

Physicians Bulletin

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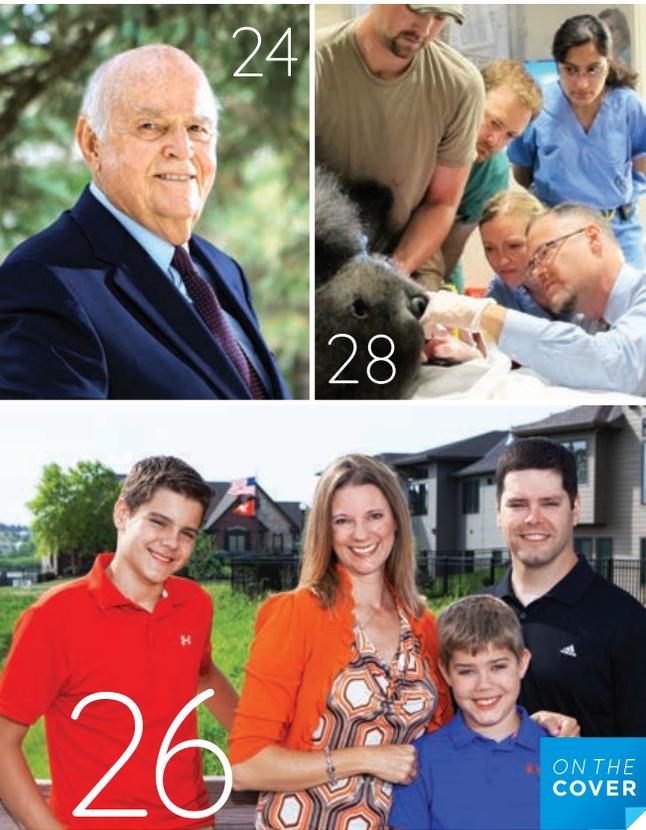
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- Hope Medical Outreach Coalition
- Immunization Task Force-Metro Omaha
- Live Well Omaha & Live Well Omaha Kids
- Omaha Public Library Baby Reads Program
- OMMRS (Omaha Metropolitan Medical Response System)

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AUG
08

RETIRED PHYSICIANS

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MOMS BOARD ROOM—7906 DAVENPORT ST.

Omaha Mayor Jean Stothert will present
"The State of the City."

AUG
09

MOMS 2018 CAUCUS

THURSDAY, AUG. 9 | 6 P.M.
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Vote on resolutions for MOMS to present
at the NMA Annual Meeting & House of
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AUG
29

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WEDNESDAY, AUG. 29
6 P.M. RECEPTION
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SEP
14

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SEP
28

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EVERYTHING IS CONNECTED



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

Welcome to the August edition of the Physician's Bulletin. Although I am editor, sometimes, I don't see the articles until I see them in print. Also, I don't select the cover photo. That task goes to those at MOMS. Sometimes, I read columns only when in final published form.

I read with enthusiasm the interview with the orthopedist in the last edition of the Physician's Bulletin. Dr. Andrew Thompson, an orthopedist, is quoted as saying, "Foot problems lead to hip problems which lead to back problems. Everything is connected."

He also said, "Don't overlook yourself. Everyone is a go-getter. We strive to do more." In the same article, Tara Otis, an occupational therapist, is quoted as saying "People get away with what they get away with – until they don't."

When the interview on ergonomics, Physician's Bulletin May/June 2018 edition, occurred, I expected that there would be pearls of wisdom about ergonomics. I didn't expect there to be pearls of wisdom about my work life.

Dr. Thompson speaks the truth. Everything is connected. As physicians, we are all connected. Through systems, practices, friendships, organizations, training and family, everything and everyone is connected. Changes that occur in one system have impact on those in another system. Changes that occur in one prac-

tice impact not only the patients, partners and staff of that practice, but also those associated with the referring physicians down the road. The same is true of hospitals, insurers and pharmacies. Everything is connected.

"People get away with what they get away with – until they don't." This is also a truth. The statistics on physician burnout are worrisome. Fifty-four percent of physicians are reporting at least one symptom of burnout. A Mayo Clinic study in 2015 found that nearly 7 percent of physicians had considered suicide within the prior 12 months. As a group, physicians are suffering. We can't get away with it any more. What affects one of us, affects all of us.

"We strive to do more." As we are pressured by electronic health record clicks, quality measures, reimbursement, patient satisfaction scores, and wait times, physicians have reimbursement tied to productivity. Unfortunately for the physician, productivity may be measured in any number of ways. Doing more no longer means being more successful.

For several years, The Institute for Healthcare Improvement encouraged physicians to focus on the Triple Aim: Better Health, Better Care and Lower Cost. There is now discussion about the quadruple aim: adding in a fourth factor, like joy in work, into the equation. This is acknowledgement that there should be a goal of improving the work life of healthcare providers, including clinicians and staff. Increased physician burnout may have been an unintended consequence of the Triple Aim, and that burnout may have made care less safe and more expensive.

Nationally, there are examples of organizations that have increased patient safety by focusing first on the clinician work life by adjusting visit length and

panel size. The success stories are there. Now it is up to the physicians to ask for health systems to look at ways to improve the clinician's work life.

How does one address those difficult issues? Sometimes, it is best to work together with a friend.

Like the aspen trees, we are all interconnected. What affects one of us, affects all of us. There is safety in numbers. We need to work together.

An example of this working together can be found in the article written by Carol Wang about MOMS working with the resi-

dent's association to host a screening of a movie about physician well-being. Based upon a request from the resident organization, the movie, "Do No Harm," will be screened, with a discussion. The screening will be open to all medical students, residents and physicians,

and MOMS is working to provide a safe environment.

In this edition, we have an article about a physician who has adjusted her work schedule and increased her sense of control to address work-life balance. Also, we talk about how two physicians got called on to use their special skills in unusual patients. I hope it is helpful for you to read about the pathways that other physicians have chosen. As a physician, we have many options.

Thanks for your interview, Dr. Thompson. As physicians, we are all connected, and we are all go-getters. It works until it doesn't. Statistically, for about 50 percent of us, at this time, it doesn't work. It will work again.

We need to focus on the Fourth Aim: improving the work life of those who deliver care. 

Like the aspen trees, we are all interconnected. What affects one of us, affects all of us. There is safety in numbers. We need to work together.

— AUDREY PAULMAN, M.D.



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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 five 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.

A RISING RESISTANCE

to Maintenance of Certification



MATT BOGARD, M.D.
Emergency Medicine

The American Board of Medical Specialties (ABMS) is comprised of 24 member boards that provide “board certification” in their respective specialties: the American Board of Internal Medicine, American Board of Surgery, American Board of Family Medicine, and 21 more. Each Metro Omaha Medical Society member is likely board-certified by one of the ABMS member boards and subspecialists may be double- or triple-board certified.

Obtaining initial board certification requires completion of a rigorous accredited training program and passing multiple exams beyond the three USMLE Step exams necessary to obtain a medical license. While becoming board-certified was once a voluntary sign of accomplishment and prestige, maintaining board certification (via Maintenance of Certification programs, or MOC) has become an ongoing process that seems to be little more than a lucrative money maker for the boards and a drain on physician time and resources.

