

# Physicians Bulletin

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NO. 1

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## Steps

# 2

## Minutes

# 1

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FEB  
12

## NMA ADVOCACY BREAKFAST

TUESDAY, FEB. 12, 2019 | 7:30 A.M. — 9 A.M.

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FEB  
21

## KNOWLEDGE BOMB: ORGAN DONATION

THURSDAY, FEB. 21, 2019 | 7 A.M. — 8 A.M.

**MOMS BOARDROOM: 7906 DAVENPORT ST.**

Hear representatives from Nebraska Organ Recovery provide strategies for discussing and encouraging patients to consider organ donation.

No cost for members to attend; \$15 for nonmembers.

.75 AMA PRA Category 1 Credit™\*.

MAR  
12

## MEDICAL LEGAL DINNER

TUESDAY, MAR. 12, 2019

RECEPTION | 5:30 P.M.

DINNER & PROGRAM | 6:30 P.M.

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Held in partnership with the Omaha Bar Association.

Save the date. More details to come.

APR  
26-27

## MOMS DOCBUILD: HABITAT FOR HUMANITY HOME BUILDING

FRIDAY, APRIL 26 & SATURDAY, APRIL 27, 2019

Save the date. Open to all MOMS members and their clinic staff.

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# Should I Worry About Inflation?

**BRAD REMPE, CFP®, AIF®, Lead Advisor**

When the prices of goods and services increase over time, consumers can buy fewer of them with every dollar they have saved. This erosion of the real purchasing power of wealth is called inflation. Inflation is an important element of investing. In many cases, the reason for saving today is to support future spending. Therefore, keeping pace with inflation is a crucial goal for many investors.

To help understand inflation's impact on purchasing power, consider the following illustration of the effects of inflation over time. In 1916, nine cents would buy a quart of milk. Fifty years later, nine cents would buy only a small glass of milk. And more than 100 years later, nine cents would buy only about seven tablespoons of milk. How can investors potentially prevent this loss of purchasing power from inflation over time?

## INVESTING FOR THE LONG TERM AND OTHER "TIPS"

As the value of a dollar declines over time, investing can help grow wealth and preserve purchasing power. Investors should know that, over the long-haul, stocks historically have outpaced inflation, but there also have been stretches where this has not been the case. For example, during the 17-year period from 1966–1982, the return of the S&P 500 Index was 6.8% before inflation, but after adjusting for inflation, it was 0%. Additionally, if we look at the period from 2000–2009, the so-called "lost decade," the return of the S&P 500 Index dropped from –0.9% before inflation to –3.4% after inflation.

Despite some periods where stocks have failed to outpace inflation, one dollar invested in the S&P 500 Index in 1926,

after accounting for inflation, would have grown to more than \$500 of purchasing power at the end of 2017, and would have significantly outpaced inflation over the long run. However, the story for US Treasury bills (T-bills), is quite different. In many periods, T-bills were unable to keep pace with inflation, and an investor would have experienced an erosion of purchasing power. After adjusting for inflation, one dollar invested in T-bills in 1926 would have grown only to \$1.51 at the end of 2017.

While stocks are more volatile than T-bills, they also have been more likely to outpace inflation over long periods. The lesson here is that volatility is not the only type of risk that should concern investors. Ultimately, many investors may need to have some of their portfolio in growth investments that outpace inflation to maintain their standard of living and grow their wealth.

## CONCLUSION

Inflation is an important consideration for many long-term investors. By combining the right mix of growth and risk management assets, investors may be able to blunt the effects of inflation and grow their wealth over time. Remember, however, that inflation is only one consideration among many that investors must contend with when building a portfolio for the future. The right mix of assets for any investor will depend upon that investor's unique goals and needs.

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# A THANK YOU AND A FOND FAREWELL



**AUDREY PAULMAN, M.D.**

Editor  
*Physicians Bulletin*

I would like to publicly thank those who are willing to step up and serve, and give you an opportunity to learn a little more about their stories.

First, as this edition of the Bulletin goes to press, Laurel Prestridge, M.D. is completing her term as president of MOMS. Thank you for all you have done for MOMS.

Additionally, I would like to also recognize Drs. Lindsay Northam, Britt Thedinger and David Watts for stepping up to the plate for physicians.

Lindsay Northam, the focus of the cover story of this edition, is the incoming president of MOMS. She studied molecular biology in undergraduate and chose internal medicine as a specialty upon graduation from Creighton Medical School. We

have asked her to tell you all a little bit about herself in this edition, along with ways you can be involved with MOMS and her "We M.D." initiative.

Dr. Thedinger is the newly installed president of the Nebraska Medical Association. He has a lifetime of involvement in boards and committees and activities that impact us as physicians. Last issue, we featured his involvement in the speed mentoring event, helping medical students through the process of choosing a specialty, which is a lifetime commitment. I would like you to participate in this yearly event.

**"Dr. Thedinger is the newly installed president of the Nebraska Medical Association. He has a lifetime of involvement in boards and committees and activities that impact us as physicians."**

— AUDREY PAULMAN, M.D.

David Watts, former president of MOMS, agreed to tell his story of his advocacy, including the pushback he received from the tanning industry as he pursued restricting the use of tanning beds for those under the age of 16.

Additionally, in this Bulletin, we would like to focus on a problem for physicians: the frustration over long delays before receiving reimbursement for high cost medicine for his patients. I hope this article begins a conversation at MOMS about ways to address this problem.

Thank you for your contributions. I hope you enjoy this edition of the *Physicians Bulletin*. 🎵

## MAESTRO CHUCK PENINGTON

(Passed away Nov. 21, 2018)

Chuck Penington's Facebook page has a notation from Amy, his daughter-in-law. She said Chuck was called home "to conduct the choirs of angels in Heaven...who better than the best of the best, the one and only, the maestro himself."

Like many others, I miss Chuck. While he was here on earth, he conducted the Intergeneration Orchestra, played keyboard and conducted Mannheim Steamroller, conducted at shows featuring famous people such as Bob Hope and George Burns, worked with Quincy Jones, and Chuck conducted us MOMS members.

Around 1996, it was tough time to be a physician. Hospital systems were merging and physicians were losing the autonomy that we had learned to expect. The MOMS Board of Directors thought it might be fun to have a show like the Omaha Press Club, and so, for about 15 years, there was the Medical M\*E\*S\*S Club.

Over the years, Chuck was the director, the conductor, and the glue that put the whole show together. It allowed physicians from all across town an opportunity to get to know each other outside of the clinic or operating room, and most importantly, it gave physicians a chance to laugh. It was a really good time.

There are so many people I would not know if it had not been for the Medical M\*E\*S\*S Club, and I am thankful to have been able to work with Chuck.

