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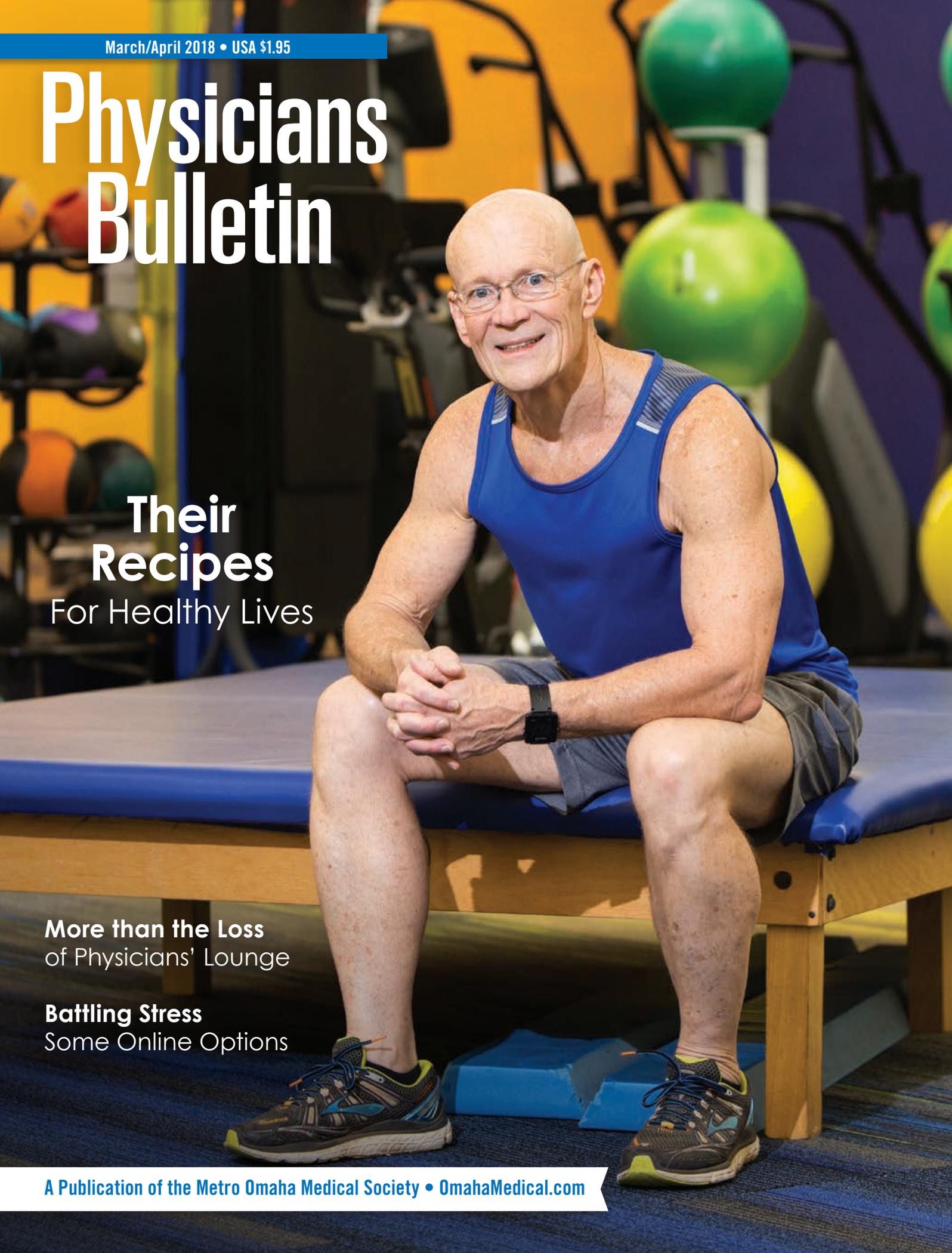
Physicians Bulletin

**Their
Recipes**
For Healthy Lives

More than the Loss
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Battling Stress
Some Online Options

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Physicians Bulletin

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Fall in Love Again

AVEDIS DONABEDIAN, M.D., (1919-2000) invented the field of quality improvement in medicine. His model described the delivery of medical care as consisting of a structure, a process and a product. The “Donebedian Model” of medical quality revolutionized the practice of modern medicine throughout the world.

Late in Dr. Donabedian’s career, when an interviewer asked him what he considered to be the most important factor in achieving high quality health care, his answer was: “Love.”

Among physicians, love starts in earnest during medical school. Learning to relish challenge, overcome intellectual and personal boundaries, and see the world through different eyes transforms us into someone new—someone in love. As a medical educator, I have come to realize that my time is not best spent in impressing students with my command of facts and skills, but in helping students fall in love with medicine.

Why then, are so many of us falling out of love?

Physicians recognize that their lives and work are not the same as those of most other people. They are not worse or better, just different. From the time we start medical school, we are cloistered from the rest of society in many ways—first—by the overwhelming demands of study, then by intense experiences of life, death, tragedy and survival. To deal with these stresses that continue in one form or another throughout our careers, we turn to the protections of medical culture that we internalized, mostly unwittingly and with all of its warts, during our medical education.

Culture is a way of transmitting meaning, and this meaning is carried largely through symbols, rituals and metaphors.

The need for successful physicians to internalize medical culture is why we have never been able to successfully teach medicine by correspondence course.

Over the years, I have come to understand that the structure and process of medicine are just as important as the product. Structure provides—well—the structure that allows us to understand and predict our work. Process includes activities such as carrying out a history and physical examination, making a differential diagnosis, or doing a procedure. But structures and processes do not by themselves nourish us. An important part of what keeps us in love with medicine are the ritual and symbolism that are contained within these activities. These cultural artifacts help to instill the deep meaning into our work that sustains us over a lifetime. The most visible symbols in medicine such as the title ‘doctor’, wearing a white coat and stethoscope, using medical terminology, and having assigned spaces such as “doctors’ lounges” are not just “perks” as they are understood and sometimes resented by others, but are also powerful symbols. These help physicians remember and understand the difficult roles assigned to them by society, and help them to manage the stress of work that varies between being merely challenging on a good day to nearly impossible on a bad one.

Although the recent crisis among physicians is often framed as being due to loss of privilege or compensation, the most important reason, I believe, is the loss of a sense of deep



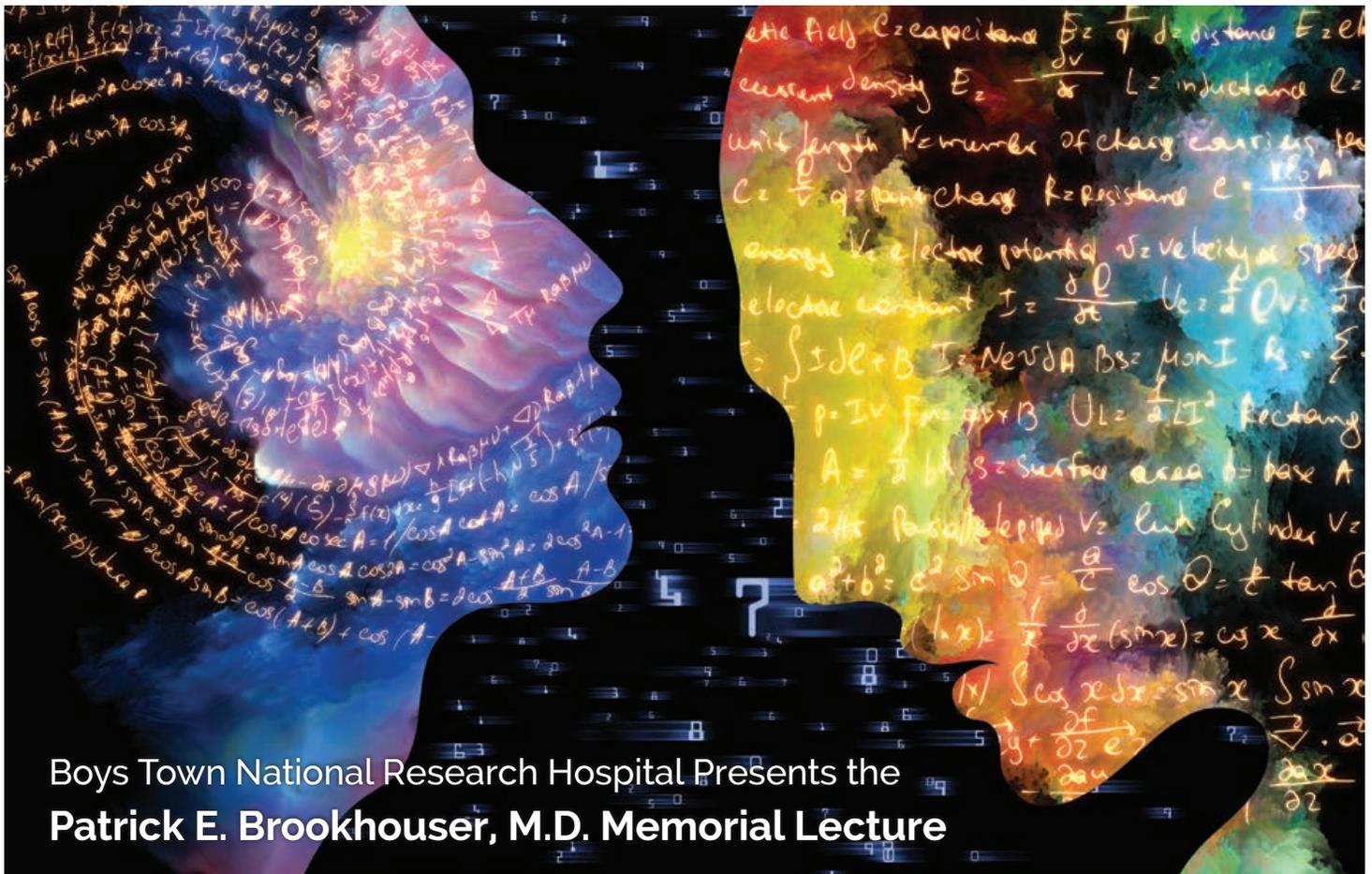
Laeth Nasir, M.D.
Guest Editor
Physicians Bulletin

