

# Physicians Bulletin

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NO. 3

MAY/JUNE 2018

USA \$1.95

A PUBLICATION OF THE METRO OMAHA MEDICAL SOCIETY • OMAHAMEDICAL.COM

ADVICE  
FROM HEART  
SURGEON  
TURNED  
DEVELOPER



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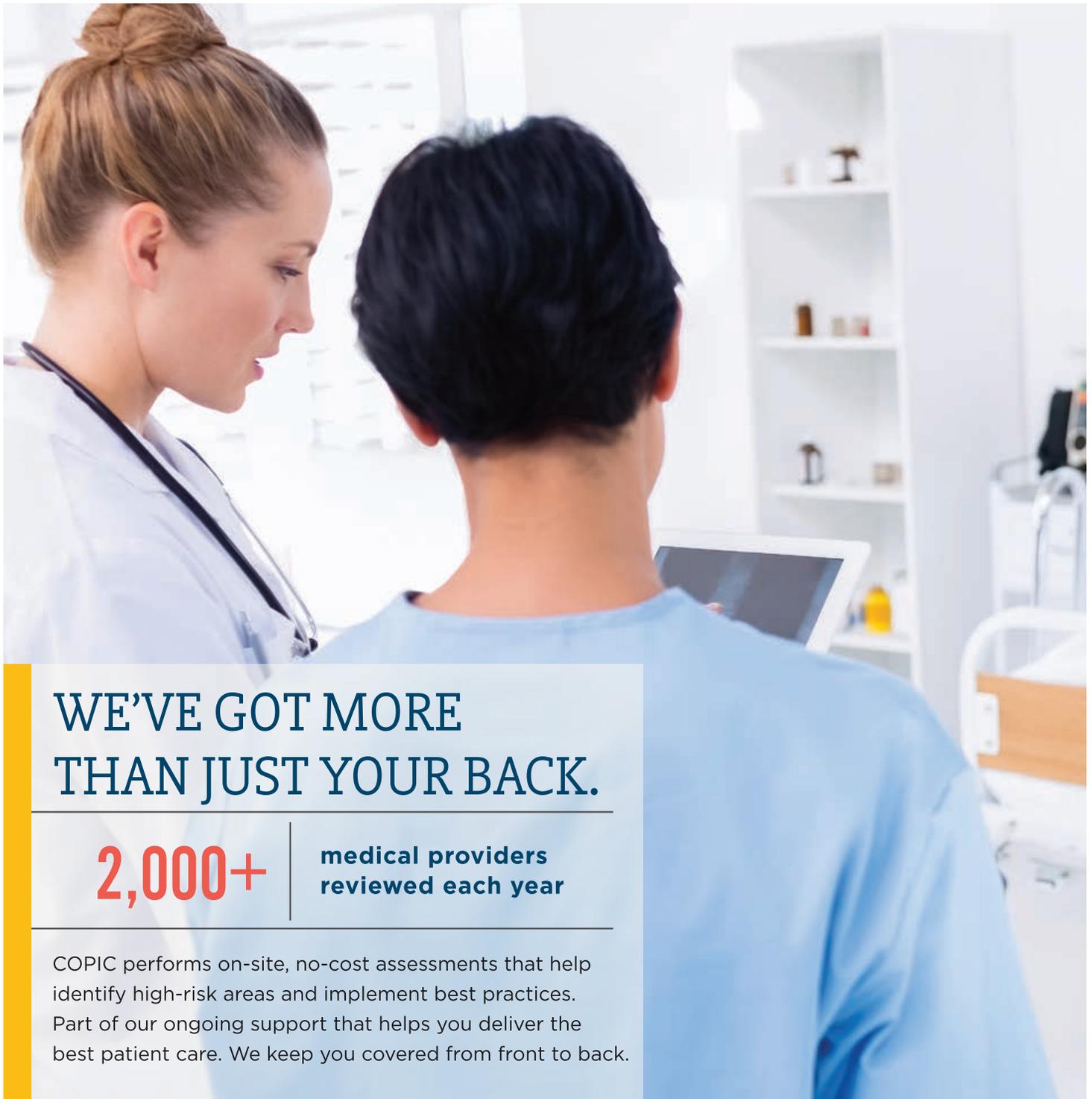


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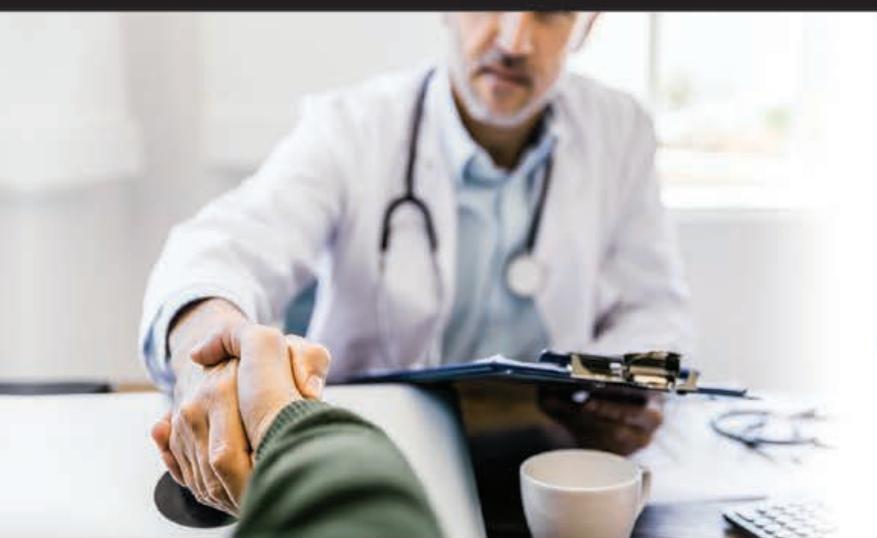
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# Physicians Bulletin

VOLUME 39, NUMBER 3

A PUBLICATION OF THE



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## DID YOU KNOW?

### MOMS Collaborates to Benefit Public Health

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

#### MOMS collaborates with:

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

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

Want to get involved and help to make a difference?  
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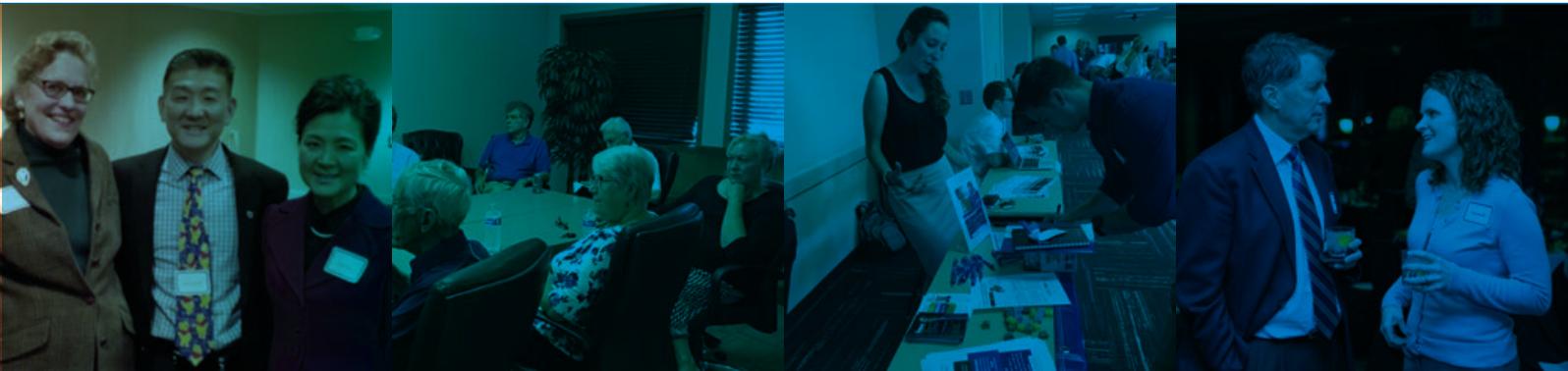


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# Coming EVENTS

MAY/JUNE 2018

JUN  
07

## 10 THINGS PHYSICIANS SHOULD CONSIDER WHEN LOOKING AT RETIREMENT

**THURSDAY, JUNE 7**  
**5:30 P.M. RECEPTION**  
**6 P.M. PRESENTATION**  
**CORKSCREW—BLACKSTONE DISTRICT**  
**—3908 FARNAM ST.**

Hosted by Renaissance Financial & Cline Williams. MOMS member physicians and a guest are invited to attend. RSVP by email to [jenn.mueller@rfconline.com](mailto:jenn.mueller@rfconline.com)

JUN  
13

## RETIRED PHYSICIANS

**WEDNESDAY, JUNE 13 | 10 A.M.**  
**MOMS BOARDROOM—7906 DAVENPORT ST.**

Join us as we welcome Sgt. Bianchi of the Omaha Police Department to discuss "The Opioid Problem in Omaha."