For many years, specialty board certification was lifelong and worthwhile – the culmination of completing medical school, internship, residency, fellowship, accruing cases, and taking that final big exam to prove you knew your stuff. But, beginning in 1990, most ABMS

boards moved from one-time certification to a 10-year “time limited” certification and in following years introduced increasing numbers of mandatory activities including computer modules, interactive online encounters, recertification exams and practice improvement projects all required to “maintain certification.”

Knowing this shift from lifelong certification to decade-long blocks would never fly with established practicing physicians, ABMS boards “grandfathered” all the physicians who were currently certified and only applied the changes to new, younger physicians who lacked the time, financial means, and political clout to fight the onerous new MOC requirements. Currently, about 40 percent of physicians are grandfathered. And, keep in mind, this is often a separate process from the CME hours one must accrue to maintain a state medical license.

As many of us know, MOC activities not only consume precious time (when physician burnout is at an all-time high) but also include numerous fees. A study published in the *Annals of Internal Medicine* in late 2015 estimates the average physician spends \$23,000 per 10-year cycle to complete MOC activities. And it’s no secret where this money is going: the American Board of Internal Medicine (ABIM) 2014 tax form 990 shows \$27 million in revenue from MOC activities. For the American Board of Family Medicine it’s \$12 million – and its CEO’s salary of \$641,000 is likely more than most Family Medicine physicians earn. Collectively, ABMS boards and their foundations hold in excess of \$1 billion dollars in assets.

While the ABMS boards moved to “time limited” certification, there was also a push to mandate board certification as a condition of insurance participation and obtaining hospital privileges, thereby forcing physicians to participate in MOC. The National Committee for Quality Assurance (NCQA) certifies most insurance companies in the United States and assays as a “quality metric” rates of physician MOC participation among insurance plans. The CEO of the NCQA is a former

board member of ABMS and certainly has a conflict of interest in formulating policy at NCQA for the benefit of ABMS.

So, with all the younger physicians forced to participate in (and pay for) MOC, is there data proving it worthwhile? Most participating physicians surveyed report learning very little from the required activities. Not a single study has clearly demonstrated improvement in patient outcomes by MOC compliance. Multiple published articles claim slight advantages but these are fraught with concern: authors with significant conflicts of interest, research funded by the specialty boards, insignificant p-values in the outcomes, and data subsets showing negative outcomes ignored.

Physicians around the country are increasingly fed up. The AMA House of Delegates has adopted multiple resolutions calling for changes to MOC. Grass-roots resistance led to the founding of the National Board of Physicians and Surgeons (nbpas.org) as an alternative board certification agency and the Practicing Physicians of America (practicingphysician.org) is fundraising to bring antitrust litigation against the ABIM. Furthermore, nine states have passed legislation prohibiting hospitals and insurance companies from requiring participation in MOC as a condition of obtaining privileges or contracting with insurers. Locally, Iowa bill HF2010 did not make it out of committee this year and legislation has yet to be introduced in Nebraska.

I think nearly all of us are advocates of keeping up with changes in our specialties and few balk at the CME requirements to maintain our medical licenses. Obtaining initial board certification is a reasonable step at the end of training. But current MOC requirements are onerous, not meaningful, unnecessarily expensive, have no demonstrable benefits, and waste significant time. If you’re among the 60 percent of physicians stuck participating in this fiasco, consider advocating for meaningful change. [🗨️](#)

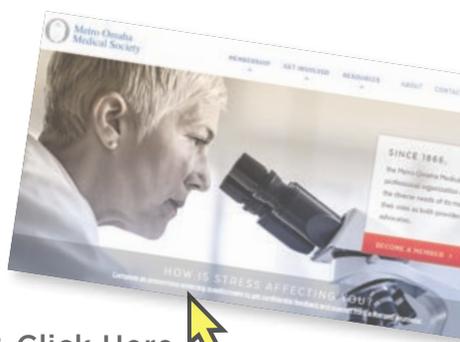
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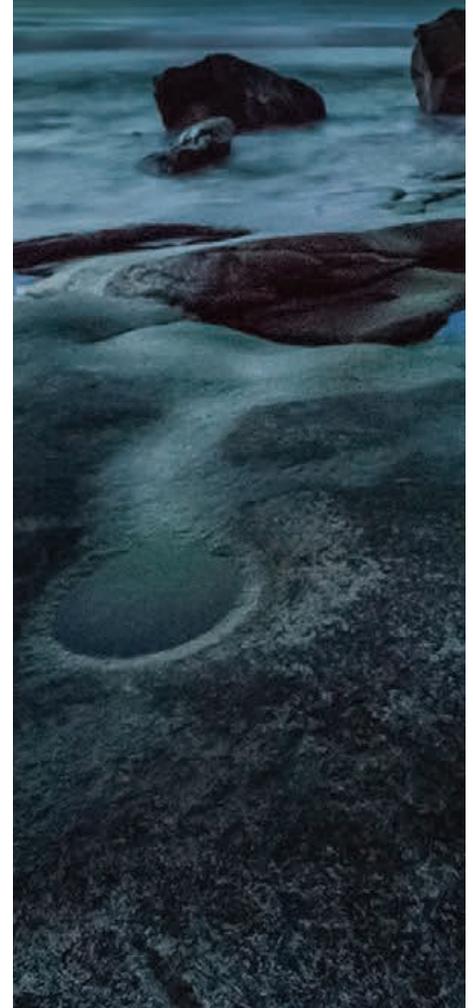
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'I HAVE THE BEST JOB IN THE STATE'



DALE MAHLMAN

Executive Vice President
Nebraska Medical Association

How do you know when it's time to go? This applies to many things in life but since this edition of the Physicians Bulletin includes articles on physicians providing services to a gorilla and an injured bald eagle, maybe, just maybe, the profession has passed me by.

More seriously, I am always impressed by the skills, thoughtfulness and passion of MOMS and NMA members. Having completed the Lancaster County Medical Society internship in 2002 and the MOMS internship in 2003, I saw first-hand the medical skills and patient interactions of members who remain active today. They are all just 16 years older now.

Our students and residents of yesterday are now serving on our board of directors or as AMA Delegates. In particular, one of our current AMA delegates, Kelly Caverzagie, M.D., was a first-year resident

when he attended the 2002 AMA Interim meeting in New Orleans, which is when we met for the first time. I'll always remember Kelly purchasing our "poor country doctor" from Columbus (the late Ron Klutman, M.D.) a king-size Budweiser as we walked down the middle of Bourbon Street. Watching that resident become a young physician and now, an experienced member of the NMA delegation, demonstrates how fast time flies when you are having fun.

Speaking of fun, please mark Friday, Sept. 14, on each of your calendars and plan to attend the 2018 NMA Annual Membership Meeting. This year, we will convene in Omaha at the Marriott Regency for the installation of Britt Thedinger, M.D., as 2018-19 NMA president. Dr. Thedinger has served as president of MOMS, been an active NMA Board member for the past 13 years serving as vice speaker, speaker and now president-elect while practicing as an independent physician at Ear Specialists of Omaha. Dr. Thedinger makes time to serve his profession and for that we thank him.

Our program this year focuses on tools to improve practice efficiency in an EMR environment. We will also hear from our medical students on the new curriculum and its challenges and NMA Board Member Jordan Warchol, M.D., who has spent the past two years serving a fellowship in Washington D.C.