meaning in our work. This loss of meaning is the inevitable result of having eliminated or ignored parts of the profession that do not seem essential, but which actually contain the symbols that make the job coherent and meaningful to the human mind. Scientists are rightly suspicious of talk about “culture” and “symbols.” But even scientists are not exempt from culture, and not all of what is important in life can be measured objectively.

Dr. Donabedian was right about love. After a lifetime of intensive study, he came to the conclusion that if you really love something, you will always be striving for a better and more perfect way to do it. Frameworks are OK, but lovers look for ways to do the impossible.

Most breakthroughs in medicine have come from physicians who passionately love their work. Physicians with a burning love for medicine will change today’s best care, making it even better tomorrow. The physician armed with true love triumphs over even the tightest ‘care pathway,’ the most jammed OR schedule, and the fullest waiting room. The doctor in love is able, in a small way, to transform and make beautiful the imperfect, messy, and sometimes ugly reality of suffering and illness.

Shakespeare may have said it best in one of his sonnets: “In faith, I do not love thee with mine eyes/For they in thee a thousand errors note/But tis my heart that loves what they despise/Who in despite of view is pleased to dote.” 



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Building Resilience in Your Medical Practice

By David Wahl, M.D., Practicing Psychiatrist, COPIC

“HEAL THYSELF” HAS TRADITIONALLY flowed from the notion that we, as physicians, should be free from illness. To that end, we were taught to be ever-vigilant over our physical and emotional problems. Manage our health, get regular check-ups, take prescribed treatments and avoid excessive alcohol were some of our directives. The assumption was that the definition of health was an absence of or at least the management of disease.

Then, we started accepting a broader definition of “heal thyself” by exploring our personalities for signs of vulnerability impairment. Some of us worried too much, even obsessively worked to avoid missing something. Others thrived on taking risks, on exploring new approaches to difficult cases, and finding pleasure, even passion, in those risks. Many of us sought the personal gratification that comes from a satisfied patient and family (i.e., it feels satisfying to be valued for our work). And, many of us simply like working hard, persisting in our “calling” to comfort and help our patients.

Each of these personality styles can lend themselves to periods of disappointment, and even failure. We may have been encouraged to change those traits, perhaps through psychotherapy or personal coaching, and to worry less, limit our practices, and avoid taking risks. Some treatments even focused on using serotonin-targeted medications to diminish the worrying, the risk-taking and the perseverance. Now we know that such temperaments or styles are not only genetically mediated, but also shape our individual characters as healers. Why change a proclivity when it serves us so well?

TRAITS FOR RESILIENCE

So, how can one remain true to her or his character, yet remain resilient to the many challenges that are inevitable in a medical career? More compelling work in mental health reveals that each of us have personal traits that can enhance our effectiveness and promote greater resilience to the inevitable stresses and strains of today’s medical practice. Those traits identified, through the work of C. Robert Cloninger, a psychiatrist and geneticist, and others are self-directness, cooperativeness and self-transcendence.

Self-directness is the extent to which we understand what inspires us. What are my fundamental values? What are my true goals for my life? As physicians, a most provocative question when explored can enhance our self-awareness: Why did I honestly choose to become a doctor? What events or relationships directed me to devote my life to this profession? By focusing upon these inquiries of self-awareness, we can find deeper meaning in our work, and stay focused on our goals and values even during times of great stress.

Cooperativeness is the extent to which we see ourselves as connected to others, to family and to our communities. In medicine, we have a ready-made avenue for such cooperation (e.g., medical staff activities, collegial relationships, and medical societies). And indeed such engagements are critical for enriching our careers. But true cooperativeness also comes from extending ourselves beyond the health-care arena. Participating in those activities that engage skills unrelated to medicine brings us into contact to others in different ways. Volunteering for non-medical endeavors or engaging with friends outside of

medicine strengthens our awareness of how we are vital members of the broader world. Of course, the deepest, richest form of connectedness comes by securing a central place in our lives for those we love, and for those who love us. Nurturing those relationships, within our families and friendships, secure us beyond our roles as medical professionals.

Finally, there is self-transcendence. Words fall short in describing a trait that we all have the potential to elevate. To transcend ourselves and our communities is to find meaning, beauty and inspiration in all that surrounds us. As physicians, we can step back from a complex case and marvel (or grieve) at an outcome. How humbling such moments can be. Deeper self-transcendence, however, requires a greater discipline. We can connect to this through the embrace of our natural environments, the solitude of a prayerful ritual, the emotional power of a piece of music, a rejuvenating experience in meditation, an exercise in mindfulness, a moment each day of deep breathing exercise—the list is endless, and the avenues multifarious.

This article was written by David Wahl, M.D., a practicing psychiatrist who often collaborates with COPIC on addressing mental health issues. 

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.



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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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.

*Interested individuals please contact
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Dale Mahlman

*Executive Vice President
Nebraska Medical Association*

Work-Life Balance: A Juggling Act

THIS EDITION OF THE MOMS Bulletin focuses on physician wellness, and I commend MOMS' efforts in this area.

When I think of physician wellness, I immediately think of work-life balance. I have seen many physicians (who shall remain nameless) that appear to need a hobby, but their passion for medicine and helping patients is truly amazing. At the same time, over the years I have been amazed at the range of hobbies and work-life balance that many of our members accomplish.

In my years in organized medicine, I have been privileged to watch the growth of many young physicians from student to resident to young busy physician. The NMA Board of Directors and leadership has been the beneficiary of these physician members who balance their responsibilities at work, home, and in support of their profession. Periodically, we will have a member or two who has been active need to take a step back because of practice or family issues, and I always respect their decision and appreciate their judgment as to what is most important to their lives.

How do professionals working long days in either the office, hospital or teaching facility keep their minds and bodies healthy? While this edition of the Bulletin highlights examples, I am aware of physicians participating in the 5 a.m. boot camps, pre-dawn swimming and hot yoga, marathon cycling and running, reading, traveling, gardening and so on. Physicians taking time for themselves is a great first step in acknowledging the need for physician wellness and keeping our membership in shape both mentally and physically.

On the topic of the demise of the physicians' lounge, as a lay person I always just assumed that Dr. Smith knew Dr. Jones and vice-versa. Early in my career with the NMA, I came to the realization that with 3,500 physicians in the state and perhaps 2,000 of those in the MOMS service area, familiarity was not what I thought it was. With the introduction of hospitalist programs across the state, as well as the increase in free-standing surgical centers and specialty hospitals, it would make sense that the old days of regular sessions in the physicians' lounge is no longer the norm. MOMS has done a nice job of creating several events for members to interact socially in the Omaha area including family events, retired physician events, student events and others in an effort to keep our membership connected.

