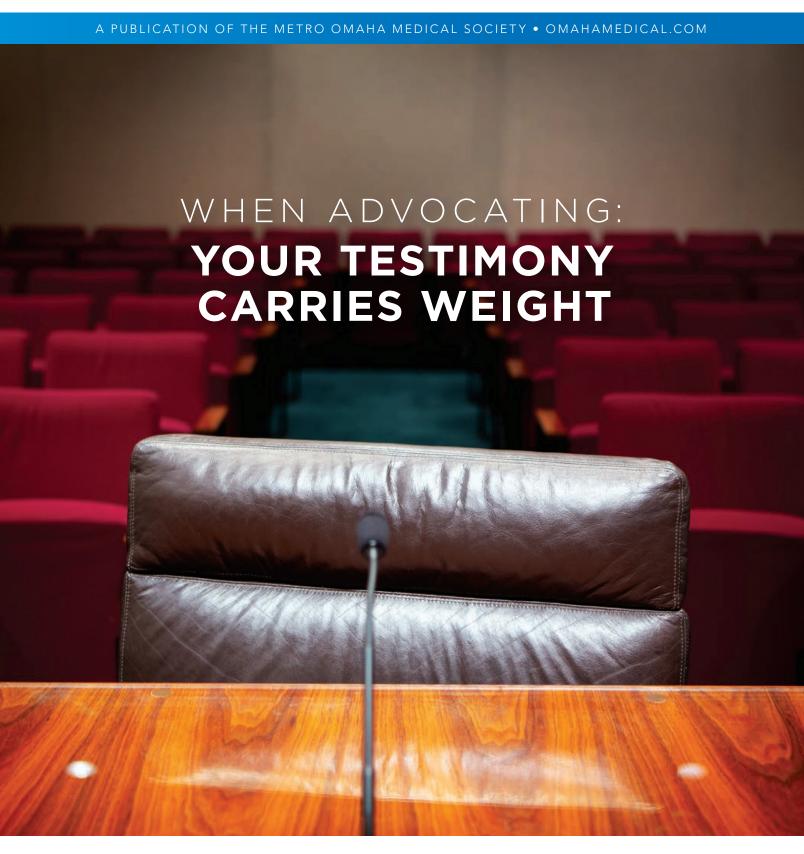
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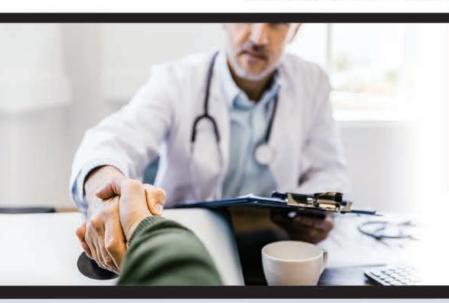
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# **Physicians**

**VOLUME 39, NUMBER 5** 

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



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WEDNESDAY, OCT. 10 | 6-8 P.M.
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Appetizers and Beverages will be provided.



# MOMS ANNUAL MEETING & INAUGURAL DINNER

WEDNESDAY, JAN. 30 RECEPTION | 5:30 P.M. DINNER & PROGRAM | 6:30 P.M. PLAYERS CLUB AT DEER CREEK 12101 DEER CREEK DRIVE

We will bid farewell to outgoing president, Dr. Laurel Prestridge, and inaugurate Dr. Lindsay Northam.

Visit Omahamedical.com/events for complete information and online registration.



## NMA ADVOCACY BREAKFAST

TUESDAY, FEB. 12, 2019
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Please register for events online at omahamedical. com/events or call the MOMS office at (402) 393-1415



## MEDICAL LEGAL DINNER

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OCT.

# MIDWEST PARANORMAL HISTORY TOURS

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OCT.

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# MOMS' LEGACY OF ADVOCACY RUNS LONG



AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

any times I have been proud of the Metro Omaha Medical Society. Historically, MOMS has been involved in things that are significant to our lives as physicians, whether it is addressing the cost of malpractice premiums, supporting local organizations, educating the community about the process of care, responding to professional or personal crises, or providing leadership for the changes occurring in medicine. Some examples of involvement follow.

- 1976: Involvement in the passage of the Nebraska Hospital-Medical Liability Act, a comprehensive bill that defined the liability of hospitals and physicians in Nebraska.
- 1981: The Metro Omaha Medical Society Foundation was formed in 1981 with a bequest from a past MOMS president. To date, the foundation has presented over a quarter million dollars in grants.
- 1991: MOMS founded the Nebraska Credentials Verification Organization (NCVO) in an effort to centralize and streamline the credentialing process for physicians.
- 1992: MOMS implemented its first Community Internship Program. To date, over 240 community leaders, lawmakers, and business leaders have participated.
- 1993: MOMS collaborated with local agencies to found Project Hope/Hope Medical Outreach Coalition. Annually, HMOC cares for 1,500+ patients, provides 3000+ referrals to specialists, facilitates more 350+ surgeries, and sees more than \$7 million donated in health care procedures.

- 2006: MOMS' involvement in the Smoke-Free Omaha Campaign led to city council member Franklin Thompson introducing the "Prohibition on Smoking in Workplaces and Public Gathering Places" ordinance, which passed.
- 2017: To combat increasing stress and reported burnout, MOMS launched www.providerwellness.org an online confidential assessment for medical students, residents, fellows and physicians to determine how well they are managing stress and connect them with a variety of resources.
- 2018: To provide participation and leadership to the process of reforming medical education, MOMS endorsed and supported a candidate for the American Medical Association's Council on Medical Education.

MOMS has voted to endorse and support Kelly Caverzagie, M.D., a candidate being presented by the Nebraska Medical Association for a position on the Council of Medical Education. If elected, it will be a return to the council for Dr. Caverzagie, as he was elected as a resident member in 2002 for a three-year term.

This is important to us as physicians, as the AMA's Council of Medical Education participates in almost every area of medical education. Working with the Association of American Medical Colleges, the Council on Medical Education co-parents the Liaison Committee on Medical Education (LCME). The Council also participates in the National Resident Matching Program, and sends representatives to licensing boards and residency review committees.

The AMA Council of Medical Education helps to develop the training pathways for physicians. As the practice of medicine changes, the education of physicians must change, as well, and Dr. Caverzagie is well suited to help lead the change.

This year's medical school graduates will practice in a world that we can only imagine. Patients will connect to their doctors in ever-changing ways, rising costs will impact choices, and new technology will be quickly developed. New specialties will evolve and old technology will become obsolete.

Curriculum changes include enhanced use of simulation, more inter-professional education, introduction of clinical correlation earlier in the curriculum, and organ system-based learning. The goal is to prepare students able to be successful in a world of lifelong learning and change.

Through its Accelerating Change in Medical Education Consortium, the AMA has helped medical schools redesign curriculums. In November 2015, UNMC was one of 21 medical schools invited to join the AMA consortium.

As associate dean for educational strategy at the University of Nebraska Medical Center, Dr. Caverzagie led the College of Medicine's efforts to join the consortium and also to design the UNMC Training the Physicians of Tomorrow curriculum.

Within the curriculum, Dr. Caverzagie has focused his efforts on topics related to:

- Enhanced leadership and communication skills to lead a team of health care providers.
- Providing a continuum of care that goes beyond the care provided in the hospital.
- Emphasis on patient safety and continuous quality improvement: A focus on more personal and integrated care.
  - An emphasis on population-based care.

UNMC is now in year No. 2 of the new curriculum.

As these national changes occur, it is important experienced individuals with the right skill set make the change. Changes made nationally will impact us locally.

