Surgery
OrthoNebraska

David Ruper, M.D.

Diagnostic Radiology
Nebraska-Iowa Radiology Consultants

Eric Samuelson, M.D.

Orthopedic Surgery—Shoulder, Elbow & Sports Medicine
OrthoNebraska

Kyle Stansifer, M.D.

Otolaryngology
ENT Specialists, PC

IN Memoriam

Monte M. Scott, M.D.

Aug. 23, 1932 – Oct. 26, 2017



Dr. Liu

E-curriculum Earns Dr. Liu
National Recognition

HOWARD LIU, M.D., DIRECTOR of the Behavioral Health Education Center of Nebraska and assistant vice chancellor for the Office of Faculty Development at UNMC, has been awarded the Creativity in Psychiatric Education Award from the American College of Psychiatrists.

The award is in recognition of Dr. Liu's part in the creation of national curriculum for illustrating psychiatric disorders, a curriculum that grew from an e-learning module Dr. Liu created on adolescent depression.

"That was one of the first e-modules in the case library," Dr. Liu said. "When I founded and co-chaired the Clinical Simulation Initiative national task force at the Association of Directors of Medical Student Education in Psychiatry (ADMSEP), we realized we needed one to illustrate each major psychiatric diagnosis."

The national curriculum, hosted by ADMSEP here, is free and peer-reviewed, and was designed to help medical students widen their knowledge of a range of mental health diagnoses.


"Prior to this case library, no peer-reviewed library of psychiatry cases was available to medical students," Dr. Liu said.

The modules in the national curriculum have been viewed more than 73,000 times over four years, both through the United States and internationally. "They're getting good use," Dr. Liu said.

Dr. Liu will receive the award in February in Tampa, Fla., at the American College of Psychiatrists annual meeting.

As UNMC's assistant vice chancellor for faculty development, Dr. Liu leads strategic initiatives in faculty educational and leadership development for the Colleges of Medicine, Allied Health Professions, Nursing, Dentistry, Pharmacy, and Public Health. The mission of the Behavioral Health Education Center of Nebraska, which he directs, is to recruit and retain a skilled and passionate behavioral health workforce in Nebraska. Clinically, Dr. Liu maintains an active child psychiatry practice and is an associate professor of psychiatry.

At the state level, he is the past president of the Nebraska Regional Organization for child psychiatry. Nationally, Dr. Liu has presented more than 50 peer-reviewed abstracts and is a frequent speaker and consultant.

He serves as a member of the National Advisory Council for the Clinical Scholars Program for the Robert Wood Johnson Foundation (RWJF) and as a founding member of the Council of Medical Directors for the National Council for Behavioral Health. 



Dr. Malashock

Atrium to be Named
for Malashocks

THE ATRIUM OF THE Davis Global Center for Advanced Interprofessional Learning at the University of Nebraska Medical Center will be called the Dr. Edward and Sally Malashock Atrium.

"By naming the atrium of the Davis Global Center for Advanced Interprofessional Learning after Dr. Edward and Sally Malashock, we recognize the generosity and dedication to UNMC that they have shown over the years and we express our deepest gratitude," said Jeffrey P. Gold, M.D., chancellor. Dr. Malashock is a past president of MOMS.


The Malashocks established the Dr. Edward and Sally Malashock Fund for Interprofessional Experiential Center for Enduring Learning this year with a major gift to the University of Nebraska Foundation. The donation was made to support construction of the Davis Global Center, currently under construction on campus at 42nd and Emile streets.

In 1989, they created the Edward and Sally Malashock Chair of Urologic Surgery at UNMC as a permanently endowed fund at the NU Foundation that provides annual salary, research and program support for urologic surgery.

A 1942 graduate of the University of Nebraska-Lincoln, Dr. Malashock earned his medical degree from UNMC in 1946.

He did his internship and surgical residency at Barnes-Jewish Hospital in St. Louis and his urology residency at Mount Sinai Beth Israel in New York City. After his internship, Dr. Malashock served for two years in the U.S. Army as a physician in the 10th General Hospital in Manila in the Philippines.

In 1953, at the completion of his residency training, Dr. Malashock joined a private practice urology practice associated with Clarkson Hospital. The partnership included Dr. Edwin Davis (for whom the Davis Global Center is named) and Dr. Leroy Lee. Dr. Malashock served 36 years in private practice until retiring in 1989.

In 1965, he was the urologic surgeon on the team that performed the first two kidney transplants in Nebraska. That same year he became a UNMC faculty member and served as a clinical professor of surgery in the section of urology until his retirement from both private practice and teaching. 