As I write this piece, it is winter in Nebraska and the Legislature is in full operating mode. I sit at my desk hoping for the sounds of spring, the dog days of summer, and the start of football season. In the meantime, we continue to watch the happenings in Washington D.C. and Lincoln, and provide input to our elected officials on a number of issues. Advocating for Physicians and the Health of all Nebraskans is always tested this time of year, but thanks to work-life balance at the NMA we continue to meet the challenges with enthusiasm and new ideas to rise to those challenges. We appreciate your continued support of MOMS and the NMA and never hesitate to let us know how we are doing. [i](#)

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‘What’s in it for me?’

“WHAT’S IN IT FOR me?” It’s probably the question I am asked most frequently when I speak with physicians about membership. Legitimate question, but one that has a variety of answers. Simply put—“it depends.”

It’s impossible to talk about the value of membership without understanding what is most valuable to each potential member physician. Just as physicians don’t have a single treatment protocol to address all of their patients’ needs, no two members see the value of membership the same way.

My hope as the new chair of Membership is to get physicians, both current members and new doctors, to build excitement around the idea of being connected through MOMS membership. I believe we have an incredible group of members and expansive opportunities for involvement—for physicians or all practice backgrounds and career stages.

So to those asking “What’s in it for me,” I say “What’s most important to you?”

Is legislative representation and advocacy your priority—having a powerful collective physician voice as decisions are made that impact the practice of medicine and health of all Nebraskans? For some, this is the driving force behind their membership decision, yet for others, it may not play as profound a role.

Does making a positive impact speak to you? Many find the most rewarding way to give back to the next generation of physicians is by volunteering to represent their specialty at the annual “Speed Dating for Your Medical Specialty” medical student mentoring event. Or you can join dozens who put down the stethoscope, pick up a hammer and work alongside fellow members to build healthy homes at DocBuild—our annual Habitat for Humanity home building event (see page 37).

Are you instead looking for more opportunities to interact, collaborate and network with other physicians? I have heard from many physicians about the perceived demise of the “physicians’ lounge culture” where physicians were afforded the ability to seek out peer advice and camaraderie, grow their referral base or simply interact with peers outside of their day-to-day practice environment. Then you would benefit from attending member events such as the Medical Legal Dinner on March 13 (see page 37) as well as participating in one of our peer groups or networking events. Later this Spring, the Metro Omaha Medical Society (MOMS) will introduce interest groups—bringing together members who share similar social interests (i.e. book club, etc.).

Maybe you aren’t looking to add more to your already full schedule, but want to be a part of a group of physicians and an organization dedicated to identifying and addressing the needs of local physicians. For them the act of belonging is their commitment to that. Others looking for a way to serve medicine



Courtney Hellman, M.D.

*Membership Committee Chair
Metro Omaha Medical Society*

have formed our task force to address physician burnout. I don’t want to forget our longstanding committee of doctors who look at issues of public health. And there are a group of physicians who want to make sure their colleagues are kept up-to-date on the changes facing them in their practice and in health-care by participating on our editorial board. The list of things that can spark passion and make a MOMS membership valuable can go on and on.

That’s before I even begin to address benefits that can positively impact your bottom line—member savings on COPIC malpractice coverage, savings on AAA roadside assistance and access to the NMA health and dental plans designed specifically for physicians, their families and their practice staff.

So if you are wondering “What’s in it for me”—let’s have a conversation. Tell me about your current needs, what drives you and the things that bring you the most satisfaction as a physician. I would be happy to give you an answer tailored to you and provide you with a roadmap to success—however you choose to define it. 

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An Overview Of the New Tax Bill



Steve Kenney
Tax Partner
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THE NEW TAX BILL has created much discussion, debate and confusion. Many itemized deductions were reduced or eliminated, but tax rates were decreased. Each individual's situation is unique, but most individuals should receive a tax reduction.

The following is a summary of some of the key provisions that may impact physicians and their practices.

INDIVIDUAL TAX PROVISIONS

- Tax rates: The top tax rate decreased from 39.6 percent to 37 percent. Furthermore, the new top tax rate of 37 percent does not apply until taxable income over \$600,000 for a married couple compared to the old top rate of 39.6 percent was applicable for income over \$470,701. The new tax brackets are much more graduated so that more income is taxed at lower tax rates.
- Capital gains tax rates did not change. The top capital gains rate remains at 23.8 percent (20 percent capital gains rate plus 3.8 percent net investment income tax).
- State income tax and real estate taxes are limited to a maximum deduction of \$10,000.
- Home mortgage interest expense is limited to interest on debt of \$750,000. Existing mortgages that are greater than \$750,000 are grandfathered and allowed.
- Medical expenses are still deductible to the extent they exceed 7.5 percent of adjusted gross income (10 percent beginning in 2019).

- Miscellaneous itemized deductions such as investment fees, tax preparation fees and unreimbursed employee business expenses are eliminated.

- Standard deduction was increased from \$12,700 for married couples to \$24,000. Many more individuals will be using the standard deduction now that the state and local tax deduction is limited to \$10,000.

- The alternative minimum tax (AMT) was retained but the exemption amounts were increased. Fewer taxpayers should be impacted by the AMT because of the disallowance of the miscellaneous itemized deductions and reduction in state and local tax deduction, which were both AMT preference items.

- The estate tax exemption was increased from \$5.6 million to \$11.2 million. A married couple would have \$22.4 million exempt from estate tax.

BUSINESS PROVISIONS

- Top "C" corporate tax rate was reduced from 35 percent to 21 percent.
- The alternative minimum tax (AMT) was eliminated for C corporations
- 100 percent expensing of business assets from Aug. 9, 2017 to 2023
- 20 percent Qualified Business Income (QBI) Deduction-Sole proprietorships and owners of S corporation, LLC's and partnerships can potentially be eligible to claim a deduction up to 20

percent of the QBI. However, this deduction is only applicable to physicians with total taxable income less than \$415,000 for a married couple.

Based on the lower C corporate tax rate of 21 percent, many taxpayers are wondering if they should convert their sole proprietorship, S corporation, LLC or partnership to a C corporation to receive the benefit of the lower tax rate. In most situations, it does not make sense to convert to a C corporation because there is a "double tax" to distribute any cash in excess of salaries to the owners. Most physicians do not want to retain cash in the business and this double tax eliminates the benefit of a C corporation lower tax rate.

As discussed previously, each person's situation is different and the tax law may impact each person differently. However, below is an illustration of how the tax law would impact a married couple with two qualifying children, no capital gains and no business income eligible for the QBI deduction: [🔗](#)

INCOME	STATE TAX AT 6%	REAL ESTATE	MORTGAGE INTEREST	CHARITY	2017 TAX	2018 TAX	TAX DECREASE %
75,000	Standard Deduction				3,962	1,739	56.11%
250,000	15,000	5,000	8,000	10,000	42,972	37,859	11.90%
500,000	30,000	7,500	10,000	20,000	128,071	114,629	10.50%
750,000	45,000	10,000	15,000	30,000	212,313	201,029	5.31%
1,000,000	60,000	15,000	20,000	40,000	302,673	290,229	4.11%
2,000,000	120,000	20,000	25,000	80,000	675,993	652,579	3.46%



**Their
Recipes**
for Living
Healthy Lives



“The first time I hit the pool expecting to swim a mile I felt like I was going to drown.”

—Alan Thorson, M.D.

FOR ALAN THORSON, M.D., his approach to living a healthy life focused on balance – in his diet and his exercise routine.

“I have found that different types of exercise impact different parts of the body. Don’t over-use one part. Balance is important.”

For Kristi NewMyer, M.D., a combination of yoga and meditation helps bring balance into her life—and helps her fall asleep at night. “Meditation clears my mind of the day. Sleep is important. If I carried everything that went on in my day to sleep at night...”

And Amber Beckenhauer, D.O., realizes that remaining active doesn’t have to mean running each day. “It can be wrestling on the couch with my boys. It can mean doing puzzles with them at the kitchen table. I can’t always run five miles each day.”