Again, in the words of Amy Penington, "Chuck, you will forever be in our hearts and your spirit lives on in the rhythms of our music." 🎵



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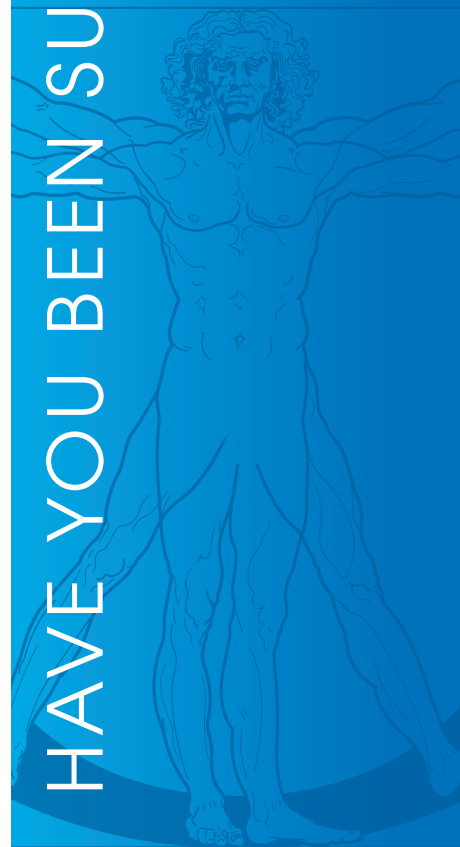
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# SAY 'YES' TO THE BENEFITS OF MOMS MEMBERSHIP



**LINDSAY NORTHAM, M.D.**

President

*Metro Omaha Medical Society*

One of the most important benefits of being a member of the Metro Omaha Medical Society has been the new friendships and relationships that I have developed with physicians from all over the community. My active involvement in MOMS, in fact, started from one of those friends asking and encouraging me to be the chair of Women in Medicine. Saying yes brought me into a whole group of people who innately understand the frustrations and joys of being a doctor.

As health systems expand and the demands of the electronic medical record and insurance companies control more and more of our time, we have started to lose those connections. Many of us have lost that sense of camaraderie, the ability to gather around the proverbial water cooler and relate to our shared vision of taking care of patients. It's time to find each other again.

Like many physicians who are from Nebraska, I am lucky to have an amazing support system of fellow physicians that I have known since training. No matter what I have gone through, my physician friends have remained by my side and always understand. Despite having beautiful relationships with our family and non-medical friends, no one quite understands us like those who have been through what we have. We used to joke that residency was the best cruise on a sinking ship there was.

Unfortunately, not all physicians have that support we so desperately need. It seems more and more we are faced with reports of physician burnout and suicide. As we work to de-stigmatize mental health in healthcare, we still face roadblocks and know there are miles to go before we see a reality where physicians easily seek out the help they need and have no fears of admitting to struggling in their lives. The

**Many of us have lost that sense of camaraderie, the ability to gather around the proverbial water cooler and relate to our shared vision of taking care of patients. It's time to find each other again.**


— LINDSAY NORTHAM, M.D.

system needs to change. Fortunately, we are all in a position where we can motivate that change. The time has come for us to take a stand for ourselves and those physicians in our lives that may be struggling with physician burnout. We need to save the ship and help keep us all afloat.

As we roll into the New Year, we have an exciting opportunity to continue to expand on the work that MOMS has so tirelessly done over the past few years. The focus on physician wellness continues. We have been excited to see the implementation and continued use of the physician burnout tool throughout Omaha in all of our health systems. The amazing support we have received from each system has been phenomenal and the dedication to student, resident and practicing physician wellness continues to grow.



I want our next year to focus on the concept of "We M.D." We will devote the next year to re-discovering the water cooler, creating our own physician lounge where all doctors are welcome. It's time to make new relationships with each other, reignite those relationships we may have lost with time and remind ourselves that we are not alone. By focusing on physician-physician relationships we will become stronger and continue to achieve the goal of physician wellness.

The first step starts with you. Say yes and come to a MOMS activity, volunteer to be part of something. We look forward to a year full of exciting events and educational opportunities. From the Women in Medicine group to the Retired Physicians group, there is an opportunity for everyone. Give yourself the gift of time to invest in yourself and have fun. This ship has great destinations ahead and you don't want to miss out. All you have to do is come aboard. 

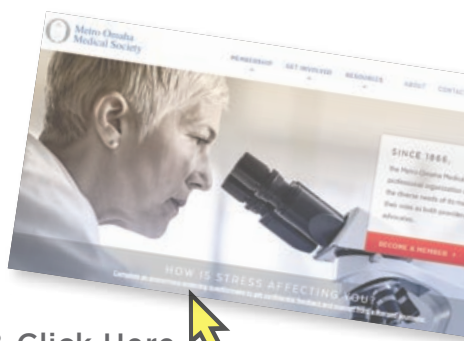
# HOW IS STRESS AFFECTING YOU?

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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](mailto:laura@omahamedical.com).**



## NEW YEAR MEANS NEW OPPORTUNITIES



**AMY REYNOLDSON**

Executive Vice President  
Nebraska Medical Association

“We don’t grow when things are easy. We grow when things are challenging.” This quote keeps surfacing as I begin to look forward to 2019, a new year that will provide opportunities of growth for our organization, to serve more physicians and to work collectively on advocating for NMA and MOMS members.

This year, we welcome 13 new senators to the Nebraska Legislature and we anticipate seeing many changes in the members of the legislative committees. This session is shaping up to be an active one that may present items that will directly affect physicians and their practice as well as their patients.

The NMA relies heavily on Mueller/Robak LLC for our lobbying efforts as well as the NMA vice president of advocacy and regulation and in-house legal, Meghan Chaffee. We anticipate there will be a couple of bills that will focus on expanding scope of practice that directly impacts you. You are our most important resource and we need you to communicate important messages to our senators. I encourage you to take opportunities

to reach out to your senator and discuss issues that are important to you. We thank those physicians that have been engaged in legislative efforts and invite others to get involved. The NMA Commission on Legislation and Governmental Affairs was to meet on Jan. 31 to discuss and formulate policy positions on bills that have been introduced that impact physicians. Your expertise is exactly what we need when we are working to protect your profession, practice and the safety of your patients.

It is important to keep in mind that the relationship with the new senators started before the recent elections. MOMS hosted a meet-and-greet with the Omaha metro area senators this fall that was well attended by both candidates and physicians. The NMA partnered with a couple of other organizations this summer and held candidate interviews that were well attended. Both events provided physicians opportunities to get to know the candidates and learn about what is most

**We will continue to forge new relationships with the incoming senators and strengthen existing relationships to help further our efforts for the NMA and MOMS members.**


— AMY REYNOLDSON

important to them. We will continue to forge new relationships with the incoming senators and strengthen existing relationships to help further our efforts for the NMA and MOMS members.

We are also in full swing of membership renewals and membership recruitment. We thank those of you who have continued to allow the NMA and MOMS serve you. The NMA and MOMS are working together to continue our recruitment efforts and ask that you also help promote the organizations. We are excited to work with the new MOMS President, Dr. Lindsay Northam, in our collaborative efforts.

The challenge of recruiting new members is demonstrating the value of their membership with our organizations. One often does not know what they have access to until they experience a time of need. The NMA and MOMS combined have a very comprehensive member benefit package that can be utilized personally for you and your staff, for your clinic or your profession. I encourage you to continue to promote the NMA and MOMS to your fellow physicians. The NMA will be distributing new member benefit pamphlets at the start of 2019 which includes three new benefits, a physician mortgage program, investment program, and rental car program.

As we all know the climate is ever changing in health care. I think that it is safe to say that in the coming year we all need to be prepared to grow a little. Find a way to be involved in the efforts of the NMA and MOMS; attend events, participate on committees, reach out to your senator to education them on a specific issue, be part of a fund raiser, recruit new members, and most of all let us know how we can serve you better. As an organization we are only as effective as our members.