Dr. Caverzagie is well-equipped to help lead the change and to advocate nationally for enhancing medical education. Good luck to you, Kelly. We are proud of you.

Other examples of advocacy are in this edition of the Bulletin, including tips on how to interact with your representatives and personal stories of advocacy.

As physicians, we are leaders. If you need help getting started in your own story of advocacy, MOMS members can help. ()



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# LEADERSHIP **OPPORTUNITIES**

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

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

### EDITORIAL BOARD

The committee determines the content for the Physicians Bulletin Magazine. Meeting schedule includes a monthly meeting alternating between 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.

Interested individuals please contact Laura Polak at (402) 393-1415 or laura@omahamedical.com.

# TRUDGING THROUGH MUD:

A Call for Personal Political Advocacy



ALLISON VLACH

Medical Student

University of Nebraska Medical Center

ully embracing my millennial spirit, I entered medical school with unrealistic expectations of changing the world. I had a mental list of diseases I was determined to cure, only to be humbled shortly after the first day of class. The workload would take up all my spare time so these cures were going to have to wait. However, I was not content with feeling idle. There had to be a way to change the status quo of health care, even if it wasn't going to be breakthrough discoveries at that time. That's when I turned my attention to advocacy. There were plenty of issues on my list that needed legislative cures rather than medical ones, and advocacy was a way to work toward them. I quickly found student advocacy organizations on campus and dove into learning the ins and outs of advocating for health policy change. After a year of campus involvement and a summer interning on Capitol Hill, I have learned a few things about effective advocacy.

One of the key methods, and the most personal, for effecting change in policy is voting. Voter turnout continues to be low despite the constant turmoil in politics. While it may be inconvenient, voting (especially informed voting) is the most concrete way to support changes you want to see, particularly on the polarizing

political issues. It is nearly impossible to change a politician's view on any of the major issues; no amount of phones calls or handwritten letters will change their mind because they are representing the platform that got them elected. Instead, if there is a candidate who shares your values and advocacy goals, support

him or her – maybe even volunteer for his or her campaign. Furthermore, voting in local elections is as important as voting in federal elections, if not more. It is much easier to effect change on a local level rather than nationally, so remember to keep voting more than once every four years.

There are many avenues for advocacy, but their common goals thread them all together: to increase awareness and inspire action.

- ALLISON VLACH

Local government is more accessible than federal. There are fewer people giving input and geographic separation is less of an issue. In Student Delegates, we organize Capitol visits; these are days where a group of students travel to the state capitol building in Lincoln to pull state senators off the floor and talk with them about bills and issues we care about, particularly when healthrelated. This form of advocacy is effective because it is personal. Instead of listening to paid lobbyists trying to push an agenda, the senators get to hear from people who see issues at the ground level and are genuinely concerned about making changes. The senators get to see who will be affected by their vote. Our accessibility to our elected officials, especially in a small state like Nebraska, is a blessing not to be wasted.

Advocating on a federal scale is much trickier. Access to senators and congressional representatives is much more limited to the layperson. In my experience, the famous adage remains true: It's not about what you know, it's about who you know. This is where lobbying firms and advocacy organizations come into play because they have greater networks

and more connections to the staff in congressional offices. A single constituent calling his or her elected official's office about an issue will not do much, but somebody representing an organization can get much further in scheduling a meeting with a legislative assistant to make a pitch. Most advocacy issues

have an organization dedicated to them already, which means the easiest way to support the advocacy effort is to support the organization, either financially or by volunteering. However, if you want something more direct and personal, you can still call in or send letters to voice

your concerns to the office intern, who will pass the message on to higher staff. While a single caller has little pull, there is strength in numbers, so the more people you get to call about an issue, the more attention it will receive.

There are many avenues for advocacy, but their common goals thread them all together: to increase awareness and inspire action. Political advocacy is frustrating more often than not, but if every-body writes it off as useless to try, we will never see the changes we want. Keep listening, keep sharing and keep voting. Then, slowly, but surely, we'll see the world start to change.

# **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 & 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.



# MOMS FOUNDATION? The Metro Omaha **Medical Society Foundation** identifies and provides support to community priorities where physician involvement can make a difference in improving the health of the Metro **Omaha Community.**



**MOMS Foundation** 7906 Davenport St. **Omaha, NE 68114** 

# DOES ANYONE REALLY KNOW WHAT TIME IT IS?

Does Anybody Really Care?



**DALE MAHLMAN**Executive Vice President
Nebraska Medical Association

As the summer of 2018 is drawing to an end, it's time for me to author my last contribution to the Physicians Bulletin after 11 years of gnashing my teeth about what to write about. But then again, does anybody really care?

In November 2017, I notified the Nebraska Medical Association Board of Directors that I would be leaving the NMA effective Jan. 4, 2019. I really do know what time it is: It's time for me to step aside and hand the reigns to the next lucky person to lead this 150-year-old prideful organization.

Since October 2002, I have had the good fortune to work for and with many outstanding Omaha area physicians and MOMS' staff members. A graduate of the 2003 MOMS Community Internship Program, I was able to observe Dr. Gary Anthone perform a bariatric procedure one afternoon, the next morning following Dr. John Mitchell performing too many

colonoscopies for me to keep track of, and then spent that afternoon with Dr. Thad Woods in the Bergan Mercy Emergency Room as he provided primary care to the frequent visitors whom he called by name.

Attending MOMS-hosted Senator Breakfasts for legislators and candidates at 7 a.m. was a great way for this Lincoln resident to start his day. Heading east in the morning light (or lack of it) under inconsistent weather conditions at times was always interesting. On occasion, an invitee might not show up so a general discussion of interest would fill the allotted time.

You haven't lived until you have attended a MOMS Medical MESS Club performance, and I have had the luxury of attending several. I was always amazed at the musical skills of those in medicine. Whether it was Schlichtemeier in the orchestra; Thedinger, Thorson, or Bredthauer as the emcee; or

It's time for me to

step aside and hand

the reigns to the next

prideful organization.

lucky person to lead

this 150-year-old

- DALE MAHLMAN

Darst, Kettelhut, Gorby, Schaefer, Link, McCarville, Crabb, Bailey, Kean-Puccioni, Hill, Wilwerding, and many many other talented singers; or Filipi as one of the dancers (I can't get that out of my head); supported

by the demented writers including the Paulmans and Filipi. It was magical to see the presentations on health care they delivered. I can't imagine the amount of time spent by the staff of MOMS, but you may have noticed the NMA never waded into the waters of a statewide MESS club.

I have had the privilege of working with MOMS execs Robin Kammandel, Candy Puren, Jeri Winkelmann, Cindy Hamilton, Diane Parsons and Carol Wang, all unique in their own special ways. Additionally, I have had the great pleasure of reporting directly to NMA presidents from MOMS in my tenure as NMA executive vice president, including Drs. Rowen Zetterman,

Dave Filipi, Kevin Nohner, Harris Frankel and, beginning on Sept. 14 of this year, Dr. Britt Thedinger.

Lastly, I'd like to thank former MOMS executive director and NMA executive vice president, Sandy Johnson, for getting me into this mess. In 1998, while with my previous employer, Midlands Choice, I attended an NMA committee meeting where Midlands Choice was the entrée. I believe I decided that night that working for physicians would be much more attractive than the environment I survived that evening. Thankfully, some of my harshest critics that night became friends over the next few years AFTER I changed teams and joined the NMA. I guess it was all a matter of perspective.