NMA leadership continues to be extremely interested in physician wellness and has identified a group of interested physicians who will meet on this topic. While Nebraska has a licensee assistance program to assist with substance abuse, we are one of only two states nationally

without a program for physicians in crisis. It is our goal to address that as soon as possible.

Currently, we are advertising for the executive vice president position and the applications are rolling in. When I'm asked by potential applicants about the position, I tell them I have the best job in the state, and I truly believe that. Working for and with our physician members along with a very qualified staff and our county society counterparts is really a treat. Interviews in mid-July should produce a new NMA executive vice president, only the fifth one since 1974, by early September. Please plan to introduce yourself to this person at our 2018 Annual Session.

Interviews in mid-July should produce a new NMA executive vice president, only the fifth one since 1974, by early September.

— DALE MAHLMAN

We continue to "Advocate for the Physicians and Health of all Nebraskans." Summer is a great time to re-energize and prepare for the next wave of advocacy opportunities. We hope you all continue your involvement or consider becoming involved. Your support is critical to the success of both MOMS and the NMA. 

LOCAL STUBS

A NEW LOCAL WAY to Ticket Your Event
and Buy Tickets to Local Events

AUG.
11

INTRO TO WOODWORKING

Bench
10:30 a.m.

AUG.
16

BREAKFAST AND BLINDSPOTS

PRESENTED BY CREIGHTON
BUSINESS ETHICS
*Creighton University
Harper Center*
7:30 a.m.

AUG.
16

ETHICS ON TAP PRESENTED

BY CREIGHTON BUSINESS ETHICS
*McAuley
Fogelstrom Center*
5:30 p.m.

NEBRASKA BALLON AND WINE FESTIVAL

Leo Royal Park
Times vary

AUG.
10-11

THE DAIRY MAID-RIGHT

BY ELLEN STRUVE
Shelterbelt Theatre
Times vary

AUG.
2-5

INTERFAITH DIALOGUE

Urban Abbey
6:00p.m.

AUG.
28

MOMS LEADERSHIP:

Collaborating on a New Level



CAROL WANG

Executive Director

Metro Omaha Medical Society

By the time you read this, our MOMS family will have grown to include the Nebraska Chapter of the American College of Physicians. If you have a quizzical expression on your face, allow me to explain.

For years, the Metro Omaha Medical Society has collaborated with some specialty societies to provide administrative services. These, at the beginning, consisted of the Metro Omaha OB-Gyn Society and Nebraska Psychiatric Society. Then in 2014, the Nebraska Regional Council of the American Academy of Child and Adolescent Psychiatry came into our lives, followed by – several years

later – the American Academy of Pediatrics Nebraska Chapter and, in July, our state’s internal medicine physicians transitioned their operations to MOMS.

In that vein, bringing together these organizations collectively increases our voice and our ability to impact health policy and enrich programming.

— CAROL WANG

While it may seem unusual that we have become a central hub for specialty societies, it is a testament to the MOMS Board of Directors for having the vision that we should be a voice for all physicians in our community. In that vein, bringing together these organizations collectively increases our voice and our ability to impact health policy and enrich programming. It also creates great opportunities to collaborate – something we talk about all the time in health care delivery and are applying to organizational management.

Take, for example, this past spring when pediatricians and child and adolescent psychiatrists teamed up to hold a joint

educational conference, highlighting collaborative care models to bring mental health into pediatric clinics.

I would be remiss if I didn’t say this growth in specialty society management is only possible because of your amazing staff at MOMS. Their proven track record of success created a reputation of efficiency and strong support. In this time of growth, they’ve taken ownership of transition processes and really dug in to each organization’s structure to ensure we deliver what they need. In the process, we have added new faces to the MOMS staff to ensure the work gets done.

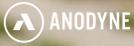
MOMS has a tradition of reaching out to other groups to co-sponsor programs and initiatives, whether it be a lecture series for Women in Medicine or joint advocacy training. This will make that even easier to coordinate and plan.

On that note, mark your calendars because, on Sept. 28, MOMS and many of these partner organizations will jointly host a meet and greet with state lawmakers and candidates. (See page 5 for event details.) We hope this is the beginning of beautiful relationships at every level. 

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CAPITALIZING ON YOUR SPACE:

Lease Renewal Maximization



KELLEE MIKULS

Vice President
CBRE/MEGA

Real estate tends to be an afterthought in many businesses, with medical practices being no different. The time and energy that focusing on space decisions take away from the core business or practice, makes real estate a lesser priority. However, we are seeing a flight to quality in the Omaha market, where practices are implementing higher levels of finish in spaces, in an effort to differentiate themselves in the highly competitive health care environment and/or seek to lower their existing rental rate. One way to be able to afford a remodel to your existing space and lower your monthly rent is to negotiate a favorable renewal, leveraging your existing position in the building and the desire by landlords to retain their strong credit tenants. Here are the steps to doing that:

PLAN AND PROGRAM:

If you are changing the floor plan and moving walls, meet with a project management or architect firm who is well versed in medical to discuss your proposed changes and ensure they are up to code. Local code changes often and that change can be an excellent tool in mandating a remodel to your space. Project managers and architects can help you program to determine if you need to grow or retract your existing space.

If you are simply doing a refresh, connect with interior designer to help pick out timeless design elements or improve your workflow.

ESTIMATE:

Once you have a determined plan, work with a reputable contractor to obtain a bid for the work to determine scope and estimated total cost of improvements. It is industry standard to get multiple bids, making it a competitive process for the end-user.

PARTNER:

Partner with a strong commercial real estate broker who will negotiate your lease renewal, ensuring that you are getting a tenant improvement allowance, free rent, and/or a market rent for your new lease term. Your broker will work alongside your contractor and or project manager to streamline the overall goals. Having a strong legal counsel throughout this process is also key.

If you are trying to negotiate a lower market rent, your broker will have conversations with the landlord to make a case showing like leases that have occurred in the surrounding market.

One way to be able to afford a remodel to your existing space and lower your monthly rent is to negotiate a favorable renewal, leveraging your existing position in the building and the desire by landlords to retain their strong credit tenants.

— KELLEE MIKULS

BENEFIT:

Enjoy your updated space and/or reduced rent expense after successfully managing the renewal process.

ONE FINAL TIP:

There is balance between leveraging your value as a tenant, but understanding the landlord has a financial threshold when doing a deal. Having the right team in place that understands those cost and manages those relationships adds value towards a positive outcome. 🗣️



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HAVE A MENTOR(S)–

Be a Mentor



LAURIE K. BAEDKE, FACHE, FACMPE

Faculty, Director of Healthcare Leadership Programs

Program Director, Executive MBA in Healthcare Management

Creighton University

Recently, a colleague brought up this challenge: How do I overcome self-consciousness and busyness to cultivate mentoring relationships?

Let's face it, we've all been there. It can be very intimidating to ask for professional guidance from an individual you look up to. But one of the reasons it's so uncomfortable is we, as a culture, have a very "set" idea as to what characterizes a mentor-mentee relationship.

What do you think of in a mentor? Chances are, what probably comes to mind is someone who has a good decade or two of experience on you, someone who is far more senior than you. But a mentor can be so many different things.

