

Physicians Bulletin

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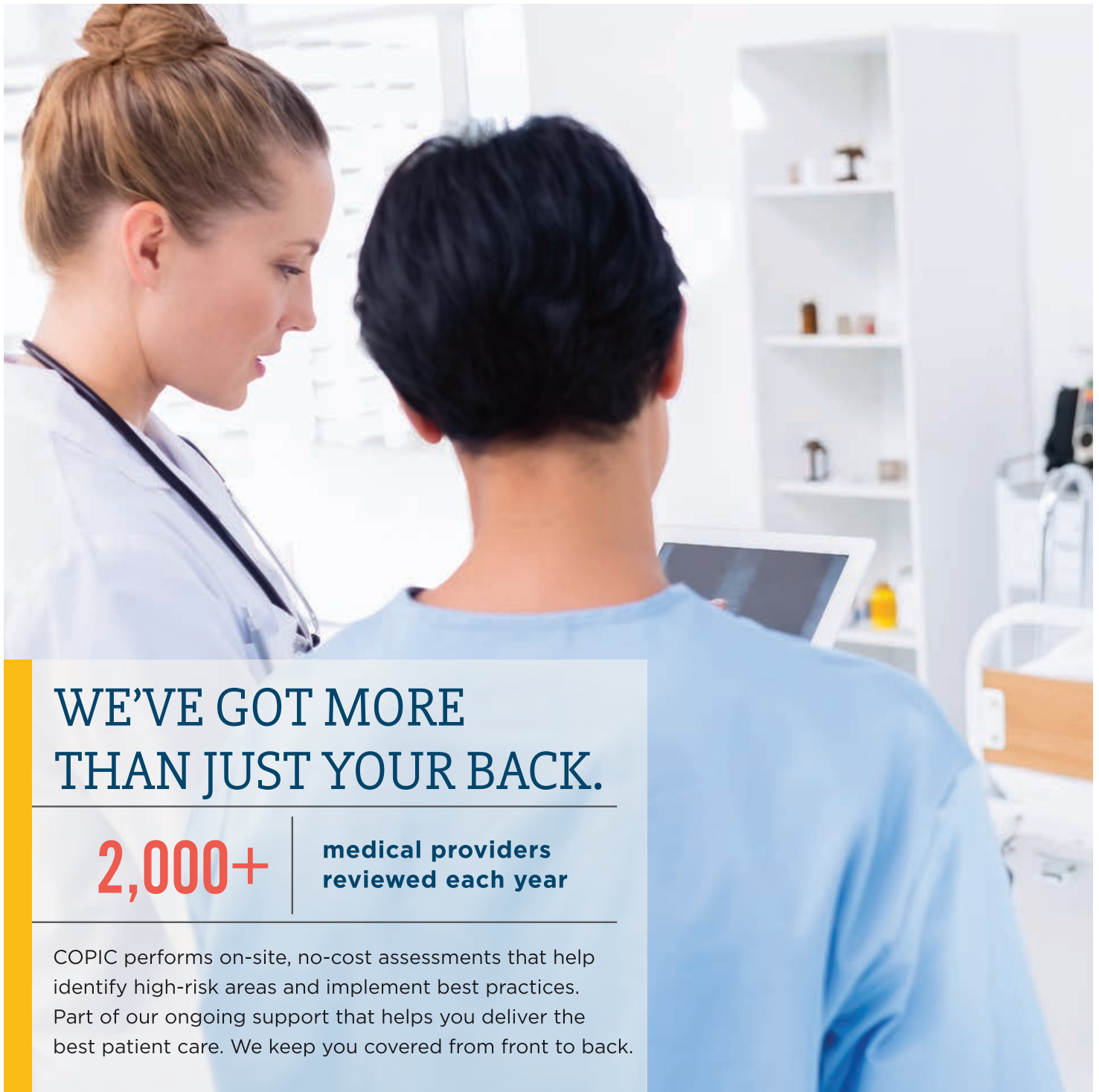


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VOLUME 39, NUMBER 6

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DEC
12

MOMS CPT 2019 CODING CHANGES, MEDICARE UPDATE AND COMPLIANCE CONSIDERATIONS

FRIDAY, DEC. 12, 2018 | 1:30 P.M. — 4:30 P.M.
NEBRASKA METHODIST COLLEGE
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Join us as we welcome back presenter
Cynthia Swanson of Seim Johnson, LLP.

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JAN
30

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DINNER & PROGRAM | 6:30 P.M.
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FEB
12

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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
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- OMMRS (Omaha Metropolitan Medical Response System)

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LESSONS LEARNED FROM A FOLKTALE



AUDREY PAULMAN, M.D.

Editor
Physicians Bulletin

Stone Soup.
I think it is time for all of us to make a little stone soup.

I am not sure if you all know what stone soup is. I asked my office neighbor about the folktale "Stone Soup," and she said that it was some story about magical conversion of something. My husband didn't think it sounded very tasty. Two others had heard of it, but didn't know what it was.

I think in medicine, we all need to know the story of stone soup. It exists in many versions, but for today's purpose, I will use the version from Wikipedia, accessed online, and copied verbatim.

"Some travelers come to a village, carrying nothing more than an empty cooking pot. Upon their arrival, the villagers are unwilling to share any of their food stores with the hungry travelers. Then the travelers go to a stream and fill the pot with water, drop a large stone in it, and place it over a fire. One of the villagers becomes curious and asks what they are doing. The travelers answer that they are making "stone soup," which tastes wonderful and which they would be delighted to share with the villager, although it still needs a little bit of garnish, which they are missing, to improve the flavor.

"The villager, who anticipates enjoying a share of the soup, does not mind parting with a few carrots, so these are added to the soup. Another villager walks by, inquiring about the pot, and the travelers again mention their stone soup which has not

yet reached its full potential. The villager hands them a little bit of seasoning. More and more villagers walk by, each adding another ingredient. Finally, the stone (being inedible) is removed from the pot, and a delicious and nourishing pot of soup is enjoyed by travelers and villagers alike."

Moral: By working together, with everyone contributing what they have, a greater good can be achieved.

What does the stone soup story have to do with you and me?

In August, MOMS held a screening of the movie "Do No Harm." The student and resident groups at the medical universities had asked to have the movie screened. MOMS members were also invited to the showing of this movie, and an interactive discussion followed the showing. About 200 people attended. Participants included medical students, residents and physicians (some of which were also parents of medical students and residents). All who spoke publicly expressed concern and a need to address burnout, each offering different thoughts on causes and potential solutions.

As a follow up to that event, for this magazine, we asked three residents to talk a little bit about what is happening to decrease burnout in their environment. Two of the interviewees are active in the house officer association leadership, and one is starting an initiative to help address the spiritual needs of the residents.

The house officers were asked to tell you a little more about initiatives they have started. They talked about some unique wellness events including fitness activities, interdisciplinary groups, and opportunities to participate in a support group.

The solutions the residents listed were unique and diverse.

I would like to thank the residents for speaking up after the movie, and thank you for agreeing to be interviewed for this magazine. Your ideas and thoughts are important.

I think right now, perhaps all we have is an empty pot, as in the folktale. If there was a solution for burnout for all, one-half

of physicians would not be feeling burned out. It seems that no one has the single answer, and I would like to propose that the solution might be to follow the recipe for making stone soup.


By working together, with everyone contributing what they have, a greater good can be achieved. I look forward to MOMS leadership helping me to understand how I can contribute to this process, and I know others want to be involved thru MOMS as well.

I would also like to tell you about the three articles in this edition of the *Physicians Bulletin*.

- Speed mentoring occurs through MOMS, where medical students and attending physicians share specialty specific information and perspectives, helping students to recognize the impact of residency and choice of specialty. Each attending and each student bring their own curiosity and perspective to the event, each contributing to the knowledge of the other, and helping the medical student choose a career path.

- Independent and subspecialty physicians must complete multiple different forms to complete credentialing for privileges. NCVO performs the distinct labor-intensive process of the verification of a practitioner's credentials and acts as a "clearinghouse" for the collection, verification and distribution of the practitioner's information for its contracted entities. Founded several years ago with help from John C. Sage, M.D., and MOMS, NCVO has provided this important service. But as times change, needs change, and NCVO is going through some change as well.

