Physicians Bulletin

VOL. 40
NO. 2

MARCH/APRIL **2019**

USA $1.95

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

'You're the Doctor?'

Discussing Bias in the Patient Relationship

MAKE THE CALL TO BECOME A HOPE VOLUNTEER • MAKING THE PREAUTHORIZATION PROCESS EASIER

One number accesses neontal & pediatric transport.
Any problem, anytime.

Children's
HOSPITAL & MEDICAL CENTER
OMAHA

We know children.

1.855.850.KIDS (5437)

The Physicians' Priority Line is your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.

The Most Comprehensive **Spine and Pain Care** in the Region

Helping Your Patients **Get Back to Living**

+ Spine Surgery
+ Interventional Pain Care
+ Physical Medicine & Rehabilitation
+ Physical Therapy
+ Imaging – MRI/CT/X-ray
+ Orthotics/Bracing

NEBRASKA
SPINE + PAIN
CENTER
Get Back to Living

PROVIDERS

Orthopedic Spine Surgeons:
Timothy A. Burd, M.D.
Jonathan E. Fuller, M.D.
J. Brian Gill, M.D., M.B.A.
Michael C. Longley, M.D.
John W. McClellan III, M.D.
Eric D. Phillips, M.D.
Chase C. Woodward, M.D., M.P.H.

Physiatrists:
Scott A. Haughawout, D.O.
Jeremiah P. Ladd, M.D.
Matthew P. West, M.D.

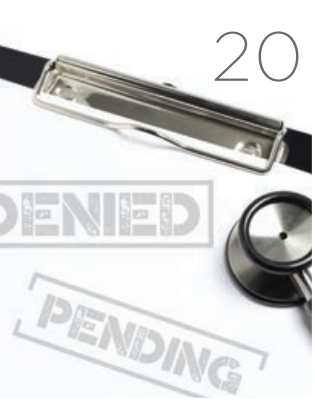
Neurosurgeon:
John D. Hain, M.D.

LOCATIONS

Omaha:
402.496.0404
13616 California St.
Suite 100
Omaha, NE 68154

Satellite Clinics:
+ Columbus, NE
+ Fremont, NE
+ Grand Island, NE
+ Lexington, NE
+ Lincoln, NE

Visit us at NebraskaSpineandPain.com



FEATURES

DEPARTMENTS

Metro Omaha Medical Society

Physicians Bulletin

VOLUME 40, NUMBER 2

A PUBLICATION OF THE

Metro Omaha Medical Society

METRO OMAHA MEDICAL SOCIETY

7906 Davenport St. | Omaha, NE 68114
(402) 393-1415 | www.omahamedical.com

Physicians Bulletin is published bi-monthly by Omaha Magazine, LTD, P.O. Box 461208, Omaha NE 68046-1208.

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

Coming EVENTS

Metro Omaha Medical Society

PLEASE REGISTER FOR EVENTS ONLINE AT OMAHAMEDICAL.COM/EVENTS OR CALL THE MOMS OFFICE AT (402) 393-1415

MAY 07

EARLY CAREER PHYSICIANS/ NEW MEMBER MIXER

TUESDAY, MAY 7 | 5:30 P.M. — 7:30 P.M.
VIS MAJOR BREWING COMPANY: 3501 CENTER ST.

Come network with your fellow ECP and members new to MOMS/NMA. Connect with long-standing members. Learn how to make the most of your membership to achieve your personal and professional goals

Feel free to bring a physician colleague or friend. Appetizers and first drink on us!

APR 24

WOMEN IN MEDICINE: FINDING YOUR VOICE

WEDNESDAY, APRIL 24 | 6 P.M. — 8 P.M.
THINK WHOLE PERSON HEALTH CARE
2ND FLOOR AUDITORIUM

Abbie Syrek, director of forensics at UNO, will discuss unique challenges women face as communicators.

APR 26-27

MOMS DOCBUILD: HABITAT FOR HUMANITY HOME BUILDING

FRIDAY, APRIL 26, & SATURDAY, APRIL 27

Save the date. Open to all MOMS members and their clinic staff. Please register for events online at Omahamedical.com/events or call our office at (402) 393-1415

WORDS TO PONDER, WORDS TO LIVE BY

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

Alan Thorson, M.D., was awarded the MOMS Distinguished Service to Medicine Award at the annual meeting in January. For those who were not there, I would like to share some of his words.