Mark your calendar and plan to attend. Register online at [omahamedical.com](http://omahamedical.com) under "Get Involved".

JUN  
28

## KNOWLEDGE BOMB: BIOLOGICS OF ASTHMA

**THURSDAY, JUNE 28 | 7 A.M.**  
**MOMS BOARDROOM—7906 DAVENPORT ST.**

Dr. Brian Kelly, a board certified pediatric allergy and immunology specialist, will present this one-hour CME session.\* Attendance is free to MOMS members and \$15 for non-members. Breakfast provided. Register online at [omahamedical.com](http://omahamedical.com) under "Get Involved".

JUL  
12

## WOMEN IN MEDICINE FUSED GLASS JEWELRY CLASS

**THURSDAY, JULY 12 | 6 P.M.**  
**MOMS BOARDROOM—7906 DAVENPORT ST.**

Instructor Beth O'Hanlon will provide instruction as you learn how to cut and layer glass to create your own unique piece of jewelry.

*Food & Drink Provided*

Member event—no cost to attend.

Register online at [omahamedical.com](http://omahamedical.com) under "Get Involved".

\*The Metro Omaha Medical Society is accredited by the Nebraska Medical Association to provide continuing medical education for physicians. The Metro Omaha Medical Society designates this education session for a maximum of one (1) AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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# 'MINE, AND MINE ALONE'



**AUDREY PAULMAN, M.D.**

Editor

*Physicians Bulletin*

**N**ext patient, room 9, 10:20 appointment. I had known him for years. It should be a comfortable visit. He was coming in to talk about some medication refills for a chronic disease. I opened the door and began the visit.

Clicking through the areas on the electric health record, I quickly and officially (via click) reviewed his medication list, problem list, and allergies. During that lull in conversation the patient said, "I saw you last night."

Checking my memory, I knew that I had been home, watching TV. "Where did you see me?" I asked.

The patient replied, "I was home playing solitaire and suddenly, there was your face, telling me to get a pneumonia shot."

Yikes. He further explained that during the break between games, where the ads usually are, was an informational item to get a shot—and my picture.

"Boundaries," I thought. "I have just entered someone's life, uninvited. I am telling him what he should be doing."

I wondered where the boundaries are on my entering his private, iPad game time to recommend preventative care. And I wondered what my boundaries are, that I would allow my photo to be used in a Facebook posting.

**Next day—Room 8—Return visit.** Patient said, "You sent me a letter to get a pap smear. Don't you remember that I am seeing a specialist for this? You referred me there." I swallowed hard. I had sent her there, and we had talked about her resultant unwanted infertility issues. "You just don't care," she said.

The letter had been generated by the electronic health record, which does not gather information from the other hospital's EHR system. I was not aware the letter had been sent.

I wondered how many of these letters go out over my signature.

**Next day, my day off—chance to open my mail.** I opened one of many letters from insurance carriers that was in my mailbox and read, "Dear provider, we have recently conducted an in-home health and well-being assessment on your patient subscribing to our insurance coverage. Please discuss the findings with your patient." I went to Epic to look her up, and I thought, "She was last here in February, 2014. What am I supposed to do?"

According to CMS, "a new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice within the past three years. It has been over four years. The letter requests that I "discuss the findings with your patient."

I didn't know she was my patient anymore. I figured that after four years, she had found someone else.

I wondered what my responsibility is to that patient who hasn't been in to see me or my partners in four years. Does a letter from an insurance carrier reestablish that relationship and my medical legal responsibility?

**What are my boundaries?** What do I have that is mine, and mine alone?

These are all scenarios we as physicians should be considering. Is marketing and mass communication hurting our individual relationship with our patients rather than increasing awareness? Where is the line between you the physician and you the brand? Is there one?

**Is marketing and mass communication hurting our individual relationship with our patients rather than increasing awareness? Where is the line between you the physician and you the brand? Is there one?**

—AUDREY PAULMAN, M.D.

As we find ourselves buried in paperwork and overwhelmed by patient loads, we have delegated more things to staff to handle. It may come at the cost of giving up part of ourselves and are you okay with that?

The relationship we have with our patients is sacred and I am becoming more aware of anything that affects that.

Thanks for taking time to read this editorial and this magazine. In this magazine, I invite you to think a little bit about the ergonomics of your work, ways to use your medical degree outside of seeing patients one at a time, and things to do after you retire. 🌐



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# A CALL FOR SERIOUS DISCUSSION

About a Serious Topic



**JOEL MICHALSKI, M.D., PH.D.**

Hematology and Oncology Fellow  
University of Nebraska Medical Center

To become a physician is difficult. We all knew this as we set about the path of medical training. Studying, time away from family, neglected friendships, lack of self-care, tests, staggering loans and long work days without enough sleep characterize the personal sacrifice and social debt we absorb to fulfill our dream to be physician.

A decade or more of this can be difficult to sustain on an individual level and, as a result, there is an increase in the prevalence of physician burnout and, tragically, physician suicide among trainees and young physicians. Physician burnout statistics are worrisome and physician suicide statistics are frightening. However, the most disconcerting aspect is the lack of public discussion in the non-medical realm. Aside from our close family members and the few non-medical friends who stick it out with us, most of the public has no appreciation of what we have put ourselves through in order to have the skill set to deliver their baby, set a fractured arm for their boy, inquire about their safety, treat their leukemia and ensure they are comfortable at the end of their life.

Of all the factors that contribute to burnout, a major factor is the reduced amount and quality of time we spend with our patients. Interactions with an



**The only way to spark change is to vociferously let the American people know that the system is killing their doctors.**

—JOEL MICHALSKI, M.D., PH.D.

inefficient EMR, endless paperwork, prior authorization battles, maintenance of certification and meaningful use are all synergistic time-engulfing defects in the nature of our health care system.

All this is then compounded by pressures to see an impossible number of patients each day. Emphasizing wellness with directed programs will provide a near term fix by improving resiliency, but the nature of our health care system is to proliferate in complexity and bureaucracy and, as a result, continue to shift more tasks and more burden to the physician provider. This is a constant. This system, as it is currently designed, will continue with these cumulative toxicities. Resiliency programs, scribes, note templates and advance practicing provider are all helpful and critical additions at this time, but are merely workarounds. Workarounds provide rapid results, but in the same turn add an additional layer of complexity, increase cost and, most importantly, reduce the pressure for substantive change.

Although we do not have a single payer, government-sponsored health care system, there is a somewhat paradoxical relationship between the government and the system within which we practice. As a result, meaningful changes can only be accomplished via a process that is heavily politicized to the point of paralysis. Our national advocacy groups, despite

millions of dollars of lobbying fees (in 2017 alone, the AMA spent approximately \$22 million on lobbying fees) over decades, have failed to change the trajectory of the system's outright toxic interaction with those that have dedicated a lifetime of training to treat the current and future generations of Americans.

The only way to spark change is to vociferously let the American people know that the system is killing their doctors. The public has a woefully limited understanding of how we are struggling with a proliferating and inflexible system and few are aware that physician suicide is a problem.

More Americans know of the deplorable working conditions at Apple iPhone factories and how that resulted in a flurry of Chinese employee suicides than when a physician commits suicide in their own community. This is supported by a nearly 20 to 1 disparity in mainstream media articles published in this country discussing Chinese worker suicide at Foxconn's main facility compared to articles discussing U.S. physician suicide. This is unacceptable. Physician suicide is not only a physician wellness issue, but greater yet, a public health issue. For the sake of our current and future patients, the national spotlight needs to be focused on how our practice environment is toxic, and, if left alone, will continue to decrease the quality and the number of practicing physicians. 