As we close out the year and begin 2019, the NMA thanks its members for a very successful 2018 and is excited to see what 2019 has in store for us. 

# Metro Omaha Medical Society & Omaha Bar Association **MEDICAL/LEGAL DINNER**

You are invited to join your fellow physicians  
and members of the Omaha Bar Association on

**Tuesday, March 12, 2019**

Networking Reception (cash bar) 5:30 p.m. | Dinner and Program - 6:30 p.m.  
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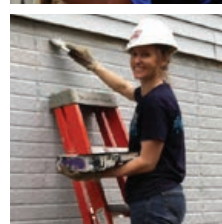
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# WHEN 'SNITCHES DON'T GET STITCHES'

## THE 2018 AMENDMENT TO THE NPDB GUIDEBOOK



**AMANDA CARTER, J.D.,  
MICHAEL PALLESAN, J.D.  
& JASON YUNGUM, J.D.**

*Cline Williams Wright Johnson & Oldfather*

ileges in the definition of "resignation." Moreover, "resignation" also encompasses leaves of absence if that leave of absence has the same effect as surrendering privileges. Q&A No. 22. Importantly, guidebook provisions will not pre-empt a provision in an entity's bylaws that expressly states that leaves of absence will not affect privileges. Q&A No. 23.

Additionally, the definition of "investigation" includes review of a practitioner's reappointment application if not a mere routine review. Q&A No. 24. Moreover, if an entity institutes a quality improvement plan, which, if not followed results in discipline of the practitioner, the quality improvement plan also constitutes an "investigation." Q&A No. 25. Thus, if a practitioner's resignation occurs during such a review or during the course of a quality improvement plan, it is reportable.

The 2018 Amendment also requires reporting of any restrictions on privileges. Restrictions under the amendment mean any sort of restraint on a specific practitioner. Thus, if an entity requires all practitioners to take certain steps, it is not reportable. Q&A No. 31.

Lapses in reappointment of a practitioner are reportable. If a practitioner's term of appointment terminates prior to that practitioner being reappointed, the resulting lapse must be reported. Q&A No. 46.

The 2018 Amendment slightly altered the provision on proctors. The guidebook now requires a report if a proctor is required for more than 30 days in order for either a physician or a dentist to continue exercising his or her privileges.

The 2015 Amendment limited the dispute resolution process to submitting a report in accordance with the guidebook's requirements and examination of the factual accuracy of the information reported. The resolution process did not include a review of the underlying motivation for the report. The 2018 Amendment added a paragraph confirming this approach by limiting the NPDB's

authority in the dispute resolution process to obtaining and publishing the reports. The paragraph clarifies that the NPDB does not scrutinize the substantive issues contained within the report.


While the 2018 Amendment still includes monetary sanctions for failure to report, it removes the specific dollar amounts included in the 2015 Amendment. The 2018 Amendment maintains that entities can lose immunity protections for up to three years for failing to submit reports.

**New Additions:** The 2018 Amendment also includes a new section regarding "length of restriction." This section explains that a restriction becomes reportable on the 31st day it is in effect. Moreover, in order to determine the length of the restriction, practitioners are to examine the impact of the restriction, not how the restriction is actually written.

The Amendment added a Q&A concerning court orders. If a court reviews an adverse action and the court's order changes the adverse action, it is necessary for the reporting entity to file a "Revision-to-Action Report." Alternatively, if the court reverses or overturns the adverse action, then the initial report is deemed void.

There is a new section relating to impaired practitioners. Specifically, if a practitioner enters into a rehabilitation or treatment program as a result of an adverse action and the practitioner agrees not to practice, a report is required. However, if the practitioner voluntarily seeks rehabilitation or treatment absent a separate agreement with the entity, the amendment does not require a report.

## THE TAKEAWAY

The 2018 Amendment clarifies many of the nuanced reporting technicalities under the NPDB. Fortunately, unlike in the prison yard, snitches here prevent large monetary fines and serve to ensure the integrity of health care entities. 

The Health Resources and Services Administration ("HRSA")'s National Practitioner Data Bank (NPDB) Guidebook, updated in October, sets forth extensive circumstances under which reporting is required. Fortunately, however, the result for proper "snitching" in the context of the NPDB is the avoidance of penalty fines and a better health care system. The guidebook was last amended in 2015. The 2018 Amendment modified several sections and widened the scope of reporting.

## Modifications to Existing Provisions:

The guidebook requires reporting when a practitioner resigns while undergoing an investigation. Under the 2015 Amendment, "resignation" included reporting instances where the practitioner formally surrendered privileges while under investigation. However, the 2018 Amendment includes informal arrangements to surrender priv-

# I'M SICK OF HEARING ABOUT 'PATIENTS FIRST'



**BRADLEY PFEIFER**  
M2—School of Medicine  
*Creighton University*

I gravely fear that our hospitality toward our patients has become more an act to appease our regulators than an active mission to heal and serve others selflessly. I find it mirthful that hospital and hospital-ity share the same Latin root, yet rarely share their mission nor practice. While still only a medical student, I'm already scared of how health care institutions might attempt to qualify my every move for the next 50 years of my professional career.

I live for interpersonal relationships. My friends and family are the ones I first look to for inspiration and support when I struggle to awake at 6 a.m. to continue to study, when I receive another grade below my personal goals or expectations, or whenever I recall I'm less than halfway through undergraduate medical education and often feel pre-burnout symptoms already. The empathy—my loved ones' calls, texts, letters, presents, and other encouragement—is what carries me through. Hospitality is exactly this and requires nothing more than investing in our interpersonal relationships.

I used to work at Walt Disney World (that's the Florida one, btw). I was a semester ahead while in undergrad at Marquette and figured working at the place that inspires hundreds of thousands (maybe millions?) of people daily would probably give great insight to caring for patients in my future. This internship with Disney helped me recognize the importance of charisma and leadership in one's work ethic. The necessity to create a conducive and effective team that continuously delivers the best service and entertainment to guests is vital to both the business team and the health care team. The mission of teamwork-based hospitality is to produce an environment of happiness and joy, while quickly and effectively addressing guest concerns and employee needs. Many of the core professional values that Disney instilled in me are shared with medicine's core: Everyone deserves happiness, connection, inspiration, as well as good health to have the strongest approach to both family and professional life, transforming the way I view the role of health care in society.

Yet this is not the light we practice medicine within. Institutions lecture and preach about wellness but fail to meaningfully enable it amongst their ranks. Another yoga class over the lunch hour means nothing to the physician who still has to spend three or four hours each night at home finishing charts because he or she needs high ratings to maintain earnings. Without true faith, trust and investment in our teams, how do we expect to garner support to care for patients at their most vulnerable position? The relationship of the team is integral to healing, health and happiness. We need more team-building and inter-professional relationship fostering within our hospitals and clinics.