Just as you may admire the "traditional" mentor who is several years ahead of you, you can also think more in terms of a "role model" – an individual who may be closer in age to you, may even be a peer, but someone you still admire.

That said, there are so many different types of role models. Looking at your network or "circle" in a broader way makes the whole act so much less elusive. Just as you have friends who meet different needs in your life, your

set of mentors-role models may look a lot more like a "board of advisers" than a conventional, singular relationship.

Just as you have friends who meet different needs in your life, your set of mentors-role models may look a lot more like a "board of advisers" than a conventional, singular relationship.

— LAURIE K. BAEDKE

You can't seek out effective mentors if you don't know what mentoring really is (or isn't), and how mentors can be valuable in your life. Keep in mind: A mentor is not a mentor is not a mentor.

There is no one, clear definition for what a "mentor" is and what "mentoring" is all about. Different mentors can play different roles in your life. And, different seasons of our professional career can call for varying contributions from the guides in our circle. The unifying characteristic is, through their advice, example or encouragement, they enrich and add to your development as a professional.

To help you identify a mentor, look at the following six roles he or she can fulfill in your life:

- **Help realize full potential.** This characteristic is really at the heart of mentoring. Look at these individuals as your career allies. They see in you potential, and by giving of their wisdom, help nudge you toward fulfilling all you're capable of doing with your natural abilities and aptitudes.

- **Set an example.** These role models boast a hefty toolkit jam-packed with tools they have picked up throughout their career – those elements you can apply to your life.

- **Provide honest feedback.** To achieve peak performance, you need individuals who don't just soothe or coddle your ego. I like to say feedback is the "breakfast of champions," and the most successful individuals relentlessly seek out candid and objective feedback in order to continuously grow and improve. This type of mentor cares enough about you and your success to nourish you with genuine and candid critique that, though hard to hear, will be crucial to your professional performance and character development.

- **Extend opportunities.** These mentors, often referred to as "sponsors," by virtue of experience or professional clout, may be in a position to grant opportunities and open doors for you. Leveraging their contacts and reputation, this relationship can pay off in a big way by setting you up for success, career advancement and coveted professional opportunities.

- **Help others help themselves.** Great mentors ask questions of their mentees. They listen. They probe. By doing so, they help to breed self-awareness in the mentee. Literature widely demonstrates that understanding and awareness of one's self builds the most effective leaders.

- **Challenge expectations.** These individuals push you out of your comfort zone and are consistently raising the bar in a way that fosters your growth and performance.

In closing, I challenge you to think in one more dimension about mentors, and that is to be one. Two years ago, I was delivering a faculty development workshop at a well-known academic institution, and one attendee shared about how mentoring had become an outlet for her own self-care and renewal. In her words, in mentoring, "the gift goes to the giver." Paradoxical, yes. But profound and true.

The practice of medicine is increasingly complex and challenging, and often isolating. Nurture your own growth and development by investing in those relationships that can inform your journey. And, return the favor by offering the same to those coming along behind you. 



“DO NO HARM” FILM SCREENING: Join a Candid Conversation About Physician Suicide

It began with an email inquiry. Had MOMS heard about the documentary “Do No Harm,” which shines a light on the issue of physician suicide and would the organization consider making it available to the greater physician community? The request came from one of the academic medical centers and when asked, another institution agreed it would be best if the screening was sponsored by the Medical Society because it removed issues of liability and stigma.

That is precisely where physicians and the greater medical community see the value in what the Metro Omaha Medical Society can do. “Convening physicians from across the community to learn about burnout and wellness provided an important forum for diverse practitioners to understand either other’s perspectives on the problem as well as to real-

ize that none of us is alone in dealing with these challenges,” wrote Thomas Tape M.D., member of MOMS Physician Burnout Task Force, as he reflected on meetings this year to bring administrators together to talk about wellness as well as seminars to train physicians on burnout strategies and peer support networks.

Joel Michalski, M.D., outgoing president of the UNMC House Officer’s Association, is excited that MOMS is bringing the film, which is currently being shown in film festivals, to Omaha. “With the massive migration to a hospital-employed model, physician autonomy takes a massive hit and groups like MOMS provides a conduit to continue the discussion for important topics such as physician wellness,” he added.

“I am hopeful that the film screening will further raise awareness among the medical community about the need to step up our efforts in confronting these challenges and helping to support each other as well as working for constructive change of the environment of care so as to reduce the burden of practice.”

— TOM TAPE, M.D.
Member of MOMS Physician
Burnout Task Force

“Because MOMS serves a diverse group of physicians from a variety of specialties and training levels, they are a powerful leader in changing the culture of medicine.”

— ALLISON HARLOW, PhD
Director for Wellness and Resilience, Graduate Medical Education, Creighton University School of Medicine

“Because MOMS serves a diverse group of physicians from a variety of specialties and training levels, they are a powerful leader in changing the culture of medicine,” noted Allison Harlow, PhD, Director of Wellness and Resilience at Creighton University School of Medicine. Their commitment to improve physician well-being through their numerous initiatives (e.g., peer support, wellness assessment, hosting this film screening, etc.) recognizes that the well-being of providers is an important component of quality patient care.”

In keeping with providing a neutral ground to address issues that affect all physicians, the screening is planned for Wednesday, Aug. 29 at Film Streams in Dundee. Showtime is set for 7 p.m. with a facilitated discussion to follow. All residents and medical students are invited and other available seats will be open for physicians. This screening is made possible because of the Physicians Foundation grant awarded to MOMS to address a comprehensive physician wellness program.

It’s another way Dr. Michalski hopes to reach out to doctors who are hurting and encourage them to seek help. “Secondarily, I hope that everyone will gain a greater appreciation of the subtle red flags of burnout so that we can all take a more active role in preventing a suicide.”

Dr. Harlow agrees. “We hope that this film will help raise awareness about the problem of physician suicide, as well as foster positive public dialogue in our community to counter the shame and silence that often surrounds this issue. It is

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For Medical Students, Residents & Practicing Physicians

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our hope that this program will reduce the stigma around help-seeking so that those who need support will find, access, and benefit from it.

The request for MOMS to help bring the movie to town is one of several asks the organization has been fielding lately, including supporting different programs for medical students and residents.

It’s a role that MOMS relishes. As Carol Wang, MOMS executive director, summarized: “We are here to serve physicians and so we’re grateful that our community recognizes that we can help with projects that have impact. We want to be engaged at every level and treasure each opportunity to fulfill our mission of advocating for physicians and the health of our community.”

RETIRED PHYSICIANS' GROUP DRAWING A LARGER CROWD



“Retired physicians have a great deal of experience and knowledge, with the energy and interest to participate in the community from a social, medical and civic standpoint.”

— WILLIAM ORR, M.D.



Paul Coleman, M.D., has the dates for the Retired Physicians' Committee meetings penciled in on his calendar.

The retired radiologist said he attends the regular gatherings for two reasons: "The subjects of the speakers have been extremely interesting. And, I like to connect with my professional colleagues."

"The subjects of the speakers have been extremely interesting. And, I like to connect with my professional colleagues."

— PAUL COLEMAN, M.D.

Some attendees come early to the gatherings for conversation and coffee, noted William Orr, M.D., chair of the Metro Omaha Medical Society Retired Physicians group. Some stay a bit afterward, he added.