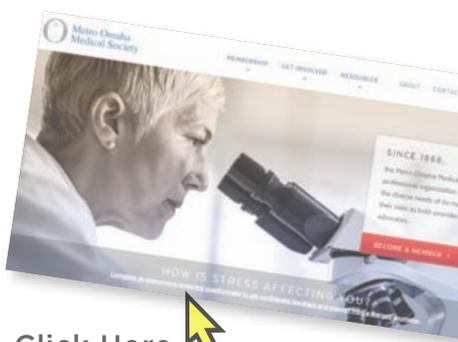
# HOW IS STRESS AFFECTING YOU?

Physicians are often conditioned to a higher stress level and don't realize the impact it is having on them personally or professionally.

All physicians, residents, fellows and medical students are encouraged to take the Provider Wellness confidential stress and depression screening and receive feedback from a licensed counselor.

The process is simple and confidential.\*

Go to [OmahaMedical.com](http://OmahaMedical.com) & Click Here 



1. Create your own confidential encrypted login.
2. Take 10 minutes to answer the series of questions. Log out.
3. A licensed counselor will personally evaluate your responses and provide feedback through the assessment site. Use your encrypted login to access this information.

## If Your Assessment Indicates Higher Stress Levels

The counselor may also provide you with additional resources, including but not limited to connecting you with local or out-of-state (telehealth) providers.

## RESIDENTS & FELLOWS:

You are eligible for a series of telehealth sessions provided to you at no cost.

### \*Confidentiality Information:

The encrypted login you create ensures your confidentiality. At no time will the Metro Omaha Medical Society staff, nor any local health care organization or medical school see provider identifying information.



## 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 Laura Polak at (402) 393-1415 or [laura@omahamedical.com](mailto:laura@omahamedical.com).

# PHYSICIANS ALWAYS

## Are Our Focus



**DALE MAHLMAN**

Executive Vice President  
Nebraska Medical Association

One thing that hasn't changed is that the Nebraska Medical Association remains the state's only statewide, all-specialty physician advocate. April 2018 marks the 150th birthday of the NMA, the pre-eminent unifying physician medical organization in the state of Nebraska. A recent release from WalletHub identified Nebraska as the 2nd Best State for Doctors, with the cornerstone of this being our No. 1 rating for annual malpractice liability insurance rates. Fortunately, as part of our responsibility to advocate for our members, in 1976, the Nebraska Legislature, with technical assistance from the NMA and our general counsel, passed the Hospital-Medical Liability Act.

**April 2018 marks the 150th birthday of the NMA, the pre-eminent unifying physician medical organization in the state of Nebraska.**

The Hospital-Medical Liability Act, while extremely important, is just one example of fulfilling our mission ("To serve our physician members as advocates for our profession, for our patients, and for the health of all Nebraskans"). As advocates for you, we work to meet our mission on a daily basis, whether that be at the local, state or federal level. At the membership level we work hard to meet our goals of providing educational opportunities to inform and educate our members, collaborating with others in the areas of health care delivery and financing, working to improve patient care and patient

safety through various efforts with our partner COPIC Insurance, and providing relevant and up-to-date information on the ever-changing environment of regulations and requirements to deliver care. In addition, we continue to deliver value through member-only benefits including the NMA-sponsored health plan through Blue Cross Blue Shield of Nebraska, our endorsed medical liability insurance with COPIC Insurance, and many others.

In September, we will welcome our second class of participants in our Nebraska Medical Foundation funded leadership academy. This program provides up to 10 NMA member physicians the opportunity to gather with their colleagues to enhance their leadership skills with a nationally known facilitator. We believe this is a great opportunity for members of any age, specialty, or location to refine and discover their leadership abilities. This organization has depended on physician leadership for the past 150 years, and that leadership will be even more important as we move forward.

In closing, I want to inform all MOMS members that I have decided to meet my personal tagline: "Gotta Go!" In December 2017, I informed the NMA Board of Directors that I would be resigning in January 2019 to pursue other opportunities. By then I will have spent 16 years with the NMA, and will have seen some of our medical students advance into young physicians and some of our experienced physicians become even more experienced physicians. It has been an extreme honor to work with the MOMS physicians and staff since 2002, and I am thankful for the privilege of working for and with many Omaha physicians on our NMA Board of Directors, Committees, Commissions and Task Forces.

MOMS and the NMA are in great shape, thanks to each of you. I urge you to continue to support your profession and stay involved. Both the NMA and MOMS is only as successful as the members willing to step up and lead each organization. 

This edition of the MOMS Physicians Bulletin features a variety of topics highlighting the work of several Omaha-area physicians.

What I like about the Bulletin is that it provides an opportunity to reach out to MOMS members and the Nebraska Medical Association at least six times a year. I hope as you are flipping through the pages of the Bulletin that you will find the NMA message and in it find something meaningful or useful to you.

Since I began providing these tortuous pearls of wisdom in January 2008 much has changed. We have seen the transition from Bush-43 to Obama to Trump, we watched the Affordable Care Act passed (and then debated tirelessly since then), we have witnessed the move to value over volume, and we have seen managed care descend into the Medicaid market and OK—that's enough for now.

**#2** BEST STATE  
to Practice Medicine

OVERALL SCORE **70.66**

— WalletHub, March 2018

# 3

Steps

# 2

Minutes

# 1

Life Changed  
Forever

## The time you invest helping patients quit tobacco could add years to their lives.

The Nebraska Tobacco Quitline offers a fax referral program to assist you in supporting tobacco cessation (including quitting e-cigarettes) among your Nebraska Medicaid patients. It's easy to get started.

**ASK** patients about their tobacco use status and document.

**ADVISE** patients to quit and build their interest in the free and confidential Quitline phone counseling and other resources.

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

### Pharmacotherapy

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

Nebraska Medicaid allows one nicotine replacement medication (NRT) per patient's quit attempt with a maximum of two quit attempts annually. Patients must be 18 years or older and will be charged a co-pay (generally \$10 or less).

**QuitNow.ne.gov**

**1-800-QUIT-NOW (784-8669)**

**1-855-DÉJELO-YA (335-3569)**

[ Quitline services are available 24/7 in 170 languages. ]

**NEBRASKA  
TOBACCO  
QUITLINE**

# MAKING A DIFFERENCE

## One Grant at a Time



**DEBRA ESSER, M.D.**

President

*Metro Omaha Medical Society Foundation*

It is spring. And although spring seems to be having a hard time taking hold this year, it makes me think of getting outside and warm weather. I always have some gardening or construction project to do. I am getting excited about our Habitat for Humanity Doc Build for later in April. This is a favorite project of mine, whether we finish a basement, landscape, put up a garage or install windows. We have a great time and learn new skills. It's a great time to meet new MOMS members and residents. And while the time will have passed by the time you read this article, it makes me think of the importance of getting involved. Whether you give of your time or your dollars, the difference is real.

Last year, we had some really fabulous projects to review at the Foundation Board. The Metro Omaha Medical Society Foundation is an endowed fund established by the Metro Omaha Medical Society to support community priorities where physician involvement can make a difference in improving the health of the metro Omaha communities. Projects that ranged from health fairs and screening for diabetes and hypertension to aiding

**The MOMS Foundation is now accepting grant applications through August 1. Visit [OmahaMedical.com/About/Foundation](http://OmahaMedical.com/About/Foundation) for more information and the application.**

in diagnosis of abuse in children. We had projects for overall health and well-being, to our matching grant that will provide Radio Talking Book installation for nursing homes so our elderly population can stay connected when they can no longer read. Losing vision can be so very isolating to our senior population. Last year, we reviewed projects that benefited populations from young to old, and were able to benefit both.

This year, our Metro Omaha Medical Society Foundation board members are Carol Russell, Dr. David Ingvoldstad, Gina Feely, Dr. Curtis Hartman, Dr. James Harper, Jessica Feilmeier, Dr. Jonathan Fuller, Dr. Maria Michaelis, Dr. Richard Kutilek, Stephen Hug, Tom Elser and me. I am thankful and grateful for the oppor-

tunity to work with these dedicated physicians and individuals who read through all the materials necessary for grant application. It takes a lot of thought and discussion to make these decisions. There are close to 50 applications each year to review.