This is not something we're taught in medical school, but I have had the opportunity to learn through organizational leadership and business management electives in pursuits of my masters. Too few of my fellow students know how to empathetically and dynamically lead a team. They just wing it and cause tension

along the way. I see physicians scold nurses, and nurses throw it right back. I see pharmacists, physician assistants, physical therapists, occupational therapists, and others, all disappointed when they are not consulted. But ultimately, I see patients suffer because of someone's ego. When I worked at Disney, every employee from senior vice president to concessions worker went through leadership development training, and it undoubtedly led to

**"Minimalistic management is a trend coming about in many industries outside health care—also one Disney is adapting—and I believe it will be the secret to the success of the medical institution going forward."**

— BRADLEY PFEIFER

a more engaged and collaborative workforce. Minimalistic management is a trend coming about in many industries outside health care—also one Disney is adapting—and I believe it will be the secret to the success of the medical institution going forward. The charisma and magic of Disney is nothing without the belief and dedication of its cast members; medicine should be the exact same way. The physician has much of the regulatory oversight in patient care, but it's time we find a way to collectively improve our team building and communication techniques.

Leadership is nothing more than team-building and connection, empathetic communication, as well as good-will to others. We need to learn this during medical school, residency and as part of required CME hours. 



# ATTORNEY REQUESTS FOR MEDICAL RECORDS



**DEAN McCONNELL, J.D.**  
COPIC Legal Department

One of the challenges of being a medical provider is when your world intersects with the legal world. It can place you in situations where confusion and concern may arise when deciding the proper course of action. A common example is when health care providers receive medical records request from an attorney. These requests can occur in a variety of forms:

- When you are treating a patient involved in a motor vehicle accident, or a patient who is under investigation in a criminal situation, such as a DUI or an assault and battery.
- Custody battles between parents also result in requests for records from attorneys involved.
- Requests may involve an attorney investigating whether to bring a medical malpractice claim.

Different legal rules may apply depending on who makes the request, whether it is an informal request or a subpoena, or if the request is tied to a criminal case. All of this can be very confusing, and before taking any action, providers need to understand the details of their specific situation. In addition, providers should consider legal assistance to ensure they are abiding by the appropriate requirements that can vary by state.

## Informal Requests Before a Lawsuit:

- **Who usually requests the records:** The patient or the patient's attorney.

- **What to know:** If the patient, or the patient's personal representative<sup>1</sup> asks that you send all or part of a medical record to an attorney, then the patient's "right of access" under HIPAA applies and the records must be provided as soon as reasonably possible, but no later than 30 days. If unusual circumstances exist, beyond the control of the provider, such that the records cannot be produced within 30 days, one additional 30-day extension may be obtained by notifying the patient of the unusual circumstances and that an additional 30 days will be required. If the informal request for medical information does not come through the patient, then the provider must have a HIPAA-compliant authorization signed by the patient, before care is discussed or copies of records are provided.

## Requests After a Lawsuit is Filed:

- **Who usually requests the records:** One or more of the attorneys involved.

- **Informal requests:** A HIPAA-compliant authorization signed by the patient or the patient's personal representative must be obtained before any information may be disclosed, oral or in writing.

- **Subpoenas:** The provider will need to determine if it involves a civil lawsuit or a criminal case: 1) Most subpoenas

involve civil lawsuits including motor vehicle accidents, premises liability claims, and divorce and child custody issues. 2) Subpoenas in criminal cases usually have a state or federal government entity or agency listed as a party and are signed by a deputy district attorney or assistant attorney general.


## Out-of-state Subpoenas:

Occasionally, providers receive subpoenas from out-of-state attorneys or record retrieval services. Generally, a subpoena, whether civil or criminal, is not valid in any state except the state in which the action is pending (unless the attorney goes through a process to get a state court to issue a subpoena for the out-of-state proceeding).

**"Providing records to an invalid subpoena could result in civil claims for breach of confidentiality and administrative action for violation of HIPAA."**

— DEAN McCONNELL, J.D.

Providing records to an invalid subpoena could result in civil claims for breach of confidentiality and administrative action for violation of HIPAA.

Many providers are unfamiliar with the rules pertaining to responding to subpoenas. We encourage you to discuss these principles and educate your staff about properly responding to an attorney request for information. If you have any questions, it is recommended that you speak with an attorney or contact your medical liability insurance provider if they are able to provide assistance in these situations. 

<sup>1</sup>Under HIPAA, a person authorized to act on behalf of the patient in making health care related decisions is the patient's "personal representative." Typically, this is a person holding a medical power of attorney. An attorney does not usually have the authority to make health care decisions for a patient-client and would not normally be a "personal representative."



# DR. WATTS: Why He Took a Stand Against The Tanning Industry





Taking a stand when our patients' health is at risk is what physicians do every day. For David Watts, M.D., standing up for a cause when the public's safety is at risk is also part of his responsibility as a citizen.

"I'm sick of seeing young women die of a preventable cancer," he said.

His cause is the damage done by ultraviolet (UV) indoor tanning to teenagers. And that stand has taken him all the way to the Nebraska Supreme Court.

As a skin cancer surgeon, Dr. Watts said he has noticed a disturbing trend over his 20-year career: A sharp increase in skin cancers, including deadly melanoma, in young women. He realized a common thread in these patients—many used indoor tanning beds as teenagers.

The U.S. Surgeon General in 2014 issued a call to action to prevent skin cancer (see [www.surgeongeneral.gov/library/calls/prevent-skin-cancer](http://www.surgeongeneral.gov/library/calls/prevent-skin-cancer)), with one of five goals being to "reduce harms from indoor tanning." Indoor tanning is ranked a "class 1 carcinogen" by the World Health Organization's International Agency for Research on Cancer, in the top category alongside tobacco and asbestos.

Following the lead of other states, in 2013 Nebraska doctors began to mobilize for legislation to ban minors under 18 from commercial indoor tanning beds, similar in principle to alcohol and tobacco laws.

The legislation met fierce lobbying pressure from the multibillion-dollar tanning industry. A watered-down version of the bill became law in 2014, that requires a parent's consent for teens under age 16

to tan. "But it sends the wrong message," Dr. Watts said. "If parents are given a choice to consent for their children to tan, they get the impression indoor tanning must be safe, and it's not."

**"If parents are given a choice to consent for their children to tan, they get the impression indoor tanning must be safe, and it's not."**

— DAVID WATTS, M.D.

To get the word out, the Nebraska Cancer Coalition (NC2) launched an indoor-tanning public information campaign in 2014 that included a website called "The Bed Is Dead." Dr. Watts, vice-chair of NC2, took a leading role in organizing scientific content for the site.

The tanning industry members took notice, and four members filed a lawsuit in Douglas County District Court in 2015. They alleged, among other things, defamation by NC2 and its officers, including Dr. Watts. "Which seems really silly, except that we had to defend against their claims. Thank goodness we had insurance."

The lawsuit was ultimately dismissed, but tanning industry members appealed to the Nebraska Supreme Court. If the Supreme Court reverses the lower court's ruling, the case would be returned to District Court for a trial by jury.

Dr. Watts said he believes the tanning industry felt a business threat and is trying to suppress the science. "It contradicts the marketing narrative they want consumers to believe. Their tactics seem to be out of the Big Tobacco playbook."


He stands by the information on "The Bed Is Dead" website. "Most of the content they dispute is linked directly on the website to peer-reviewed research papers, published in major medical journals," he said. "The conclusion that indoor tanning causes skin cancer is based on decades of research."

NC2 is not backing down. The American Cancer Society Cancer Action Network is advocating for legislation in the Unicameral this session to ban minors under 18 from commercial tanning beds. A similar bill last session almost passed. Dr. Watts said he is ready to testify at the Health Committee public hearing in Lincoln.

He knows from experience the need for such a law (now passed in 18 states). "I see the harm done to these girls, who had no clue of the hazards of repeated exposure to high doses of UV rays. They took their health advice from their peers and from the tanning bed operators."