Dr. Thorson told the physicians in the audience that *"I have been fortunate to enjoy a long and perfectly delightful association with the best colleagues, the best physicians and the best profession in the world. You are the best because none of you are mediocre in what you do. None of you strive for mediocrity.*

"I am concerned that not everyone shares your enthusiasm for such excellence. As I have traveled and visited with colleagues and others across the country and around the globe; as I have observed the continuing onslaught of regulation, not only of medicine but other professions and trades...including, in some cases, simple life choices...I see a collapsing and consolidation of the normal bell curve with attempts to marginalize both ends. Perhaps it is just an unintended consequence, but even if unintended, the squelching of outliers of excellence in an attempt to support or decrease outliers of dependence is at best risky and, at its worst, an undermining of our future and presents unprecedented challenges to our historical means to success. Fixing such challenges need not deter us from our responsibilities to outliers of dependence...And my comments are not intended to suggest we do so.

"To me, one of the greatest joys of the practice of medicine is the opportunity to experience diversity in human life...in all aspects of life."
— ALAN THORSON, M.D.

"To me, one of the greatest joys of the practice of medicine is the opportunity to experience diversity in human life...in all aspects of life. There is physical diversity. We come in all shapes and sizes. Much, but not all of the latter, may be arbitrarily determined by our own actions...or inactions, as the case may be...and the balance between energy intake and expenditure. We are all too familiar with the challenges that can bring to us as physicians in managing chronic disease as we are beginning to know it today."

Dr. Thorson continued, *"As a surgeon, I am challenged by diversity in anatomy, knowing that at every operation, every exploration, I might be surprised by some new or unexpected anomaly whose sole purpose for existence would seem, at that time, to be for the sake of complicating my day. As physicians, it is the diversity in signs and symptoms of disease that challenge our diagnoses. We have all been there. And we are all prepared for that eventuality. Because we know there are outliers. That is why we don't train to be mediocre, why we are happy that we didn't settle for mediocrity in our skills.*

"Every day we see diversity in age and race and gender and culture and ethnicity and sexual orientation. We, better than anyone...know that underlying those tinted skins, those colorful facades we wear, those mental defenses, those fragile psyches...we are all the same.

In the words of Chief Standing Bear, arguing, here in Omaha, to have Native Americans acknowledged as being persons within the meaning of the law...'we bleed the same red blood.' When we are happy or amused, we smile the same smiles and laugh the same laughs, some hearty and robust and others soft and gentle. And when things aren't well, we cry the same tears. And yet we are different."

Thank you, Dr. Thorson, for your thoughtful words reminding us that while we are different, we are all the same in many ways.Thank you for letting me share your words with members of MOMS as part of my editorial.

I started my medical career on one side of the bell curve. I was young and female, both putting me on one side of the bell curve. Comments about my age and gender were made by patients, faculty and other students, sometimes in a positive manner, sometimes, not so positive. But I always celebrated being included in that community of people who chose to spend years in school and training with the hope of providing healing, relief or comfort to people. I am looking forward to this year's MOMS initiative to have inward focus to help bring physicians together.

Please enjoy this issue of the Physicians Bulletin. In my closing, I would like to continue with the closing of Dr. Thorson's speech.

"I still have some of those special gifts but perhaps one of the most touching, that I carry in my memory always, was a simple set of words whispered by a grateful young man who shared, as I was leaving, the following:

'When you are born, you cry and the world rejoices. Live your life so that when you die, the world will cry and you will rejoice.'"

COMMUNICATION WITH CONNECTION

CAROL WANG
Executive Director
Metro Omaha Medical Society

It was an innocuous profile of a person I can't even remember, but what stands out is that in a rapid fire Q&A, the person revealed she had more than 4,000 unread email messages in her inbox. She said she marked them as such so that she could go back and deal with them later, but she admitted it was a messy situation. Why it stayed with me is that I resemble that remark—an inbox bulging out of control and so much coming in that it's difficult to keep up, much less get ahead.

Sound familiar?

Between the magazines, books, newspapers and websites that you have the best of intentions of reading to the invites that you would like to accept, but you need to check your calendar against that of the rest of the family's schedules, many of us are facing information overload. And knowing that your days are already harried enough with clinical duties and meetings make finding the time to tackle the to-dos daunting.