We will spend the summer collecting grant applications from organizations across Omaha. All organizations need a sponsoring physician. If you are involved in a non-profit group that has an interesting project around a population health need, please consider encouraging it to apply for a MOMS grant. Grants range from small grants of \$1,000 to larger matching donations over \$10,000. The MOMS Foundation is always interested in unique opportunities that will reach a large number of citizens.

Among many others, the MOMS Foundation has provided grants for playground equipment, music for hospice, a Children's Museum exhibit on health, computers for single mothers going to school and the Omaha Street School. There have been smaller grants for the purchase of AEDs for summer camps. All of these projects touch our patients in some way. We make a true difference in the lives of our patients.

Help me by encouraging grant applications this summer. Organizations must be tax exempt by Section 501 (c)(3) of the Internal Revenue Code and provider services in the metro Omaha area. The deadline for applications is Aug. 1 with announcements of the grant recipients in October 2018. This is a golden opportunity to get involved. The grant application can be found at [www.omahamedical.com/about/foundation](http://www.omahamedical.com/about/foundation). 



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# NHMLA SURVIVES A CHALLENGE

## What This Means for Nebraska Health Care Providers



**TRAVIS W. TETTENBORN, J.D.**

Executive Vice President

*Cline Williams Wright Johnson  
& Oldfather, L.L.P.*

Nebraska's cap has not been immune from the type of constitutional challenges that have overturned some caps enacted by other states. In 2003, the Nebraska Supreme Court decided that the NHMLA's cap did not violate Nebraska's Constitution in deciding an appeal from the parents of a child born with brain damage who had received a \$5,625,000 jury verdict against an Ob-Gyn and her employer. More recently, the mother of a child who suffered brain damage during labor and delivery received a record \$17 million verdict against a Nebraska hospital. When the trial court appropriately reduced the award to \$1.75 million under the existing cap, the mother appealed to the United States Court of Appeals for the Eighth Circuit and argued the cap violated the United States Constitution. The Eighth Circuit disagreed. The United States Supreme Court denied certiorari in December 2017, leaving the Eighth Circuit's decision standing as precedent.

For legal professionals, the interesting portion of the opinion lies in its reasoning as to why the NHMLA's cap does not violate the Seventh Amendment right to a jury trial (because the jury still fulfills its role as factfinder by determining damages in the first instance), the Fifth Amendment takings clause (because the NHMLA does not deprive plaintiffs of a vested property right), the Fourteenth Amendment right to equal protection (because Nebraska's goal of capping malpractice damages to reduce insurance costs to make the State more attractive to doctors is rational), or right of access to the courts (because there was no proof the cap had discouraged lawyers from representing plaintiffs to the point of restricting access).

Medical practitioners may be more interested in the court's determination that the hospital was entitled to apply the cap even though it arguably failed to post

**A majority of states provide statutory caps on non-economic damages, which compensate for losses such as pain and suffering. Nebraska is one of only six states that also cap economic damages, which compensate for losses like medical expenses and loss of income.**

the required opt-out notice. The Eighth Circuit held that notice is not a requirement for qualification under the NHMLA, but rather a requirement imposed on those already qualified. It must be said that the court's decision, however well-reasoned, must not be taken as *carte blanche* to remove notice signs from waiting rooms across the State.

Barring Legislative action, the recent decision from the Eighth Circuit means that the rules limiting damages in medical malpractice lawsuits are not likely to change in the near future. This should be welcome assurance for qualified providers that have established practices in Nebraska, as well as those that are considering practice in the State. [📌](#)



The Nebraska Legislature enacted the Nebraska Hospital Medical Liability Act, or NHMLA, more than 40 years ago to curb meritless medical malpractice claims, efficiently resolve meritorious ones, and encourage physicians to practice in Nebraska by ensuring the availability of malpractice insurance coverage at reasonable rates. For qualified providers, the NHMLA provides a cap on all recoverable damages in malpractice lawsuits, which is currently \$2.25 million. A majority of states provide statutory caps on non-economic damages, which compensate for losses such as pain and suffering. Nebraska is one of only six states that also cap economic damages, which compensate for losses like medical expenses and loss of income.

# ADVICE FR



**“He (Dr. Gangahar’s grandfather) told me, ‘Not at age 50, not at age 60 or even 40. The day you get your first check, save 10 percent. If you save 10 percent, you won’t have to worry.’”**

**—DEEPAK GANGAHAR, M.D.**

# FROM HEART SURGEON

## TURNED DEVELOPER

**D**eepak Gangahar, M.D., knows good advice when he hears it.

He followed the advice his grandfather gave a 10-year-old Deepak to always save 10 percent of his earnings for retirement. “He told me, ‘Not at age 50, not at age 60 or even 40. The day you get your first check, save 10 percent. If you save 10 percent, you won’t have to worry.’”

He has, with no worries.

And he followed billionaire Warren Buffett’s two rules for investing. First, never lose your principle. You may not make money. And the second? “Don’t forget the first rule.” Dr. Gangahar’s response: “I’m going to listen to the wise man.”

And he has, by and large.

In between, the retired heart surgeon added some advice of his own, which he lives by:

—Act honorably. “Do only things that if written up in the World-Herald, you will not be embarrassed.”

—Understand that making a mistake means you’re human. Only two types of people don’t make mistakes: those who don’t do anything and those who lie. “I’ll excuse you if you make a mistake, but learn from it. If you make the same mistake again and don’t learn from it, I’ll be very disappointed.”

Finally, to have a productive and enjoyable life, keep your body and mind engaged (he runs year-round and works out five to six days a week). Just like

muscles, he said, the mind begins to fade away if we do not use it. “And I’m having fun in the process.”

These days, Dr. Gangahar stays busy running Anant Enterprises with his business partner, Kirt Trivedi. Together, they develop, build and operate hotels, restaurants, strip malls and apartment complexes.

### **At age 55—more than a decade before he stepped away from medicine—Dr. Gangahar began planning for his second career.**

The explanation about how a heart surgeon got into the hospitality business starts with Dr. Gangahar’s approach to retirement. At age 55—more than a decade before he stepped away from medicine—Dr. Gangahar began planning for his second career.

He knew that some his peers often were too devoted—or consumed—by their work in medicine to have hobbies. They continue to practice medicine well into their 80s. “I wanted to quit surgery at the top of my game.”

**CONT. PAGE 22**

### **He’s Here by Choice**

Dr. Gangahar recently found himself in a conversation with Rep. Don Bacon, when their discussion turned to patriotism.

“I told him that we immigrants perhaps are more loyal to this country than those who were born here. U.S.-born citizens were lucky to be born in this blessed land while well-educated immigrant Americans came to this country by choice after having done their homework.”

Then he explains that before immigrating to the United States, he did his research, considering the United Kingdom, Australia or Europe for advanced medical training. He found out that the United States was the best place for him to pursue his career as a surgeon.

“We (educated immigrants) have a choice. I could have gone anywhere in the world. I came here because I knew that this was the best country on the planet for me, my career and our future family.”

Dr. Gangahar said he came to the United States with a job offer and \$20 his mother gave him. “I cannot pay back to this country ever for what I have gotten from living in this land. I’m so grateful for the people of Nebraska and the United States.”

**FROM PAGE 21**

So he started looking—while relying on his colleagues to inform him if they ever saw him lose his edge as a surgeon. “I didn’t want someone to say, ‘Deep, you’re losing your touch and are having too many complications.’”

So he started looking for another interest that he wouldn’t have to call a “job.” His brother, Bhupinder, a University of California, Berkeley-educated mechanical engineer, had returned to the United States so his children could be educated in America.

Bhupinder told his younger brother that he was bored and wanted a project to keep him busy. Dr. Gangahar told his brother he would need to do the research and come up with the right project. They decided to build an economy hotel at the intersection of Nebraska Highway 50 and Interstate 80.

**Dr. Gangahar and his partners decided that the Nebraska Heart Institute would better serve their patients if they built their own specialty hospital.**

The next opportunity came when another friend, Ravi Maniktala—also a mechanical engineer—suggested they buy an empty historical building at 10th and O streets in Lincoln. They purchased the building “for pennies on a dollar” and converted it into 50 condominiums.