Drs. Thorson, NewMyer and Beckenhauer shared their recipes for maintaining balance in their lives, while striving for healthy minds, bodies and spirits. Here are their stories:

**DR. THORSON, 65:
AVOIDING THE RANKS
OF OBESE AMERICA**

Just a teenager, Dr. Thorson was worried about what he might become: obese. “I came to self-realize that I might be joining the ranks of obese America.”

So he started exercising and watching what he ate. He ran track and field in high school to stay active, and ran his way through college and medical school. He found maintaining his level of exercise while completing his residencies was difficult because of little free time. He also started to worry about the wear he was having on his knees.

This led him to diversify his exercise routine. He began swimming, but had a rude awakening. “This was a whole new ballgame. Just because

you’re fit in one area, doesn’t make you fit in another. The first time I hit the pool expecting to swim a mile I felt like I was going to drown.” Translation: swimming worked a different set of muscles and challenged perceived aerobic capacity.

He quickly adapted, and now spends five or six days—depending on the time of year—at the gym. He still runs and swims, but has added weight training with a dose of cycling. During the warm-weather months, Dr. Thorson spends his Saturdays on yardwork. He also makes sure to stretch, as he has found flexibility is even more critical as one ages.

My current routine is hot yoga twice a week with a one- to two-mile swim followed by a two- to three-mile run and some weight training three or four times per week. “Three months from now it will be different with the exception of the yoga, which I think needs to be a permanent part of my routine to avoid injury.”

He also looks to incorporate daily activity into his routine. He mows his own yard and shovels his driveway. He is sure to park far away from the door of his destination to ensure he adds some walking. And he frequently walks the stairs.

Dr. Thorson said he tries to be careful to eat healthy foods, but doesn’t go overboard to eliminate all of any one food group. He tends to limit carbohydrates in favor of proteins and fats. He does admit to a sweet tooth, which probably gets him into more trouble than he cares to admit and which anyone who watches him eat will tell you is true. He also avoids fad diets.

“I look for balance in diet and exercise. I try to take advantage of what different foods have to offer without avoiding one or focusing too much on another. The same principle goes for exercise, reaping the benefits of varied exercise routines.”

» *continued on page 20*



The Thorson File

Hometown:
Mead, Nebraska

Undergraduate Degree:
University of Nebraska-Lincoln
in agricultural economics and
international relations

Medical Degree:
University of Nebraska
School of Medicine

Residency:
UNMC College of Medicine in
general surgery; University of
Minnesota in colon and
rectal surgery

Title:
Clinical Professor of Surgery at
UNMC College of Medicine and
Creighton University School
of Medicine

Location:
Colon and Rectal Surgery, Inc.
and Colonoscopy Center,
private practice

Why He Joined MOMS:
“It provides me the opportunity
to have a greater impact on
medical care.”



The NewMyer File

Hometown:

Colorado Springs, Colorado

Undergraduate Degree:

Creighton University in biology

Medical Degree:

Creighton University
School of Medicine

Residency:

Creighton University Medical
Center in obstetrics
and gynecology

Specialty:

Obstetrics and gynecology

Location:

CHI Women's Health

Why She Joined MOMS:

"I think it's important to be involved in your local medical society."

"When doing yoga, it's more of a personal experience. Everyone has their own level. It's quiet. It's your own quiet experience."

—Kristi NewMyer, M.D.

DR. NEWMYER, 42:

YOGA IS A PERSONAL EXPERIENCE

It started in college. She was away from home and learning to multi-task. That's when Dr. NewMyer realized she needed an outlet for the stress she was experiencing.

She initially turned to aerobics and became an instructor. "If I am going to work out, I might as well get paid for doing it."

Getting regular experience became a challenge during her residency, which carried into her practice in obstetrics and gynecology—and the inconsistent schedule it carries.

Yoga involves stretching and, she found, helped her relax during the day and sleep at night. Once considered trendy, yoga is now mainstream, she said.

"When doing yoga, it's more of a personal experience. Everyone has their own level. It's quiet. It's your own quiet experience."

She meditates at night, using a guided meditation on her iPod, when her children are asleep. "It clears my mind of the day. If I carried everything that went on in my day and tried to sleep, I'd never be able to sleep."

Clearing her mind of her day is part of her mantra to leave work behind. When she's home, she said, she focuses on her family.

Dr. NewMyer said she tries to make exercise a regular part of her week. She does yoga at home when she can't make it to the gym for a class. She also uses her treadmill at home to fill in the gaps.

She incorporates one other routine into her life to help her stay active: She stands. "This may sound silly, but at work, I stand at my computer all the time. Constantly running between labor and delivery and my office. Standing makes a huge difference."

And take the stairs—instead of the elevator."



“We can only be responsible and accountable for ourselves on a daily basis. We have to learn that change comes from within us, not focusing on others.”

—Amber Beckenhauer, D.O.



The Beckenhauer File

Hometown:

Ashland, Nebraska

Undergraduate Degree:

Northwest Missouri State University in biopsychology and pre-medicine

Medical Degree:

Kansas City University of Medicine and Biosciences

Residency:

Lincoln Medical Education Partnership in family medicine

Specialty:

Family medicine

Location:

The Healthy Human Direct Primary Care in Blair, Nebraska

Why She Joined MOMS:

“Networking with Omaha physicians and specialists and other like-minded individuals, also to have more social interaction amongst peers outside of the office.”

DR. BECKENHAUER, 36:

ESTABLISHING BOUNDARIES FOR HER LIFE

In the end, the mass found in Dr. Beckenhauer's chest in 2015 had a positive effect.

A mother of three, Dr. Beckenhauer was working as a rural medicine physician, bouncing from administrative roles, to the clinic, to the emergency room, to labor and delivery meant wearing too many hats and being spread too thin. Something had to give, she said. Her medical crisis caused her to pause, she said.

She realized she needed self-care, mindfulness and sanity. “It’s all about boundaries. Know what your limits are. First, you have put boundaries in your life.”

And she did, deciding to open her own direct primary care practice in Blair, Neb. Her focus on boundaries will continue during conversations with her patients, who will have her cell number, about when to call and when to wait until the morning for care. “It’s part of mutual respect.”

And for Dr. Beckenhauer, part of her counterplan to burnout is incorporating exercise into her life. Always an avid runner, Dr. Beckenhauer cut back her miles at the advice of the counselor she saw when battling her health scare.

“My counselor told me all day you stress your body. When you run, you stress your body even more.” Her counselor recommended yoga. She thrives on the stretching that yoga incorporates.

She still runs, but about a half-dozen miles each week. She tries to stay active with her family, and watches what she eats cutting back on gluten and sugar.

She also has made a point to expand her social circle, which is one reason she joined MOMS. She enjoys interacting with peers in other specialties.

Finally, she realized, as part of establishing boundaries, that physicians sometimes have to say “no.”

“Focus on knowing what your personal boundaries are so you can prevent administration, patients, and whatever else life has to throw at you, from getting in the way of ‘you’ managing ‘you’ and inhibiting self-care. We can only be responsible and accountable for ourselves on a daily basis. We have to learn that change comes from within us, not focusing on others.” 

A blurred background image showing several people in a hallway or office setting. The people are out of focus, with some wearing white lab coats and others in business attire. The lighting is bright, suggesting an indoor environment with large windows.

More than the Loss
of Physicians' Lounge

HERE'S SOMETHING MISSING IN Robert Recker's professional life.

The 78-year-old endocrinologist misses the camaraderie, the conversation and the collegiality he used to experience during his early days at Creighton University School of Medicine. And many of those conversations occurred in the doctors' lounge traditionally found in hospitals throughout the country.

The lounges likely had a couch or two, where a physician could take a quick nap. Mostly, they featured tables and chairs where physicians would gather over lunch or a cup of coffee.

"I started hanging out in the lounge as a medical student—by their (his instructors') invitation," Dr. Recker said. He remembers those days as times when Creighton faculty members hung out with their students during lunch, at break time, and at the beginning and the end of the day.

These days, Dr. Recker said, physicians have too little time to spend part of their days conversing with colleagues. He's not alone in lamenting the loss.

Suneel Dhand, M.D., writing for KevinMD.com likened the demise of the physicians' lounge to the decline of the profession. Dr. Dhand wrote he recently had read an article about how every hospital had a physicians' lounge, but they now were mostly a thing of the past.