- Physician assistants are increasingly important in patient care and health care systems. As the patient care teams get more inter-professional, it might be helpful to know more about the rules and regulations currently in place. MOMS has asked the questions for us, and shares the information in the article.

Thank you to all for coming together as Metropolitan Omaha physicians. As we come together and contribute what expertise or time we can, a greater good can be achieved. 



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O'LEAVER'S PUB
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9 p.m.

**DEC.
31**

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Omaha Design Center—
1502 Cuming St.
9 p.m.

SANDY JOHNSON'S

Decades of Wonderful Memories



SANDY JOHNSON

Director of Market Relations
COPIC

After 28 years of working hand-in-hand with Nebraska physicians, Sandy Johnson will retire the end of this year. She served as the executive director at MOMS (1990 - 2000), vice president of the NMA (2000 - 2007), and director of market relations at COPIC (2008 - present).

When asked to write about some of my memories while at MOMS, NMA and COPIC, I must start by saying how much I love all three organizations and how privileged I feel to have such wonderful memories of all three of them.

Within my first month at MOMS, Dr. John Sage came into my office and stated that we needed to start a credentialing service for the Omaha doctors. And so it began. After our research, meetings with CEOs, meetings to agree on a uniform application, etc. we started what is now Nebraska Credentialing Verification Organization (NCVO). How wonderful after all these years and many challenges it continues today.

Within a couple of years, we put together the Community Internship Program. The purpose of this program was to have individuals—who did not work in the health care field, but whose decisions impact health care—be able to see “first hand” what it was like in the trenches. Interns have included community and business leaders as well as lawmakers and members of the media. After shadowing physicians, we hosted debriefing dinners and heard some wonderful stories and witnessed the new awareness of health care in these interns.

We started the Medical MESS Club for everyone to just have fun. With physicians writing words to familiar songs, singing and dancing on stage to so much laughter, it was good for the soul! I had a hospital CEO tell me they would not miss it as they learned more about what was happening in the Omaha medical community there than anywhere else.

Totally on the other hand, we had so many doctors volunteer to provide free medical services through Project Hope, which later became Hope Medical Outreach Coalition. I remember the first letter of request garnered 63 volunteers, which I still think was phenomenal. There are so many more memories but I need to give kudos to my presidents who were all so wonderful. They included Drs. Al Dvorak, Fred Paustian, Buddy Roffman, Pat Brookhouser, John Sage, Speedy Zweiback, Bill Bruns, Jeff Deeths, Walter O'Donohue, Kevin Nohner and Alan Thorson.

As I arrived at the NMA the end of 2000, the cap on malpractice verdicts was being challenged in the Supreme Court and I had the opportunity to accompany attorneys Chuck Pallesen and David Buntain to the court and hear Pallesen argue for the constitutionality of the cap. It was an experience I have always remembered. We waited 15 months before we received the court decision finding the cap constitutional. At that time, only one other case had taken that long for a decision to be rendered. It was also at that time that our legislative team worked with the state legislature to raise the cap from \$1.25 to \$1.75 million. We worked closely with Tim Wagner, who was the director of the Department of Insurance, as we worked on the stability of the Excess Liability Fund. The number of cases was rising, the amounts awarded were increased and the funds were decreasing. We did work with the Legislature on the attachment point of liability cases, which has proven successful in making the Fund stable to this day.

Another huge issue was St. Paul Insurance announcing that it was going to pull completely out of the medical malpractice market. This was a big deal for Nebraska as the NMA had endorsed it since the 1970s and the company insured 60 percent of our market. Dr. Peter

Whitted chaired the Professional Liability Committee, which gave many hours interviewing the four companies still in the Nebraska Market. Ironically, at the June AMA meeting that year, Dr. Jerry Buckley, COPIC CEO, had approached me about having an interest in coming into the Nebraska market. I called Dr. Buckley, who, along with Gerry Lewis Jenkins, came out to visit with our committee. It was apparent from the beginning it was a different company as all we discussed was risk management and patient safety. It did not take long for the committee to vote on endorsing COPIC and it continues to do so to this day.

There were so many issues we addressed at the NMA, but I remember saying, as I arrived each day, I had no idea what would hit me across the face that day!

I was blessed with a great staff that worked hard for the NMA. I had the privilege of working with some wonderful physicians who served as president while I was at the NMA: Drs. Patrick Brookhouser, Michael Horn, Michelle Petersen, Alan Thorson, Roger Meyer, Krynn Buckley, Rowen Zetterman and Ron Asher. Having good presidents at the NMA makes such a difference for the organization and the NMA has been blessed over the years with physicians who are willing to give so much of their time to make the profession better. I feel like I left the NMA in good hands with Dale Mahlman. A big highlight for me personally was receiving the NMA Friend of Medicine Award.

Following my retirement from the NMA, COPIC asked if I would consider doing some special projects and I agreed that I would do so for two years. That two years has now turned into 10 years. COPIC has a real commitment to risk management and asked me to develop a resident program for all residents in Nebraska. It has been wonderfully successful thanks to Dr. Dan Rosenquist, Dr. Pete Whitted, Gary Tettenborn and Dave Ernst. I also assisted with the Claims Committee meetings and introduced COPIC to Nebraska physicians and office administrators whenever possible. COPIC is truly a wonderful company or I would not still be there 10 years later. Dale Mahlman will also be taking my place at COPIC, as I ride off into the sunset once again. 🌅



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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.*

THE ROAD FROM THE OPERATING ROOM TO THE C-SUITE



EDWARD KOLB, M.D., MBA

Executive Vice President of Health Care
Boys Town

Director and Chief Medical Officer
Boys Town National Research Hospital
and Medical Clinics

From a young age, I knew that I was going to serve in the medical field. When I was 5 years old, my grandfather, whom I adored, suffered a stroke. Through his experience, I saw how doctors impacted the lives of those who needed help and knew I wanted to be a part of it. The intensity of my medical practice has ebbed and flowed, and sometimes leaped, over the years, but one thing has remained constant—it's all about the patients.

After medical school and two residencies, I began working as a pediatric anesthesiologist. After 18 years, I was ready for something different—although I didn't quite know what it was. I reached out to Boys Town and found a place where I felt appreciated and would have the opportunity to work with a knowledgeable and caring staff who worked under dedicated and inspiring leaders. It was a good move for me and for my family, so I practiced at Boys Town National Research Hospital for another 12 years before preparing this latest career shift.

It's tough to say exactly how I transitioned into a leadership role. I don't think anyone goes into medicine thinking, "I want to be a hospital administrator someday!"

When we began building our second hospital on the Boys Town Campus in west Omaha, I took on more administrative responsibilities preparing that building for operation. In the process of doing that, I became someone that Dr. Pat Brookhouser, founder of Boys Town Hospital, and then John Arch, who became executive vice president of health care and director of Boys Town Hospital following Dr. Brookhouser, could turn to when they felt there was a need for additional physician leadership as we grew in size and complexity.

I took this nudge as an opportunity to reinvent myself while maintaining a patient-focused career. While the dress code might not be as comfortable, certainly the role is.

As an anesthesiologist, a big part of my job is to solve problems. There was a synergy as I transitioned into an administrative role in that one responsibility for a leader is to set a course and then help remove the obstacles for your staff so they can better take care of their patients. I get to talk and problem solve with people all across the organization. One minute I might be talking to a nurse about improving clinic operations, the next working with someone in our finance department, and then heading out to a meeting with some of Omaha's other community leaders. It makes for an interesting life.

Communicating and collaborating with this diverse group requires a well-rounded perspective. As both a parent and a physician, I already had the benefit of understanding two different sides of the medical field, but it became clear to me that I needed to learn a third language, the language of business. I wanted to better understand busi-


ness and management so that I could better serve the Boys Town mission in my new role.

I entered a program to earn my MBA from the Isenberg School of Management at the University of Massachusetts Amherst. Over the course of two years, I gained resources to help me be a more informed and effective physician leader.

This education has prepared me for ever-growing administrative responsibilities, but also I've been mindful to keep a hand in the day-to-day practice of medicine, which leads me to my advice for professionals who see themselves forging a path like mine in the future.

First and foremost, don't forget where you came from. At one point, we were all students. From time to time, we or those we care about will be patients. When we work with our team, we need to remember what it was like to be in those positions so we interact well across departments and carry out our job in a way that makes the patients and families feel at ease.