Dr. Gangahar’s third entry into the construction business hit closer to home. Dr. Gangahar and his partners decided that the Nebraska Heart Institute would better serve their patients if they built their own specialty hospital. Personalized care was the driving force behind the effort, Dr. Gangahar said.

“If you treat every patient who comes to you as if that patient was you mom or sister, decisions become very simple. You do not have to worry about ethics or a malpractice attorney. You do the right thing and everything else will fall into place.”

Dr. Gangahar and his colleagues at Nebraska Heart Institute again did their homework before starting the project. They visited hospitals throughout the country before deciding on a model. He also had to reassure naysayers who said the hospital faced too much competition from the existing hospitals in Lincoln. “I said ‘Don’t worry about it. We’ll provide better care than anyone else and at a lower cost.’”

The heart hospital opened in 2003. The next year, a hotel opened across the street. Dr. Gangahar checked the hotel out, and was impressed with its services and amenities. He realized he wanted to meet its owner.

“He understood hotel management from A to Z—from mopping the floor to managing the balance sheet of the business.”

Dr. Gangahar didn’t know it at the time, but he had met his future business partner (Kirt Trivedi) and found his next career. While picking a partner, he said, that person’s business knowledge is important, as are other basic traits:

“Are his ethics good? Character? Is he a hard worker or lazy bum?”

Dr. Gangahar and Trivedi shook hands in 2007, and Anant Enterprises was born. Building projects followed. “We wanted to be a turnkey operation. We build projects for ourselves as the quality of construction means a lot to us.”

During a conversation with Omaha city officials in 2014 about another project, the business partners found themselves asking about an empty and abandoned building at 24th and Farnam streets. The city official’s response: “If you can clean it up, that will be tremendous for the Farnam corridor.”

“The wheels started turning in my head. What could we do?”

Their answer came while attending a hotel conference in California. They discovered a new hotel brand—EVEN—that focused on fitness and heart healthy food. Just four EVEN Hotels were in operation AT THAT TIME—and all were company-owned (I.H.G.).

“We wanted to be the first franchisee to build an EVEN Hotel in the country.” Dr. Gangahar said there may be better, more expensive hotels in Omaha, but none has bigger and better rooms and a more-engaged staff to serve guests than EVEN. Each room has one or two king-size beds and each room features exercise equipment for aerobic, strength and flexibility exercises. This amenity is valuable for guests who do not want to dress up to go to the fitness center or have only 15 minutes to work out before heading to a meeting. The hotel restaurant, which serves breakfast and dinner, serves heart healthy food.

ANANT Enterprises owns and operates all its buildings. “We don’t build with the intention to sell.”

A principle that guides the operation, Dr. Gangahar said, is the comfort and expectations of guests and tenants always come first:

—Each customer must be greeted with a smile and eye contact. Make guests feel like they are the most important people in the place.

**“We wanted to be a turnkey operation. We build projects for ourselves as the quality of construction means a lot to us.”**

—DEEPAK GANGAHAR, M.D.

## Protecting Panes of Glass

Dr. Gangahar is a disciple of the “broken window” theory and what it implies. Several of their properties were once victims of the theory. They have since been cleaned up.

Broken windows theory, an academic premise proposed by James Q. Wilson and George Kelling in 1982, contends that broken windows serve as a metaphor for disorder within neighborhoods. Their theory links disorder and incivility within a community to subsequent occurrences of serious crime.

“If you have a building with broken windows,” Dr. Gangahar said, “it’s the first telling sign that urban decay has begun. Drug abuse, vandalism, robbery, prostitution. Don’t ignore broken windows.”

—Each facility should be inviting. “Not even a scrap of paper. Guests should notice it is clean when they step in the door.”

—Empower your employees. Create a culture of pride. “Every employee should feel like it’s their property. Our employees are our biggest asset.”

Dr. Gangahar added one final piece of advice, actually two: “To create a culture to do the right thing. And not to forget to enjoy yourself in the process.” 

# ERGONOMICS: EHRS A PAIN IN THE NECK?

There's something to be said for varying your workday—especially when it comes to standing in surgery for long periods of time or spending countless hours completing electronic health records.

One key is creating an ergonomic work environment, said Tara Otis, an occupational therapist at OrthoNebraska. Although ergonomics apply to anything that involve people, the concept most often is connected to the workplace. Ergonomics, by one definition, is the applied science of equipment design, such as for the workplace, intended to maximize productivity by reducing operator fatigue and discomfort.

Some examples of the challenges faced by the constant repetition of motion caused by such tasks as completing EHRs:

—“Prolonged improper use of computing devices can cause physical harm unless ergonomic risks are addressed,” wrote Stephen McCallister for Modern-Medicine Network. “As just one example, the OSHA Safety Pays Program estimates the direct cost of carpal tunnel syndrome at \$30,000, with indi-

rect costs and impact (for example, lost productivity or time away from the job) doubling that.

—In a survey of 204 health professionals, nearly two-thirds of the respondents reported increased frequency of neck, shoulder and back discomfort and about 50 percent reported an increased frequency of right wrist discomfort since the introduction of the EHR, according to two Cornell University researchers.

The potential for muscle strain and fatigue extends beyond keyboarding and into other aspects of a physician's daily routine.

Andrew Thompson, M.D., realizes that as an orthopedist his medical specialty may be more physically demanding than most. Dr. Thompson provided examples of the physical challenges in his day: He stands for hours at a time. Lifting the legs or arms

of heavier patients during surgery can be taxing. Inserting nails into bone causes repetition of motion. Holding retractors for hours at a time causes muscle fatigue. Using a microscope or operating loops while repairing tendons causes neck strain.

“An older hand surgeon who trained me constantly stressed the importance of protecting your neck,” he said.

So, what's a physician to do to thwart muscle strain or even more serious problems?

**CONT. PAGE 26**





**The potential for muscle strain and fatigue extends beyond keyboarding and into other aspects of a physician's daily routine.**



## The Thompson File

**Hometown:**  
Omaha

**Undergraduate Degree:**  
University of Nebraska-Lincoln  
in biology

**Medical Degree:**  
University of Nebraska  
Medical Center

**Residency:**  
Campbell Clinic in  
Memphis, Tennessee,  
in orthopedics

**Fellowship:**  
Philadelphia Hand  
Center in hand,  
wrist and elbow

**Specialty:**  
Upper extremity  
orthopedics

**Location:**  
OrthoNebraska

**Hobbies:**  
Exercising and  
Nebraska football

**Family:**  
Wife, Jori Thompson;  
and six children

**Why he Joined MOMS:**  
"I joined to stay  
connected with the  
Omaha community  
of physicians."

## FROM PAGE 24

"I think it's important to keep in shape," Dr. Thompson said. "Strength training is critical."

Otis, the occupational therapist, and Dr. Thompson offered some additional advice:

Be sure to vary your vantage point. Otis suggests routinely raising your eye contact throughout the day to reduce neck strain. She suggests looking at where the ceiling and a wall connect to create a slightly higher vantage point without performing unnecessary cervical hyperextension.

Finally, Otis said, shoes with good insoles are a must because physicians can spend much of their day on their feet. "Foot problems lead to hip problems, which lead to back problems. Everything is connected."

Dr. Thompson suggested varying your patient schedule and avoiding consecutive surgeries that are physically taxing. "Don't overlook yourself. Everyone is a go-getter. We strive to do more."

Which isn't always good for the long term, Otis said. "Our bodies catch up and we start to have aches and pains because of the awkward positions and postures we have. People get away with what they get away with—until they don't."

Dr. Thompson offered advice to learning about the latest ergonomic workplace devices for your specialty. When attending continuing medical education conferences in your specialty—his for example, the American Society for Hand Surgery—check out what the vendors are selling. They always have the latest—and often useful—items.

And talk to your peers. "Find out what they do to protect their necks," he said.

And hands and feet and backs from muscle strain. 



**“Foot problems  
lead to hip problems,  
which lead to back problems.  
Everything is connected.”**

— ANDREW THOMPSON, M.D.



Tara Otis, (left) occupational therapist and Andrew Thompson, M.D., orthopedic surgeon.



**Our goal is to help patients lead healthier lives. Our goal is to keep them out of hospitals.”**

—JOSETTE GORDON-SIMET, M.D.