My replacement has been selected and you will all enjoy working with her in the future. Amy Reynoldson has been

involved with the NMA in the past few years developing both the Prescription Drug Monitoring Program (PDMP) and the Prescription Drug Guidelines resource that you are hopefully familiar with by now. My efforts until my departure in January will focus on intro-

ducing Amy to the NMA membership and, more specifically, our Omaha-area physician members.

I have had a great time at the NMA and never have I felt like I was going to work, since each day was usually a little different than the prior day. Your organization is in great hands with the excellent staff of the NMA and the active physician participants making it "the pre-eminent unifying physician medical organization in the state of Nebraska."

Does anybody really know what time it is? It's time for me to go quietly into the night... ()



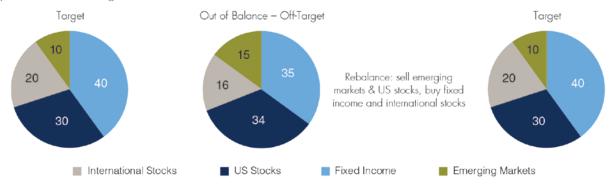


# Rebalancing: An Effective Discipline Aimed at Selling High and Buying Low

JON EVANS, CFP®, AIF®, Lead Advisor

Most people have heard the saying "Buy low and sell high." Simply put, buy things when they are on sale, and sell them when they are at higher prices. While this sounds like simple advice, many investors find it difficult to follow. Just as physicians often need to sideline their emotions in order to make the best possible choice, so do investors.

In the world of investment management, rebalancing is the process of maintaining targeted asset class weights through time. Because asset classes (stocks, bonds, real estate) tend to move in different directions at different times and different magnitudes, these divergences, over time, can push your targeted allocation out of 'whack.' That's a technical investing term. These movements may result in a portfolio that is either more aggressive (risky) or more conservative than you had originally intended. Below is an example of how rebalancing can work:



To rebalance, you will sell a portion of assets that have done well and are now at a relatively high price. Likewise, you may buy assets that have not done well and are now relatively low priced. Rebalancing does take a degree of discipline. It may seem counterintuitive to sell shares of an asset that has experienced recent strong performance or, conversely, to buy shares of an asset that has dragged behind. However, both of these actions are necessary in order to put the portfolio back into balance.

It often is said that there is beauty in simplicity. When it comes to portfolio management, systematic rebalancing is a simple and highly effective way for all of us to "buy low and sell high" more consistently.

Asset allocation and rebalancing do not ensure or guarantee better performance and cannot eliminate the risk of investment losses.



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# 17

# MOMS LEADERSHIP:

Leadership Opportunities In a Changing Health Care Environment



COURTNEY HELLMAN, M.D.
Chair
MOMS Membership Committee

remember when I was first approached about being on the Membership Committee for MOMS. This was approximately 4-5 years ago. My first thought was, "Of course, I would love to help with membership. Who doesn't want to support MOMS?" Then, at my first membership committee meeting, it became clear to me that the changing landscape of medicine is affecting MOMS membership. It is simply not enough to be

At my first membership committee meeting, it became clear to me that the changing landscape of medicine is affecting MOMS membership.

- COURTNEY HELLMAN, M.D.

THE Metro Omaha Medical Society. MOMS has to start looking at the value proposition of membership. Personal budgets are tight, more physicians are working for less money, more physicians enjoy less immediate control of their practices, and there are more outlets than ever for continuing education and peer networking thanks to technology.

All these are impacting MOMS membership.

Omaha is a remarkable place. We enjoy truly world-class health care facilities and training, awesome public education, a rich employment market, Fortune-500 employers, efficient and effective law enforcement and first responders, high end performing arts, and nearly unmatched philanthropic support for our community. Omaha is amazing. I love it.

I also love being a physician in our community. I take pride in my role as a public health care provider. It brings me joy that I am a trusted professional and a "go to" when someone needs help. I love my craft and the happiness it brings me when I help my patients. But, my love of medicine and the ability of physicians to help our community is being challenged. I worry about the changing business aspects of medicine, about moving targets for quality measurements, about my continuing education requirements, and about peers feeling isolated and burning out. More often than not, I worry about managed health care continuing to evolve toward physicians having less control over patient care.

This is where MOMS membership is important. Since 1866, the Metro Omaha Medical Society has been a professional organization dedicated to meeting the diverse needs of its member physicians in their roles as both providers and patient advocates. Some key benefits to MOMS membership include:

### **DISCOUNTS AND SAVINGS:**

- Up to 10 percent COPIC Premium Reduction
- 15 percent Savings on AAA Membership & Auto Insurance

# NETWORKING AND COLLABORATION:

• Today's health care community is growing increasingly segregated. Expand your professional network at member events that bring together physicians representing every specialty and practice environment.

• Several active peer groups, including Women in Medicine, Early Career Physicians and Retired Physicians provide additional social and networking opportunities.

# COMMITTEE, BOARD AND LEADERSHIP OPPORTUNITIES:

• Get involved and strengthen your leadership skills by serving on one of our boards, task forces and committees. There are a variety of opportunities to expand your knowledge on topics of critical importance and pursue whatever it is you are passionate about.

### **ADVOCACY:**

- The Metro Omaha Legislative Committee works to shape policy and communicate with lawmakers representing the Omaha area on issues impacting the practice of medicine or health of our community.
- As a member you are able to participate in our annual caucus to identify key health care issues and provide guidance for the Nebraska Medical Association's efforts.

# ACCESS TO INDUSTRY PROFESSIONS:

• Whether you are in need of banking, legal or tax advice, desire a free second opinion on your wealth management strategy, are seeking solutions to your practice management needs, members, through our Strategic Partners, have access to carefully selected industry professionals who work closely with health care and understand the unique needs of physicians and the health care community.

# ACCESS TO THE NMA BLUE CROSS-BLUE SHIELD HEALTH AND DENTAL PLANS:

• Member physicians, their staff and immediate family members have access to health and dental plans that were designed with the specific needs of physicians in mind.

As you plan your career path, manage your finances, and budget your time, please take a minute to discover all that MOMS has to offer our members. Omaha is a remarkable place with amazing physicians. Our community of physicians has a stronger voice working together through the Metro Omaha Medical Society.





# Are you ready to see what life at OneWorld is all about?

# We're one of the Best Places to Work in Omaha, and we're hiring!

Results from OneWorld's 2018 Best Places to Work employee survey:

93% said they are proud to work here.

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# NAVIGATING THE RISKS OF CURBSIDE CONSULTS



DENNIS BOYLE, M.D.

COPIC Department of
Patient Safety and Risk Management

SCENARIO 1: A PCP sees a patient who has just returned from Southeast Asia and is suffering from severe diarrhea. Later that day in the hospital cafeteria, the PCP bumps into a colleague who is an infectious disease specialist. The PCP asks his colleague, "What is best to treat traveler's diarrhea from Southeast Asia for a patient with a sulfa allergy?"

SCENARIO 2: A midwife calls an obstetrician (whom she doesn't know) and asks her to look at a patient's fetal monitoring strip. It's later in the evening and the midwife doesn't want the obstetrician to see the patient and insists on just getting her advice.

Which of the above scenarios may increase liability risk for the physician who is being asked for his or her advice? Both of these situations are examples of informal consults, also referred to as "curbside consults." But, there is a key distinction: One of the scenarios represents asking a colleague for more general information, while the other is asking for very specific advice on a patient.

In simple terms, a curbside consult is an informal solicitation of another physician's advice or opinion. It is generally characterized by the following:

The more a physician being consulted provides advice specific to a patient, like ordering tests or adjusting medication, the more likely the physician may be exposed to liability or may be viewed as part of the care team.