"Why it stayed with me is that I resemble that remark—an inbox bulging out of control and so much coming in that it's difficult to keep up, much less get ahead."
— CAROL WANG

Marketers know they're getting lost in the shuffle and so they're devising more ways to communicate with you. Text message invitations/confirmations, social media ads in your feeds and do you notice that if you were looking at something online, that site keeps popping up embedded in everything else you're reading? With all their efforts to get your attention we know how overwhelming the amount of content can be.

It's something we're trying to be very thoughtful about here at MOMS. When we designed the website, the goal was for you to have less clicks so you could find what you wanted easily and get out. As we've redesigned the magazine, we've aimed for cleaner layouts and clear story titles so you can quickly identify what articles you want to read. Our email blasts aim to hit your inbox on a regular schedule and only when there is something to share. We also want to make sure that you can scan those quickly and get the headlines. And in every way we communicate, we want you to see what's coming up so you can take part and integrate the information into your calendar.

The conversation about how to best communicate with all of you continues and if you have preferences, please share them. At the end of the day, we hope that we are delivering information you want and value. Even more important, we want you to feel part of the community of physicians that is MOMS. At a time when you have so much tugging at you for time and attention, it can feel like you're all alone, but you're not. Your colleagues are also facing the same stressors and are also seeking a sense of connection. So make it a point to find something coming up that you want to put on your calendar as a priority for you and come hang out. Re-connect with friends you have been meaning to message or make new ones. And do it in a live, in-person format!

Lately, as I wade through my emails and social media messages, I have gotten the urge to pick up the phone and call. Instead of exchanging texts, the joy of talking to someone has reminded me of how little nuance is expressed in typed phrases. Or how a conversation can spark an idea or lead to brainstorming that would never be achieved solo. Or the pleasure I can feel at the end of a good chat because I've connected with someone I truly like and respect.

That's what I hope for all of you—communication with connection. And if you have any surefire ways to win the war with your inbox, I'd like you to call me.

PHYSICIAN BURNOUT: TAKING A COMPREHENSIVE APPROACH TO WELLNESS

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.

During my short time with the Nebraska Medical Association, there has been an ongoing dialogue with various physicians, partners, and organizations regarding physician burnout. Conversations have been diverse and focus on (a few) sources that may be causing burnout, how to prevent physician burnout, and intervention efforts to assist those that experience burnout.

Sources of Burnout: We know that there are multiple sources that contribute to physician burnout. I will focus on a few. Recently the AMA drafted a letter in response to the Office of the National Coordinator for Health Information Technology (ONC) report focusing on reducing regulatory and administrative burdens relating to the use of Health ITs and Electronic Health Records (EHRs). The AMA and many other state medical and specialty societies, including the NMA, supported this letter to express appreciation for the work being done by the ONC and the Centers for Medicare & Medicaid Services' (CMS) to ultimately reduce the burden on physicians. The letter also identifies areas of concern that the AMA would like the ONC to continue to address. These areas include CPT code requirements that lead to unnecessary documentation burdens, the implementation of a payment collapse policy, advancements in health information technology and data analytics to refine prior authorization (PA) policies, and reduce the overall volume of PAs, just to name a few.

In summary, the ONC report identifies the goal to remove unnecessary documentation burdens and implement policies that provide administrative simplification so that physicians can spend more time treating patients. The NMA will stay engaged in this ongoing conversation with the AMA and ONC.

Several physicians have mentioned that they would like to see organized efforts streamlining prior authorizations among our insurers. According to a recent AMA survey of 1,000 practicing physicians, more than 90 percent indicated that PAs had a significant or somewhat negative clinical impact, 28 percent reported that PAs had led to a serious adverse event such as death, hospitalization, disability or permanent bodily damage, or other life-threatening event for a patient in their care. The majority of physicians (86 percent) stated that the administrative burden has gone up over the last five years and would rate it as "high or extremely high."

"Unplugging from technology may seem like asking you to quit breathing, but just a brief interruption provides us all an opportunity to recharge, manage stressors, and provide healthy boundaries specific to work and personal time."
— AMY REYNOLDSON

It is evident that there is still work to be done to address the PA issues as identified by the AMA physician survey referenced above and also by those that have shared their frustrations with me. The NMA is committed to working with the insurance industry to refine the PA process to ultimately reduce the burden placed on physicians and patients.