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Member Networking & Karaoke

MOMS hosted an event that brought member physicians together at Vino Mas for an evening of entertainment and networking. Attendees enjoyed hors d'oeuvres and wine followed by karaoke hosted by KJ (karaoke DJ) Tony Griess, MD. The evening also featured a silent auction that benefitted the MOMS Foundation.

- 1 Chris Insinger, a MOMS Strategic Partner with Renaissance Financial (left) converses with Dr. Lindsay Northam.
- 2 Demonstrating their vocal talent were (left to right) Drs. Jennifer Hill, Laura Wilwerding and Gary Gorby.
- 3 Karaoke brought many of the attendees together. 🎤






Babyhearing.org Website Introduced

BOYS TOWN NATIONAL RESEARCH Hospital launched a redesigned and updated babyhearing.org. This site provides specific resources and information on pediatric hearing loss for professionals. The website is used by parents across the country who have infants and young children who have been or may be identified as deaf or hard of hearing.

For professionals, the site provides parent education resources, fact sheets on newborn hearing screening, presentation resources, hearing aid validation and verification, and information about the genetics of hearing loss and ways to support families.

For parents, the website is a resource for such topics as universal newborn hearing screening, hearing loss, hearing aids, cochlear implants and assistive device, language and learning, and parenting and support.

“Babyhearing.org is a great way for us to share what we have learned and recommend best practices for treating these children,” said Mary Pat Moeller, Ph.D., director of the Center for Childhood Deafness, Language & Learning. “By providing access to this information online, we expand our reach and change the way America cares for these children as well as children across the globe.” 



Children's Designated as a Best Children's Hospital

CHILDREN'S HOSPITAL & MEDICAL Center has been named as a Best Children's Hospital by the Women's Choice Award®, America's trusted referral source for the best in health care. In addition, Children's was recognized as being a 2018 Best Children's Hospital for Emergency Care.

“Our Best Children's Hospitals award helps raise awareness of the top quality care offered for children—not only the critically ill—with specialists, services and technologies for their unique needs,” said Delia Passi, founder and CEO of the Women's Choice.


“We found in our studies that 75 percent of women associate children's hospitals with care for seriously ill children and nearly 50 percent of women are unfamiliar with the offerings of a children's hospital,” Passi said. “Our goal at the Women's Choice Award is to help moms—and parents—make educated, confident decisions about where to take their children for a wide range of health care services.”

The list of 67 award winners, including Children's Hospital & Medical Center, represents hospitals that have met the highest standards for pediatric care.

“This recognition reflects our commitment to providing the highest quality of care and best experience for the children and families we're entrusted to serve,” said Richard Azizkhan, M.D., Children's president and CEO.

The designation of Best Children's Hospitals is judged according to the availability of specific services and capabilities, including:

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- Use of telehealth technologies
- Participation in pediatric health research
- Accreditation by the Joint Commission
- Pediatric Trauma Center accreditation

For more information, visit <http://www.womenschoiceaward.com/best-childrens-hospitals>. 



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Latest Robotics System Allows More Procedures, More Precision

SURGEONS AT CHI HEALTH Creighton University Medical Center-Bergan Mercy are the first in the region to operate with the newest generation of robotic technology – the da Vinci Xi Surgical System. The technology allows them to be more nimble with greater precision and do more types of procedures.


“This greatly expands our teams' ability to do a broader scope of procedures with great clarity and safety,” said Renae Battie, division vice president of perioperative services. “And because it's minimally invasive, the length of the hospital stay is shorter.” The expanded list of surgeries will include cardiothoracic and colorectal.

In addition, CUMC-Bergan Mercy is the first teaching hospital in the Midwest to have the simulator procedure subscription program.

“In the past, the simulator merely did skills drills for robotic practice,” Battie said.

“This new subscription simulator program walks the surgeons through actual procedures and gives them a score. They can choose right colon resection, prostatectomy, or hernia repair, for example.”

The latest robotics also allows:

- More complex procedures can also be done in multiple parts of the body; the patient can be repositioned during surgery.
- The ability to get into hard-to-reach places with instruments that bend and rotate more than the human hand.
- A magnified view of the surgical site in 3D HD.
- All the advantages of minimally-invasive surgeries for the patient, including less bleeding, smaller scars, fewer complications and a faster recovery.
- An invaluable teaching tool for residents and medical students, who will be able to train in a 3D environment before they assist in actual surgery. 



Methodist Community Health Clinic Now Open

FOUR ORGANIZATIONS WITH MORE than 400 years of service to the Omaha community have come together for the Kountze Commons Project, an initiative to feed and provide integrated care for those in need in the Metro area.