Asked why he expends his time and energy in this cause, Dr. Watts has a short answer and a longer one. The short answer is "it's a labor of love."

The longer answer: "I see the damage firsthand, and I know the science, so who better to point out a growing public health hazard? Especially given the false and misleading information teenagers are getting from the tanning industry. I want to help families not have to go through this cancer ordeal."

Would he do it again? "Absolutely. It's not always easy, but I like to think of what Margaret Mead said: 'Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.'" 







# CLINICAL TRIALS:

## PRACTICE-BASED RESEARCH

For Drs. Ralph Hauke and William Palmer, there's something exciting and rewarding about participating in clinical trials.

"It's gratifying when participating in a study that ultimately gets the drug approved," said Dr. Hauke, a cancer specialist. "The reason I participate is that in oncology, there's a lot of room for improvement. We're constantly searching for treatments that are less toxic, improve quality of life and survival. It's very intellectually satisfying."

"Assisting with clinical trials is beneficial for us as we treat patients—and they're certainly beneficial for patients," added Dr. Palmer, a rheumatologist.

Their patients also benefit, beginning with having access to treatments prior to their public release. But patients see another benefit, Dr. Hauke said: "They feel a certain amount of fulfillment—

**"We're constantly searching for treatments that are less toxic, improve quality of life and survival. It's very intellectually satisfying."**

— WILLIAM PALMER, M.D.

an altruistic fulfillment—knowing that their experience will help people who come after them."

Between them, the two physicians have participated in hundreds of trials. Their reasons for participating—even though doing so adds to their days and requires additional paperwork—centers on providing their patients with treatments before they've received federal approval.

**CONT. PAGE 25**



### The Palmer File

#### Hometown

North Platte, Nebraska

#### Undergraduate Work

Attended University of Nebraska-Lincoln (three years)

#### Medical Degree

University of Nebraska Medical Center

#### Residency

Albany, New York, Medical Center in internal medicine

#### Fellowship

Albany Medical Center in rheumatology

#### Specialty

Rheumatology and internal medicine

#### Location

Westroads Rheumatology Associates

#### Family

Wife, Leslie Palmer; three grown children

#### Why He Joined MOMS

"Physicians need to speak for their patients and other physicians."

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#### MOMS collaborates with:

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  - 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)

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## FROM PAGE 23

Dr. Hauke described the types of clinical trials:

- According to level of safety and efficacy, studies range from Phase I to Phase III. Sometimes there are Phase IV studies that are also called post-marketing studies. Phase I generally are looking at the safety of a drug. Phase II is at the activity in a certain disease and Phase III generally compares the new treatment against the standard of care looking at survival benefit.

- Studies also vary according to source: Investigator-initiated—based on basic science, combinations of drugs that seem compatible in laboratory settings are tried on human and developed by an investigator. Cooperative group studies—sponsored, for example, by the National Cancer Institute, these trials try to establish a new standard of care. They test drugs that have been in the market for some time, and involve health institutions and community hospitals; pharmaceutical studies are developed and run by the company that has developed the drug of interest.

Dr. Palmer explained that patients are often reimbursed for time and travel when participating in studies. Subjects are introduced to treatments before they are available for wide-spread use. "Initially, a small number of subjects participate in a Phase I trial to see if the product is well-tolerated. Prior to the drug reaching the market, Phase 2, 3, and 4 studies must be completed by clinical trial sites.

Participation in clinical trials is voluntary, per Dr. Palmer, and patients may withdraw at any time. Their physician has the final say, Dr. Palmer said, about which patients should participate in a particular study.

Dr. Palmer began participation in clinical trials in 1980 when he was the only rheumatologist practicing in Omaha and was asked if he was interested in doing pharmaceutical research on a new non-steroidal drug (NSAID) called Voltaren.

Clinical studies evolved through the 1980s to include oral Methotrexate and newer NSAIDs. In the 1990s and into the 21st century more specific and sophisticated agents, such as biologics, have been studied and approved for use in the general population. As a result, rheumatoid arthritis and other inflammatory conditions are now more successfully treated.


Over time, studies he has been involved with have produced 45 to 50 branded products that now are on the market. Studies became more complex which is required to test high-tech drugs.

As studies have become more complex, Dr. Palmer said, rules and regulations governing the protocols have become more stringent, requiring more study personnel.

Dr. Hauke explained that study investigators are given a budget to conduct trials. The budget covers administrative costs, provides token stipends for investigators and covers patient care costs that extend beyond standard of care. For example, a patient may normally need scans every two months (which would be covered by insurance), but the trial may call for monthly scans, which would have to be covered by the trial budget.

His involvement in trials extends to leadership roles at a national level. As an example, he is a member of the National Cancer Institute's Bladder Cancer Committee that reviews and approves studies that then move on to the cooperative groups.

Dr. Hauke said several trials stand out among the hundreds he's participated in, especially a recent one that focused on new immunotherapy drugs. Several patients are now four to five years out, he said. "Their prognosis (at the time of the trials) was measured in months or a year at best."

Assisting with clinical trials isn't for everyone, Dr. Hauke said, because of the extra demands during a time when physician burnout is growing. Still, "I don't see how one can provide full oncology care without providing clinical trials. I consider it part of the practice." 



## The Hauke File

### Hometown

Colón, Panama

### Medical Degree

National University of Panama (Universidad Nacional de Panamá)

### Residency

University of Nebraska Medical Center in internal medicine (after two years of transitional internships)

### Fellowship

UNMC in medical oncology

### Specialty

Urologic oncology; melanoma

### Location

Nebraska Cancer Specialists

### Hobbies

Playing chess, collecting stamps, watching soccer

### Family

Wife, Yasmin Hauke, M.D., a pediatrician; son, Ralph III, a medical student at UNMC

### Why He Joined MOMS

"It has to do with advocacy. Teaming with other physicians to address issues of how we can better care for patients."



# HIGH-COST DRUGS, SLOW REIMBURSEMENT

CAUSE FRUSTRATION

*Dr. Appzeller*



Matt Appenzeller, M.D., lets the numbers explain his frustration about the sometimes long delays he faces before receiving reimbursement for high-cost medicine for his patients.

These are the patients, he said, whom he is treating for either wet macular degeneration or retinal edema. And these patients, he added, often are prescribed either Lucentis or Eylea:

Patients may require 10 to 12 injections of either medicine their first year of treatment, 8 to 9 their second, and 3 to 5 after that. "That's what the research says. That's what I am expected to provide."

One single injection of Eylea can cost \$1,800 and one injection of Lucentis \$2,000.

"I give 3,000 injections a year to my patients—and 50 percent are either Lucentis or Eylea. You do the math." In addition, his clinic—Midwest Eye Care—must ensure proper storage for the drugs, which must be purchased in advance, stored and logged. "We buy it. We store it. We use it on our patients. Then we will bill private insurance and/or Medicare," he said.

This is where his frustration begins. "The longest I have had to wait for reimbursement was 13 months." Yes, 13 months.

Dr. Appenzeller's frustration isn't so much with Medicare reimbursement, which covers 80 percent of costs and must pay out within 30 days. It's the insurance companies, from which payment often is long in coming, for the remaining 20 percent not covered by Medicare, he said.