In between, it's Dr. Orr's goal to make sure those who attend the regular gatherings of MOMS' Retired Physicians group remain apprised of what's happening in their community and in medicine. That's why, Dr. Orr said, he chooses the speakers he invites to the sessions carefully.

"Retired physicians have a great deal of experience and knowledge," said Dr. Orr, "with the energy and interest to participate in the community from a social, medical and civic standpoint."

And when a representative from a local nonprofit organization with ties to the medical community presents, attendees may become motivated to support financially, he added.

Dr. Coleman, M.D., enjoys the sessions, which are scheduled four to six times each year.

Dr. Orr has served as committee chairman for the past five years, although the group has been meeting for more than 20 years. Gatherings begin at 10 a.m., and are typically

held on a Wednesday. Attendance in recent years has more than doubled to about two dozen participants.

Past speakers and their topics include author Joe Sarita, who wrote "A Warrior of the People: How Susan La Flesche Overcame Racial and Gender Inequality to Become America's First Indian Doctor." Dr. Coleman said the topic resonated with him so much he reserved a copy of the book from the library. "This was a woman who could have had a better life had she remained on the East Coast. Instead, she chose to come back to Nebraska to take care of her people."

Another past presenter was UNMC's chief of academic affairs, H. Dele Davies, M.D., who focused on the collaboration between UNMC and the University of Nebraska Omaha.

Last year, the committee toured the Madonna Rehabilitation Hospitals – Omaha Campus, shortly after it opened. Dr. Orr said he believes it was the first time the committee took a "road trip" for one of its regular sessions, rather than have the speaker come to the MOMS office.

Most recently, Omaha Police Sgt. Dave Bianchi talked about the opioid epidemic in Omaha. "If you want data about the epidemic, the police department knows the numbers," Dr. Orr said.

On deck, is Omaha Mayor Jean Stothert, who will provide an update on the city during the Aug. 8 session. In September, Anne Constantino, from the Children's Respite Care Center, which provides educational care for children with special needs will present.

"I pick our speakers based on whether I think the information provided will be of interest to the majority of our attendees," he said.

And he wants attendees to hear from experts. "The closer I can get to the source of the information, the better." 



The Orr File

Hometown

Lisco, Nebraska

Undergraduate Degree

Colorado State University,
Bachelor of Science

Medical Degree

University of Nebraska
College of Medicine

Internship & Residency

Obstetrics and gynecology at University of Nebraska Hospital

Specialty

OB/GYN

Location

UNMC Department of Obstetrics Associate Professor Seven Years, Private Practice 25 Years, and Retired Nearly 20 years

Hobbies

Farming, reading and post-graduate education

Family

Wife, Linda; Four children and eight grandchildren

Why He Joined MOMS

"I joined MOMS because I felt it was an organization which represents the interest of medicine. It is through an organization such as this one, I could be most effective. MOMS provides members with the ability to impact changes in medicine."

PRACTICING MEDICINE ON HER SCHEDULE



When it came time to redirect her medical career, Lori Brunner-Buck, M.D., wanted the best of all worlds.

She wanted to practice in all areas of her medical training, she wanted more control of her schedule, and she wanted to make family a greater priority.

After initially working as a hospitalist and working periodically in pediatrics and internal medicine, Dr. Brunner-Buck decided she wanted to forge a career that allowed more control of her work schedule and provided more variety in her work.

In the end, she found a way to satisfy all three while providing a way for her peers with a way to take some badly needed time off.

Dr. Brunner-Buck compares her work to a substitute teacher, filling in for educators who are ill or need to be away. She spends her weeks filling in for physicians at nearby clinics, hospitals and other health care organizations. "I'm the person who fills in when your doc isn't there."

Her work schedule may best describe what she does: During a recent week, she provided care at the Madonna Rehabili-

tation Hospitals-Omaha Campus, helped with admissions at Memorial Community Hospital (Blair, NE) and saw patients at its clinic, and treated patients at Beyond Care Pediatrics in Omaha.

"It's so enjoyable and fulfilling because there never is the same thing every day. I see so many different types of practices, learn how others practice and help my peers."

The idea to offer her services to area health care institutions, she said, came during a conversation with her husband, David Buck, M.D. Their discussion



The Brunner-Buck File

Hometown

Scribner, Nebraska

Undergraduate Degree

Nebraska Wesleyan in biology

Medical Degree

University of Nebraska Medical Center

Residency

Internal medicine and pediatrics at Creighton University

Specialty

Internal medicine and pediatrics

Location

(please read the story)

Hobbies

Singing, playing the piano and spending time with her family

Family

Husband, David Buck, M.D.; and sons, Joshua and Jacob

Why She Joined MOMS

"Having a good medical community to support me also empowers me to be able to practice medicine to the best of my ability. MOMS has been a huge help in my transition of how I am practicing medicine."

centered on her desire to protect family time, find a new way to practice medicine and, as a bonus, provide a service that would benefit other physicians.

She formed her own company, MedPeds, P.C., in 2014—and is the sole employee. She works out of her home (and often her car), and spends three to four days each week filling in for physicians at Omaha-area health care organizations. Her overhead is her car, three computers (each for use with a different medical health records), malpractice insurance, board certifications, licensures and hospital privileges. She's covered by her husband's health insurance.

Dr. Brunner-Buck's initial concerns were her income and whether she would be needed. Neither remain concerns, she said.

She initially marketed herself by providing letters of introduction to local clinics. "It (marketing) was mostly word of mouth." And after 4 years, her income is close to matching what she previously made. "I could work seven days a week. The opportunity is there."

Dr. Brunner-Buck said she is as busy as she wants to be working for 10 organizations, but still momentarily pauses when she declines an offer. What if the clinic doesn't ask again, she finds herself wondering. "You do have to say 'no' – and you have to be OK with it. Still, I try to be as flexible as I can."

The idea to offer her services to area health care institutions, she said, came during a conversation with her husband, David Buck, M.D. Their discussion centered on her desire to protect family time, find a new way to practice medicine and, as a bonus, provide a service that would benefit other physicians.

— LORI BRUNNER-BUCK, M.D.

Her peers have noticed her work and have asked how she's made it work. She said she's happy to respond, even though she knows she may be encouraging competition for those fill-in roles. Her message: her work is flexible and fulfilling.

"At the end of my day, I want to know my patients received quality care from someone who enjoyed being there and took care of them."

She also offers this assurance to the physicians for whose patients she treats: "I am going to treat your patients like they are my own patients. I will do what's right for them and I will do it well." 



NOT YOUR TYPICAL PATIENTS



*Dr. Colleen Stice
operates on injured bald eagle.
Photo courtesy of Omaha's
Henry Doorly Zoo & Aquarium*

They received a call to lend their medical expertise. However, these were no ordinary patients that needed care.

When a gorilla named Tubby from Henry Doorly Zoo suffered a broken jaw, Bill Lydiatt, M.D., repaired it. When a bald eagle was found near Syracuse, Nebraska, with a scab-like wound on its head, Coleen Stice, M.D., performed a skin graft.

Both said they didn't think twice about expanding their patient base to care for animals in distress. And both said they gained a greater appreciation for the staff at Omaha's Henry Doorly Zoo.

Dr. Stice added that the staff at Fontenelle Forest's Rehabilitation center, where the eagle was first taken, also played a key role in its survival and recovery.