Second, don't be afraid to try something new. Take the leap to reinvent yourself. Work toward a higher education degree if you're interested in a certain subject or job. For me, this has been extremely important as I've worked through the organization.

My last piece of advice is something I learned from a nursing leader at Boys Town Hospital when I first started. She told me, "When you think you're leading, look behind you once in a while to make sure someone is following you." As we climb the ladder at an organization, it's a challenge and obligation to be conscious of what you're doing and how you're acting. Keep in mind the example you are setting and the people you are serving. 

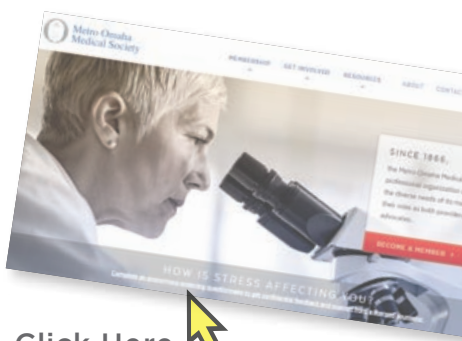
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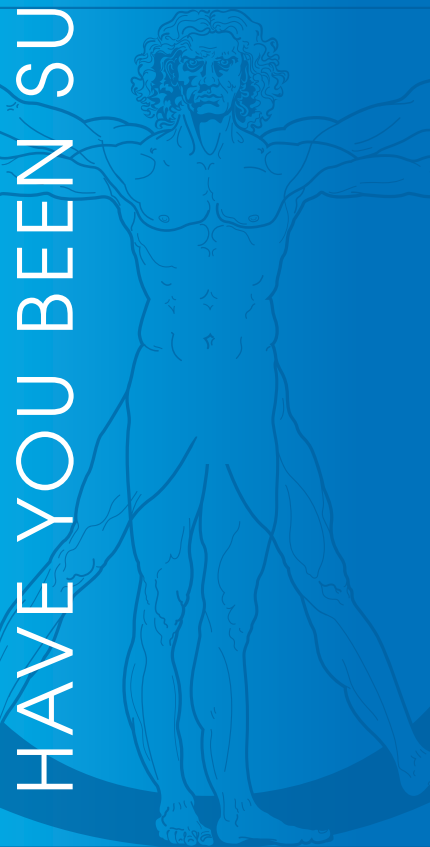
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THE Metro Omaha Medical Society Foundation identifies and provides support to community priorities where physician involvement can make a difference in improving the health of the Metro Omaha Community.



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WINDS OF CHANGE



AMY REYNOLDSON

Executive Vice President-Designee
Nebraska Medical Association

As the incoming NMA executive vice president, I am excited and honored to be a part of such a great organization that works diligently and effectively to advocate and serve physicians across this great state of Nebraska. I am very aware of the shoes that I am filling. No one can really replace Dale Mahlman, let's be real. Dale has provided great leadership for the NMA and his presence will be missed. I will pick up the torch where he leaves off and provide direction and guidance for the NMA that continues to move us down the road successfully navigating the ever changing landscape in the health care field.

Just a little about me. I was born and raised in Gothenburg, Nebraska, and graduated from the University of Nebraska-Lincoln with a bachelor's of science degree in secondary special education and coaching endorsement. I am married to Rick Reynoldson and have a 25-year-old stepson, Rayce. Now that we are empty-nesters, we occupy our time spoiling our dogs, traveling, golfing, cheering on the Huskers, and enjoying quality time with family and friends.

Leading up to my current role with the NMA, I have been blessed to work in a variety of professional settings, including public education as a high school behavior management special education teacher, coaching girls basketball and boys golf, community organizer in the behavioral health arena establishing substance abuse prevention coalitions throughout southeast Nebraska, strategic planner and grant writer, and, most recently, in public health coordinating efforts to address the states opioid crisis.

As I begin to dive into the vast amount of subject matters that are pertinent to Nebraska physicians, I remind myself that Rome was not built in a day. I am excited to capitalize on my previous work experiences and established professional partnerships to harness and direct my passion for this work. I am also excited to forge new partnerships and work with existing partners of the NMA to provide the most rewarding membership opportunities.

"No matter how the winds change, the important part is how we adjust the sail to stay on course and continue to all move in one direction collectively to serve our membership."


— AMY REYNOLDSON

A strong partnership with MOMS is vital in maintaining and growing our membership base to maximize the opportunities and support for Omaha

metro-area physicians. Together, MOMS and the NMA are honored to serve Omaha metro-area physicians and your support is needed to maintain strong organizations that continue to advocate for Nebraska physicians, grow physician leadership and improve how physicians practice medicine.

I would be remiss if I did not take this opportunity to thank our members in the Omaha area. Your continued support for the NMA and MOMS is outstanding. The NMA is celebrating its 150th anniversary of "Advocating for the Physicians and Health of all Nebraskans." Thank you for your membership and providing us the opportunity to serve you.

As the NMA embraces the conclusion of Dale's journey as executive vice president, it is inevitable that the winds will change. During this unpredictable health care climate in today's world, the winds may blow stronger from the north than one cares to experience in the dead of winter, they may bring the heat in the summer, or we may experience many of those cool fall and spring evenings around a camp fire. No matter how the winds change, the important part is how we adjust the sail to stay on course and continue to all move in one direction collectively to serve our membership.

I look forward to the opportunity to meet you and learn how the NMA can serve you. 



Education Planning Begins Today

WADE A. DEN HARTOG, MBA, CAP®, Associate Advisor

Fall has arrived, and football season is upon us. The kids are going "back to school" or off to school for the first time.

As a parent of a 19-month-old and a three-and-a-half-year-old daughter, it seems like we have plenty of time to save for future education goals. However, they grow up fast, and time seems to get away from us if we do not have a plan in place.

There are some amazing statistics about college graduates accumulating a large amount of student debt, a staggering \$1.3 trillion and rising, with the current median student loan debt being \$16,995. If you want to learn more about this epidemic, take a few minutes to view this film by Adam Carroll "Broke, Busted and Disgusted; College Debt Documentary."

The goal for our children and grandchildren is to give them the best chance to succeed and to launch their careers with the least amount of student debt possible. Whether our current or future students receive scholarships, and/or have access to College Savings 529 accounts, they will need these resources to be on a strong path of avoiding the anchor of student loan debt.

Here are some items to consider when crafting your game plan for education funding that will provide you the highest probability of success:

Start saving and using funds early

Saving today for future education goals can make all the difference toward success. As of June 2018, in Iowa, your

529 account can be utilized for qualified K-12 tuition and education expenses at public, private, or religious schools up to \$10,000 per year. Whether you are planning for expenses now or in the future, planning ahead for how much your student will need is important to understand.

Student loans

Repayment of student loans is NOT a qualified education expense for a 529 plan. Before a student applies for a student loan(s), plan accordingly knowing that student loans cannot be paid with 529 funds.

Scholarships

If your student receives a scholarship(s) and you find that their account is "overfunded," you have options. The account owner has the right to transfer a 529 account balance(s) to an eligible family member. Second, a withdrawal can be made in the amount not to exceed the balance of the scholarship(s) received without penalty (10%). However, the pro-rata earnings amount will need to be included back in your income taxes. You will want to consult your tax advisor on any distribution.

Opening an account online is straightforward and can be completed in a matter of minutes. If you have questions about college expense projections and/or how much should/could you be contributing, feel free to contact us.

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A BUSY AND PRODUCTIVE YEAR FOR MOMS



LAUREL PRESTRIDGE, M.D.

President

When I was in medical school, one of our professors told us that whenever physicians spoke, people listened. While that may be somewhat true, many decisions that affect us and our patients are made without our input because we have not been given the chance to speak. It's one of the things that contribute to our frustration with medicine and to burnout. Helplessness is not an affirming feeling. But cursing the dark does not bring light. We must find the tables, the meetings and the organizations to bring about positive change in our chosen field, medicine.

MOMS is doing just that. We bring together representatives from all types of medical practice: academic, private and hospital-based. We network with each other at events such as Women in Medicine, DocBuild with Habitat for Humanity, Knowledge Bombs (CME) and leadership training. We have had networking meetings with our legislative representatives where we speak directly with them so that we can let them know what issues are important to us. We have a community internship program that

allows people outside of medicine to get a slice-of-life look at what we do so that they can make more informed decisions on issues affecting us. Developing strong relationships with community leaders helps us get to a place where our voices can be heard.