"As exotic as the word may sound, however, the 'lounge,' he wrote, "was simply a spacious room where extremely busy independent doctors would enter every now and again during their hectic days, grab a quick tea or coffee, eat lunch, and chat with their colleagues—including frequently discussing cases and matters related to their medical practice. There was typically a sofa, a television, and newspapers—if ever a real break was needed. It was a comfortable room where, to use a slang term, physicians could just chill."

(Dr. Recker recalled a conversation with a respected internist who lamented the start of Medicare. The internist surmised that Medicare would mean the end of physicians providing free care. "He didn't seem happy about that. He was a giving and caring individual who thought it was a good idea to give free care.")

"If ever there was something that was symbolic of what's happened to physicians over the last 20 years, the demise of their lounge would be it."

—Suneel Dhand, M.D.

Sadly for physicians, Dr. Dhand wrote, this job perk has fallen by the wayside. "Where lounges do now exist, they are ghosts of a room, places of minimal interaction and collegiality, increasingly occupied by doctors glued to their computer screens—furiously typing and clicking away to complete their 'tick-boxes' before going home. Treats such as cable television or a sofa have long since disappeared."

Dr. Recker doesn't hesitate to place blame for the loss of the physician lounge, and with it collegiality among his peers. "The No. 1 change in medical practice is due to the electronic health record." He mentioned his son—also named Robert and also a physician—as an example. His son spends several hours each night tending to his charts because he doesn't have time during his day.

The solution? "Get rid of electronic health records—or get a much more user-friendly program."

Dr. Dhand shared a similar complaint and blamed medicine's environment of increased bureaucracy and workload. "It also represents a sea change in how hospital administrations view and treat their physicians. The lounge is considered too much of a luxury to lavish on doctors in an era of cost-cutting and number crunching. It may also be considered risky to allow physicians any downtime, and perhaps intimidating for administrators to know that there's an

area where doctors can freely congregate and mingle? Where is there time anyway, with all the computer work that's always needed?"

Dr. Recker added physicians' lounges that remain are often empty, because physicians have too little time and aren't encouraged to spend time in them. "There's just not enough time in their days."

Dr. Dhand offered a parting thought and shot: "If ever there was something that was symbolic of what's happened to physicians over the last 20 years, the demise of their lounge would be it."

All is not lost, Dr. Recker said. Physicians can find collegiality by joining local and state medical societies. MOMS is good about bringing physicians together for social events and professional programs.

He also suggested that physicians point out to hospital administrators that collegiality leads to better patient care—which is the point. 



The Recker File

Hometown:

Alda, Nebraska

Medical Degree:

Creighton University School of Medicine

Internship:

Wilford Hall USAF Hospital

Residency:

Creighton University Medical Center in internal medicine

Fellowship:

Creighton University Medical Center in endocrinology

Title:

O'Brien Professor of Medicine

Specialty:

Endocrinology

Location:

Creighton University School of Medicine

Hobbies:

Racing sailboats

Family:

Wife, Susan Recker; four children, Katherine, Sarah, Michael and Robert



Battling Stress: Some Online Options

While not a part of her daily routine, Dr. May said, the videos created by Dr. Damania help her put her life in perspective.

SARA MAY, M.D., HAS a recipe for battling the stress in her life head-on.

It include a regimen of exercise, quality time with her family, and, on occasion, viewing some videos created by rapper ZDogMD (aka Dr. Zubin Damania). “He hits all the frustrations we encounter day to day,” she said, “and makes it funny.”

As part of her daily routine, Jennifer Hill, M.D., scrolls recent posts on an online support group on Facebook for physician moms. “It’s a safe place for us to pose questions, vent and seek advice.”

For Drs. May and Hill, these online resources and communities can add a dose of clarity, brevity and occasional humor to their lives. They suggest their peers give them a try.

DR. MAY AND ZDOGGMD

First things first. Dr. May leads a busy life. She has a busy practice. She has twin sons. She’s married to a physician. “Being a working mom and married to a physician—stress peaks when things are not working as well at work and at home as they should.”

Dr. May said she can sense when those times are occurring: “I’m not listening as well. I’m not being as kind and as endearing with the people in the office. I’m short-tempered with my husband, as well.”

At times such as these, Dr. May said, “I make sure I am getting my self-time.” Meaning exercise. She Jazzercises four or five times each week, taking early morning classes. Her husband (Joel Michalski, M.D., who’s finishing his training in hematology and oncology) exercises at home—“we invested in a home gym”—when the twins are still asleep.

Next, the Drs. May and Michalski make sure they have some couple time and some family time each week. Couple time might mean watching television or a movie after the boys are asleep. Family time means an outing with the boys—possibly to the mall or a park—each weekend.

» *continued on page 26*



The May File

Hometown:

Waverly, Nebraska

Undergraduate Degree:

Nebraska Wesleyan in biology

Medical Degree:

University of Nebraska
Medical Center

Residency:

UNMC Internal Medicine

Fellowship:

Mayo Clinic in Rochester,
Minnesota, Allergy and
Immunology

Specialty:

Allergy & immunology

Title:

Assistant Professor

Location:

Multispecialty Clinic, Nebraska
Medicine-Village Pointe

Hobbies:

Playing with her twin sons;
following Nebraska football
and volleyball

Family:

Husband, Joel Michalski,
M.D., Ph.D.; twin sons,
Henry and Ethan

Why She Joined MOMS:

“So I could stay connected with friends in medicine who no longer are at the university.”



The Hill File

Hometown:

Columbus, Nebraska

Undergraduate Degree:

Hastings College in biology

Medical Degree:

University of Nebraska
Medical Center

Residency:

Clarkson Family Medicine in family medicine, and University of Kansas School of Medicine in obstetrics and gynecology

Specialty:

Obstetrics and gynecology

Location:

Omaha OB/GYN Associates

Hobbies:

Running, reading and singing

Family:

Husband, Chad Hill; three children, Madison, Evan and Cooper

Why She Joined MOMS:

"I joined for social interaction and connections within the medical community."

And there's a place for ZDoggMD in her life. While not a part of her daily routine, Dr. May said, the videos created by Dr. Damania help her put her life in perspective.

Dr. May said she discovered Dr. Damania's comic genius by viewing his YouTube video about electronic health records. "Electronic health records are one of the most frustrating things to physicians," she said. "He puts comedy to the things most frustrating."

The video made her husband laugh, she said, and her colleagues. Lyrics from the video call EHRs "glorified billing platform with some patient stuff tacked on" and states "Stand up and make our voices heard. Let doctors be doctors."

Other videos available at zdoggm.com/z-blog include one titled "Doc Vadar's in the Doctor's Lounge" and "A Doctor Blows the Whistle on Chemotherapy."

Dr. May said the videos—and their messages—may not resonate with all physicians, but they do with her. She said she doesn't turn to them when she's experience stress in her life, but points them out to others when she's having conversations about (say) electronic health records.

"I ask, 'Have you ever seen...?' Then, I show them. The website is an asset for putting laughter in our daily lives."

"I respond to others' comments quite often. I put my two cents in a lot. Connecting with members throughout the country and world provides a forum for keeping current about the state of medicine."

—Jennifer Hill, M.D.

DR. HILL AND PMG: THE PHYSICIANS MOMS GROUP

Dr. Hill said she can't remember who told her about the Facebook group, but she's been a regular for the past three years. Physicians Moms Group, or PMG, which was founded by a California physician, had more than 71,000 members in February.

"She (the founder) wanted to provide a sounding board for a large group of physicians—at one time," Dr. Hill said.

So on any given day, members seek advice on how best to treat their patients—"I have this patient with a rash. I'm trying to figure out what it is. Everyone chimes in."

To practical advice—"What's a good car seat to buy? I'm looking for special bathroom towels. Can anyone help?"

To personal support—"I need your support and prayers. I just lost a child."

Members must be verified as a physician and a mother to join. Some members are more active than others. Dr. Hill said she gets on Facebook nearly every day and scans recent posts. Her time spent, she said, depends on recent activity on the site and what catches her eye.

"I respond to others' comments quite often. I put my two cents in a lot." Connecting with members throughout the country and world provides a forum for keeping current about the state of medicine, she said.

She recently was part of an online discussion about antidepressants and pregnancy. "It was nice to see all the comments and learn what I'm doing is reinforced."

She's also seen PMG serve as a connector for members facing tragedy. She recalled one post she read: "My cousin was in a car accident—any PMGs out there who can go and support the family?"