Prevention Efforts to Reduce Burnout: Talking about physician burnout prevention strategies is difficult because it is not "one size fits all", rather it is complex and includes multiple layers. In simplistic terms, we all can benefit from incorporating practices or behaviors that reduce or eliminate stressors which contribute to burnout. This may include attending

yoga or other exercise classes, daily meditation, or even finding work life balance by scheduling time away from work on a consistent basis.

Unplugging from technology may seem like asking you to quit breathing, but just a brief interruption provides us all an opportunity to recharge, manage stressors, and provide healthy boundaries specific to work and personal time.

There are also opportunities for physicians to engage in local events organized specifically for physicians by the Metro Omaha Medical Society. In 2019, MOMS is putting an emphasis on providing events that promote networking and engaging in healthy lifestyle activities. These include Women in Medicine events, DocBuild, panel discussions, and the highly anticipated Music, Medicine & Mental Health event by concert pianist and physician, Dr. Richard Kogan. MOMS is a great resource for Omaha physicians, and I encourage you all to take advantage of the great events they have planned for 2019.

In behavioral health we often hear that for every dollar spent on prevention efforts there are between $7-11 saved on treatment and other societal expenses. After searching for a similar cost savings analysis as it relates to physician burnout, there are various reports that indicate that the cost of replacing an existing physician is between $500,000 to $1 million. This dollar amount does not include additional expenses incurred by the physicians personally. Medicaleconomics.com shared that "…a lot of medical leaders are understandably reluctant to measure the degree of burnout in their workforce because they're not sure what to do about it."

Now is not the time to shy away from addressing physician burnout because we don't know how to address it, rather, now is the time to be thoughtful and inclusive in our approach to provide opportunities to prevent this from occurring or worsening for our physicians.

Intervention Efforts to Assist: According to healthleadersmedia.com there are five primary drivers for physician burnout: excessive workload, work inefficiency, work-home balance, loss of control, and loss of meaning from work. Organizational interventions and individual interventions are outlined on multiple media platforms and yet we continue to see physician burnout rates increase. It is also emphasized throughout multiple research articles that organizations need to consider burnout as a top metric. Focusing on institutional performance measures, quality indicators, and leadership performance are just a few areas that will help organizations gain a better understanding of burnout and drive efforts to address the issue.

We can spend hours discussing the organizational and individual interventions that should be priorities for our physicians, but one obvious intervention that we need to focus our efforts on is establishing a state-wide comprehensive physician health program. The state of Nebraska is one of three states that does not provide a physician health program that includes comprehensive behavioral health (substance abuse/misuse and mental health) interventions. The NMA has been working diligently to identify the most effective path to make this a reality for Nebraska physicians. Ongoing conversations have included identifying additional funding needed to support a comprehensive physician health program, the structure of the program (including oversight), and where the program will be housed.

There is no question that Nebraska physicians need support to ensure that they can provide safe and compassionate care to patients and also be present and engaged at home. The NMA will continue to address the sources of burnout, provide resources on prevention efforts to reduce burnout, and work to develop a comprehensive physician health program to assist physicians so that they can utilize their expertise, dedication, and knowledge to provide quality health care to all Nebraskans.

WHAT'S THE DEAL WITH REFERENCE-BASED PRICING?

STEPHANIE SHARP, ESQ. **CAROLINE NELSEN, ESQ.**

McGrath North Attorneys

In a nation with rising health costs, hospitals, patients, employers and health plans are all looking to cut costs where they can. In recent years, some self-insured health plans have explored what is known as "reference-based pricing" or "RBP." Reference-based pricing is a pricing structure under which a health plan pays only a fixed dollar amount for a particular procedure, regardless of who the provider is and what the provider's actual charges are, and certain health care providers will accept that pre-arranged fixed dollar amount as payment in full. Prices for various health-related services vary across the United States due to fluctuating costs of living by geographic location. In order to encourage participants in a health plan to use less expensive providers where pricing has no bearing on the quality of service, the RBP structure establishes a "reference price" for particular procedures and will only cover those procedures up to that reference price. Theoretically, the reference price encourages participants to stay away from more expensive providers.