Prior to the most recent Nebraska Medical Association meeting, MOMS members met to create and evaluate a number of resolutions to take to the NMA House of Delegates. These resolutions, when passed by the NMA House of Delegates, help to direct the advocacy and other efforts of the NMA going forward. For example, one resolution supports changes to immigration policy that urges U.S. Immigration and Customs Enforcement to work with local agencies to help with children when workers are apprehended and to urge quick reunification.

We have this year continued our efforts to identify and address physician burnout. The confidential MOMS Provider Wellness Online Assessment, available at www.omahamedical.com, is a way for Omaha-area physicians, residents, fellows and medical students to check how we are managing stress and put those in distress in touch with needed help in strict confidence. More than 100 area medical students and physicians have used this tool. We brought the powerful documentary on physician suicide, "Do No Harm," to Omaha and are continuing the discussions to allow physicians in practice and in training to talk candidly about this problem with the goal of coming to some genuine solutions.


MOMS continues to own Nebraska Credentials Verification Organization (NCVO), which has helped to streamline the mountain of paperwork involved with maintaining our privileges at vari-

We must find the tables, the meetings and the organizations to bring about positive change in our chosen field, medicine.

— LAUREL PRESTRIDGE, M.D.

ous hospitals. As health care changes, we are actively addressing how NCVO can evolve to continue to be of value to our physician community and support MOMS' mission financially.

The Metro Omaha Medical Society now offers administrative support to several specialty societies including the Nebraska Chapter of the American Academy of Pediatrics, Nebraska Chapter of the American College of Physicians, Nebraska Psychiatric Society, Metro Omaha Ob-Gyn Society, and the Nebraska Regional Council of the American Academy of Child and Adolescent Psychiatrists. Through these partnerships MOMS provides valuable operational support to these entities and creates new opportunities for collaboration.

My year as MOMS president will end soon. I appreciate all the hard work and support of the MOMS staff and particularly Carol Wang, executive director of MOMS. I look forward to the leadership of Dr. Lindsay Northam next year and will continue to be active in MOMS so that I can still be heard. I hope many of you will be as well. 

3

Steps

2

Minutes

1

Life Changed
Forever

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

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

ASK patients about their tobacco use status and document.

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

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

Pharmacotherapy

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

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

QuitNow.ne.gov

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

1-855-DÉJELO-YA (335-3569)

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

**NEBRASKA
TOBACCO
QUITLINE**

BEST PRACTICES:

Working with Advanced Practice Providers



DAN ROSENQUIST, M.D.

COPIC Department of
Patient Safety and Risk Management

Physicians are working more frequently with advanced practice providers (APPs), such as physician assistants (PAs) and nurse practitioners (NPs). In these collaborative scenarios, there are several potential liability risks for those involved. APPs may also be an independent or a dependent practitioner, depending on state specific statutes, terms of employment, contracting, and other factors. And this may affect physician risk when faced with an adverse outcome.

Case Study: A PA in a primary care clinic saw a patient with complaints of a swollen, painful elbow along with fever, chills, and night sweats for the last two nights. The patient had escalating symptoms for a week and his elbow had an effusion for the last three months. The patient's history was remarkable for mild gout with attacks affecting the right great toe (occurring about once every two years). The PA diagnosed the elbow as an acute gout attack and started the patient on indomethacin.

Forty-eight hours later, the patient was taken to the ER due to rigors and delirium, and was diagnosed with sepsis syndrome from an infected joint, and required surgical drainage, intravenous antibiotics and hospitalization in the ICU. The patient sued the PA, alleging negligence for failure to

recognize and appropriately treat a septic joint as well as failing to consult the supervising physician. Additionally, the supervising physician was sued and alleged to have negligently supervised the PA by allowing him to see clinical conditions he had no experience with and for failing to train the PA to consult a physician when seeing a complex problem.

During a review of the care, it became apparent that the PA did not have any experience with diagnosing or treating gout, inflamed joints or effusions, and had never seen a septic joint before. The clinic did not have any protocols in place for what type of symptoms or medical conditions the PA could see patients independently and those in which the PA should consult the physician. During deposition, the PA said he experienced difficulty in the past with finding a supervising physician to consult with, and that might have made him less inclined to seek assistance.

Lessons Learned: This case illustrates several areas for potential litigation when working with PAs:


- PAs often see walk-in or day of appointments in outpatient clinics. These can be the sickest, and potentially, most risky outpatients.
- PAs should have experience with the medical symptoms or conditions present in the patients they are seeing, or they should have a low threshold to consult with a supervising physician.
- Supervising physicians should always be readily available to consult with PAs whenever they are seeing patients since the physician is ultimately responsible for the quality of care the PA renders.

General Guidelines: Any provider who works with APPs should be familiar with and understand the relevant requirements. Although compliance rules for supervising APPs varies across different states and by role, the following are general guidelines to consider:

Here are things to avoid:

- APPs being referred to or addressed as "Doctor."
- APPs doing any type of care which the supervising physician does not do.
- APPs practicing without a safety net (i.e., ready access to physician consultation).
- Failing to comply with rules and regulations set forth by the appropriate state licensing board.
- Failing to document patient conditions, handoffs, or consultations.

These are questions supervising physicians and APPs should be able to answer:

- What services are APPs allowed to perform independently and which ones require direct supervision?
- Which situations should APPs consult the physician and document that discussion? Which situations should the physician prepare his or her own documentation?
- What are the supervisory requirements and who is designated as the supervising physician?
- What APP qualifications need to be reviewed and how often?
- Is the practice complying with rules and regulations set forth by the appropriate state licensing board to fulfill education requirements?
- What documentation or agreements need to be in place and how often do these need to be updated?
- Is there an awareness of the network of physicians for support and does this provide adequate coverage for consultation needs?
- Do APPs understand their employment contracts, expectations, and limitations as defined by the practice? 

LEGAL IMPLICATIONS

of Offering Discounts on Patients' Copayments and Deductibles



JOSEPH E. HUIGENS, J.D.

Member of the Health Law Practice Group
Koley Jessen, P.C., L.L.O.

In 2012, Aetna Life Insurance Company filed a lawsuit against a group of San Francisco Bay Area surgery centers that was based, to a large extent, on the group's practice of not charging copayments for its out-of-network patients insured by Aetna. Four years later, a jury awarded Aetna some \$37.4 million dollars in damages, demonstrating that violations of private payor contracts can be just as costly for providers as violating the federal and state laws governing discounts on patients' cost-sharing amounts.

It has been over four years since the Aetna decision and we still receive questions from health care providers and suppliers around the country as to whether (and if so, how) they can offset the out-of-pocket cost-sharing amounts (e.g., copayment and deductibles) that patients have to pay for health services and items. Such offsets may be proposed in the form of discounts, rebates, prompt-pay or cash-pay incentives, or coupons (collectively, "discounts") that reduce the service's or item's total cost or that directly reduce just the patient's cost-sharing portion. Proposals of this type might be focused on all payor types, including Medicare or Medicaid, or just on private pay (allegedly to avoid the regulations tied to the federal programs). In either scenario, providers need to be careful when considering such discounts.

There are a myriad of legal issues that must be carefully navigated when it comes to offering discounts. For one, a provider's practices must conform to the laws of the states where its services are offered. In some states, for example, it is illegal for a provider to engage in the practice of regularly waiving, rebating, or paying for all or a portion of a patient's health insurance deductible. For another, private payor contracts often require providers to collect patients' cost-sharing amounts in full. As in the Aetna case, an unauthorized discount could give rise to claims from the insurance carrier for breach of contract, tortious interference, and possibly insurance fraud, particularly if there is no showing of the patient's financial need or the provider's unsuccessful collection efforts.


Of course, we must also consider the applicable federal laws. If the services may be paid for under a federal health care program (e.g., Medicare or Medicaid), then the provider's practices must comply with the federal anti-kickback statute and civil monetary penalties law. The anti-kickback statute makes it a criminal offense to knowingly and willfully offer or give anything of value in order to induce or reward the purchase of any service for which payment may be made by a federal health care program. Similarly, the civil monetary penalties law makes it unlawful to offer or give anything of value to a patient if it is likely to influence his or her decision to choose a particular provider for a service that will ultimately be paid for by Medicare or Medicaid. For both laws, discounts are *something of value*. The penalties for violating either law can be quite harsh; however, because of their breadth, both laws have exceptions and "safe harbors" to protect certain billing or financial practices that might otherwise be illegal.