"I don't know this person, but I can get a care package for the family. It's nice to know there are 70,000 physician moms out there who are on your side." 



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NEW MEMBERS

Radha Andukuri, M.D.
Endocrinology/Diabetes/Metabolism

Ashley Drake, M.D.
Dermatology

Kyle Rose, D.O.
Gastroenterology

Brian Sadowski, M.D.
Colon & Rectal Surgery

Zachary Torgersen, M.D.
Colon & Rectal Surgery

Moriah Wright, M.D.
General Surgery

IN Memoriam

Vernon Ward, M.D.
March 5, 1928 – Jan. 1, 2018



Dr. Liu
Named Interim Chair of
Psychiatry Department

HOWARD LIU, M.D., AN associate professor of psychiatry and assistant vice chancellor for faculty development, has been named interim chair of the UNMC Department of Psychiatry. Dr. Liu will step down from his faculty development position, but will continue to serve as director of the Behavioral Health Education Center of Nebraska (BHECN), a statewide initiative designed to get more behavior health professionals in Nebraska.

Dr. Liu received his medical degree from the University of Michigan Medical School in Ann Arbor and completed his residency at University of Michigan Hospitals. He served a fellowship at Massachusetts General Hospital/McLean Hospital.

Clinically, Dr. Liu has expertise in pediatric mood disorders and maintains a child psychiatry outpatient practice. Academically, he is interested in the development of innovative programs applying technology and active learning techniques to challenges in health professions education. He led a team of 11 U.S. and Canadian medical schools that created a free national library of online psychiatry modules that has been accessed over 14,000 times in 19 countries.

Dr. Liu co-chairs the Training & Education Committee for the American Academy of Child & Adolescent Psychiatry (AACAP) and serves as the president of the Nebraska Regional Organization for child psychiatry. He is a recipient of numerous awards including the Outstanding Teacher Award from the UNMC Faculty Senate and the Innovations Award from the Association of Directors of Medical Student Education in Psychiatry (ADMSEP).

A committee has been formed to begin the search for a permanent chairman. [i](#)



Dr. Miller
Named to
AAFP Commission

JOSEPH MILLER, M.D., CHIEF medical director for Think Whole Person Healthcare, Officer has been appointed to the Quality and Practice Commission of the American Academy of Family Physicians (AAFP). Dr. Miller is one of 16 family physicians nationally selected to serve on this commission. His four-year term runs until December 2021.

“We are experiencing rapid change in the areas of health-care quality measures and payment reimbursement,” said AAFP President Trisha Sams, M.D. “The work of this commission is imperative to advocating for and shaping the changes physicians need in this new environment. We are honored to have Dr. Joseph Miller from Nebraska selected to serve on the commission.”

The Quality and Practice Commission is one of eight commissions that direct AAFP policies and programs. The commission provides a venue for the development of recommended policy and programs related to the practicing family physician. The commission studies and develops recommendations, policies, and programs for family medicine in the following areas: healthcare delivery systems, performance measurement, practice redesign/quality improvement, privileging, health information technology, practice management, private sector advocacy, physician payment, and practice environment.

Family medicine, and its role in health-care reform, is one of Dr. Miller’s greatest passions. He was the lead physician for the Nebraska Medicaid Patient Centered Medical Home (PCMH) pilot project (2011-2013) at Plum Creek Medical Group. Dr. Miller was also the founding president of the Board of Directors of Southeastern Rural Physicians Alliance-Accountable Care Organization (SERPA-ACO), in Nebraska.

Dr. Miller moved to Omaha to serve as chief medical officer of Think Whole Person Healthcare in November 2016.

He has been a member of the Nebraska Academy of Family Physicians (NAFP) chapter of the AAFP since 1984. The current chair of the NAFP Finance Committee, he served as president in 2015-2016, chair of the Scientific Affairs Committee and Manpower subcommittee, and has also served on the Executive, Long Range Planning, Leadership Development, and Scientific Affairs Committees. He was the Nebraska Family Physician of the year in 2015. [i](#)



Dr. O'Dell

Honored by American College
of Rheumatology

JAMES O'DELL, M.D., RECENTLY was honored with the designation of Master by the American College of Rheumatology (ACR) during its annual meeting in San Diego. Recognition as a Master is one of the highest honors that the ACR bestows on its members.

The designation of Master is conferred on ACR members who have made outstanding contributions to the field of rheumatology through scholarly achievement and/or service to their patients, students, and the rheumatology profession. Honorees have devoted their careers to furthering rheumatology research and improving clinical standards in the treatment of rheumatic diseases.

Dr. O'Dell, who is chief of the UNMC division of rheumatology and immunology and chief of rheumatology at the Omaha VA Medical Center, said he was honored to receive the award.

"It is at the same time profoundly humbling and tremendously rewarding to have people who I greatly respect believe that I have made important contributions to the specialty (rheumatology) that I love so much."

ACR Masters must be highly accomplished individuals and are distinguished by the excellence and significance of contributions to the science and art of rheumatology. Rheumatologists are experts in the diagnosis, management and treatment of more than 100 different types of arthritis and rheumatic diseases.

Dr. O'Dell has received teaching awards. He is active in research and national societies, including past president of the American College of Rheumatology. In addition to being residency program director of internal medicine for 33 years, he's advanced the treatment of rheumatoid arthritis through research. His work has been published in prestigious journals like the *New England Journal of Medicine*.

The ACR is an international medical society representing more than 9,400 rheumatologists and rheumatology health professionals with a mission to empower rheumatology professionals to excel in their specialty through education, research, advocacy and practice management support. 



Dr. Wengel

Directs Wellness
at UNMC, UNO

STEVEN WENDEL, M.D., WHO has served as chair of the University of Nebraska Medical Center Department of Psychiatry for nearly 14 years, has been named to the newly created position of assistant vice chancellor for campus wellness for the University of Nebraska at Omaha and the University of Nebraska Medical Center.

The appointment, which was effective Feb. 19, was announced by Chancellor Jeffrey Gold, M.D.

"We want to continue to take wellness and resiliency to the next level on both the UNMC and UNO campuses," Dr. Gold said. "By creating this new position, I'm confident we can continue this momentum."

Dr. Wengel has long been a strong proponent of wellness and has incorporated it into his daily work. He is a highly regarded educator and health professional, with great breadth and depth in this area. We are excited that he is willing to take on this new challenge and look forward to seeing the tremendous benefits it will bring to our students, faculty and staff."

An Omaha native, Wengel earned his undergraduate degree from the University of Nebraska-Lincoln in 1981 and his medical degree in 1986 from UNMC. He did his psychiatry residency and geriatric psychiatry fellowship at UNMC and joined the UNMC faculty in 1991 as assistant professor. He was elevated to associate professor in 1998 and to professor in 2005. He was appointed interim chair in 2004 and permanent chair in 2005.

Dr. Wengel said he looks forward to the new position and the opportunities it will create. "I've been teaching patients, students and others how to reduce stress most of my career," he said. "It wasn't something that I learned in medical school, but rather something that I had to learn on my own as wellness and resiliency were not household words back then." 

Annual Meeting and Inaugural Dinner

Members bid farewell to outgoing President Dr. David Watts and watched as he passed the gavel to Dr. Laurel Prestridge on Jan. 25 at Champions Run. Over 110 members and guests enjoyed the evening which also included speakers Jerry Murtaugh and Eric Crouch of the Nebraska Greats Foundation and a silent auction benefitting the MOMS Foundation.

1 Drs. Michael Feloney (left) and Bradley Britigan chat during the reception.



2 The 2018 MOMS Executive Committee are (from left) Drs. Travis Teetor, secretary/treasurer; Lindsay Northam, president-elect; Laurel Prestridge, president and David Watts past-president.



3 (from left) Jerry Murtaugh, founder of the Nebraska Greats Foundation, with Dr. Laurel Prestridge, Heisman Trophy Winner Eric Crouch and Dr. David Watts.