Traditionally, health plan network providers accept negotiated rates as payment in full for services. For example, if a provider will perform a surgery for $10,000, and the health plan requires plan participants to pay 20 percent of the negotiated rate, the participant is responsible for $2,000 of the cost of the surgery. However, under an RBP structure, where a participant chooses a provider that costs more than the reference price, the participant is responsible for paying the difference between the reference price and the actual price, in addition to his or her share of the cost under the negotiated rates. Following the same example, after analyzing the quality and pricing data in a region, a health plan could establish a reference price for the same surgery at $10,000. If a participant chooses a provider that performs the surgery for $11,000, the Participant would be responsible for $1,000 of the cost of the surgery, plus $2,000 of the reference price (20 percent cost-sharing). Plans generally only use RBP for specific procedures prone to substantial price variation despite consistent outcome quality.

One of the Affordable Care Act ("ACA") health care reform mandates limits consumer spending on in-network essential health benefits, requiring that "cost-sharing" be limited. The cost-sharing limits apply to most health plans. Cost-sharing includes deductibles, coinsurance, copayments, and other similar charges. Federal agencies have expressed concern that RBP could impose otherwise prohibited limitations on coverage, without ensuring access to quality care and an adequate network of providers. Under the Department of Labor's ("DOL's") most recent informal guidance, the DOL has stated that until further guidance is provided, RBP will not be considered as failing to comply with health care reform cost-sharing mandates because the plan treats providers that accept the reference price as the only in-network providers. However, the DOL further stated that the plan must use a reasonable method to ensure it offers adequate access to quality providers. In analyzing whether a "reasonable method" was used, the DOL will look at all facts and circumstances, including:

- Whether the plan treats providers that accept the reference price as the only network providers for only those services where consumers have enough time to make an informed choice of provider.

- Reasonable access for participants and beneficiaries to providers that accept the reference price, and an adequate number of providers that accept the reference price.

- Quality standards for the providers that accept the reference price.

- Availability of exceptions processes, where certain services by providers that do not accept the reference price will be treated as satisfying the reference price if access to providers accepting the reference price are unavailable or where quality of services could have been compromised with the reference price provider.

- Adequate disclosures of pricing structure, lists of services, reference prices for each service, providers that accept the reference price, and information on the process and underlying data.

The DOL further stated that, where a reference price is so low that very few providers would accept the reference price as payment in full, the plan must count a participant's payments above the reference price toward the plan's overall cost-sharing limit. The DOL implemented this rule in order to prevent plans from establishing artificially low reference pricing that would allow them to avoid the overall cost-sharing limit under health care reform. However, where many quality providers will provide the service at the reference price, any difference paid by the participant between the actual price and the reference price need not be counted toward the cost-sharing limit.

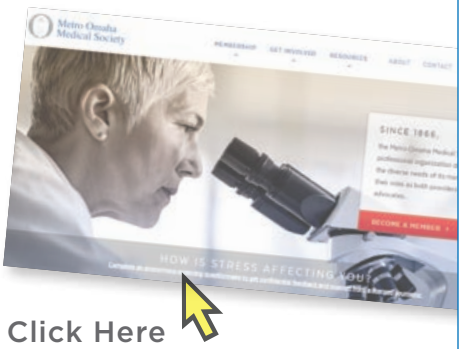
Reference-based pricing has been in the spotlight of recent lawsuits around the United States. Some claimants have argued that, where health plans are underpaying the billed charges for medical care that a hospital provided to plan participants, the health plan is in violation of the DOL guidance requiring reasonable access to an adequate number of providers that accept the listed reference price. Other claimants have argued that the RBP structure violates fiduciary obligations, contracts and advertisements relating to RBP constitute negligent and intentional misrepresentation, and RBP causes patients to breach patient agreements and implied contracts with hospitals to pay their bill in full. Finally, some claimants have used the Employee Retirement Income Security Act (ERISA) to argue that health plans are failing to follow the terms of their plans by utilizing RBP without explicitly disclosing such pricing structure and other information in their plans. In light of the recent litigation surrounding RBP, health plans, patients, and RBP vendors should consult their attorney before implementing a reference-based pricing structure.