There is no exception or safe harbor that allows providers to offer a routine reduction or waiver of patients' out-of-pocket costs without regard to the individual patient's financial need. A provider might be able to utilize the "discount" safe harbor, which has several documentation and disclosure requirements and, most importantly, requires that any cost

reductions given to the patient must be extended to the federal health care programs. The U.S. Department of Health & Human Services generally considers discount arrangements in which a federal program gets less than, or none of, its share of the savings recognized by the discount to be "seriously abusive," because such arrangements likely result in the program being overcharged.

Simply stated, any copayment coupons, rebates, or discounts, including prompt-pay and/or cash-pay discounts, that are applied just to the patient's cost-sharing amount and not to the total cost of the health service will not fit within the discounts safe harbor.

Reductions and waivers of patient cost-sharing amounts that are based on legitimate financial need are treated differently. Even then, however, the decision to reduce or waive a copay or deductible must be made on a case-by-case basis and cannot be done routinely. For such financial need waivers, providers should develop written criteria for determining and documenting patients' financial need, and should apply such criteria consistently.

All told, there is no bulletproof way for a provider to lower patients' out-of-pocket costs on services that are payable under a federal health care program, unless the provider: (a) passes a proportionate discount onto the federal payor, or (b) makes an individualized determination of each patient's financial need for the waiver or reduction. Although a discount that does not satisfy either of those two conditions is not illegal, *per se*, it would not qualify for protection under a safe harbor and, therefore, poses risk under the anti-kickback statute and civil monetary penalties law. Unauthorized or otherwise improper discounts might also lead to breach of contract claims and other civil actions from private payors, such as Aetna. Providers would be wise to consult qualified legal counsel before offering discounts for health services, regardless of whether such services involve the federal programs. 

LEASING VERSUS OWNING:

Three Considerations



KELLEE MIKULS

Vice President

CBRE|MEGA Commercial Real Estate

Commercial real estate affects everyone who actively practices medicine. Whether you work for a larger health institution or have your own private practice, your bottom line is affected by your real estate line item. So it is likely you will at some point have to make the decision

Whether you work for a larger health institution or have your own private practice, your bottom line is affected by your real estate line item.

— KELLEE MIKULS

if you want to buy or lease the space in which you practice. The list of benefits and disadvantage for both owning and leasing are equally long, however, the three most common factors I see in my clients' decision-making qualities usually are location, equity upside and upfront capital.




Location: In recent years, health care continues to migrate towards retail and neighborhood centers to be closest to where their patients “eat, work and play.” This is especially common in family, pediatrics, and urgent care providers, with specialties continuing to shift towards these areas. When considering leasing vs. buying, you can guaranteed your flag in key location by buying over leasing. With fee simple purchasing of real estate, you limit your exposure to not being able to renew your lease.

Equity Upside: Medical office space is usually more expensive than that of traditional office space due to proximity to medical centers and medical improvements. Landlords with medical buildings

reap the benefits of these rents and limited turnover as medical practices have stay longer due to the improvements they have put in. By owning real estate, you can reap the benefits of building equity within your asset and having greater control of your expenses. In an effort analyze the upside, it is important to understand what the actual operating costs of the building are and the best way to structure your ownership to capitalize the best tax opportunities.

Upfront Capital: Turn-key medical space is second generation space that has existing medical buildout that can include sinks in every exam room, ceiling power for special lasers or lights, and an existing layout that reflects practice workflow. These spaces often come available when medical practices relocate or end their lease at their buildings. The costs to build-out medical space is expensive and usually the number one deterrent to moving or upgrading space. If cost is a deterrent, leasing is an option where you can leverage your lease to obtain an improvement allowance from the ownership.

When considering a lease vs. buy scenario, it's important to have the data of costs to operate, cost to improve, cost to lease, and what either scenario is expected to bring from a revenue perspective. Your professional advisers can help put this information together to help you and you team make the decision that is most in line with your strategy. 

A FOCUS ON

Bringing Medical
Residents Together



A showing in August of the documentary “Do No Harm”—which focused on physician burnout and suicide, and was sponsored by the MOMS and Physicians Foundations, and the Nebraska Psychiatric Society—may have gotten the ball rolling about this serious topic.

“This documentary led to discussion, which led to action and activity,” said Carol Wang, MOMS executive director. “Medical students and residents can feel pressure in all aspects of their lives. Finding the right balance in life is critical.”

Following the film, attendees shared ideas and information about current burnout prevention and treatment efforts in the Omaha community, specifically for medical residents. In addition to MOMS’ programs, the UNMC and Creighton House Staff Council are actively working to create opportunities for their members to relieve stress and support one another.

The following are current initiatives, led by residents, aimed to build community and resiliency within their programs.

Improving the Culture of Medicine

Bradley Hall, M.D., a general surgery resident and president of the UNMC House Officer’s Association (HOA), said one the HOA’s primary areas of focus this year is to encourage medical residents and fellows to interact more in and out of the hospital. “We are focusing on improving the culture of medicine, which can contribute towards residents and fellows feeling isolated.”

One emphasis, he said, is on physical activity and fitness. The association recently offered to reimburse the registration fee for residents and fellows who decided to run in the Omaha Marathon. Ten people, wearing T-shirts provided by the HOA, participated.

“It was a great event,” Dr. Hall said. “It was good to get people together outside of the hospital—and in a healthy setting.”

The HOA’s Fitness and Training Committee, led by Anton Simorov, M.D., (general surgery resident), is also working to organize regular running and cycling groups to better accommodate for the Residents and Fellows.

Dr. Hall said the HOA started publishing a monthly newsletter, in part, to promote events geared toward preventing physician burnout and to provide a platform for the HOA to send out monthly updates to residents and fellows. The HOA recently encouraged residents—through its newsletter—to participate in the Out of the Darkness Walk, sponsored by the American Foundation for Suicide Prevention.

Dr. Hall also shared other endeavors either organized or supported by the HOA:

- A project led by Christina Nguyen, M.D., geared at encouraging discussion among residents and fellows about a variety of topics to help reduce burnout (see below).
- The Interdisciplinary Association of Minority Health Professionals of the Omaha Metropolitan Area, or “I AM HOME” for short, focuses on the recruitment and retention of underrepresented people in the health care field.

“In addition to providing effective representation of residents and fellows, the HOA aims to take meaningful steps towards improving the culture of medicine at UNMC.”

Giving Students a Voice

The Creighton House Staff Council serves as a connection between medical students and the administration. “We represent all residencies and make sure that our concerns are shared with administrators,” said April Skanes, M.D., council president.

Another service the council provides, Dr. Skanes said, is coordinating a relief fund for students who face unexpected hardships. Should a family member become ill or die, she said, the fund, for example, could help a medical student

pay for airfare home. Should a student get sick, the fund could help defray unexpected costs caused by the illness.

To provide an outlet, The House Staff Council has provided opportunities for residents to become part of their community with projects such as the “Feed the Need” campaign during which Students collect food for the Siena/Francis House. In addition, the council buys tickets for residents to attend Creighton University sporting events several times a year.

The council also is addressing the process of logging duty hours, she said, seeking a better way to determine how many hours residents are working.

Finally, Dr. Skanes noted two wellness programs, one that includes representatives from all medical residencies and another coordinated by Matt Frank a radiology resident, promotes health and fitness among students


An ‘Anyone-Can-Come’ Support Group

Christina Nguyen, M.D., a family medicine resident at UNMC, wants to provide her peers with an outlet where they can share their thoughts, experiences and challenges in a nonthreatening environment.

Dr. Nguyen approached the UNMC Graduate Medical Education Office about her idea—and planning took off from there. Other UNMC leaders also have given their support.

Plans are for the group, to be called Resident Mindfulness and led by a trained behavioral health specialist, to meet monthly. The location for the sessions is yet to be determined.

“It’s non-obligatory, anyone-can-come group,” she said. “There’s no pressure. No attendance will be taken. “The group’s emphasis will be on learning and implementing mindfulness in order to help residents manage stress and the challenges of the residency journey.”