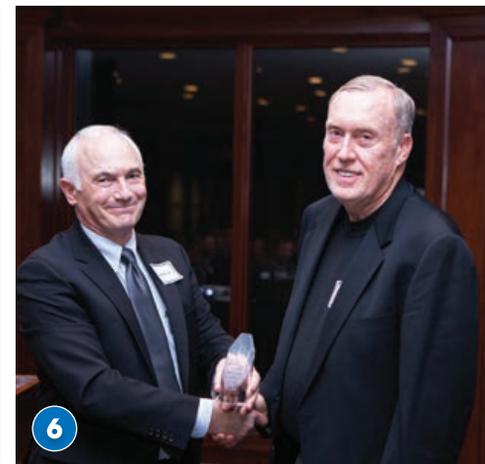
4 Dr. Jonathan and Kyoko Fuller bid on a silent auction item.



5 Dr. Deb Esser, MOMS Foundation president presented the Match Grant check to Radio Talking Book Service (RTBS). (from left) Jane Nielsen, RTBS executive director; Ralph Morocco, RTBS board chair; Dr. Deb Esser, MOMS Foundation president; and Bekah Jerde, RTBS assistant director)



6 Dr. David Watts (left) presented the Distinguished Service to Medicine Award to Dr. Jerry Fischer recognizing his work with the Healing Gift Free Clinic.



Survive & Thrive: Building the Burnout- Proof Physician:

Over 70 physicians and guests from the Omaha area came to hear Dr. Dike Drummond speak about physician wellness on Thursday, Feb. 15 at Beacon Hills in Aksarben. Dr. Drummond outlined how to recognize, treat, and prevent symptoms of physician burnout. Attendees left with an individualized strategy describing how they planned to improve their own physical, emotional and spiritual wellness that week.

Facilitating Physician Wellness: Shifting Culture & Cultivating Community

Peer interest groups help prevent burnout by providing a place for physicians to network, share challenges and start thoughtful conversations. On Friday, Feb. 16, Dr. Dike Drummond trained about 20 individuals (physicians, support staff, researchers, and administrators) on how to effectively facilitate peer interest groups. If you'd like to join or facilitate a peer interest group, please go to omahamedical.com and click on Physician Burnout or email hsmith@omahamedical.com

- 1 Dr. Dike Drummond and facilitator training participants discuss challenges and strategies to starting a peer interest group.
- 2 MOMS Physician Burnout Task Force Member, Dr. Steve Wengel, and Dr. Dike Drummond at the “Survive & Thrive: Building the Burnout-Proof Physician” event.
- 3 Dr. Dike Drummond gives instructions for a group activity at the facilitator training event.
- 4 Carol Wang, executive director of MOMS, introduces Dr. Dike Drummond at the “Survive & Thrive” dinner. 🍷

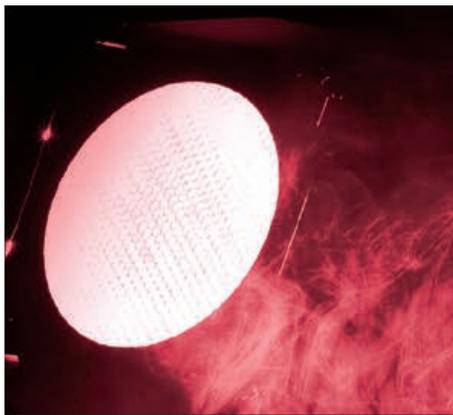


Physician Burnout Collaboration Reception

Health-care leaders and wellness professionals met Feb. 11 at the Omaha Bakery to discuss physician burnout. Dr. Steven Wengel, chair of the Metro Omaha Medical Society Task Force on Physician Burnout, was joined by fellow task force member Dr. Joann Schaefer to present some of the latest statistics and studies related to burnout. They also discussed MOMS efforts and invited everyone to work together and share his or her successes in the battle against burnout.

- 1 Dr. Cliff Robertson (left), CEO of CHI Health, conversed with Ed Kolb, chief medical officer of Boys Town National Research Hospital, and MOMS Executive Director Carol Wang during the reception.
- 2 Rick Pane (left), CEO and Dr. Joe Miller, chief medical officer, both with THINK Whole Person Health Care connected with Teri Tipton, Vice President and CNO, Patient Care Services at Methodist Health System, during the reception.
- 3 Drs. Steven Wenge (left) and Sara Richards visit with Dr. Jeff Gold, Chancellor of the University of Nebraska Medical Center. 





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Research Hospital Establish First Endowed Chair

BOYS TOWN NATIONAL RESEARCH Hospital received a gift of \$2 million to establish the Susan and George Haddix Endowed Chair for Neurobehavioral Research, to support and expand efforts to improve the lives of children with behavioral and mental health problems. This is the first endowed research chair at Boys Town Hospital. It was created as part of the organization's ongoing commitment to enhance translational pediatric neuroscience research.

"We are truly grateful for Susan and George's deep understanding and compassion toward helping children in need of behavioral and mental health care, and for their generous contribution that will help sustain neuroscience research at Boys Town Hospital for many years to come," said John Arch, hospital director and executive vice president of health care at Boys Town.

James Blair, Ph.D., director of the Center for Neurobehavioral Research in Children, has been appointed to the Susan and George Haddix Endowed Chair. He is internationally recognized for his contributions toward better understanding conduct disorders in children and adolescents by using brain imaging technology to study behavioral traits.

The goal of the Center for Neurobehavioral Research is to understand what is physiologically happening in the brain of a troubled child so that the right interventions can be applied for that individual child. This research moves beyond mere observation of behaviors to developing scientific ways of diagnosing and treating problems like depression, anxiety, aggression and ADHD. 



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CHI Health and Creighton University launch CURE

A DIFFERENT KIND OF CURE is taking shape at CHI Health. Last year, the academic health system, in partnership with Creighton University, launched CURE—the CHI Health Creighton University Research Exchange.

This streamlined approach to clinical research encourages the creation of knowledge that will improve health care and wellness for the region.

"Its unique infrastructure and single point of access will help clinical investigators explore research while exposing students to investigative modalities—and ultimately ensure patients have access to life-saving clinical trials," said Michael White, M.D., CHI Health chief academic officer.

CURE will boost an already energetic research environment at CHI Health.

In fact, national clinical trial enrollment reached 36 percent in at CHI Health St. Francis Cancer Treatment Center in Grand Island, Nebraska, which set a record high of 77 national clinical trials as of December 2017.

CHI Health cardiologists and heart failure and transplant specialists are taking part in the Duke Clinical Research Institute HEART-FID study, which involves 16 U.S. hospitals and will determine if iron repletion can improve functional health for heart failure patients.

Three patients at CHI Health have been enrolled in a national study of radioisotope Lutetium-177. It harnesses the emerging field of theranostics to treat neuroendocrine tumors. Enrollment at CHI Health will continue until the Lutetium-177 is approved by the FDA.

A CHI Health geriatrician and nuclear physician were selected to participate in a \$20 million, two-year clinical trial to test whether lifestyle interventions can help prevent cognitive decline in 2,500 older adults.

These examples provide just a glimpse of CHI Health's research efforts.

"Clinical studies are ongoing in our organization, with 382 active studies at the end of 2017. There is a balance of federally funded, industry sponsored and investigator-initiated trials ongoing," Dr. White said. 



Children's Adds Specialized, Complex Surgical Techniques to Heart Program

COMPLEX CARDIOTHORACIC SURGICAL PROCEDURES such as "unifocalization"—a single procedure employed to repair a defect known as tetralogy of Fallot with pulmonary atresia and major aorto-pulmonary collaterals—are being offered in a new program at Children's Hospital & Medical Center.

The Pulmonary Artery Rehabilitation program is being developed by cardiothoracic surgeon Ali Ibrahimiye, M.D., Children's Specialty Physicians, Cardiothoracic Surgery, and an assistant professor, Department of Surgery, division of cardiothoracic surgery, at UNMC College of Medicine.

Unifocalization is a procedure created by Frank L. Hanley, M.D., director of the Children's Heart Center at the Lucile Packard Children's Hospital at Stanford University. Dr. Ibrahimiye, who is board certified in general surgery, thoracic surgery and congenital cardiac surgery, completed a fellowship in congenital cardiac surgery there, where he performed surgery alongside Dr. Hanley.

Dr. Ibrahimiye has performed the unifocalization operation many times. He has also written about it, documented it in videos and presented about the surgery at numerous conferences, including the Congenital Heart Surgeons' Society (CHSS) annual meeting in Chicago in October 2017.