"They (staff from both) were just excellent to work with."

The surgeries attracted local, national and international media attention. Dr. Stice's work was written about in the National Journal for Plastic Surgeons. Her peers would ask her about the surgery at national conferences. "You're the eagle doctor, aren't you?"

She is.



Dr. Bill Lydiatt (right) prepares Tubby the gorilla for CAT Scan and does the clinical examination of the fracture. Photo courtesy of Omaha's Henry Doorly Zoo & Aquarium

"The zoo is such an amazing resource for Nebraska. It is staffed with such wonderful professionals. They have to know how to deal with more than 1,000 different species of animals," Dr. Lydiatt said. "It's remarkable that they know what to do and can deal with anything."

He added that he didn't worry about regulations or restrictions, and knew that the zoo staff was looking out for Tubby. "I'm a small-town guy. I know they look out for their animals' best interests and if we are trying to help them do that they will be supportive of our efforts."

Happy to Report that Tubby is Doing Well

Dr. Lydiatt found himself on a family visit to the zoo when he started wondering while he looked at the gorillas, "Humans have had a significant increase in incidences in thyroid cancer. I wonder if gorillas also have thyroid cancer."

So he did his homework and found no prior research on the matter. He had learned that zoo staff were conducting ultrasounds on the gorillas' hearts to study their cardiac health, and asked Dr. Lee Simmons (former zoo executive director) if he could also test their thyroids. He later collaborated with zoo veterinarians to also test other primates.

CONT. PAGE 30



The Lydiatt File

Hometown

Chappell, Nebraska

Undergraduate Degree

Stanford University in biology

Medical Degree

University of Nebraska Medical Center

Residency

Otolaryngology at UNMC

Fellowship

Head and Neck Surgical Oncology at Memorial Sloan-Kettering Cancer Center in New York City

Specialty

Head and neck surgical oncology

Title

Chairman, Department of Surgery, Methodist Hospital; Clinical Professor of Surgery at Creighton University

Hobbies

Collecting ancient coins, reading and using the arts in decision-making

Hobbies

Wife, Kathy Lydiatt; and Children, Max, Joey and Samantha

Why He Joined MOMS

"I joined to connect with community physicians."



The Stice File

Hometown

Great Falls, Montana

Undergraduate Degree

Montana State University in microbiology

Medical Degree

University of Utah in Salt Lake City

Residency

General surgery at Mayo Clinic in Rochester, Minnesota

Fellowship

Plastic surgery at Mayo Clinic

Specialty

Plastic surgery

Location

Metropolitan Plastic and Reconstructive Surgery

Hobbies

Golfing, biking, mountain climbing and scuba diving

Family

Husband, Robert Wells; three daughters, Sarah Meader, Emily Wells and Caitlin Wells

Why She Joined MOMS

"Physicians need to support one another, and the best way is in the community in which they live."

FROM PAGE 29

Then, on a Friday, the zoo called with news that two gorillas had gotten into a fight and one (Tubby) had suffered a broken upper jaw. Would Dr. Lydiatt, be willing to fix Tubby's jaw?

Dr. Lydiatt said he had no qualms about operating on a gorilla, and had gained great respect for the zoo veterinarians and other specialists. He admitted that one started to wake up from its anesthesia during a previous ultrasound, but he felt safe with the expertise of the veterinarians and zoo keepers. Still, "We got out of there pretty quickly."

After conducting a CAT scan to determine if Tubby had sustained other injuries, Dr. Lydiatt operated to remove the broken pieces of bone, remove broken teeth and place a flap of tissue taken from the gorilla's cheek to close the wound. During surgery, he discovered that a gorilla's maxillary sinus is different from humans.

"Our biggest concern preoperatively was that gorillas have such an incredible bite force we didn't think there were plates strong enough to put the jaw back together," he said. "We also found that their anatomy was different (from humans). We found it was more similar to the human ethmoid sinus – so I didn't have one big cavity to deal with and that allowed us to close the area with a local flap."

Dr. Lydiatt conducted some post-operative visits with Tubby for several weeks – and has returned to treating solely humans. Tubby also has moved on – literally to the Philadelphia zoo where he was sent to help grow its herd of gorillas. "From what I've heard, he's doing excellent."

Dr. Stice examined the eagle and determined that it had likely hit an electrical wire (probably on its leg) and the electric current had escaped through its head. The bird lost all its soft tissue and bone on its head. "I was surprised it was alive."

— COLEEN STICE, M.D.

She Gave an Aggressive Bird a Second Chance

Thank goodness her husband is a master naturalist and has a penchant for looking at the daily raptor report.

Dr. Stice said her husband, Robert Wells, first learned about the bald eagle with the strange wound on its head. A fisherman had noticed the injured bird near Syracuse, and contacted the State's Game and Fish Department.

The wounded eagle ended up at Fontenelle Forest's Rehabilitation Center near Elmwood. Experts initially couldn't figure out how the eagle ended up injured.

Dr. Stice examined the eagle and determined that it had likely hit an electrical wire (probably on its leg) and the electric current had escaped through its head. The bird lost all its soft tissue and bone on its head. "I was surprised it was alive."

Dr. Stice said she had performed surgeries on mice and eels, even repairing a cleft pallet on a dog—"and the principles are the same" as when operating on humans.

During an examination, she discovered the bird's inner table of bone remained intact and removed the scab that had formed, which allowed the tissue to grow back. Ten days later, she performed a graft taking skin from the animal's groin and attaching it to its head.

The eagle didn't require a long recovery time. It was aggressive and pounced while in its cage whenever Dr. Stice approached. "It was so wild. So fierce." And so young.

Dr. Stice said she expected the eagle to need 30 days for recovery, but the bird's release date was expedited. "It was constantly banging against its cage."

Chip Davis (of Mannheim Steamroller fame) released the bird. "It flew out of there like a bat out of hell. That's the last time we saw him." 🐦



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UNMC

KELLY CAWCUTT, M.D.

Infectious Disease
UNMC

ELIZABETH CONSTANCE, M.D.

*OB/GYN & Reproductive
Endocrinology*
Heartland Center for
Reproductive Medicine

KALYANA NANDIPATI, M.D.

*Foregut, Bariatric and
General Surgery*
CHI Health Creighton
University Medical Center—
Bergan Mercy

MELANIE ORTLEB, M.D.

Dermatology
MOD Dermatology, PC

ANN POLICH, M.D.

Internal Medicine
Methodist Health System

ELSIE VERBIK, M.D.

Family Practice
Blue Cross Blue Shield
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MEMBER NEWS



DR. ARMITAGE
Recognized for
Contributions to
Cancer Care

A longtime oncologist for UNMC-Nebraska Medicine, James Armitage, M.D., has been selected as one of the 2018 Giants of Cancer Care by OncLive. He is one of 21 inductees this year. Inductees are respected health care professionals who advance the field of oncology by their contributions in research and clinical practice.

The ceremony was held earlier this summer during a celebration at the Adler Planetarium in Chicago.

"Each Giants of Cancer Care® inductee continues to help propel the field of oncology forward through their commitment to innovative and groundbreaking contributions in cancer treatment and research," said Michael Hennessy Jr., president of MJH Associates' Oncology Specialty Group, parent company of OncLive.