Dr. Nguyen said she hopes to partner with the UNMC House Officers Association to make the support group sustainable. 



PHYSICIAN ASSISTANTS: A MATTER OF SUPERVISION

It started with news of practices opening their doors in the area staffed with physician assistants, where supervising physicians did not practice the same specialty or appear to be in the state.

The calls, posts on Nebraska and Omaha physician facebook pages, and emails all asked a singular question... can that happen?

Nebraska law §30-2050 states: "To be a supervising physician, a person shall: a) Be licensed to practice medicine and surgery under the Uniform Credentialing Act; b) Have no restriction imposed by the board on his or her ability to supervise a physician assistant; and c) Maintain an agreement with the physician assistant..."

"We don't license people based on specialty," according to Carl Smith, M.D. Dr. Smith served on the Nebraska Department of Health and Human Services Board of Medicine and Surgery for the last 15 years, ending his tenure at the end of November. He's quick to point out that the Board handles complaints regarding physicians and, ultimately, physician assistants, but it is not a policy setting entity. "The Board does not police physician or physician assistant behavior but responds to complaints and advises DHHS on rules and regulations."

The question, though, has spawned bigger concerns about the responsibility of physicians who supervise. Practice agreements are no longer required for nurse practitioners after the law was changed in 2015, (although some hospitals still require some collaborative agreement for privileging), but they still exist in the physician assistant realm. However,

legislation in the last ten years now allows for the P.A. to work in a completely unrelated location from the doctor. There are stipulations for those P.As who have practiced less than two years in terms of how many patient records the doctor must review each month.

"It allowed for looser supervision of physician assistants," agreed Smith. He says requests for remote locations or to supervise several physician assistants at the same time used to require the Board of Medicine and Surgery's approval for each individual case, but the law has eliminated many of those requests. He cautions, though, that liability remains an issue for supervising doctors. "To enter that agreement for purely financial gain is a really bad idea."

Dr. David Hoelting agrees. He sits on the state's Physician Assistant Committee as a supervising physician member and has held that position since April, 2009. "We have repeatedly had cases that have come up with tenuous oversight," he adds. Those cases, he explains, usually originate from a patient complaint about the issue.

Liability is very clear in §38-2053 of the state laws. "Any physician or physician groups utilizing physician assistants shall be liable for any negligent acts or omissions of physician assistants while acting under their supervision and control."

So what is a physician's obligation when they're taking on this role? "All of that is contextual. It depends on the comfort level of the physician with the physician assistant and the skillset of the physician assistant," ruminates Smith.

Hoelting believes physicians who supervise should expect to "number one, you should be the go-to information source for that PA. You should have overriding knowledge. You should be available and you should oversee the PA's practice."

As a practicing physician himself who doesn't have P.As under his direct oversight, but does work with other advanced practice providers, Smith still firmly believes the best care for patients is coordinated care based on strong working relationships between doctors and other providers. "If providers did only what they are capable of and recognized their limitation I believe that better care would be the result."

"Most of the times we get into trouble when it's not an ideal situation and not in the best interest of patients, comments Hoelting."

As a footnote, disciplinary complaints are filed to the Professions and Occupations Investigations Unit at DHHS, which reviews/investigates the claims and then presents the case to the Board of Medicine and Surgery. A concern about a P.A. would go to the Physician Assistant Committee first and then that report would be routed to the Board of Medicine and Surgery. The Board makes its recommendation to the Attorney General's office for disciplinary action, which is then signed off by the state's Chief Medical Officer.

Policy complaints should be addressed to the state's Licensure Unit at 402-471-2115, DHHS.LicensureUnit@nebraska.gov; 301 Centennial Mall South, 1st Floor, Lincoln NE 68508.

Statute complaints are handled by state legislators. 



MELISSA JOHNSON RETURNS TO NCVO

She's back.

Melissa Johnson, who served as director of the Nebraska Credentialing Verification Organization from 2002 to 2007, returned this summer to grow the organization and help implement its new online application option.

Johnson, who served the past 10 years as manager of medical staff services for Children's Hospital and Medical Center, said her decision to return to the Nebraska Credentialing Verification Organization, or NCVO, came after a conversation with Carol Wang, MOMS executive director. "We talked about options," Johnson said. "Bottom line: I believe in the NCVO

as. "My goal is to get the pulse of these organizations and see what their experience has been—and what we should be working on."

She also will oversee NCVO's new online application process—a secure portal for health care providers to use when completing their applications. "Providers are moving to online portals, rather than having to fill out an application that is 14 pages long. People have long wanted it to be online, instead of grabbing a pen and filling it out."

"It's another way NCVO wants to stay relevant and continually improve our process," explained Wang.



(From left) Executive Director Carol Wang, manager Aaron Reeves and implementation/client services director Melissa Johnson

"We have the experience to complete the verifications. It's what we do—and we do it well."

— MELISSA JOHNSON


mission. Health care has gotten so expensive. We're looking for ways to cut costs. By using a centralized office, health care organizations can save money—rather than hiring additional staff."

Wang, for her part, said bringing Johnson back to NCVO will allow the organization to innovate and evolve. "Melissa has such knowledge in all aspects of credentialing and medical staff services and we are lucky to have her expertise to help our clients and to help us grow NCVO to meet its potential."

In the last few years, NCVO has expanded its scope of services to include working on enrollment for payers and coordinating privileging for small practices. As director of implementation and client services director, Johnson describes it

ensure that current ones remain satisfied with the service they receive.

She credited the late John Sage, M.D., for his leadership in first identifying the need for a credentialing agency and then seeing the idea become reality. Until then, physicians had to complete applications at each hospital at which they wanted to treat patients. "His vision was to save physicians valuable time."

Johnson said her goal is to explain to hospital administrators that using the NCVO makes good business sense. "We have the experience to complete the verifications. It's what we do—and we do it well." 

(Back row): Aaron Reeves, Gwen Martins, Carol Beebe, Carol Wang, Diane Curran and Frank Lastovica
(Front row): Amy Henderson, DeeAnn Davidson and Melissa Johnson



A GOOD MATCH

**Event Brings Student
and Specialist Together**



Alex Arne didn't know what to expect when he decided to attend MOMS' "Speed Dating for Your Specialty" mentoring session bringing medical students and practicing physicians together. "I had never done this before," he said. "I thought I might as well go."

He's glad he did—especially because he met Britt Thedinger, M.D., who sold him on the benefits of specializing in ENT.

In the end, the second-year medical student at Creighton is rethinking his original choice for a medical specialty. "At the time, orthopedics was my top choice. Right now, ENT is my focus."

MOMS started hosting the annual mentoring event (held each autumn) nearly 10 years ago at the suggestion of Peter Whitted, M.D. The event provides local medical students the opportunity to interact face-to-face with established physicians to discuss a variety of medi-

"It's a casual way to bring people together—but the outcomes can be career-changing for medical students."

— CAROL WANG

cal specialties. Designed with a "speed dating" format, the event seats physicians at individual tables labeled with their medical specialty. Medical students select a table (specialty) of interest and are able to and ask questions, rotating to a new table every nine minutes. When time is up, the students have gained valuable information and established potentially valuable contacts as their careers evolve.

MOMS put its own spin on the match-making event and brings students and specialists together for conversation.

"It's a casual way to bring people together—but the outcomes can be career-changing for medical students," said Carol Wang, MOMS executive director.

Arne said Dr. Thedinger helped him realize that ENT went well beyond tonsils. He also learned—in a six-minute conversation—that ENT specialists treat patients throughout their lifetimes.

The next step was to shadow Dr. Thedinger at his clinic. He's now a member of the Otolaryngology Interest Group at Creighton, and spent last summer conducting vestibular research at the UC Health Anschutz Medical Campus in Colorado.

CONT. PAGE 30



The Thedinger File

Hometown

Prairie Village, Kansas

Undergraduate Degree

Vanderbilt University
in molecular biology

Medical Degree

University of
Kansas College of
Health Sciences

Residency

Harvard University-
The Massachusetts
Eye and Ear Infirmary
in otolaryngology

Fellowship

The Otology Group/
The Ear Foundation in
Nashville, Tennessee, in
otology/neurotology

Specialty

Otology/Neurotology

Location

Ear Specialists of
Omaha and Bellevue

Hobbies

Cycling, hiking
and skiing

Family

Wife, Kelly, and three
children: Britt Jr.,
Ainsley (Kumar) and Will

Why He Joined MOMS

"Because it's the
right thing to do."