Kountze Memorial Lutheran Church Food Pantry, Healing Gift Free Clinic, Methodist Health System and Lutheran Family Services of Nebraska recently held ribbon-cutting and dedication ceremonies for the new project.


The 17,506-square-foot building is home to the Kountze Memorial Lutheran Church Food Pantry, Healing Gift Free Clinic, Lutheran Family Services behavioral health services and medical care provided by the Methodist Community Health Clinic.

With seven exam rooms and nearly double the prior space, Methodist providers offer a full-range of medical services to those in need of care. Services available from the six care providers at the clinic will include physical exams and sports physicals, treatment of chronic health conditions, pregnancy testing and family planning, follow-up care for survivors of sexual assault and health education.

The Kountze Food Pantry serves individuals without eligibility requirements and does not limit the number of times they can access the pantry.

The new 3,300-square-foot space allows the pantry to offer extended hours to patrons, provide perishable food in addition to shelf-stable food, toiletries and household items.

The Healing Gift Free Clinic, provides medical services and medication without charge, on Thursday afternoons, utilizing the Methodist Community Health Clinic exam rooms. The clinic has relocated its existing pharmacy to the new location to continue to provide non-narcotic medications for clinic patients.

Further enhancing and meeting the health-care needs of the unserved and underserved is Lutheran Family Services of Nebraska. The LFS clinic has eight behavioral health therapists offering individual and family therapy, trauma-focused and trauma-informed care and 24/7 mobile crisis response and post-crisis response services. 




Comprehensive Stroke Center Designation is Highest Level of Certification

NEBRASKA MEDICINE HAS EARNED The Joint Commission's Gold Seal of Approval® and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Comprehensive Stroke Centers. The Gold Seal of Approval® and the Heart-Check mark represent symbols of quality from their respective organizations. Nebraska Medicine – Nebraska Medical Center is now the only facility in the region with this designation. The others are in Iowa City, Iowa; Kansas City; and Denver.

With advanced certification as a Comprehensive Stroke Center, Nebraska Medicine has demonstrated the infrastructure and expertise to care for and manage the most complex of stroke patients. Many hospitals can treat some of the complexities, but no one else in the region can provide all of the services and be available at all times.

In addition, recent legislation (LB722) was passed in Nebraska that focused on improving stroke care by creating a state stroke system. This system includes a state hospital stroke designation and a state stroke protocol to guide first responders. The intent is for emergency medical providers to understand where to take patients when they have a stroke. The new state stroke protocol includes both a stroke screening tool and a stroke severity measure tool, which helps direct EMS to the most appropriate facility.

With this certification, Nebraska Medicine—Nebraska Medical Center joins a group of health-care organizations focused on highly specialized stroke care. To be eligible, hospitals must demonstrate compliance with stroke-related standards as a Primary Stroke Center and meet additional requirements, including those related to advanced imaging capabilities, 24/7 availability of specialized treatments, and providing staff with the unique education and competencies to care for complex stroke patients. 



Study: Higher Vitamin D Dose Increases Bone Density in Premature Babies


RESULTS OF A UNIVERSITY of Nebraska Medical Center study published recently in PLOS ONE found if the standard supplementation of 400 IUs of vitamin D is increased to 800 IUs daily there are reductions in the number of premature and preterm babies with extremely low bone density.

Founded in 2006, PLOS ONE is a multidisciplinary, peer-reviewed journal that focuses on sound science and ethics.

Physicians have been prescribing vitamin D in premature and preterm infants in neonatal intensive care units to prevent rickets, a disease that causes soft, weak bones in children and is often associated with vitamin D deficiency. In spite of this, a sizeable number of infants still develop rickets, said Ann Anderson Berry, M.D., associate professor in the division of newborn medicine and medical director of the NICU at Nebraska Medicine, UNMC's clinical partner.

She said current recommendations of vitamin D supplementation for preterm infants span a wide range of doses, even among major medical groups such as the American Academy of Pediatrics, the Institute of Medicine, and the Endocrine Society. And response to vitamin D supplementation and impact on outcomes in preterm infants is not well understood, she said.

The study provided more evidence in regards to bone health and ideal supplementation. The objective was to evaluate changes in vitamin D in the blood over four weeks in two groups of premature infants born between 24 to 32 weeks gestation. Researchers studied 32 infants at doses of 400 or 800 IU/day of vitamin D.

Researchers saw an improvement in bone density and vitamin D levels in the blood at four weeks. They also saw improvement in growth that significantly decreased the risk of infants having very low bone density. 

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COMING events



**MOMS SURVIVE & THRIVE:
 BUILDING THE BURNOUT
 PROOF PHYSICIAN**

THURSDAY, FEB. 15

BEACON HILL - AKSARBEN

6 P.M. - 8 P.M.

Featuring **Dr. Dike Drummond**

Learn the symptoms, causes and pathophysiology of burnout including gender and generational differences. Bust 3 burnout myths about burnout and learn six proven tools to prevent your own burnout.