OncLive is a digital platform of resources for practicing oncologists that offers oncology professionals information to help provide the best patient care.

Nominated by the oncology community, all finalists are selected by a seven-member advisory board of world-renowned oncologists. The finalists in each category are then voted on by a 100-plus member selection committee comprising the nation's leading physicians in the oncology field.

A 1973 graduate of the UNMC College of Medicine, Dr. Armitage started the bone marrow transplantation program at the University of Iowa in 1979. He has practiced at UNMC-Nebraska Medicine since 1982, serving as chief of the division of oncology/hematology from 1986-89; chair of the department of internal medicine from 1990-1999; and dean of the College of Medicine from 2000-2003. He presently holds the position of the Joe Shapiro Professor of Medicine.

Dr. Armitage served as president of the American Society of Clinical Oncology in 1996-1997 and as president of the American Society for Blood and Marrow Transplantation in 2000-2001. 



DR. AZIZKHAN
Receives Walter Reed
Distinguished Achievement
Award from Virginia

Richard Azizkhan, M.D., professor of surgery and pediatrics in the UNMC College of Medicine, has been named a co-recipient of the 2018 Walter Reed Distinguished Achievement Award from the University of Virginia Medical Alumni Association. The award recognizes professional accomplishments, outstanding innovation, and exemplary leadership in the field of medicine. Dr. Azizkhan, who also is president and CEO of Children's Hospital & Medical Center, was presented the award at an April 28 event in Charlottesville, Va. A graduate of Pennsylvania State University College of Medicine, he came to the University of Virginia in 1976 to do his general surgery residency and served as chief resident during his time there.

The past president of the World Federation of Associations of Pediatric Surgeons, Dr. Azizkhan has served in leadership roles in numerous national and international surgical organizations.

"Dr. Azizkhan is arguably one of the most successful and influential graduates of our General Surgery Residency Program," said R. Scott Jones, M.D., professor emeritus at the University of Virginia School of Medicine, who was one of the people who nominated Dr. Azizkhan for the award. 



DR. ELLIS
Named President
of Nebraska
Chapter, AAP

Cynthia Ellis, M.D., began a two-year term as president of the Nebraska Chapter of the American Academy of Pediatrics on July 1.

Dr. Cynthia Ellis is an Associate Professor of Pediatrics and Psychiatry at the University of Nebraska Medical Center and Director of Developmental Medicine at the Munroe-Meyer Institute for Genetics and Rehabilitation. She is board certified in Pediatrics, Developmental/Behavioral Pediatrics and Neurodevelopmental Disabilities. Dr. Ellis received her medical degree from the University of Nebraska Medical Center and completed residency training in Pediatrics and fellowship training in Child and Adolescent Psychiatry at the Medical College of Virginia/VCU. She has been practicing in the field of Developmental/Behavioral Pediatrics for over 20 years. She has extensive clinical, research, and educational experience with children with neurodevelopmental disabilities and behavioral/emotional disorders. Her clinical expertise is in the psychopharmacological management of children with developmental disabilities and other behavioral disorders. She has also published extensively in the field. Dr. Ellis is the Director of the Munroe-Meyer Institute's MCH-funded LEND (Leadership Education in Neurodevelopmental and Related Disabilities) and ALA (Autism Leadership Academy) Interdisciplinary Training Programs. Dr. Ellis has served as the medical director for numerous public school and interdisciplinary community-based programs and as a research consultant in the field of developmental disabilities.

Among other professional affiliations, Dr. Ellis has been a member of the Metro Omaha Medical Society since 1999 and has been an AAP fellow since 1992 and a Nebraska Chapter AAP fellow since 1998, including serving as Chapter Vice-President the past two years. 

IN MEMORIAM

JERRAD J. HERTZLER, M.D.
Aug. 19, 1936 – March 26, 2018

FREDERICK E. YOUNGBLOOD, M.D.
Jan. 25, 1939 – April 19, 2018

KARL F. NIEHAUS, M.D.
Dec. 31, 1928 – May 29, 2018



RETIRED PHYSICIANS MAY & JUNE MEETINGS

The MOMS Retired Physicians group welcomed author, Joe Sarita, to their May meeting. Sarita discussed his book, “A Warrior of the People: How Susan La Flesche Overcame Racial and Gender Inequality to Become America’s First Native American Doctor.” Sgt. Bianchi of the Omaha Police Department presented on the opioid problem in Omaha at the June meeting of the Retired Physicians.

1. Dr. Orr, chair of the Retired Physicians Group, and Sgt. Dave Bianchi of the Omaha Police Department.
2. Attendees listen to Sgt. Dave Bianchi at the June meeting of the Retired Physicians Group.

2018 METRO OMAHA MEDICAL SOCIETY Board of Directors **DUALITY OF INTEREST DISCLOSURES**

These disclosures are based upon the information provided on each new oncoming board member’s signed Duality of Interest Disclosure Form

For a sample of the Metro Omaha Medical Society Duality of Interest Policy or the Duality of Interest Disclosure Form, please email laura@omahamedical.com



DONNA FABER, M.D.

Receives Compensation from:
One World Community Health Center



COURTNEY HELLMAN, M.D.

Also serves as:
Vice Chair of Clinical Community Advisory Board for the Nebraska Medical Center



KRISTINE McVEA, M.D.

Receives Compensation from:
One World Community Health Center
Also serves:
One World Community Health Center and UNMC



RICHARD LUND, M.D.



GARY GORBY, M.D.



RESEARCH HOSPITAL PROVIDES EVALUATIONS FOR PENICILLIN ALLERGY

Ten percent of Americans (20 million people) claim to have a penicillin allergy, but national statistics suggest that 90 percent of these patients can actually take this class of medication safely. Since implementation of an antimicrobial stewardship initiative at Boys Town Hospital to reduce the prevalence of unverified penicillin allergy, 96 percent of patients evaluated were found to be non-allergic.

Undergoing evaluation for penicillin allergy is important because penicillins are often the best choice of antibiotic for many different types of infections. Alternative antibiotics might be less effective and may increase the risk of antibiotic resistant bacteria developing in the patient.

"This evaluation can give us confirmation either way," said Dr. Jill Hanson, allergist with Boys Town Allergy and Asthma. "If the evaluation is negative, the label of penicillin allergy can be removed from the medical record and the medication can be safely taken."

The penicillin allergy evaluation takes under two hours and the results are known the same day as the patients' appointment. Children and adults can be tested. Testing might include allergy skin testing and/or an amoxicillin challenge. The risk of a severe reaction during the evaluation is very low. However, all testing is done in an allergy clinic where doctors and nurses are monitoring the patient during their evaluation.

"This is an important test for both physicians and patients," said Dr. Hanson. "Knowing one way or the other about whether a patient is truly allergic to penicillin ensures that we are providing the best care possible." 



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POEM PROCEDURE AN OPTION FOR ACHALASIA PATIENTS

Per oral endoscopic myotomy (POEM) is now being performed by Kalyana Nandipati, director of the Esophageal Center at CHI Health Creighton University Medical Center – Bergan Mercy as part of a joint program between CHI Health and Creighton University.

This minimally invasive procedure is as an option for patients with motility disorders such as achalasia, a condition in which muscles in the lower esophagus fail to relax and prevent food from passing into the stomach.