FROM PAGE 29

Along the way, he's kept in touch with Dr. Thedinger, who said he's complimented that his discussion with Arne led him to rethink his career choice. "I just must be a darn good salesman," he joked. Then, added: "Anyone who has an interest in ENT must be a sharp individual."


In all serious, Dr. Thedinger said of Arne: "He's a fine young man who would be an asset to any specialty. He communicates well."

The speed-dating experience, Dr. Thedinger said, provides medical students with an opportunity to discover what they would experience should they pursue a given specialty. "Sometimes, students don't get an opportunity to ask pertinent questions—"What's it like to be an ear doctor?' What's your day like?' 'Why did you go into the field?'"

Dr. Thedinger said he participates in the speed-dating event whenever he can—and encourages all MOMS members to join him.

"I would encourage all MOMS members to take advantage of this event," he said. "It's a great way to interact and meet nice people from all over the state and the country."

And should Arne ultimately end up as an ear, nose and throat specialist, Dr. Thedinger said he would welcome him to the club.

"Everyone comes to their decision in their own way," Dr. Thedinger said. "But if he does, I would find that a compliment. And I would compliment him for joining us." 



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Child and Adolescent Psychiatry

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Psychiatry Associates

WILLIAM PRYOR, M.D.

General Surgery

Offutt AFB - Ehrling Bergquist Clinic

ADAM PLEAS, M.D.

Otolaryngology

CHI Health Clinic


MEMBER NEWS


DR. TAPE
 Receives
 International
 Honor

Tom Tape, M.D., professor and chief of the UNMC Division of General Internal Medicine, has been elected as a fellow in the Royal College of Physicians (RCP)-London.

As England's oldest medical academic body for physicians founded in 1518 by Henry VIII, its core mission is to drive improvements in health and health care through advocacy, education and research.

Fellowship in the 500-year-old organization is a prestigious accolade. Fellows assist with the RCP's main objectives by supporting and contributing to champion the values of the medical profession, promote and improve patient-centered care, influence the health care agenda and improve standards in clinical practice.

"I am deeply honored to become a fellow in the Royal College of Physicians," Dr. Tape said. "Its mission to drive improvements in the diagnosis of disease, the care of individual patients and the health of the whole population fits well with our own transformative goals in Nebraska. I had the opportunity to meet with RCP leaders and found that our two countries' health systems have much in common in terms of strengths and challenges. I look forward to continuing the dialogue about how we can work together for the betterment of global health." 


DR. GOLD
 Named Board Chair
 of Graduate Medical
 Education Organization


Jeffrey P. Gold, M.D., chancellor of the University of Nebraska Medical Center, is the new chairman of the Board of the Accreditation Council for Graduate Medical Education (ACGME). He succeeds Rowen Zetterman, M.D., associate vice chancellor for academic affairs at UNMC.

The ACGME is a private, nonprofit organization that reviews and accredits graduate medical education (residency and fellowship) programs, and the institutions that sponsor them in the United States. Its mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

Dr. Gold's term will run through September 2020. He has served on the board of the ACGME since 2012.

In his role as chair, he will be responsible for overseeing the development of the organization's strategic plan and overseeing all committees that have activities in accreditation or training. He will be an ex-officio member of each ACGME committee, from public policy to finance and audit. He also will chair the three major meetings of the board that are held each year.

"The ACGME is an integral part of ensuring the excellence of graduate medical education to the more than 130,000 residents across the United States," Dr. Gold said. "It has been an honor to be a part of the board, and it will be a privilege to serve as chair. Dr. Zetterman has been a remarkable leader for the ACGME, helping to steer the ACGME along a truly remarkable course of growth and excellence."


The ACGME accredits sponsoring institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education and population health. 



DR. WILLIAMS
Named MIPPA
CEO

Stephen H. Williams, M.D., assumed in September the role of CEO and chairman of the board for Midwest Independent Physicians. As part of his duties, Dr. Williams will lead the broader organization, Midwest Independent Physicians Practice Association (more commonly known as MIPPA), forward through the next phase of growth and expansion. MIPPA is a membership organization established by physicians to collaboratively strengthen and support independent practices throughout Nebraska and Iowa communities.

As Dr. Williams noted, "We are still finding our (health care providers) way through the changes that are acting to transform the delivery of health care and the ways services will be paid for in this new era. As the payer landscape continues to evolve over the next few years, MIPPA remains dedicated to working with independent practitioners and its partners to design programs that maximize revenues, keep operations cost down, and more importantly, enhance the quality of care that independent practices are uniquely qualified to provide."

Dr. Williams is a University of Nebraska Medical Center-educated physician and is board certified in family medicine. He is a second-generation physician who has been practicing 34 years at Williams Family Medicine. His involvement with MIPPA began at MIPPA's inception. From the beginning, Dr. Williams has been an officer and member of the Board of Directors, a participant in the Medicare ACO, and lead adviser in MIPPA commercial product design. Dr. Williams has also been involved in many professional and community activities over the years, including Catholic Social Services and the Arthritis Foundation. 

IN MEMORIAM

EUGENE BARONE, M.D.

Jan. 18, 1951 – Oct. 11, 2018

BRUCE BUEHLER, M.D.

March 21, 1943 – Sept. 18, 2018


JOHN EGAN, M.D.

Jan. 12, 1922 – Sept. 27, 2018



MOMS WOMEN IN MEDICINE GROUP VISITS BIG MUDDY URBAN FARM

The Women in Medicine Group met in early October at Big Muddy Urban Farm—a collectively run urban farm providing local and diverse fruits, vegetables and herbs. The farm also shares skills and resources with our community. The group learned about Big Muddy's projects, met the current farmers in residence, and toured a few of the farm's plots.

1. The Women in Medicine group and Big Muddy Executive Director Brent Lubbert.
2. Dr. Lindsay Northam, MOMS Special Projects Coordinator Halie Smith, and Dr. Audrey Paulman pose with three of about 40 chickens living at Big Muddy. 

MOMS Foundation Annual Match Program



Stephen Center: Onsite Medical Clinic

Each year, the Metro Omaha Medical Society Foundation asks members to join in supporting a local non-profit. The MOMS Foundation matches the first \$5,000 in donations. This year's goal is to raise \$15,000 for the Stephen Center Onsite Clinic.

ABOUT THE STEPHEN CENTER:

Stephen Center has served homeless and low-income individuals in Omaha since 1984 and has grown to include a multi-facility campus supporting vulnerable men, women and children seeking to overcome homelessness, addiction and poverty. They serve approximately 200 people daily.

HOW YOUR DONATION WOULD BE USED:

To address the health needs of those they serve, the Stephen Center recently established an on-site medical clinic to provide primary care. The grant funds would be used to provide clinic equipment and supplies. In addition to financial donations, MOMS is also accepting donations of working equipment or supplies from the list provided.

- ECG machine and supplies
- Spirometer
- Pediatric oximeter
- Welch Allyn Kleenspec Cordless Illumination System and supplies (PAP testing/vaginal exams)
- Standing scale with height bar
- Supplies (gauze, tape, syringes, needles, items for joint or soft tissue injections)
- Nebulizer and associated supplies
- Otoscope
- Thermometer

DONATIONS ACCEPTED THROUGH FRIDAY, JANUARY 25, 2019.

Drop off Equipment/supply donations during business hours at the Metro Omaha Medical Society - 7906 Davenport Street.
Visit www.omahamedical.com/about/foundation for more information or to make a financial donation.



POLICYMAKER MEET AND GREET DRAWS A CROWD

Medical students, residents and physicians representing MOMS and four specialty societies were joined by state and national lawmakers and political candidates in late September at a Policymaker Meet & Greet in the Midtown Crossing Community Club Room. Partner societies in this event were the Nebraska Chapter of both the American Academy of Pediatrics and the American College of Physicians, Nebraska Psychiatric Society and Regional Council of the American Psychiatric Society Child and Adolescent Psychiatrists.