- DENNIS BOYLE, M.D.
- Typically limited in scope.
- The physician being consulted doesn't review the patient's chart, talk to the patient or examine the patient.
- Often, it involves physician colleagues who know each other
- The physician being consulted does not charge for his or her service, or have a financial relationship for the consultation.
- The consults can occur on the phone, in person or via email.

Is there a physician-patient relationship?

This is the core question in terms of liability with curbside consults. Here are some factors that are examined in order to answer this question:

- Does the consultant physician have a formal contract or agreement with the treating physician or the hospital/facility where the treating physician works?
- Is there a financial relationship (i.e., is your group paid to be on call or do you bill to answer the question)? Any financial remuneration is a key factor in establishing a physician-patient relationship and, if a court finds a monetary relationship with the consultant, there will likely be liability.

- How complex is the advice being sought? Low-risk consults would include general informational requests, no request for a diagnosis or testing, and non-specific advice. A question such as "how long should you be off of an antiplatelet drug pre-scope?" would be considered a simple, informational question. Whereas "when would you do surgery on this patient?" would require more details than a simple phone discussion.
- How much is the asking physician relying on the advice of the physician who is consulted? An "implied" physician-patient relationship may be established when a physician provides advice that changes a patient's treatment plan, even if it is via another medical provider.
- An implied physician-patient relationship does exist if you are covering a patient for a colleague. This also applies for physicians who are supervising allied health professionals when the physician is responsible for making a patient care decision.

The more a physician being consulted provides advice specific to a patient, like ordering tests or adjusting medication, the more likely the physician may be exposed to liability or may be viewed as part of the care team.

Clarity in communication is important.

The requesting provider should be very clear and keep questions concise and general. They should also ask themselves if an official consult is warranted. Make sure you provide adequate information that is not colored by the answer you want. If you are asking for specific advice, offer the consultant a chance to officially see the patient.

On the part of the informal consultant, clarify whether your discussion is going to be documented in the medical record. If you believe the case warrants you officially seeing the patient, then say so. If the requestor is going to document your discussion, review the wording that he or she will be using. (1)



# 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. 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.

QuitNow.ne.gov 1-800-QUIT-NOW (784-8669) 1-855-DÉJELO-YA (335-3569)

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

# 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).



# THE IMPORTANCE OF FIRST IMPRESSIONS



MATT SENDEN
Vice President of Healthcare Banking
Core Bank

ow much do first impressions count?
Many of us open up a new account of some sort either every day or maybe weekly or even monthly. This could be with an online store, cable company, mobile rideshare app or bank. Think about these initial interactions and what impact they might have had on your entire relationship with that organization. Although these industries may seem unrelated to health care, factors such as initial interactions shape people's

Although these industries may seem unrelated to health care, factors such as initial interactions shape people's first impressions and impact their overall relationships—whether it be in banking or health care.

- MATT SENDEN

first impressions and impact their overall relationships – whether it be in banking or health care.

A recent Deloitte survey shined a light on these first impressions as related to the financial services industry–specifically the process of opening of a new bank account–but the lessons learned can also be applied in health care. The survey determined that customers who found their account opening experience to be lacking were far less likely to consider additional products and more likely to switch banks than those who had a better experience.

The No. 1 criterion impacting customer experience, as indicated by the survey, was linked to process efficiency—how quickly the process could be completed. Those who were able to complete the process quickly (15 minutes or less) were five times more likely to think the process needed no improvement.

Additionally, the Deloitte survey showed that length of overall relationship also impacts customers' perceived experience. Only 14 percent of customers who have a 20+-year relationship are likely to think the process needs improvement regardless of how long it takes. This is compared to 40 percent of those custom-

ers who have less than oneyear relationship. Consider what this means to a bank seeking new account holders (or medical practice seeking to add to its patient base).

My final take away from the survey was the impact of follow-up, or lack thereof, after the initial experience. A striking 92 percent of customers that did not receive subsequent followup felt the account set-up process should be improved.

As banks consider the findings above, there are lessons to be learned and improvements to be made. As a customer, seek out banks that are striving to build relationships, not just a customer base. Identify these institutions by their focus on you:

- More mobile offers to ease access for customers.
- •Knowledgeable and efficient frontline staff.
- An ongoing effort to better understand and tailor customer experience based on data and analytics.
  - Follow up, follow up, follow up.

These are not new concepts—things you might have heard before. However, in an age when technology can lead to impersonal interactions and growth can lead to one-size-all service approach, these facets of service cannot be sacrificed. As we move forward and come to an age where less and less human interaction will take place, we still need to remember we are individuals and like to be treated as such.

Although stated in the context of banking, these findings illustrate the importance of first impressions. As physicians, consider your patients' experience from scheduling an appointment, to checking in, your interactions and follow up after the visit. What impression are you making? Your patients' experience may be the reason they complain later about other more important items or it may also be the reason they decide to go elsewhere for their services.

All in all, first impressions count.



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# THE INCREASING IMPORTANCE

# of Monitoring Your Medicare Enrollment Compliance



JOSEPH E. HUIGENS, J.D.

Member of the Health Law Practice Group

Koley Jessen, P.C., L.L.O.

s CMS enhances its IT capabilities, providers must be vigilant about keeping their Medicare enrollment records up-to-date or else risk suspension or loss of their billing privileges.

There are a variety of causes for which CMS may deactivate or revoke a provider's billing privileges. For example, privileges may be revoked for giving misleading information on one's enrollment application, misusing or abusing one's billing privileges, or being convicted of certain felonies. On the other end of the spectrum, privileges may be deactivated or revoked for simply failing to timely report certain changes to one's enrollment, which this article refers to as "administrative noncompliance."

Active enrollment is contingent upon providers continually meeting (and certifying that they meet) certain requirements—e.g., that they do not employ or contract with excluded entities or individuals. Accordingly, Medicare requires providers to report to the Medicare contractor: (1) within 30 days, any (i) change of ownership, (ii) adverse legal action, or (iii) change in practice location, and (2) within 90 days, all other enrollment

changes. Failure to notify CMS within the prescribed time period constitutes administrative noncompliance and may result in the revocation or deactivation of billing privileges.

The effects of losing Medicare privileges can be stark. Revocation comes with a mandatory re-enrollment bar of one year (up to three years) and, in any event, the loss or suspension of privileges requires CMS to deny claims for services rendered by the provider. Imagine having to sit out from Medicare for a year simply because your practice administrator forgot to update an address in your enrollment materials. Such administrative noncompliance may seem benign, but when the federal government has a mandate to increase enforcement activities it is not uncommon for low-hanging fruit to get a disproportionate share of the attention.

CMS's scrutiny of Medicare providers' enrollment records and its enforcement of the notice rules is becoming increasingly rigorous and uncompromising. To see for yourself, peruse some DHHS Departmental Appeals Board's decisions affirming revocations of billing privileges for providers who failed to update basic information. For example, see Chaturbhai B. Patel, M.D., DAB No. 2809 (2017) and Jason R. Bailey, M.D., P.A., DAB No. CR4793 (2017), both of which involved revocation based on failure to report a change of practice location. How many similar outcomes will result when CMS can continuously monitor and cross-reference exclusion, debarment, criminal conviction, and other databases against PECOS?

The advent of "big data," analytics, and data mining tools could enable CMS to audit more enrollment records in a few minutes than it previously could in an entire week. Last year, CMS confirmed that it is enhancing its IT capabilities and implementing "continuous data monitoring" as part of its broader "strategies designed to reinforce provider screening activities." Using PECOS to cross-check address verification databases is just one

step in CMS's path to greater reliance on technology as a means of combating fraud and abuse.