Dr. Josette Gordon-Simet, M.D.

# WITHOUT A FULL PATIENT LOAD:

## THREE PHYSICIANS' STORIES

**A**nne O'Keefe, M.D., has heard it before: "If you're not seeing patients, are you a real doctor?"

And she has a ready response. "My patient is the community. It's not one person at a time. It's an entire community."

Dr. O'Keefe, senior epidemiologist for the Douglas County Health Department, knew early in her medical career that she wanted something other than providing patient care. During her training, she said, she couldn't pinpoint what served to inspire her, but she knew she didn't feel that the care she was providing offered what she sought to feel she was having an impact.

"I felt I wasn't helping people much. My patients kept coming back." She then found her calling: public health.

Josette Gordon-Simet, M.D., and Joe Miller, M.D., now see far fewer patients than they once did. Their transition to more administrative roles—while still treating a smattering of patients—has them feeling fulfilled at work.

"I have the best of both worlds," Dr. Gordon-Simet said.

Drs. O'Keefe, Gordon-Simet and Miller described how they find fulfillment in their work—without seeing a full load of patients:

**CONT. PAGE 30**



### The Gordon-Simet File

**Hometown:**  
Philadelphia

**Undergraduate  
Degree:**  
Temple University  
in biology

**Master's Degree:**  
Executive MBA at  
the University of  
Nebraska Omaha

**Medical Degree:**  
Temple University  
School of Medicine

**Residency:**  
Clarkson Family  
Medicine in family  
medicine

**Title:**  
Medical director

**Location:**  
Nurture Health Clinic

**Hobbies:**  
Reading—various  
genres, and exercising

**Why She  
Joined MOMS:**  
"I joined MOMS  
because it is the most  
effective method for me  
to remain connected  
to colleagues in the  
community and for  
me to serve as a  
patient advocate."



## The O'Keefe File

**Hometown:**  
Omaha

**Undergraduate Degree:**

University of Nebraska-Lincoln in biological sciences

**Master's Degree:**

Emory University in public health

**Medical Degree:**

University of Nebraska Medical Center

**Residency:**

University of Colorado Health Sciences Center in General Preventive Medicine and Public Health

**Title:**

Senior epidemiologist

**Institution:**

Douglas County Health Department

**Hobbies:**

Music, traveling and spending time with her son

**Why She Joined MOMS:**

"I wanted to feel more connected to the medical community in Omaha."

### FROM PAGE 29

## A Nod to the Former Surgeon General

Dr. O'Keefe credits former surgeon general, the late C. Everett Koop, M.D., for indirectly encouraging her to pursue a career in public health. "He was inspiring to me. I remember thinking, 'He is so cool. I'd like to do that.'"

Although she no longer aspires to be the surgeon general, Dr. O'Keefe said, her work in public health provided her with the opportunity to work in health at the federal, state and county levels. She first learned about public health while earning her master's degree at Emory. She completed an internship at an inner-city hospital in Atlanta, "where I saw things from a 'population' perspective.

She has had stints with the USDA's Research Division, where she worked with national health surveys, and for the CDC's National Institute for Occupational Safety and Health (NIOSH), where her focus was on worker safety. After returning to Nebraska and working for the State Health Department for a time, Dr. O'Keefe joined the Douglas County Health Department, where she has worked for the past 11 years.

Her work for Douglas County provides her with opportunities to study data received from local hospitals, determine what the data mean, and make recommendations to protect the public.

More recently, she worked with Nebraska Medicine personnel who treated Ebola patients. Part of her responsibilities was to monitor Nebraska Medicine staff to ensure that safety procedures were in place.

She likens her work to physicians who provide primary care. "You open your door and must be prepared to deal with anything. For public health issues, we have to be there for everyone. We are the first place you call when there is a public health scare."

The dual role is a perfect fit, she said. "I tell people I have the best of both worlds. It's very fulfilling to continue to learn about the payer space while delivering care."

—JOSETTE GORDON-SIMET, M.D.

## She Answered When Opportunity Knocked

Dr. Gordon-Simet said her transition into health care administration came with an opportunity to step into a leadership role with the former Alegent Health.

At the time, she was working in family medicine, focusing on obstetrics and hospital medicine. "It was an unexpected opportunity." A full-time administrative role meant minimal time with patients which Dr. Gordon-Simet understood and initially embraced.

She pursued her MBA to improve her business acumen. "I wanted to, at some point, intentionally impact the health care landscape and advocate for patients and providers."

In her role, she worked to help her peers become more efficient providers by maximizing their time spent with patients while ensuring they fulfilled their administrative responsibilities.

Another opportunity took her to Blue Cross Blue Shield of Nebraska. "I wanted to understand the dynamics of the health care payer space. Her job provided no opportunity to see patients. "I felt a void." To fill it, she worked weekends at a local urgent care clinic.



These days, in addition to her administrative duties for Blue Cross, Dr. Gordon-Simet serves as medical director for Nurture Health, a direct primary care clinic that is membership-based. She is again able to treat patients on a limited basis. “Our goal is to help patients lead healthier lives. Our goal is to keep them out of hospitals.”

The dual role is a perfect fit, she said. “I tell people I have the best of both worlds. It’s very fulfilling to continue to learn about the payer space while delivering care.”

### An Advocate for Stronger Primary Care

Dr. Miller was content serving as a family physician in rural Nebraska for more than 32 years. He enjoyed providing care from preconception to the grave. “As I aged, so did my patients.”

He noted that he once served five generations from the same family, and many times served four generations of family members. “I liked the multi-generational aspect of the care I provided.”

He noticed, over time, that two challenges—health care reform and his local hospital—caused him to question his focus. At the same time, he began his involvement in health-care reform at the state level. His Plum Creek Medical Center was chosen to be one of two Nebraska practices for a two-year pilot project for Medicaid using the Patient Centered Medical Home. He also was the founding President of the Board of Directors of Southeastern Rural Physicians Alliance-Accountable Care Organization (SERPA-ACO), in Nebraska.

Next came an opportunity to practice medicine at Think Whole Person Healthcare in Omaha, which Dr. Miller called “the most progressive model that I have seen for health care. It is patient-centered medical home on steroids.”

Four months into his tenure at Think, the need to expand the clinic’s chief medical officer position arose—and Dr. Miller took the job. The new role meant minimal time for treating patients, which now stands at five hours per week.

“I think it’s (his role) good on many levels. First, I still get to provide direct patient care, which I thoroughly enjoy. Second, it lets me understand what physicians have to deal with daily as far as the administrative burdens that inhibit their ability to take excellent care to their patients.”

Drastically reducing—but not eliminating—the time he spends with patients, he said, allows him to better impact care. “I truly believe if we do not change the health care delivery system, it is going to fail,” while pointing out that although the United States spends the most on health care, it ranks 37th in health by the World Health Organization. “And Americans die two to four years earlier than those in other first-world countries.”

**Drastically reducing—but not eliminating—the time he spends with patients, he said, allows him to better impact care.**

—JOE MILLER, M.D.

Nearly a decade ago, the Triple Aim—enhancing patient experience, improving population health, and reducing costs—became engrained in the health care lexicon. Dr. Miller said his goal is to promote the fourth arm of what is now called the Quadruple Aim—improving the work life of health care providers. “I feel strongly that we need more primary care physicians because they increase quality and decrease costs. Strong study results prove that.” 



## The Miller File

**Hometown:**  
Omaha

**Undergraduate Degree:**  
University of Creighton  
in chemistry

**Medical Degree:**  
University of Nebraska  
Medical Center

**Residency:**  
Cedar Rapids (Iowa)  
Family Medicine  
Residency Program

**Title:**  
Chief medical officer

**Organization:**  
Think Whole Person  
Healthcare

**Hobbies:**  
Directing medical  
mission trips to Haiti

**Family:**  
Wife, Linda; three  
married children and  
two grandchildren

**Why he Joined MOMS:**  
“Health care delivery is changing. In order to influence that change, physicians must work together to make sure that this change is what is best for our patients.”

## MEMBER NEWS



### DR. SIMONSEN

To Lead New  
Faculty Affairs Office

Kari Simonsen, M.D., will spearhead the creation of the Office of Faculty Affairs at UNMC and has been named interim assistant vice chancellor for faculty affairs. She currently serves as vice chair for clinical and academic affairs in the Department of Pediatrics and division chief of pediatric infectious diseases.