POEM was first performed 12 years ago in Japan, and approximately 3,000 patients have undergone the procedure, which is performed without incisions via endoscopic approach.

"We make an incision in the mucosa of the esophagus and create a tunnel between the mucosal lining and the muscle layer from the esophagus to the stomach," Dr. Nandipati said. "Staying in that tunnel we divide the muscle."

Patients with large hiatal hernia are not candidates for POEM and there is a higher incidence of post-procedure reflux compared to Heller myotomy (20 to 44 percent for POEM; 9 to 33 percent for Heller myotomy). Patients who experience reflux are prescribed reflux medications.

"We have done three of these procedures for achalasia and three for patients with Zenker's diverticulum," Dr. Nandipati said. "Another diagnosis this technique can be used for is gastroparesis to perform pyloromyotomy alternative to surgical pyloroplasty."

POEM was also used for a patient with a 2 to 4 centimeter tumor in the muscle layer of the esophagus.

"It's almost like you peel back the layers of an onion and remove the tumor from the inside," Dr. Nandipati said.

Because it's relatively new, insurance can be a limiting factor though POEM has been performed for Medicare patients. 



CHILDREN'S ACQUIRES KEARNEY PEDIATRIC PRACTICE

Children's Hospital & Medical Center has acquired a new primary care office location in Kearney, Nebraska. Children's purchased the pediatric practice of Kearney Clinic, P.C., located at 211 W. 33rd St., and now employs its six full-time pediatricians.

"This gives Children's a great opportunity to help meet the needs of children and families living in Kearney and the surrounding areas," said Steve Burnham, senior vice president of Physician Networks and president of Children's Physicians and Children's Specialty Physicians. "We strive to provide the highest quality of care and service, and this exceptional team will help us continue that standard."

This is Children's first primary care office serving children and families in central and western Nebraska. It opened under Children's ownership on July 1.

"Kearney has a strong community of medical providers," Burnham said. "We believe our physical presence there will enhance our partnerships with these clinical teams and, ultimately, help improve collaboration and care to benefit children." 



METHODIST

**JENNIE EDMUNDSON
ANNOUNCES \$16 MILLION
EXPANSION PROJECT**

Methodist Jennie Edmundson Hospital recently announced plans to build a 60,000-square-foot medical office building on its campus.

The new building will become home to primary care physicians, women's services and urgent care services.

Cost of the three-story building, bound by Ridge, Kanessville and East Pierce streets, is \$16 million.

"This is very exciting for our community," said Steve Baumert, president and CEO, Methodist Jennie Edmundson Hospital. "For more than 130 years, families have trusted Jennie Edmundson for the birth of their child to a loved one's last days and everything in between."

The first floor of the medical office building will become home to approximately 15 Methodist Physicians Clinic primary care providers. It will also include an imaging suite, as well as a new Urgent Care with easy access and extended hours.

Another important aspect to the new medical office building is focused on women's health care.

"Methodist Health System is dedicated to extending our women's services to a broader audience throughout western Iowa," said Steve Goeser, president and CEO, Methodist Health System. "One floor of the new building will be a hub for women's services and include a larger OB/GYN practice as well as space for specialty practices like maternal-fetal medicine and urogynecology. This will allow Methodist Jennie Edmundson to serve as the health system's eastern edge for women's services, something we are extremely excited about."

Use of the third floor is yet to be determined.

Before construction on the medical office building begins this month, a new employee parking lot will be built. The new lot, which will be located closer to the hospital entrances, is expected to be completed early fall of 2018. 



**University of Nebraska
Medical Center**

**OLSON CENTER
MARKS SILVER
ANNIVERSARY**

When the advisory committee of the Olson Center for Women's Health met in May, it marked the 25th anniversary since the signing of the first gift agreement with Lee and Dorothy Olson to create the center.

Leland Olson, M.D., was an OB/GYN in Omaha and his wife, Dorothy, was a nurse. They contacted the chairman of the UNMC Department of Obstetrics/Gynecology at UNMC with the goal of doing something to support women's health on the UNMC campus.

"Out of that discussion came the creation of the Olson Center," said Carl Smith, M.D., who was on the faculty when the center was created and serves as department chair.

Initially a center without walls, the Olson Center provided funding for research, clinical programs, and a resource center for both patients and providers.

The center's mission, in the original writing, was "to provide a national, comprehensive health science center at UNMC for women, focusing on women's health issues and on new frontiers of science, medicine and nursing practice related to health care for women."

The effort has succeeded so well that administrator Rick Blum said counterparts he meets from other OB/GYN departments around the country often tell him how unique the center is.

Dr. Smith spoke with pride of the center's support of research into women's health issues.

"Investigators that we have funded have gone on to receive substantial research awards from the NIH (National Institutes of Health)," Dr. Smith said. "So we've used that as seed grant money to spark people and encourage them on their path to being independently funded investigators."

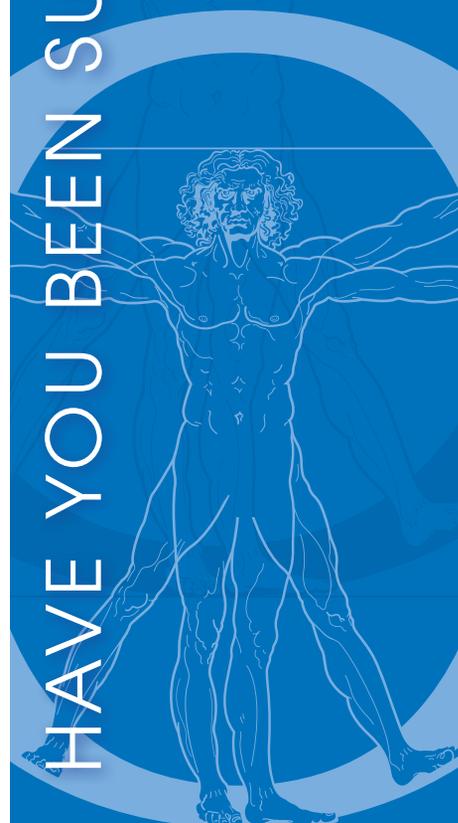
Looking forward, Dr. Smith would like to expand services at the center.

"Many of the signature programs on this campus touch women and their health in various ways," he said. "Would it be nice to have some of those services provided at the Olson Center? Yes, it would." 

MOMS FOUNDATION?

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A film by Robyn Symon

DO NO HARM

Exposing the Hippocratic Hoax

MODERATOR:

Susan Koenig, J.D.
Professional certified coach & facilitator

TARGET AUDIENCE:

Medical Students, Residents,
Fellows, & Physicians

There is no cost to attend.

Members & Non-members welcome.

a special screening

Wednesday, August 29, 2018

Film Streams' Dundee Theater

6:00 P.M. Reception at Kitchen Table Central
(4952 Dodge St, Omaha, NE 68132)

7:00 P.M. Film Screening with
Discussion following

ABOUT THE FILM: Medical students and families of physicians touched by suicide come out of the shadows to expose this silent epidemic and the truth about a sick healthcare system that not only drives our brilliant young doctors to take their own lives but puts patients' lives at risk too.

REGISTRATION: OmahaMedical.com/Event/No-Harm-Film-Screening





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

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