CMS has procured a total redesign of PECOS that will add programming features to allow other systems to read, create, and update PECOS records, increase agency interoperability, and provide greater ability to leverage enrollment data and verification records. CMS has also awarded more than \$64 million to 26 states "to design comprehensive national background check programs for direct patient access providers." The new PECOS 2.0 will almost certainly interface with those programs. When such capabilities are part of CMS' audit protocols, daily monitoring and cross-referencing of providers' enrollment records against data compilations, such as address lists, background check programs, and public records databases, will likely be standard fare.

Medicare providers are well advised to review and update their reporting procedures to ensure that information provided to CMS is accurate and up-to-date. Given the 30-to-90-day timeframe for notifying CMS, it is critical that institutional providers have effective processes that promote vigilance, facilitate information sharing, and enable prompt reporting to CMS to avoid needless deactivation or revocation of billing privileges for administrative noncompliance.

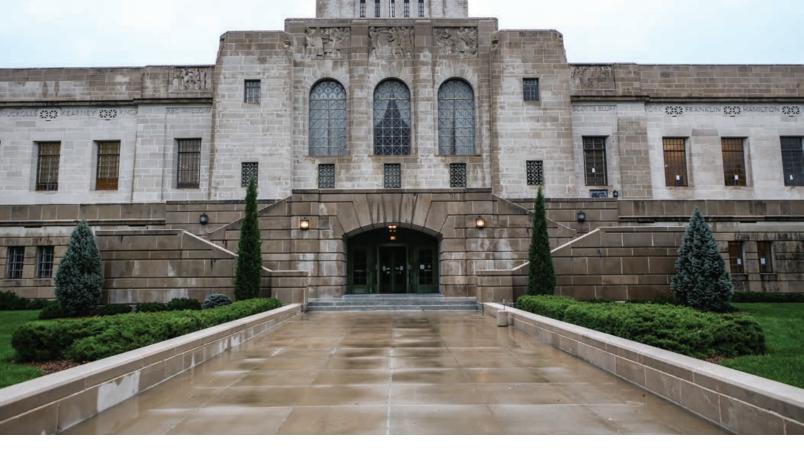
Such processes may require that certain information be assessed at least every 30 days, but, regardless of the frequency, institutional providers should conduct periodic monitoring and audits of their enrollment data. Persons in charge of keeping PECOS updated need to be promptly informed of reportable changes, such as the addition or termination of a managing employee, final adverse legal action, changes in practice locations, license suspensions, and even changes of medical records storage locations. The bottom line is that providers should have a proactive approach to Medicare enrollment compliance, because the alternative can be costly indeed.



**FEATURE** 

DUTY CALLS:

WHY
PHYSICIANS
SHOULD BE
INVOLVED
IN THEIR
GOVERNMENT



ere are some words that Linda Ford, M.D., lives by: "If you're in medicine, you're in politics."

And some other words: "If you're not at the table, you're on the menu."

These adages, she said, are old but current and complement each other regarding the necessity for physicians to be heard by the lawmakers who represent them.

She explains: What physicians do, every day, is determined by agencies such as the Center for Medicare and Medicaid Services (CMS), which is controlled by the federal government and insurance companies follow the policies of CMS.

"Physicians may have limited monetary resources than compared to some other organizations but we have greater trustworthiness." Other organizations' policies affect how physicians treat their patients. "We have been on the menu for many years."

Which is why Dr. Ford is willing to devote several hours each day doing her homework about issues at the national level that affect medicine and patient care. It's time spent evaluating how U.S. Congress candidates from all states view patient care and medicine, and how legislation lawmakers propose or support will impact both.

She also encouraged physicians to get involved in the legislative process, and offered some advice for how to prepare for conversations with lawmakers: "Know the issue and when talking to your legislator, know what to ask her (or him) to do or support. Don't just give them your problem. They don't know how to respond to problems. They know how to respond to 'an ask.'"

Dr. Ford's efforts to keep current as she serves on the American Medical Asso-

ciation's Political Action Committee (AMPAC) Board of Directors and receives reqular reports about candidates and issues. She also serves as a liaison

"You want to elect candidates who have the same passion that you have for your patients."

- LINDA FORD, M.D.

to AMA Council on Legislation. As part of AMA's Political Action Committee, Dr. Ford raises funds from physicians to support U.S. Congress candidates who have physicians and their patients at heart.

"You want to elect candidates who have the same passion that you have for your patients," she said.

Financially supporting choice candidates and hosting fundraisers for them is a more personal approach to getting involved in government, she said. However, legislation is not passed by one lawmaker from one state. It takes many like-minded lawmakers to make a change, she added.

The Nebraska Medical Association keeps her current about state issues that affect health care. MOMS does its part, she said, by hosting meet-and-greet sessions with lawmakers from the Omaha area. "At this time, scope of practice and fair (in comparison to other states) reimbursement of Nebraska physicians by CMS are issues that are paramount to our profession."

Lawmakers don't understand what physicians encounter each day as they provide care for their patients, she said. "If you're

friends with a city, state, or federal legislator, be their source of medical information."

She also encouraged physicians to run for public office, noting that none currently serve in the Nebraska Legislature and just 17 in U.S. Congress. If you have an interest in running, AMA can help with candidate and campaign workshops. "There are many more lawyers than physicians in Congress."

# **Ford** File

Hometown Jacksonville Beach, Florida; Bellevue, NE since 1971

Undergraduate Study Texas A&M

### **Bachelor & Medical Degrees**

University of Nebraska Medical Center

### Residency

Washington University in St. Louis and St. Louis University - internal medicine

### **Fellowship**

Creighton University in allergy and immunology

## Specialty

Allergy and immunology

### Institution

The Asthma and Allergy Center

### **Hobbies** Gardening

### **Family**

One daughter, Wendy Watson; and four grandchildren

### Why She **Joined MOMS**

"As physicians, we are obligated to continue our profession, and MOMS gives us the ability to come together to tackle problems that affect physicians' practices."

# To find the lawmakers who represents you and how to reach them is as easy as going online:

## **Bellevue City Council:**

bellevue.net/government/city-council

### **Omaha City Council:**

## **Douglas County Board:**

commissioners.douglascounty-ne.gov

Sarpy County Board: sarpy.com/boards-commissions/county-board

# Nebraska Legislature:

nebraskalegislature.gov

# U.S. House of Representatives: house.gov

# U.S. Senate:





State Sen. Merv Riepe's advice for physicians who feel passionate about an issue before the Nebraska Legislature begins with establishing relationships.

If the relationship between lawmaker and physician already is in place, Riepe said, the discussion about that issue launches with trust already established between the two parties. "It's not a 'gotcha' moment. It's based on genuine sincerity."

Riepe, who serves as chairman of the Legislature's Health and Human Services

- Be ready to compromise. "Identify what you want and what you can live with. It might not be quite what I had in mind, but I can live with it."
- Come armed with facts, not emotion. To borrow an adage from Ronald Reagan: "In God we trust. Everyone else bring data."
- Take a broad view. "Share why your request works for the greater good." In addition, be prepared to explain who might be negatively impacted.

- Be informed and vote. "I just thought it needed to be reminded."
- Ask more questions, but talk less. To borrow an adage from Stephen Covey, author of book is "The 7 Habits of Highly Effective People,": "First seek to understand and then to be understood." Physicians are used to asking their patients questions. "Just like in your practice, identify and ask the questions."
- Prepare a list of concerns. Stay on task. "Don't drift off subject." If you do, pull yourself back.