Tetralogy of Fallot with pulmonary atresia is an extreme form of tetralogy characterized by absence of flow from the right ventricle to the pulmonary arteries. The defect actually involves four (tetralogy) heart defects: a large ventricular septal defect (VSD), pulmonary stenosis, right ventricular hypertrophy and an overriding aorta. The blood vessels that should connect the heart to the lungs instead connect the lungs to the aorta, and the heart has a hole in the wall that separates the lower chambers.

With the unifocalization procedure, the misdirected blood vessels are rerouted into a single vessel or the pulmonary artery, which is then attached to the right ventricle through a conduit called a homograft, to restore normal circulation from the lungs to the heart. After this step, the hole in the ventricle wall is repaired. 



Cancer Center Awarded FACT Accreditation

METHODIST ESTABROOK CANCER CENTER has received internationally recognized accreditation by the Foundation for the Accreditation of Cellular Therapy (FACT) at the University of Nebraska Medical Center.

By demonstrating compliance with the FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing and Administration, Methodist has earned FACT Accreditation for its stem cell program.

This marks the second time Methodist Estabrook Cancer Center has earned the FACT accreditation, having also received the recognition in 2014.

FACT is an internationally recognized accrediting body for hospitals and medical institutions offering stem cell transplant, and indicates the accredited institution has met the most rigorous standards in every aspect of stem cell therapy. This covers the entire spectrum of stem cell therapy, from clinical care to donor management, cell collection, processing, storage, transportation, administration, and cell release.

“We endeavored to achieve accreditation for our organization because FACT accreditation has evolved into an all-but-necessary qualification to be accepted and competitive in the field of cellular therapy,” said Patty Bauer, oncology service executive at Methodist Estabrook Cancer Center. “We believe FACT Accreditation will make patients aware that our facility strives to achieve the highest quality care for cellular therapy treatment programs.”

FACT-JACIE Standards are defined by leading experts based on the latest knowledge of the field of cellular therapy transplantation. Methodist has been found to be in compliance with these rigorous Standards as well as governmental regulations.

Accreditation is attained through evaluation of submitted documentation and on-site inspection to determine if an organization is in compliance with current FACT standards and the United States Food and Drug Administration’s current rules for Good Tissue Practice. FACT Standards are defined by leading experts based on the latest knowledge of the field of cellular therapy. 



Value-Based Care Could Address Physician Burnout

“**JUST WANT TO BE** a doctor again.” Michael Romano, M.D. remembers that feeling hitting him often when clinic workflows began shifting to include more time in front of a computer screen than face-time with his patients.

“I knew for every 10-minute office visit, I would have 20 minutes’ worth of documentation to complete,” said Romano, now the chief medical officer for the Nebraska Health Network (NHN).

That change in workflow is one of the primary reasons cited for a steady increase in physician burnout.

In fact, the American Medical Association (AMA) and the Mayo Clinic published a study this year that highlighted the trend of waning physician engagement. The study found that compared with the general U.S. population, physicians worked a median of 10 hours more per week, displayed higher rates of emotional exhaustion and reported lower satisfaction with work-life balance.

As Dr. Romano works with 1,500 NHN physicians on value-based care initiatives that reward higher quality care and improved patient experience, a pivotal issue continues to be ensuring that every team member practices “at the top of their license.”

A time-motion study conducted by the AMA and Dartmouth-Hitchcock Health Care System found that almost one-half of a physician’s work day is spent on EHR data entry and other administrative work. Only 27 percent of a physician’s time is spent on direct clinical care, the study points out.

“We need to get physicians doing true physician’s work,” Dr. Romano said. “A lot of what they do now is administrative in nature, when we need them to manage care for the most complex cases and sickest of the sick.” 



Drug Shows Promise for HIV Treatment, Elimination

IN A BREAKTHROUGH THAT could hasten an eventual HIV cure, a UNMC research team has changed the chemical structure of an existing antiviral drug to facilitate it in reaching cells and tissues where HIV resides.

The discovery is detailed in a February issue of *Nature Communications*, one of *Nature Research’s* leading biomedical research journals.

Using a physiochemical scheme that alters the properties of the drug dolutegravir, UNMC scientists took the modified drug and placed it into nanocrystals. The produced drug crystals easily distribute throughout the body to tissue reservoirs of HIV infection.

The advanced drug scheme extended the life of the drug and its entry into “hidden body compartments,” from the muscle site of injection while increasing its action in reducing viral growth. The tissues included the lymph nodes, the bone marrow, the intestine and the spleen.

The modified drug crystals were not toxic, did not break apart with temperature changes and were stable for months of time. All organs and bodily functions remained intact after treatment.

Coated with parts of fat, the crystals efficiently maneuvered through cell protective membranes and were stored inside cells for weeks said Howard Gendelman, M.D., professor and chair, who with Benson Edagwa, Ph.D., assistant professor, co-led the study in UNMC’s Department of Pharmacology and Experimental Neuroscience.

Once stored inside cells called macrophages, the drug was slowly released from the crystal in an altered inactive form called a “prodrug.” The cell then breaks the prodrug into an active drug, and the active drug is then released into the circulation from the cell and tissue stores.

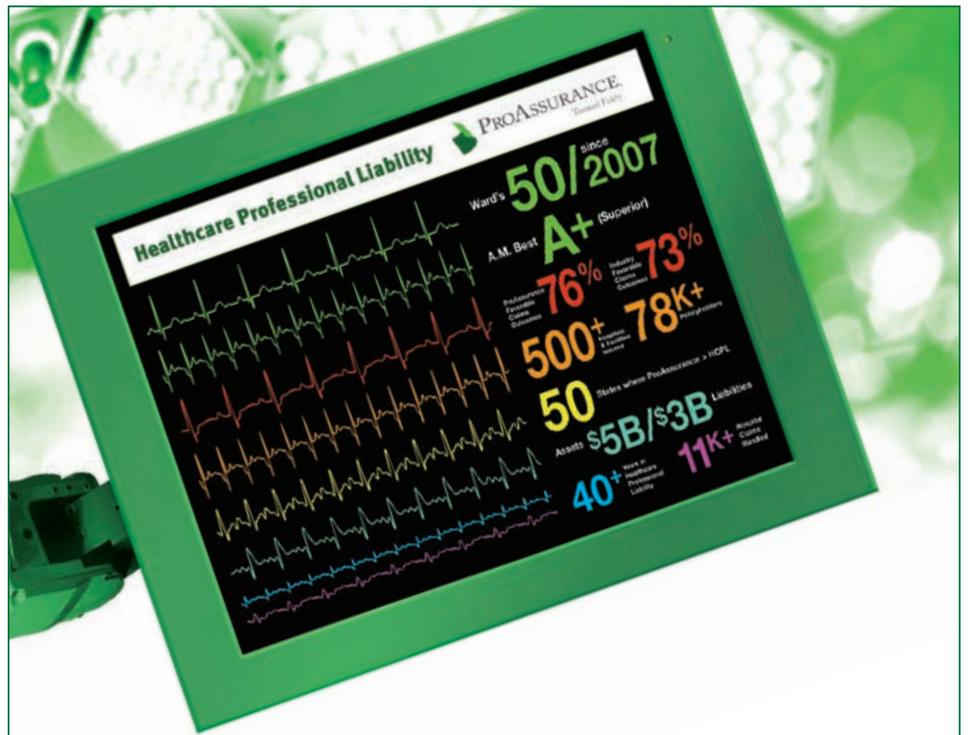
“The strength of this system is that it not only can be effective in improving HIV care and prevention,” said, Dr. Edagwa, “but can be applied to many classes of drugs beyond HIV, such as drugs used to treat cancer, other infectious diseases and degenerative diseases that affect the brain.”

Importantly, Dr. Gendelman said, “the new products can optimize HIV restrictive growth so that strategies that may eradicate viral infection would be successful.” 

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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:

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 - Habitat for Humanity
 - Heartland Vision 2020
 - Hope Medical Outreach Coalition
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- OMMRS (Omaha Metropolitan Medical Response System)

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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: _____
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Educational and Professional Information

Medical School Graduated From: _____
 Medical School Graduation Date: _____ Official Medical Degree: (MD, DO, MBBS, etc.) _____
 Residency Location: _____ Inclusive Dates: _____
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 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.)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a fraud or felony?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been the subject of any disciplinary action by any medical society, hospital medical staff or a State Board of Medical Examiners?
<input type="checkbox"/>	<input type="checkbox"/>	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.)
<input type="checkbox"/>	<input type="checkbox"/>	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

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