“The creation of the Office of Faculty Affairs will ultimately lead to more efficient allocation of resources and enhanced support of faculty,” said Dele Davies, M.D., senior vice chancellor for academic affairs. “Dr. Simonsen is a wonderful fit for this position because she possesses the leadership skills, collaborative spirit and passion for developing faculty that is necessary to making the office a success.”

Under the new structure, the assistant vice chancellor for faculty development role has been eliminated. Instead, the assistant vice chancellor for faculty affairs will lead the newly established Office of Faculty Affairs and oversee the activities of Faculty Development, Interprofessional Academy of Educators, Interprofessional Education and the Office of Equity, as well as work closely with the Faculty Mentoring program. Dr. Davies also noted this reorganization is occurring within the current allocated budget of the units involved.

“Faculty are one of our most valuable resources for impacting the success of students and residents and advancing UNMC’s mission. As such, we need to ensure they have an inclusive environment that supports their ongoing development, personal well-being and professional effectiveness,” Dr. Simonsen said.

A graduate of multiple leadership programs, Dr. Simonsen, who received her medical degree from UNMC, is currently completing a Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program that offers an intensive one-year fellowship of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry, and public health. [i](#)



### DR. SMITH

Named Chief  
Academic Officer

A man who wears many hats at the medical center, Carl Smith, M.D., has just added one more—chief academic officer for Nebraska Medicine.

The position was created recently when the hospital streamlined its 11-member Executive Suite headed by Dan DeBehnke, M.D., chief executive officer. The CAO is jointly appointed by both the dean of the College of Medicine and the CEO of Nebraska Medicine, and reports directly to both.

As chief academic officer, Dr. Smith will be responsible for representing UNMC’s employed academic physician practice, as well as its research and education components. He also will serve as liaison to the UNMC College of Medicine.

Under the new structure of the Executive Suite, two UNMC physicians will continue to serve as Nebraska Medicine vice presidents, but will now report to Dr. Smith. They are Kelly Caverzagie, M.D., vice president of education, and Chris Kratochvil, M.D., vice president of research.

“This position is essential in strengthening the link with UNMC,” Dr. DeBehnke said. “Dr. Smith’s experience as senior associate dean for clinical affairs and chair of the department of OB-GYN makes him uniquely qualified for this position.

“I am truly excited to have Dr. Smith in this role—it will be very important as we strengthen our position as a leading academic health network.”

For the past eight years, Dr. Smith has served as president of UNMC Physicians, the physician practice group for the medical center, and as senior associate dean for clinical affairs. He has served as professor and chair of the OB-GYN department for the past 16 years and has been on the faculty for 27 years.

Dr. Smith received his bachelor’s and medical degrees from UNMC and joined its faculty in 1988 as an assistant professor in obstetrics and gynecology. He was named associate professor in 1989 and professor in 1995. [i](#)



## STRATEGIC PARTNERS

The Metro Omaha Medical Society Strategic Partners offer a variety of expertise, products and services to assist physicians and practices in addressing their needs and achieving success.

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## NEW MEMBERS



### TAMARA DOEHNER, M.D.

*Internal Medicine/Hospitalist*  
Methodist Hospital

### JOYCE GARDNER, M.D.

*Family Medicine*  
Blue Cross Blue Shield  
of Nebraska

### ARAVDEEP JHAND, M.D.

*Internal Medicine*  
UNMC Internal Medicine  
Residency Program

### JILL HANSON, M.D.

*Asthma, Allergy Immunology  
& Pediatric Immunology*  
Boys Town Pediatrics—  
72nd Street Clinic

### ELSIE VERBIK, M.D.

*Family Medicine*  
Blue Cross Blue Shield  
of Nebraska



## MEDICAL LEGAL DINNER

The 2018 Medical Legal Dinner, now in its 41st year, was once again hosted by the Metro Omaha Medical Society and the Omaha Bar Association in mid-March at Omaha Marriott. The evening featured a panel discussion on “Designer Babies: the Medical, Legal and Ethical Considerations.”

1. Over 130 physicians, attorneys and guests attended the event.
2. OBA President Anne Marie O’Brien, J.D., from left, with panelists Omar Abdul-Rahman, M.D., director of genetic medicine and Friedland Professor at the Monroe-Meyer Institute; Jacob Dahlke, ethics director in the Office of Healthcare Ethics at Nebraska Medicine; and Rebecca Anderson, J.D., associate professor in the College of Public Health and vice chair of the Dept. of Health Promotion at UNMC; joined by MOMS President Laurel Prestridge, M.D. 



## DOCBUILD: HABITAT FOR HUMANITY HOME BUILDING

More than 60 volunteers came out to the 5th Annual Metro Omaha Medical Society DocBuild on Friday, April 27 & Saturday, April 28. Volunteers included medical students, residents, physicians, retired physicians, clinic staff and administration.

1. Friday DocBuild crew.
2. Saturday DocBuild crew.
3. Working on framing a basement are (from left) Drs. Lindsay Northam and Laura Wilwerding with Halie Smith, MOMS Special Projects Coordinator.
4. Creighton radiology residents (from left) Drs. Jeb List and Michael Durst put up an interior wall. They were joined by their residency program director Dr. Johanna Schubert and many of their fellow radiology residents who all volunteered together. 



## RESEARCH HOSPITAL ADDS LANGUAGE LEARNING AND MEMORY LAB

Last year, Boys Town National Research Hospital expanded its communication research to include language learning and development for all children. The Language Learning and Memory Laboratory, directed by Katherine Gordon, Ph.D., focuses on understanding children's ability to learn and remember new words. Some children learn words rapidly during the preschool years, while others struggle with learning new words. For these children, supporting word learning early can lead to better language development.

Dr. Gordon is particularly interested in supporting word learning in children with Developmental Language Disorder (DLD). About 2 out of 30 children in a classroom have DLD. These children struggle with saying what they want to say and have a hard time understanding what others are saying. Children with DLD struggle with schoolwork and peer relationships because of difficulties with language. Dr. Gordon's research focuses on improving word learning in children with DLD by understanding short- and long-term memory processes.

"To support children with DLD, we need to identify teaching strategies that not only lead to good learning in the moment, but also lead to good long-term memories of new words," she said.

For more information about Developmental Language Disorder, visit [www.youtube.com/RALLIcampaign](http://www.youtube.com/RALLIcampaign). For information about how to participate in current research studies, visit [boystownhospital.org/research](http://boystownhospital.org/research) or call (531)355-5090.



## THROMBECTOMIES: GAME-CHANGER IN STROKE CARE

When the FDA approved tissue plasminogen activator (tPA) in 1996 for the treatment of stroke patients, those who received tPA within a short window of time often suffered no permanent damage or "deficits."

But now CHI Health Interventional Neurologist Vishal Jani, M.D., is offering an even bigger game-changer.

A procedure called mechanical thrombectomy is now proving even more successful (an 80 to 90 percent success rate compared to 30 percent for tPA) in minimizing deficits in the stroke patient.

"Good is not good enough when better is possible," Dr. Jani said.

Dr. Jani not only is improving quality of life—he's also saving lives—by performing thrombectomies.

He is the first neurologist in the state to perform the important emergency procedure.

Dr. Jani threads a catheter through an artery in the patient's groin to the blocked artery in the brain. A device at the end of the catheter, called a stent retriever, attaches to the clot. At that point, Dr. Jani removes the trapped clot. When he does, blood flow to the brain resumes, and brain cells no longer are deprived of oxygen. Dr. Jani saves the patient from a "brain attack."

Outcomes for stroke cases at the Neurological Institute at CHI Health Immanuel are "extremely impressive," according to Dr. Jani. "If left untreated, stroke has a mortality rate of 80 to 90 percent, but now with the advent of sophisticated technology, more than 60 percent of the patients are independent and resume their lives just the way they deserve."