If the relationship between lawmaker and physician already is in place, Riepe said, the discussion about that issue launches with trust already established between the two parties. "It's not a 'gotcha' moment. It's based on genuine sincerity."

- STATE SEN. MERV RIEPE

Committee, offered another dozen pieces of advice for physicians wanting to effect legislation about health care – or any other issue:

• Be part of a health care-related association. Collective voices have strength. Associations vet issues before taking a side.

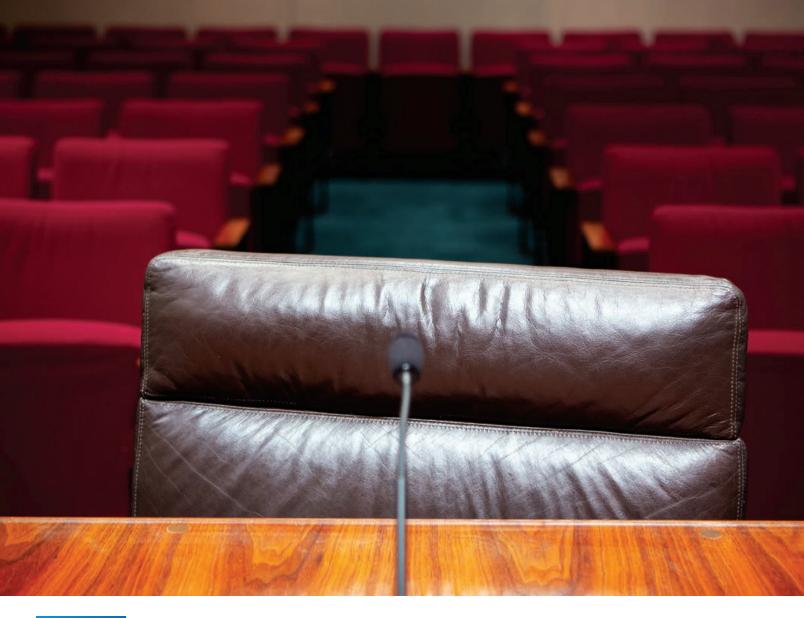
- Keep it close. Start with the senator who serves your district. (Riepe's district covers roughly 72nd to 156th streets, Harrison to F streets). "I want to know what's going on with people in my district."
- Avoid power plays, end-arounds and threats. Don't resort to the "I'm going to campaign against you" tactic if you don't get your way. "Tone is critically important in any relationship management."
- Run for office. "If you don't, another will—and that might not make you happy."

- If you promise to do something—for example, provide information—do it. Follow-through.
- If a legislator or government officials promised you something, hold that person accountable. Follow up. Send a letter, an email or a text. "It doesn't have to be long."

Riepe said he appreciates when people with expertise, including physicians, share their knowledge with lawmakers. "Not everyone can be well-versed in, say, medical terminology," he said. ()







# FROM PAGE 29

# WHEN ADVOCATING: YOUR TESTIMONY CARRIES WEIGHT

ebraskans, someday, may see Travis Teetor's name on an election ballot.

Running for office may come as the culmination of his involvement in the legislative process. "Someday," he said, "but that's a long way off." For now, Dr. Teetor devotes time to following issues that affect health care on local, state and national levels—and then getting involved in the legislative process. Twice, he has testified before the Nebraska Unicameral's Health and Human Services Committee.

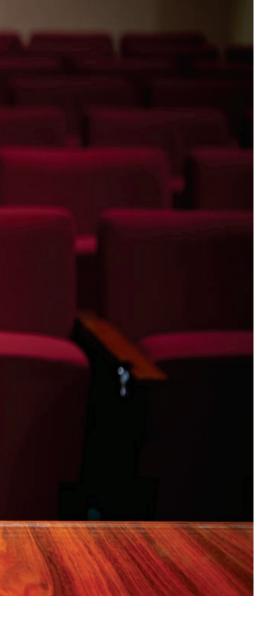
(In one case, he testified on behalf of the State Board of Health and the Nebraska Medical Association about the Credentialing Review (407) Program, "I justify the time I put into all these things in the fact that if you're not there to advocate for yourself, someone else will be there to advocate for or against you. I would rather advocate for myself rather than someone else dictating how I should or shouldn't be practicing medicine."

- TRAVIS TEETOR, M.D.

which was created to review proposals for changes in scope of practice or for new credentialing on the part of representatives of Nebraska health professions. In the other case, he testified about the Advanced Practice Registered Nurses compact.)

He invites his peers to get involved in the legislative process. The time spent will be worth their while, he said.

"I justify the time I put into all these things in the fact that if you're not there to advocate for yourself, someone else will be there to advocate for or against you. I would rather advocate for myself rather than someone else dictating how I should or shouldn't be practicing medicine."



- Dr. Teetor said he's learned from his two times testifying, and offered some advice:
- Know your facts. "Be an expert on the topic (or issue) on which you testify. Examine the reasons for supporting or refuting legislation. Then, craft your testimony.
- Know the protocol. Be on time. "No one's going to hold up testimony for you if you're late." Prepare your testimony in written form. Provide copies for members of the legislative committee you are addressing. Make sure you finish before the time limit. Then, be prepared to answer questions, and take advantage of the opportunity. "There's no time limit on the questions you're asked."

- Anticipate what questions you may be asked. Time constraints on your testimony may require that you leave key points out. Adjust your testimony based on the questions you expect to be asked. In both cases, Dr. Teetor said, he had done his homework and, with the help of the NMA's legislative staff, anticipated what questions he would be asked.
- Get involved in organized medicine. Consider medical societies, your specialty or subspecialty groups, or state boards. Your testimony, when speaking on behalf these organizations, carries weight.

Finally, be respectful of lawmakers and their staffs—even if they have their facts mixed up. Often, lawmakers pick up issues from special interest groups at national conferences. The details provided to them may be erroneous, he said, but certainly will be one-sided.

# "Realize there will be people testifying on both sides of an issue. They're (lawmakers) trying to understand the issue."

- TRAVIS TEETOR, M.D.

Dr. Teetor said he's found himself correcting misinformation, but did so in a respectful manner. "The important thing in times such as this, be polite. Be respectful. You're giving your time. The senators also are sacrificing their lives to be public servants. Be professional and courteous of their time."

Keep in mind that lawmakers are knowledgeable, but may not be experts in all matters. "Realize there will be people testifying on both sides of an issue. They're (lawmakers) trying to understand the issue. When testifying, the senators you're testifying to are many times not close to being an expert. They don't have in-depth knowledge. That's why experts from both sides come in."



The **Teetor** File

**Hometown** Lexington, Nebraska

### Undergraduate Degree

University of Nebraska-Lincoln in exercise science and athletic training

Medical Degree
University of Nebraska
Medical Center

Residency
UNMC in
anesthesiology

Specialty
General and pediatric
anesthesiology

# Hobbies

Sports, barbecue, coaching

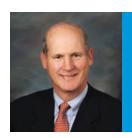
# Family

Wife, Wendy Teetor; three children, Elliott, Adilynn and Benjamin

# Why He Joined MOMS

"MOMS provides great resources for physicians to become engaged and involved in their local medical community."

# MEMBER NEWS



# **DR. THEDINGER**

Recognized for Contributions to Cancer Care

he Nebraska Medical Association (NMA) inaugurated Dr. Britt Thedinger as the 2018-19 President on September 14 at the 2018 Annual Membership Meeting in Omaha.