HOW IS STRESS AFFECTING YOU?

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

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

The process is simple and confidential.*



Go to OmahaMedical.com & Click Here

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

If Your Assessment Indicates Higher Stress Levels

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

Omaha Physicians, Med Students & Residents

You are eligible for a series of telehealth sessions provided to you at no cost. After you take the assessment, the counselor will provide you with more information if interested.

***Confidentiality Information:**

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

Metro Omaha Medical Society

Metro Omaha Medical Society

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.

WHAT'S IN A TEST?

OLIVIA SONDERMAN
M3
University of Nebraska College of Medicine

As stated on the U.S. Medical Licensing Examination (USMLE) website, the USMLE is, at its core, a three-step examination for medical licensure in the United States.[1] Yet, in its current form, the role the USMLE plays in medical education has expanded beyond mere licensing to influence residency selection and consequently student study habits and lifestyle. As a third-year student at UNMC, I can attest to the authority that Steps 1, 2, and 3 have had in my life, an experience that thousands of medical students, residents, and physicians throughout the country share.

With its pervasive influence on medical education, there is no question that the USMLE influences our physician workforce, for better or for worse. A variety of stakeholders play a role in the creation and dissemination of the USMLE, and within that chorus, the voice of physicians cannot be lost. We as a medical community must be active stewards of this assessment process and reevaluate whether the current system is appropriate for our training and ultimately beneficial for the patients we serve.

A good place to start is consideration of the Step 1 score. In recent years, proponents throughout the country have advocated for changing the Step 1 exam from a number score to Pass/Fail. A student-authored December 2018 article in Academic Medicine highlights the emphasis on the Step 1 score in residency applications and the negative impact on student well-being, diversity, and education.[2] The article contends that the focus on Step 1 for residency selection forces students to ignore their institutional education and instead focus on commercial resources and test-oriented "buzz words." The pressure to earn a high score further discourages student involvement in research activities, clinical experiences, and community organizations.

Alternatively, a joint statement written by the CEOs of the USMLE in response to the aforementioned article contends that the score serves multiple purposes, providing a standardized, objective value for residency directors, feedback to medical students, and data for curricular assessment.[3] The statement further maintains that the pressure of a score positively influences residency performance and patient safety by directing medical student activity away from, in the words of the joint statement, "binge-watching the most recent Netflix series or compulsively updating their Instagram account" and towards studying.[3] Significantly, the USMLE has replaced the multiple exams historically accepted on a state-by-state basis to provide licensure to physicians, standardizing the process with one series of tests that is now accepted throughout the country.

As a post-Step 1 examinee, I find merit in both arguments. I believe that without the immense pressure involved with the Step 1 score, I could have spent more time focusing on mechanisms and pathophysiology instead of buzz words and stereotypic associations. I would have enriched my education by investing more time in Bridge to Care, a UNMC organization that provides health services to refugees. I could be more confident that residency programs would look at my application holistically, appreciating my complexities and interests as a human being. With less emphasis on the score, I would have spent less time visiting a counselor to try to manage my thriving anxiety about being able to pursue the specialty I desire.