Private insurance companies have begun to require copies of the medical records on more and more injection claims. Many times, they request repeat copies, further delaying the process, he said.

"This can hold a business hostage," he said. "It affects our cash flows and restricts our operations."

**CONT. PAGE 29**



## The Appenzeller File

### Hometown

Columbia, South Carolina

### Undergraduate Degree

University of North Carolina Chapel Hill in biology and theater

### Medical Degree

Medical University of South Carolina

### Internship

University of Cincinnati in internal medicine

### Residency

University of Cincinnati in ophthalmology

### Fellowship

Cincinnati Eye Institute in vitreoretinal surgery and medicine

### Specialty

Vitreo retinal surgery

### Location

Midwest Eye Care

### Hobbies

Cycling and cooking

### Why He Joined MOMS

"I had a feeling of obligation to the community of professional in which I serve."

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**FEB. 6**

### RESPONDING TO HARASSMENT WORKSHOP

CREIGHTON UNIVERSITY  
HARPER CENTER BALLROOM  
602 N. 20TH ST. | 7:30 A.M. - 9 A.M.

**FEB. 24**

### PARKER GISPERT

O'LEVER'S PUB  
1322 SADDLE CREEK ROAD | 9 P.M.

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**MAR. 23**

### HAUNTICON

SOKOL AUDITORIUM  
2234 S. 13TH ST. | 11:00 A.M. - 7 P.M.





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Dr. Appenzeller's frustration was center stage in the June 2017 edition of EyeNet Magazine ([www.aao.org/eyenet/article/expensive-drugs](http://www.aao.org/eyenet/article/expensive-drugs)). An article, titled "Expensive Drugs," quoted Michael Repka, M.D., of the Wilmer Eye Institute in Baltimore. "The financial impact on practices of using these expensive drugs cannot be overstated. 'Ophthalmologists pay for these drugs up front, serving as the middleman between the payer and the drug supplier.'"

To ensure their practices don't lose money, ophthalmologists "must create extensive administrative systems to track inventory and pursue reimbursement," said Dr. Repka, "The very small margins they are paid can be wiped out if they aren't careful."

He added: "Retina specialists have had to figure out a way to prescribe the most appropriate vision-saving drugs within the existing payment structure. While this structure has existed for expensive oncologic drugs for a long time, it is relatively new to our field and poses a variety of challenges."

He added that ophthalmologists "must focus not only on providing the best care for their patients but also on protecting their practices from financial loss, which is a real possibility with these expensive drugs."


Dr. Appenzeller knows his peers have the same frustration. "I hear the same thing from many of my colleagues." And, he expects that his specialty is not alone when it comes to facing delays in receiving reimbursement for high-cost drugs. "I would suspect rheumatologists and especially oncologists have the same frustrations with delays in reimbursement," he said.

As for solutions, Dr. Appenzeller said he has two suggestions—neither of which he expects is likely to see come to fruition.

The first, he said, is to "break the connection." Cut out the middle man, he said, meaning physicians. Have the pharmaceutical companies wait to get paid by insurance companies, he said.


The second is to follow Medicare's approach to payment. The government is required to reimburse within 30 days or pay penalties. "If private insurance doesn't pay within a certain timeframe, they must pay interest."

In reality, Dr. Appenzeller said, the solution may be in the hands of government. The Nebraska Legislature could mandate more timely payment, he said.

"The only way it is going to happen is through government." 

## A NATIONAL DEBATE

The June 2017 edition of EyeNet Magazine also included mention about the national debate about drug prices. "The challenges posed by expensive ophthalmic drugs represent a microcosm of the current national debate about drug prices," the article stated.

The underlying issue is that the United States is the only country in which a governmental payer (Medicare Part B) does not negotiate drug prices with pharmaceutical companies, the article quoted David Brown, M.D., who practices in Houston. "The drug companies come up with a price, and there is no negotiation with CMS. In other countries, if the government does not approve of the price of the drugs, they will not pay for it. And while the drugs are very beneficial to our patients and have a large impact on the daily lives of surgeons and patients, there should be competitive pricing to make them affordable." 





**When I was 2, 3 years old, it was just matter of fact that I was going to be a doctor.”**

— LINDSAY NORTHAM, M.D.





# NEW PRESIDENT'S FOCUS FOR 2019:



Lindsay Northam, M.D., sometimes finds herself regretting that she doesn't have a story.

Those times come, she said, when someone asks when she knew she wanted to be a physician. "I don't have that one story."

But she does. She actually has several stories she can tell. Truth be told, Dr. Northam said, she always knew she would be a physician. "When I was 2, 3 years old, it was just matter of fact that I was going to be a doctor."

And then she tells the story of the toy medical kit she had as a toddler. "My parents think it was because the first toy I was given was a Fisher-Price doctor's set." Her mother still has the stethoscope and pill box, and, as a reminder, Dr. Northam has a toy kit of her own on display in her office at Methodist Physicians Clinic.

She also talks about how her father, a physics major in college, owned and managed restaurants for his profession. He encouraged her not to place limits on herself. She minored in physics at Nebraska Wesleyan as a sort of tribute to him. "My dad really supported our (she and her siblings) science side."

The passion for the sciences stuck. She recalled writing a book report on Stephen Hawking's "A Brief History of Time." Her fifth-grade teacher questioned whether she wrote the report or whether it actually was her father's work.

Her mother provided another type of inspiration. She credits her mother's undying support of her dreams. "She's always been right by my side through all of my successes. I never would have gotten here if it wasn't for her strength and her love and the love from my siblings. She has kept me focused and has been there for me no matter what. Few people can ever say that they truly know how much their parents loved them. I'm incredibly lucky."

She then explains when in ninth grade her guidance counselor predicted that she was never going to be a physician because she had picked her profession too early. "It was 'no, this is what I am going to do.'"

Although she was, at times, distracted by the arts, performing in orchestras and on stage, she remained steadfast to her chosen profession path—declaring her major in her second week of college.

Undergraduate studies in biochemistry and molecular biology led to medical school, followed by a residency in internal medicine. Along the way, she said, she opted to specialize in internal medicine to maintain some balance between work and home. "My family will always be my priority and I knew personally that internal medicine would afford me the work-life balance that I needed" She pauses and points to her calendar. "I have my niece's cheerleading competition marked down right here."

Finally, she talks about how Joann Schaefer, M.D., influenced her life through one conversation. (Dr. Schaefer, who served as chief medical officer and director of the Division of Public Health and Human Services from 2005 to 2013, is executive vice president at Blue Cross and Blue Shield of Nebraska.) "She sat down and talked with me for two hours—and this was the first time I met her. She gave me advice, telling me to always be true to myself."

**CONT. PAGE 32**



## The Northam File

### Hometown

Norfolk, Nebraska

### Undergraduate Degree

Nebraska Wesleyan University in biochemistry and molecular biology

### Medical Degree

University of Nebraska Medical Center

### Residency

Creighton University Medical Center in internal medicine

### Residency Chief

Creighton University School of Medicine

### Specialty

Internal medicine

### Location

Methodist Physicians Clinic

### Hobbies

Baking, photography and everything Disney

### Family

Husband, Matthew

## FROM PAGE 31

Working at Methodist—which she describes as physician-directed. “We don’t have layers. We don’t have nonsense. We don’t have politics.”—affords her the opportunity to be involved outside of her practice. She and her clinic partner, John Lohrberg, M.D., oversee the care of Methodist Physicians clinic patients at five Skilled Nursing Facilities locations.