Britt Thedinger, MD, earned his medical degree from the University of Kansas Medical School. Dr. Thedinger completed his residency in Otolaryngology – Head and Neck Surgery at Harvard University. He went on to complete an Otology – Neurotology fellowship with The Otology Group/Ear Foundation in Nashville. In 1992,

he established Ear Specialists of Omaha, a private practice dedicated to the medical and surgical treatment of ear, hearing, and balance disorders in both children and adults.

Dr. Thedinger is a Past President of the Metro Omaha Medical Society and currently serves on the board of Nebraska Credentials Verification Organization (NCVO). Dr. Thedinger has served six years each as the NMA Vice Speaker, then Speaker of the NMA House of Delegates and is an active member of the NMA Commission on Legislation & Governmental Affairs and the Commission on Professional Liability.

He currently serves on The College of St. Mary Board of Directors, has been involved in the Omaha Chamber of Commerce and has served on the boards of Catholic Charities, Jesuit Partnership, Omaha Hearing School, and Duchesne Academy.



# **DR. THORSON**

Presented NMA
Distinguished
Service Award

r. Alan Thorson was named the 2018 recipient of the Distinguished Service to Medicine Award by the Nebraska Medical Association recognizing his lifelong dedication and service to his patients and the people of Nebraska.

A resounding voice in the fight against cancer, specifically colon cancer, Alan G. Thorson, MD is a colon and rectal surgeon with Colon & Rectal Surgery Inc. in Omaha. Dr. Thorson has presented nationally and internationally as well as authored numerous journal

articles, book chapters, posters and videotapes, primarily related to colorectal cancer. He was integral in the development of the "Stay in the Game" colon cancer screening campaign with Husker Sports, Rollin to Colon bike tour, Boxer 500 and many other efforts to promote colon cancer screening even going so far as to don the costume and persona of "Polypman."

Dr. Thorson received his medical degree and completed both his internship and general surgery residency at the University of Nebraska Medical Center. He went on to complete a fellowship in colon and rectal surgery at the University of Minnesota.

Dr. Thorson is a past president of the Metro Omaha Medical Society, the Nebraska Medical Association, the American Cancer Society, the American Board of Colon and Rectal Surgery and currently serves as president of the Nebraska Cancer Coalition (NC2).



# DR. ROMBERGER

Receives COPIC Harold E. Williamson Humanitarian Award

r. Deb Romberger was named the 2018 recipient of the COPIC Humanitarian Award named in honor of Harold E. Williamson. The award is presented each year to honor a Nebraska physician for volunteer medical services and contributions to the community recognizing those individuals who unassumingly volunteer outside the spectrum of their day-to-day lives.

She is recognized for her more than 20 years as a committed volunteer at OneWorld Community Health Centers working directly with underserved patients, as well as mentoring care staff and medical students. Not only has she modeled patient-centered, culturally competent care but has inspired many students to pursue careers caring for patients in medically underserved communities.

Working with public health students she developed a "Tuberculosis Express" clinic allowing working TB patients to continue their nine months of treatment. She continues to volunteer at the TB clinic and works tirelessly to educate health profession students of all kinds how to treat TB patients and gain hands-on experience. ()



# 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.

We encourage you to talk with our Strategic Partners when making decisions for yourself or your practice.

Visit www.omahamedical.com for more information on our Strategic Partners.

# PLATINUM PARTNERS





# GOLD PARTNERS







### SILVER PARTNERS













# BRONZE PARTNER



For more information on our Strategic Partners visit **OmahaMedical.com** 

# NEW MEMBERS



# **KELLY CAWCUTT, M.D.**

Infectious Disease
UNMC and Nebraska Medicine

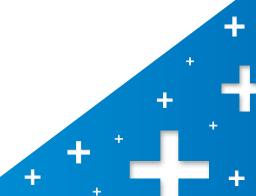
# JESSE HIMEBAUGH, M.D.

Ophthalmology Midwest Eye Care

# **IN MEMORIAM**

JOSEPH M. HOLTHAUS, M.D.
Aug. 18, 1923 – July 23, 2018

JOHN SAGE, M.D.
Oct. 1, 1930 – Sept. 6, 2018









# WOMEN IN MEDICINE JULY MEETING

The MOMS Women in Medicine group met in July for dinner and a class on fused glass jewelry making with instructor Beth O'Hanlon.

- 1. MOMS Strategic Partner Trisha Harrison with Quality Clinical Research enjoys dinner with Drs. Ann Russell and Drea Jones.
- 2. Drs. Pat Chudomelka, Deb Esser and Deb Perry waiting to craft.
- 3. Dr. Donna Faber displays her glass creation.







# RETIRED PHYSICIANS JULY MEETING

The MOMS Retired Physicians welcome Omaha Mayor Jean Stothert to provide an update on the state of the city in August.

- 1. Retired Physicians Chair Dr. William Orr welcomes Omaha Mayor Jean Stothert.
- **2.** Mayor Stothert discussed roads, budget, fireworks and many other issues, and answered questions from attendees.
- 3. The session brought in record attendance and filled the MOMS boardroom. ()











# DO NO HARM FILM SCREENING

Nearly 200 medical students, residents and physicians attended a screening of DO NO HARM, a documentary exploring physician suicide. The event, hosted by the Metro Omaha Medical Society Foundation, the Nebraska Psychiatric Society and the Physicians Foundation was followed by a discussion facilitated by Susan Koenig, JD.

Photos courtesy of Roger Humphries Photography

- 1. A full house was welcome to the screening by Carol Wang, MOMS executive director.
- 2. (Left to Right) Dr. William Lydiatt, Max Lydiatt, Dr. Rebecca McCrery and Dr. David Crotzer
- 3. Drs. Annie Zimmer (left ) and Heather Zimmerman
- 4. (Left to Right) Drs. Neesha Patel, Bradley Hall, Sara May and Joel Mikalski
- 5. (Left to Right) Joey Tanaka and Drs. Jeannie Ngo, Amy Goldstein and Russ Goldstein ()



# 'YARDSTICK' PROVIDES UPDATED GUIDELINES FOR CHILDREN WITH UNCONTROLLABLE ASTHMA

evin Murphy, M.D., allergist and pediatric pulmonologist at Boys Town National Research Hospital, was part of the group of physicians and researchers from across the country that co-developed and co-authored updated guidelines for children with uncontrollable asthma called Pediatric Asthma Yardstick. Their work was published in Annals of Allergy, Asthma & Immunology by the American College of Allergy, Asthma and Immunology.

The Pediatric Asthma Yardstick provides an in-depth assessment and recommendations of when and how to increase asthma therapy based on the patient's age, disease severity and previous treatments. Current guidelines recommend implementing a treatment therapy to control day-to-day symptoms, but this guideline poses some challenges for children with uncontrollable asthma.

The Pediatric Asthma Yardstick offers practical guidance and tools for physicians and practitioners to help better treat their patients with uncontrollable asthma in three age brackets: children 5 and younger, ages 6 to 11, and ages 12 to 18. In children 5 and younger, asthma control can be assessed using the "TRACK" tool. This Test for Respiratory and Asthma Control in Kids (TRACK) was validated and published by Dr. Murphy.

"Managing asthma in children changes over time. What works for a young child may not be appropriate for older children," Dr. Murphy said. "It is my hope that physicians see the Pediatric Asthma Yardstick as a useful tool and greater insight into managing and treating of uncontrollable pediatric asthma, and that [it] leads to improving lives for children and their families."