Photos by Mike Machian

1. Kara Eastman, Nebraska 2nd District U.S. House candidate (left) and Dr. Matt Appenzeller.
2. (from left) Dr. Alan Thorson, State Sen. Robert Hilkeman (Legislative District 4), and John Arch, District 14 legislative candidate.
3. Medical resident Dr. Sam Hutchinson (left) and Susan Lorence, District 2 legislative candidate.
4. Dr. Linda Ford (left), State Sen. John McCollister from Legislative District 20 and medical student Olivia Sonderman.
5. Rep. Don Bacon (left), Nebraska 2nd District, and Dr. Brett Kettelhut.

Other lawmakers and candidates for offices in attendance were Jackie Collette, District 20 legislative candidate; Bob Evnen, candidate for Nebraska secretary of state; Jessica McClure, candidate for U.S. House 1st District; State Sen. Merv Riepe, Legislative District 12; and State Sen. Theresa Thibodeau, Legislative District 6. [@](#)




NEW LEADERSHIP AT BOYS TOWN NATIONAL RESEARCH HOSPITAL

Boys Town National Research Hospital has new leadership with Edward Kolb, M.D., MBA, as the new executive vice president of health care at Boys Town and director and chief medical officer at Boys Town National Research Hospital and Medical Clinics, and Brad Hansen, JD, serving as hospital administrator.

Dr. Kolb has been a key member of Boys Town Hospital's executive leadership team since 2006. He has held the positions of medical director of Boys Town National Research Hospital—West and medical director of the Craniofacial Clinic, as well as lead the physician team as president of medical staff, chief medical officer and vice president of operations—all while continuing to provide direct patient care.

Dr. Kolb is board-certified in pediatrics and board certified in anesthesiology with a subspecialty certification in pediatric anesthesiology. He earned his master's of business administration degree from the University of Massachusetts Amherst. He is a member of the American Association for Physician Leadership and a Fellow of the American Academy of Pediatrics (AAP), having served on the executive board for the Nebraska Chapter of AAP from 2008-2010.

Hansen joined Boys Town National Research Hospital after more than 10 years of leadership at Methodist Health System. While serving in Legislature from 1996 to 2003, he was the primary author of Iowa's Children's Health Insurance Program (CHIP), known as Healthy and Well Kids in Iowa (HAWK-I). He earned his master's of arts in hospital and health administration from the University of Iowa and juris doctor from the University of Iowa College of Law. 



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NONPROFIT AIMS TO LOWER GENERIC DRUG PRICES

Penicillin and opioids are among the 100 medications which made the U.S. Food and Drug Administration's drug shortage list in 2018. Such scarcities add an estimated \$230 million in drug costs each year, according to a study published in September's *Annals of Internal Medicine*.

This year, Catholic Health Initiatives, CHI Health's parent company, joined six other large health systems to establish Civica Rx, a nonprofit generic drug company that will address shortages and high prices of life-saving medications.

"This is an example of the kind of industry disruption that can help rein in costs," said Cliff Roberts, CHI Health CEO. "It's an exciting move because it has the potential to lower medication costs for hospitals, insurers, employers and patients."


Civica Rx expects to release its first products in early 2019 initially focusing on 14 hospital-administered generic drugs. The nonprofit will be an FDA-approved manufacturer and will either manufacture generic drugs or sub-contract manufacturing.

Martin VanTrieste, former chief quality officer for Amgen, agreed to lead Civica Rx as CEO without compensation.

Besides Catholic Health Initiatives, the seven initial governing members include HCA Healthcare, Intermountain Healthcare, Mayo Clinic, Providence St. Joseph Health, SSM Health and Trinity Health.

Three philanthropies also joined Civica Rx as governing members—the Laura and John Arnold Foundation, the Peterson Center on Healthcare and the Gary and Mary West Foundation. Gary and Mary West are founders of Omaha-based communications company West Corp.

Since January 2018, when the initiative was announced, more than 120 health organizations have expressed a commitment or interest in participating with the new company—representing about a third of the hospitals in the U.S.

"If Civica Rx delivers on its mission, there's no reason for hospitals and health systems not to participate in some way," Robertson said. 



METHODIST

METHODIST FIRST NEBRASKA HOSPITAL TO EARN 4TH MAGNET DESIGNATION

Methodist Hospital recently attained Magnet recognition for the fourth time.

In 2004, Methodist became the first hospital in Nebraska to earn Magnet status. Now, it is the first Nebraska hospital to achieve the status four times.

The American Nurses Credentialing Center's Magnet Recognition program® distinguishes health care organizations that meet rigorous standards for nursing excellence. The credential is the highest national honor for professional nursing practice.


Worldwide, a select group of 477 health care organizations have achieved Magnet recognition. Of those, 45 have been designated as Magnet organizations four times.

Research demonstrates that Magnet recognition provides specific benefits to health care organizations and their communities, such as:

- Higher patient satisfaction with nurse communication, availability of help and receipt of discharge information.
- Lower risk of 30-day mortality and lower failure-to-rescue rates.
- Higher job satisfaction among nurses.
- Lower nurse reports of intentions to leave their positions.

Magnet recognition also is a factor when the public judges health care organizations. U.S. News & World Report's annual showcase of "America's Best Hospitals" includes Magnet recognition in its ranking criteria for quality of inpatient care.

The Magnet Model provides a framework for Magnet® Model nursing practice, research and measurement of outcomes. Through this framework, ANCC evaluates applicants across a number of components and dimensions to gauge an organization's nursing excellence.

The foundation of this model comprises various elements deemed essential to delivering superior patient care. These include the quality of nursing leadership and coordination and collaboration across specialties, as well as processes for measuring and improving the quality and delivery of care. 



University of Nebraska
Medical Center

UNMC ENROLLMENT SETS RECORD FOR 18TH STRAIGHT YEAR


Student enrollment at the University of Nebraska Medical Center set another record high for the 18th straight year with 3,970 students enrolled for the 2018-19 school year, an increase of 62 students or 1.6 percent over last year's record of 3,908.

"This increase reflects our strong commitment to continue addressing the demand for highly skilled health care providers in rural and urban Nebraska as well as our ongoing commitment to providing the highest quality training environment, faculty and staff for our students in order to help meet this need," said Dele Davies, M.D., UNMC senior vice chancellor for academic affairs and dean for graduate studies.

UNMC Chancellor Jeffrey P. Gold, M.D., said UNMC's strong enrollment numbers bode well for the state's long-term health care workforce needs. "Many of our graduates stay in Nebraska, or return after their residencies, and provide critical health care access and services. We celebrate this record enrollment as we continue to build the workforce necessary to sustain the state's rural and urban communities."

There are 132 new students entering their first year in the College of Medicine, bringing the total enrollment to 524, which includes 39 students in the M.D./Ph.D. Scholars Program. The new students in the college, 82.6 percent of whom are Nebraska residents, were selected from a total of 1,865 applicants.

Enrollment in the College of Health is 185 for its professional programs, which includes 154 master's degree students and 31 certificate/non-degree students. Of the 65 incoming students, 58 percent are residents of Nebraska and non-resident students are represented by 18 different states and 8 different countries.

A total of 632 students are enrolled in the College of Allied Health Professions, including online students. The college has increased its enrollment at the Health Science Education Complex in Kearney from 80 last year to 102 this year. Overall enrollment increased by nearly 6 percent. 



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APPLICATION FOR MEMBERSHIP



This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I understand that my membership will not be activated until this application is approved by the MOMS Membership Committee and I have submitted my membership dues.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Birthdate: _____ Gender: ☐ Male ☐ Female
Clinic/Group: _____
Office Address: _____ Zip: _____
Office Phone: _____ Office Fax: _____ Email: _____
Office Manager: _____ Office Mgr. Email: _____
Home Address: _____ Zip: _____
Home Phone: _____ Name of Spouse: _____
Preferred Mailing Address: _____
Annual Dues Invoice: ☐ Office ☐ Home ☐ Other: _____
Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other: _____

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From: _____
Medical School Graduation Date: _____ Official Medical Degree: (M.D., D.O., M.B.B.S, etc.) _____
Residency Location: _____ Inclusive Dates: _____
Fellowship Location: _____ Inclusive Dates: _____
Primary Specialty: _____

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

Signature

Date

FAX APPLICATION TO:
402-393-3216

MAIL APPLICATION TO:
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APPLY ONLINE:
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