**“We don’t have layers. We don’t have nonsense. We don’t have politics.”—affords Dr. Northam the opportunity to be involved outside of her practice.**

Outside of spending time in clinic, Dr. Northam also serves as medical director for the Methodist Community Health Clinic situated at Kountze Memorial Church and works several weekend shifts each month in the Emergency Room at the Veterans Administration Hospital. “That’s what keeps me grounded the most,” she said of her work at the VA.

When asked why she makes time to work at the VA, she quickly responds with a question of her own: “Why would you not? You get to treat these 96-year-old World War II vets. You just listen to their stories. It’s just brilliant talking to these people.”

Dr. Northam also just became MOMS’ youngest president in its 153-year history and the 6th female president, and looks to continue an inward focus for the organization, which was started by her immediate predecessor, Laurel Prestridge, M.D. “We’re calling it (the coming year) ‘We-M.D.’”

Last year’s focus centered on combating the isolation and depression physicians sometimes experience. A highlight was the showing of the documentary “Do No Harm,” which focused on physician suicide, and

led to discussion and action by several student organizations. This year, she said, she looks for MOMS to provide opportunities for members to come together to socialize. “We need to find each other again.”


The “water cooler” days—when physicians had the time and the venue to interact at work—are mostly gone, she said. Her age (37) means she experienced the “water cooler” days and can help bridge the gap between older physicians, who remember the days of the physician lounge, and younger members—who have no understanding of the concept.

She said MOMS members can look for some familiar events—the annual trapshooting outing, for example—and some new ones during the coming year to bring members together. She’s heard of a bar where patrons (under supervision) can learn to throw axes. Why not give that a try, she asked?

Dr. Northam’s involvement in MOMS started when her former practice partner, Lori Brunner-Buck, M.D., nominated her to lead its Women in Medicine Committee. “She said I should do it. It sounded like a good thing to do, so I did.” She later served as treasurer, then, most recently, as president-elect.

Her time with MOMS, she said, allows her to step outside what she calls her work bubble. “You find people who are like-minded. We need each other.” The goal, she said, is to remove the isolation physicians sometimes feel.

Although her passion for practicing medicine remains as strong as her desire as a child to do so, Dr. Northam admits she has a fallback plan. She points out that she gained extensive acting experience in high school and college.

“If this medicine thing doesn’t work out, I can still be a doctor on TV.” 



## MEMBER NEWS



**DR. THORSON**  
Awarded MOMS  
Distinguished Service  
to Medicine Award

**A**lan Thorson, M.D. was honored with the Distinguished Service to Medicine Award at the Metro Omaha Medical Society Annual Meeting and Inaugural Dinner on January 30.

This award is presented to a member physician in recognition for their dedication and significant contributions to the Metro Omaha Medical Society, care of patients and the practice of medicine.

Dr. Thorson has served as the president of both the Metro Omaha Medical Society and the Nebraska Medical Association. He has also served as president of the American Cancer Society, American Society of Colon and Rectal Surgeons and on the board of the Nebraska Medical Association.

Affectionately known as the “Polyp Man,” Dr. Thorson has been a tireless advocate for cancer prevention of all types, but particularly for his work to build public awareness of the importance of colon cancer screening. [O](#)



**DR. LIU**  
Named Chair  
UNMC Department  
of Psychiatry

**F**ollowing a national search, Howard Liu, M.D., has been named chair of the UNMC Department of Psychiatry.

“We had some excellent candidates to consider,” Dr. Britigan said. “But, when it came time to make a decision, it was clear that Dr. Liu was the best choice. He stood out from the beginning of the process.

Since 2011, Dr. Liu has been involved with the Behavioral Health Education Center of Nebraska (BHECN), serving as interprofessional education director from 2011-2012, as medical director from 2012-2014 and as director since 2014. Under Dr. Liu’s leadership, BHECN has thrived, realizing a nearly 15 percent increase in behavioral health providers in Nebraska from 2010-2016. This is an outstanding accomplishment, Dr. Britigan said, especially when you consider that 88 of the 93 counties in the state meet federal criteria for being designated as Mental Health Professions Shortage Areas.

In becoming chair of psychiatry, Dr. Liu has indicated that he plans to step down from his role as director of BHECN. A child and adolescent psychiatrist, Dr. Liu expressed his appreciation in being selected as chair.

“I am truly honored to serve as the sixth chair of psychiatry,” he said. “Having served as interim chair for the past 11 months, I have appreciated the strong leadership teams at UNMC, Nebraska Medicine, and within my department. My vision is for the department to become a champion for innovation in clinical access models, translational research, educational impact, and community engagement.”

In addition, Dr. Liu said he hopes to continue the growth of subspecialty clinics in psychiatry. These include clinics for substance use disorders, women’s psychiatry, anxiety disorders and mood disorders and partnership with community members on forensic psychiatry.

Dr. Liu received his medical degree from the University of Michigan Medical School. He completed a residency in adult psychiatry at University of Michigan Hospitals and a fellowship in child and adolescent psychiatry at Massachusetts General Hospital/McLean Hospital, Boston. He is currently pursuing his Executive MBA at the University of Colorado Business School. [O](#)

# NEW MEMBER FEATURES



**ERIC K.  
BONNESS, M.D.**

**Medical School**

University of Nebraska  
Medical Center

**Residency**

University of Nebraska-Creighton  
University in orthopaedic surgery

**Fellowship**


Boston Shoulder Institute at Harvard  
University in shoulder surgery

**Practice**

OrthoNebraska  
(Oakview, Bellevue & Council Bluffs)

**Specialty**

Orthopaedic surgery (shoulder)

Dr. Bonness enjoys staying active by running, bicycling, snowboarding and playing basketball. He is also an avid traveler who enjoys reading and spending time with his family and friends. 



**JEFFREY A.  
EBEL, D.O.**

**Medical School**

Des Moines University  
Osteopathic School of Medicine

**Residency**

ProMedical Toledo Hospital  
in family medicine

**Fellowship**


University of Toledo in primary  
care sports medicine

**Practice**

OrthoNebraska Oakview

**Specialty**

Orthopaedic primary care

Dr. Ebel's wife, Ariadne, is a Rheumatology fellow at the University of Nebraska Medical Center. They are excited to welcome their first child in early 2019. 



**OLEG N.  
MILITSAKH, M.D.**

**Medical School**

University of Kentucky  
College of Medicine

**Residency**

University of Kansas in otolaryngology  
–head & neck cancer

**Fellowship**


Medical University of South Carolina  
in head & neck surgical oncology  
and reconstructive surgery

**Practice**

Methodist Estabrook Cancer Center

**Specialty**

Head & neck surgical oncology  
and reconstructive surgery

Dr. Militsakh is an avid outdoorsman. However, he recently added carpentry and cooking to his hobbies. He loves cooking for his family and cannot wait to build a giant tree house for his boys this spring. 





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

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## NEW MEMBERS



### Dwight Bollinger, M.D.

Pathology  
Great Plains Pathology, P.C.