Imagine better health.<sup>™</sup>

# NEW BIRTH CENTER OFFERS FLEXIBILITY

he Duchess Of Cambridge—the former Kate Middleton—left her London hospital less than seven hours after delivering Prince Louis. Now local moms who deliver at the new CHI Health Birth Center at Immanuel have the same option.

The state's only birth center inside a full-service hospital was built for women with uncomplicated low-risk pregnancies who wish to choose their own birth plan and deliver naturally. The center is one more way CHI Health provides extensive prenatal care while working to lower the incidence of infant and maternal mortality.

Other features:

- A dedicated entrance separate from labor and delivery—that takes them to a quiet and home-like environment.
- Two spacious birthing suites, each with a queen-sized bed and large soaking tub.
- Hydrotherapy during labor, and/or water birth.
- Room service during the day.
- A certified nurse midwife who provides personal and holistic care.
- No separation of mother and baby after birth, unless there are unexpected complications. The baby is placed in the mother's arms immediately after birth.
- All exams are done in front of the parents for them to learn more about their new one.
  - Aromatherapy and music therapy.
  - A short stay, typically 12 hours or less.
- Access to a full-service hospital for mother and baby if additional care is needed.
- Home visit for postpartum and newborn follow-up.

The center also offers the conveniences of other CHI Health birth centers, including nitrous oxide to help ease labor pains; the Sacred Hour, the first hour after birth when the baby adapts to life outside the womb, with uninterrupted skin-to-skin contact between baby and mom; and a lactation consultant to answer questions about breastfeeding. ()



# METHODIST, FREMONT HEALTH REACH AFFILIATION AGREEMENT

Strategic partnership discussions between Fremont Health and Methodist Health System, which began in February, took a major step forward when the affiliation agreement between the two local health systems was signed in late July.

The affiliation agreement creates a new organization, Methodist Fremont Health, which will be part of the Methodist Health System health care family. Methodist Health System will lease the hospital and nursing home facility from Fremont Community Health Resources, formerly Fremont Health. The span of the lease is for 50 years, with the option to purchase after 20 years.

Highlights of the agreement include:

- All current Fremont Health employees and physicians will be hired by Methodist Fremont Health and/or Methodist Physicians Clinic.
- Key clinical programs and services will be maintained in Fremont, while also having access to a larger network of specialists and programs.
- Methodist Fremont Health will continue to offer a variety of community health programs as well as sports medicine services to Midland University and area high schools.

Fremont Health is comprised of Fremont Health Medical Center, which includes 75 inpatient beds (55 acute care and 20 behavioral health beds), Dunklau Gardens (nursing home facility) and a number of physician and specialty clinics.

Fremont Heath has more than 150 active members on its medical staff, with 25 of those employed by Fremont Health. Altogether, Fremont Health employs more than 900 people and has more than 200 volunteers.



SERIOUS MEDICINE. EXTRAORDINARY CARE

# NEBRASKA MEDICINE - NEBRASKA MEDICAL CENTER EARNS U.S. NEWS DESIGNATION AS TOP HOSPITAL IN THE STATE

ebraska Medicine – Nebraska Medical Center, for the seventh straight year, is the No. 1 rated hospital in Nebraska, according to U.S. News & World Report, which evaluates nearly 5,000 hospitals nationwide to come up with its annual list of Best Hospitals.

Additionally, Nebraska Medical Center's gynecology program received a national ranking, the only hospital in the state to have a nationally ranked specialty.

U.S. News also rated Nebraska Medicine – Nebraska Medical Center as high performing in eight other specialties, receiving more high-performing rankings than any other facility in Nebraska. Those specialties are:

- Cancer
- Gastroenterology & GI Surgery
- Geriatrics
- Nephrology
- Neurology & Neurosurgery
- Orthopedics
- Pulmonology
- Urology

Finally, the medical center received the highest ranking possible in five procedures/conditions:

- Abdominal Aortic Aneurysm Repair
- Colon Cancer Surgery
- Heart Bypass Surgery
- Heart Failure
- Hip Replacement

"This ranking is because of the dedication of our physicians, caregivers and staff who care for patients every day. I have the highest respect for their commitment," said James Linder, M.D., CEO of Nebraska Medicine. "To again earn this recognition reflects our belief that continual improvement allows us to provide the highest quality services for the people of Nebraska, the surrounding region, and referred patients from around the world."

The annual Best Hospitals rankings, now in their 29th year, are designed to assist patients and their doctors in making informed decisions about where to receive care for challenging health conditions or for common elective procedures. (1)



# CENTER WILL FURTHER ELEVATE UNMC'S PANCREATIC CANCER RESEARCH

he Center of Excellence in Pancreatic Cancer will further establish UNMC/Nebraska Medicine as a nationally recognized center of excellence in care and research related to pancreatic cancer early detection, genetic counseling, surgical techniques and various cutting-edge therapies.

This status will be accomplished by a team that incorporates basic, innovative, translational and clinical research in pancreatic cancer.

The center will lead to the building of a leading clinical and research program benefiting all Nebraskans, similar to the Frederick F. Paustian Inflammatory Bowel Disease Center established in 2015 at UNMC/Nebraska Medicine.

"This interdisciplinary center is congruent with our overall mission of leadership in educational programs, innovative research and extraordinary patient care," said Dele Davies, M.D., senior vice chancellor for academic affairs at UNMC. "Several of our researchers already are leaders in seeking new innovative diagnostic and therapeutic modalities for pancreatic cancer, and this center will help cement this status."

UNMC/Nebraska Medicine currently has some of the nation's foremost pancreatic cancer researchers, clinicians and physicianscientists, engaged in leading research and scholarship related to pancreatic cancer. But, there previously was no organizational unit to spur collaboration among them.

Three additional physician-scientists and three basic/translational scientists will be hired to join those already at work at UNMC. Pancreatic cancer is of crucial concern for UNMC/Nebraska Medicine and the Fred & Pamela Buffett Cancer Center because:

- Pancreatic cancer is one of the nation's and Nebraska's most lethal cancers, with a five-year survival rate of 5 percent.
- Incidence of pancreatic cancer is increasing, with 259 cases diagnosed in Nebraska per year—and by 2030, it is expected to become the second-leading cause of cancer-related mortality.
- No other center of excellence programs for pancreatic cancer exists in the adjacent five-state region. ()





# 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.

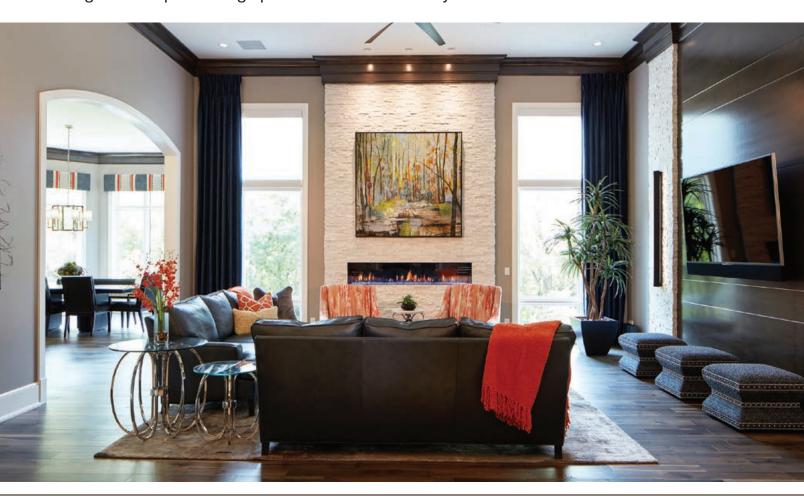
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Omaha, NE 68114

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