## CHILDREN'S EXPANDS PICU

In response to the rising demand for pediatric intensive care in the region, Children's Hospital & Medical Center has expanded its Pediatric Intensive Care Unit. Children's has opened a second PICU unit, called PICU South, increasing critical care beds hospital-wide from 19 to 27. Too frequently, Children's PICU has reached maximum capacity, causing patients to be sent to other pediatric hospitals in Kansas City, Denver or Des Moines. Construction is underway on Children's Hubbard Center for Children, which will ultimately house a larger PICU. This new clinical facility won't open until 2021.

"We never want to turn any child away, let alone the most critically ill, complex children and teens," said Richard G. Azizkhan, M.D., Children's president & CEO. "This is exactly why we've launched this transformational expansion project. Children and families are counting on us to grow and adapt to meet their needs, and PICU South is an important stepping stone toward serving them better."

PICU South is located in Methodist's North Tower across the skywalk from the main hospital. The current PICU, located in the hospital, will be referred to as PICU North. PICU rooms are generally larger with special equipment and capabilities specific to critical care.

Children's PICU is one of only 10 PICUs nationwide to receive the Gold Beacon Award for Excellence, an award given by the American Association of Critical Care Nurses. The Gold Beacon Award—the highest designation possible—recognizes excellent and sustained unit performance and patient outcomes.



**METHODIST**

### PATIENTS CAN ACCESS DATA THROUGH IPHONE HEALTH APP

Methodist is one of 39 health systems in the United States, and the only one in Nebraska and Iowa, to work with Apple to offer health information data access through the Apple Health app.

Patients must be enrolled in the my.Bestcare.org (patient portal) to access their information through the Apple Health app.

"Methodist has always been forward-thinking and my.Bestcare.org, our patient portal, is a great example of that," said Greg Hutteger, D.O., chief medical information officer for Methodist Health System. "Apple's Health app, in conjunction with the patient portal, is another way to make it beneficial and help our patients realize the power of that data."

Methodist patients can view their medical records simply by updating their iOS software on their iPhone and then follow several steps: the steps below.

The health information patients will have access to within the Apple Health app includes allergies, conditions, immunizations, lab results, medications, procedures and vitals. Users will receive notifications when their patient information is updated.

The patient data is encrypted and protected with the user's iPhone password.

"I feel this is a big step toward patient engagement, which is something we as physicians are all striving for," Dr. Hutteger said. "It puts the power of data in the patient's hands—and that's exciting."

Patients can still utilize my.bestcare.org for direct physician communication and refill requests. Those capabilities are still only accessible through the patient portal. [i](#)



Led by the physicians and health systems of your community.

### VALUE-BASED HEALTH CARE GAINING GROUND

Something told Bob Armstrong not to toss this letter. "At first, I thought it was junk mail," said Armstrong, of Omaha.

It turned out to be encouragement from a physician in the Nebraska Health Network (NHN) urging Armstrong to take charge of his diabetes. The message sunk in.

"I've been diabetic for 10 years, and I'm like most men: 'Don't think about it, and it will go away,'" Armstrong said. "But this was different. For some reason, it started to click and make sense. It was time to do something."

Thanks to the encouragement from his doctor, Armstrong enrolled in a diabetes management class and began to change his lifestyle with regular exercise, healthier eating and monitoring vital signs that alert him to his diabetes progression.

Armstrong's case is an example of a major shift in health care toward value-based agreements between health care providers, health insurance companies and Accountable Care Organizations (ACOs), such as the NHN.

In these value-based contracts, commercial insurers and Medicare offer financial incentives to ACO physicians and their health systems if they can achieve healthier outcomes for their patients, all while controlling the cost of care.

"In value-based care, physicians get to focus on quality of care, and they get paid more for services that produce quality outcomes," said Dr. Michael Romano, NHN's Chief Medical Officer. "The total cost of care typically goes down, and the patient gets better care and a better experience."

In one value-based contract with Blue Cross Blue Shield of Nebraska, NHN physicians reduced the number of outpatient procedures by 4 percent over the year before, and inpatient admissions were down 2.7 percent. The total annual cost of care for the population was reduced by \$750 per person, and prescription drug spending was down 15 percent. [i](#)



SERIOUS MEDICINE. EXTRAORDINARY CARE.™

### NEWEST CLINIC OFFERS PRIMARY, IMMEDIATE CARE

Nebraska Medicine continues to expand its primary care services to West Omaha with the opening of a new clinic. In April, Nebraska Medicine—Elkhorn opened at 204th and Blue Sage Parkway.

The 12,000-square-foot building features 15 exam rooms, five consult rooms, a procedure room and radiology services. Nebraska Medicine primary care clinics use what's called a Patient Centered Medical Home (PCMH) model of care. A medical provider, social worker, clinical staff member, registered dietitian, behavioral health specialist and pharmacist work together to provide comprehensive primary care for acute illnesses, chronic disease management, preventative health care and well care.

Starting in late summer 2018, Nebraska Medicine—Elkhorn will also offer weekend, holiday and after-hours care for conditions such as coughs and colds, sore throats and earaches, minor cuts, respiratory illnesses and abdominal pain. This will mark Nebraska Medicine's fifth Immediate Care Clinic.

Other Immediate Care Clinics are located at Nebraska Medicine—Chalco on the southwest corner of 168th and Giles, Nebraska Medicine—Eagle Run in northwest Omaha, Nebraska Medicine—Midtown in the Blackstone District and Nebraska Medicine—Family Medicine at Bellevue in the southeast portion of the metro. [i](#)



University of Nebraska  
Medical Center

## RURAL HEALTH CARE REPORT: SOME COUNTIES STILL LACK PRIMARY CARE PHYSICIAN

A 2018 rural health care workforce report issued by the University of Nebraska Medical Center reveals that while there has been an 11 percent increase in the number of physicians in the state over the last 10 years, there are 13 counties that still do not have a primary care physician.

This and other key findings of the study appear in the 64-page report, "The Status of the Healthcare Workforce in the State of Nebraska."

"The health care workforce is an essential component in making Nebraska the healthiest state in the union and timely and accurate data such as this report will help inform initiatives and policies to help address those challenges," said Jeffrey P. Gold, M.D., UNMC chancellor.

The study was commissioned and funded by the Nebraska Area Health Education Center Program (AHEC) and used the most recent data from the UNMC Health Professions Tracking Service and the state of Nebraska.

"This report helps to measure the progress we have made in the state in dealing with some of the workforce issues in rural Nebraska and in planning for the future," said Mike Sitorius, M.D., professor and chair of family medicine in the UNMC College of Medicine.

Among those challenges, include:

- The reality that nearly one-fifth of physicians in Nebraska are more than 60 years old, and thus likely to retire in the near future.
- 18 of 93 Nebraska counties have no pharmacist.
- Demographics in many counties are becoming more diverse, but the current health workforce doesn't necessarily reflect the populations being served.

"In partnership with stakeholders from Scottsbluff to Omaha, we've made progress over the years. But the landscape of health care is rapidly changing, and we must remain diligent to sustain the progress we've made and close the gaps," Dr. Wilson said. 

Brought to you by Omaha Magazine

# LOCAL STUBS

A NEW LOCAL WAY to Ticket Your Event

## Nebraska Invitational Dance Festival

June 1<sup>st</sup> - 3<sup>rd</sup>

## Creighton Business Ethics

Summer Ethics Luncheon  
June 5<sup>th</sup>

## Urban Abbey

Interfaith Speed Dialogue  
June 7<sup>th</sup> & August 28<sup>th</sup>

## Bench

Intro to Woodworking  
June 9<sup>th</sup>

## Sweet Cases Car Show

June 9<sup>th</sup>

## Midwest Paranormal History Tours

Tours most weekends subject  
to availability

## Bodega Victoriana Winery Wedding Barn

Father's Day at the Vineyard with 4 Bands  
June 17<sup>th</sup>

## 12<sup>th</sup> Annual Balloon and Wine Festival

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August 10<sup>th</sup> - 11<sup>th</sup>

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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 understand that my membership will not be activated until this application is approved by the MOMS Membership Committee and I have submitted my membership dues.

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male  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: (M.D., D.O., M.B.B.S, etc.) \_\_\_\_\_  
 Residency Location: \_\_\_\_\_ Inclusive Dates: \_\_\_\_\_  
 Fellowship Location: \_\_\_\_\_ Inclusive Dates: \_\_\_\_\_  
 Primary Specialty: \_\_\_\_\_

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](http://www.omahamedical.com)



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