**FACILITATING PHYSICIAN
 WELLNESS: SHIFTING CULTURE
 & CULTIVATING COMMUNITY**

FRIDAY, FEB. 16

THOMPSON ALUMNI CENTER (UNO CAMPUS)

8 A.M. - NOON

Dr. Dike Drummond will inform and inspire you to reach out to colleagues and facilitate healthy conversations about dealing with the stress of caring for patients. Learn proven methods to mentor, build trust and encourage supporting each other early and often.

These skills sets will not only help combat burnout but be advantageous throughout your clinical and leadership roles.

MEDICAL LEGAL DINNER

TUESDAY, MARCH 13

OMAHA MARRIOTT REGENCY

5:30 P.M. CASH BAR

6:30 P.M. DINNER & PROGRAM

Join your fellow physicians and members of the Omaha Bar Association.

The evening will feature a panel discussion on "The Medical, the Legal and the Ethical Considerations of Designer Babies."

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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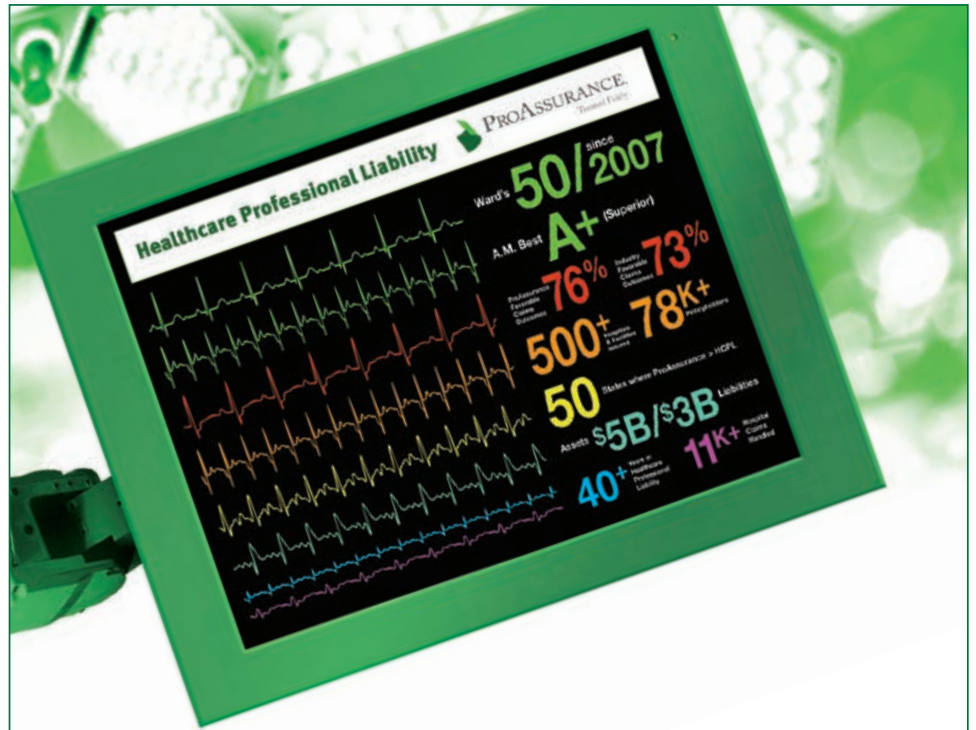




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Application for Membership



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

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Birthdate: _____ Gender: Male or Female

Clinic/Group: _____
 Office Address: _____ Zip: _____
 Office Phone: _____ Office Fax: _____ Email: _____
 Office Manager: _____ Office Mgr. Email: _____

Home Address: _____ Zip: _____
 Home Phone: _____ Name of Spouse: _____

Preferred Mailing Address:

Annual Dues Invoice: Office Home Other: _____
 Event Notices & Bulletin Magazine: Office Home Other: _____

Educational and Professional Information

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

Membership Eligibility Questions

- YES NO** (If you answer "Yes" to any of these questions, please attach a letter giving full details for each.)
- Have you ever been convicted of a fraud or felony?
- Have you ever been the subject of any disciplinary action by any medical society, hospital medical staff or a State Board of Medical Examiners?
- Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? (Including revocation, suspension, limitation, probation or any other imposed sanctions or conditions.)
- Have judgments been made or settlements required in professional liability cases against you?

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

Signature

Date

Fax Application to:
402-393-3216

Mail Application to:
Metro Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

Apply Online:
www.omahamedical.com

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