### Rohini Garg, M.D.

Hospitalist  
CHI Health Mercy Hospital

### Kendra Luebke, M.D.

Otolaryngology  
Midwest Eye Care

### Sajan Mahajan, M.D.

Radiology  
Nebraska-Iowa Radiology Consultants





### BOYS TOWN National Research Hospital

#### PEDIATRIC GASTROENTEROLOGY CLINIC OPENS

Boys Town Pediatric Gastroenterology opened a new clinic location in October, located at 320 McKenzie Ave., Suite 202, in Council Bluffs, Iowa. A board-certified physician and certified nurse practitioner are taking new patients.

Boys Town Pediatric Gastroenterology cares for the whole child. Its board certified specialists provide diagnosis, care and treatment for common to complex digestive disorders, including PillCam™ capsule endoscopy, pH-Impedance testing, and breath hydrogen testing. Patients with Irritable Bowel Disorder (IBD), may choose to attend IBD Day, an interdisciplinary clinic to address gastroenterology, psychology, nutrition and allergy needs – all in the same visit. To care for non-medical needs, patients and families are able to connect with our parent partner, who can help provide other levels of support.

Boys Town Pediatric Gastroenterology is part of the ImproveCareNow network, a collaborative community where clinicians, researchers, parents and patients communicate together on chronic health-care to improve the lives of children and adolescents.

Boys Town Pediatric Gastroenterology clinics are also located in Omaha, Lincoln, Kearney, all in Nebraska, and Sioux City, Iowa. The Boys Town Council Bluffs Clinic also includes ear, nose and throat and audiology services for children and adults. [🔗](#)



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### CHI HEALTH CONTRACTS WITH MDSAVE

In an effort to provide affordable care, CHI Health Partners (the clinically integrated network formerly known as Uninet) has signed a contract with MDsave, the world's first online health care marketplace.

"It's one example of what we're trying to do to lower the cost of health care," said Cliff Robertson, M.D., CHI Health chief executive officer. "In exchange for that, or as a result of that, we'll be able to care for more people in our community."

People who would benefit most are those who self-pay, have high-deductible health plans or who need services not covered by their insurance. Patients paying out of pocket would have one all-inclusive price they could understand.

Procedures currently being offered are labs and imaging such as MRIs, CT scans, ultrasounds and X-rays, as well as physical, speech and occupational therapy. Future procedures will include hernia repairs, electrocardiograms, vaginal deliveries, bariatric surgeries, colonoscopies, endoscopies and wellness services such as annual checkups and preventive screenings.

By taking advantage of pre-negotiated rates with CHI Health facilities and providers, patients may be able to save money.

Dr. Robertson said MDsave has been successful in other markets. "Patients really love this because they are looking for better prices on some of the services that they need." [🔗](#)



**METHODIST**

### HOSPITALS RECOGNIZED FOR EFFORTS TO END SHAKEN BABY SYNDROME

Abusive head trauma is the leading cause of child abuse death within the United States, according to the National Center on Shaken Baby Syndrome.

Cases of abusive head trauma (AHT), also known as shaken baby syndrome (SBS), are reported about 1,300 times a year nationally. Between 2010 and 2016, 11 infant deaths in Nebraska were associated with AHT. Perhaps the most sobering statistic: 100 percent of cases are preventable.

In their effort to be part of the solution, Methodist Women's Hospital and Methodist Jennie Edmundson Hospital recently were named education champions through the Nebraska Safe Babies—AHT/SBS Prevention Hospital Campaign. They are the first hospitals in the Omaha metro area and among nine hospitals total to achieve that recognition. Twenty-two other hospitals have pledged to become champions.

"It's an honor to be named a hospital champion, but there's more work to be done," said Hillary Kolar, a staff development nurse for the Mother/Baby and OB/GYN units at Methodist Women's Hospital. "Our staff members will continue to educate and provide resources to families so that together we can end shaken baby syndrome."

Methodist Women's Hospital also was a pilot hospital that assisted with the development and rollout of the statewide AHT/SBS campaign, which provides evidence-based education and training to parents of newborns and hospital birthing staff.

At Methodist Jennie Edmundson Hospital, the champion designation goes with previous efforts by staff to increase awareness of shaken baby syndrome. Formed in 1997, the Shaken Baby Task Force offers free educational materials to schools, hospitals and groups across the country; has a website, [safebaby.org](http://safebaby.org), with information for parents and educators; and offers a 24-hour Crying Baby Helpline that can be reached at (866) 243-2229. [🔗](#)




## ONCOLOGY PROGRAM NAMED TO BECKER'S LIST

Becker's Hospital Review has released the 2018 edition of its list of 100 Hospitals and Health Systems With Great Oncology Programs. Nebraska Medicine has once again been named to the list—the only health system in Nebraska to earn this distinction. The list features hospitals and health systems leading the nation in cancer care.

The hospitals and health systems selected for this list are at the forefront of cancer treatment and research. Hospitals on this list offer patients comprehensive cancer care involving teams of specialists, participation in clinical trials and personalized treatment programs.

The Becker's Hospital Review editorial team selected hospitals for inclusion based on recognitions received and accreditations earned. The editorial team at Becker's examined U.S. News & World Report cancer care rankings, Care-Chex cancer care rankings, Blue Cross Blue Shield Association Blue Distinction Center designation and designations from the National Cancer Institute while compiling the list.

Nebraska Medicine is in some select company on this list, which includes Mayo Clinic, Memorial Sloan Kettering and M.D. Anderson Cancer Center. 




## MEDICAL CENTER JOINS NETWORK TO COMBAT VIRAL DISEASES

The University of Nebraska Medical Center has joined the Global Virus Network (GVN), a worldwide network of members from 29 countries combating major threats posed by various human viruses.

The network represents experts at 45 Centers of Excellence and seven affiliates in 29 countries recognized for expertise in infectious diseases in every class of virus causing disease in humans. Work includes drug development, research, training and education in the areas of biocontainment and antiviral therapeutics preparedness, defense and first research response to emerging, exiting and unidentified viruses that pose a clear and present threat to public health.

Criteria for a GVN Center of Excellence includes a productivity and expertise in two to three viral areas, a commitment to capacity building, particularly in resource-poor nations and a commitment to support GVN's central operation through inclusion on grant and contract applications, fundraising events, direct donations or other means.

UNMC is one of three of GVN's newest Centers of Excellence invited to join the network. UNMC was selected because of its long history of significant viral research activities and for leading a unique array of initiatives that include innovative basic and translational research, a special pathogens clinical trials network and multiple global public health initiatives. The two other centers are the West African Centre for Cell Biology of Infectious Pathogens at the University of Ghana and Colombia-Wisconsin One-Health Consortium in Madison, Wis.

"This opportunity and recognition as a Center of Excellence would not have been possible without our incredible partnership with Nebraska Medicine and our many University of Nebraska collaborations," said Christopher Kratochvil, M.D., UNMC associate vice chancellor for clinical research and vice president for research at Nebraska Medicine. 



## IN MEMORIAM

**JOHN DAVIS, M.D.**

Aug. 8, 1922 – Nov. 26, 2018

**MICHAEL HORN, M.D.**

Aug. 8, 1956 – Oct. 16, 2018



# APPLICATION FOR MEMBERSHIP



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

## PERSONAL INFORMATION

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

## EDUCATIONAL AND PROFESSIONAL INFORMATION

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAX APPLICATION TO:**  
402-393-3216

**MAIL APPLICATION TO:**  
Metro Omaha Medical Society  
7906 Davenport Street  
Omaha, NE 68114

**APPLY ONLINE:**  
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