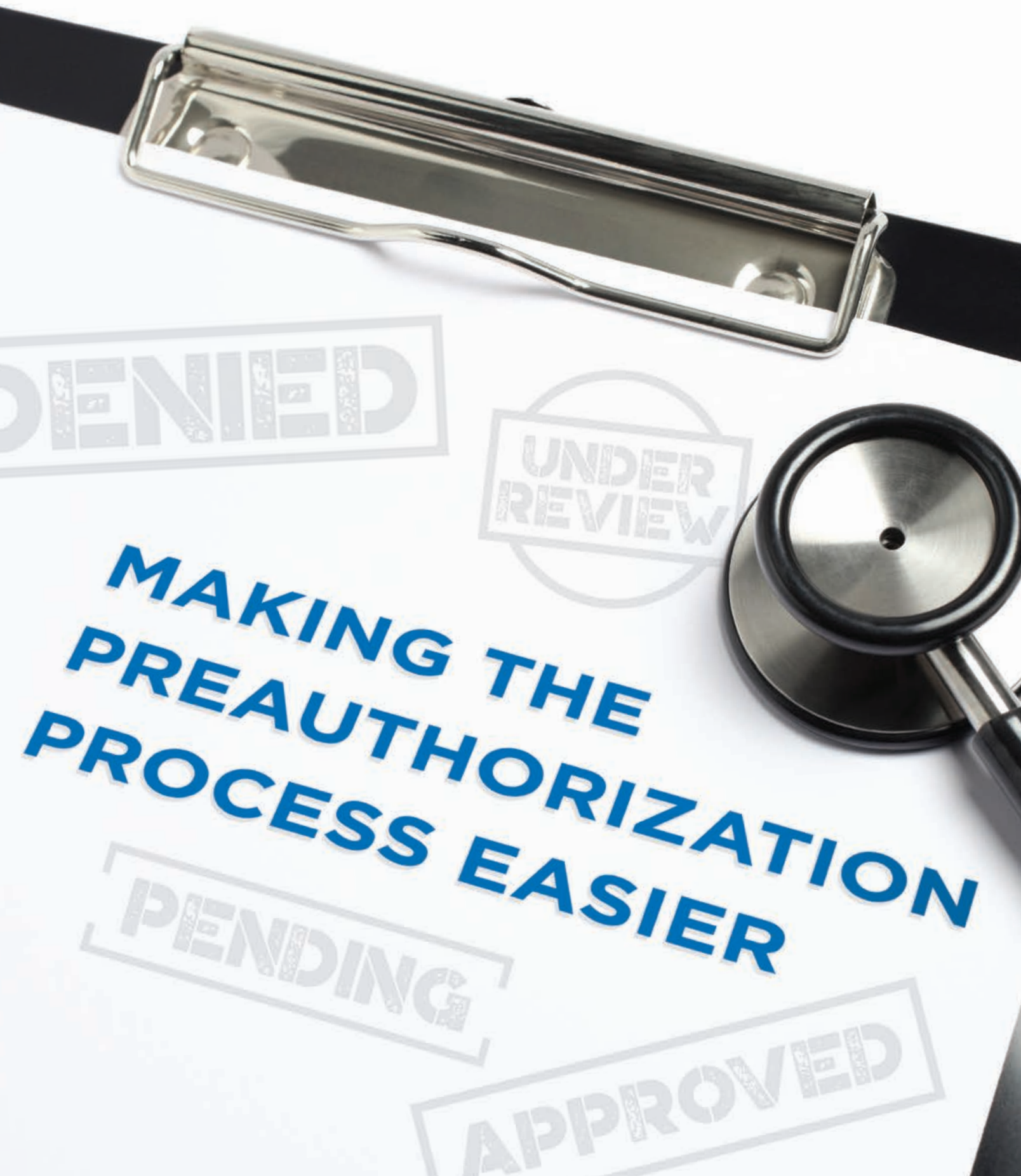
At the same time, the seemingly endless hours I invested in studying for Step 1 helped me to consolidate two years' worth of information in a more meaningful way. The pressure of the score pushed me to study more and perhaps watch a few less movies in exchange for a few more practice questions. I relished the opportunity to earn a score that allows me to compete with any student in the country without school reputations taking precedence over my individual effort. I further appreciate the advantage of taking one nationally standardized exam that will allow me to pursue residency in any U.S. state without having to take another licensing test.

Within a one-page article, I cannot comprehensively examine the USMLE, nor do I believe that a perfect test exists to assess medical students before they become practicing physicians. Yet, as I begin to prepare for Step 2, I find myself revisiting the same controversies associated with Step 1. Within our duties as physicians is the responsibility to appropriately educate ourselves and assess ourselves accordingly. Thus, we must ask ourselves, "what's in a test?" and aspire to create the best method to challenge ourselves as learners while simultaneously encouraging a holistic, patient-centered education.

1. www.usmle.org

2. Chen, DR, Priest, KC, Batten JN, et al. Student Perspectives on the "Step 1 Climate" in Preclinical Medical Education. Academic Medicine. Dec 2018; Epub ahead of print. doi: 10.1097/ACM.0000000000002565

3. Katsufrakis, PJ, and Chaudhry, HJ. Improving Residency Selection Requires Close Study and Better Understanding of Stakeholder Needs. Academic Medicine. Dec 2018; Epub ahead of print. doi: 10.1097/ACM.0000000000002559



MAKING THE PREAUTHORIZATION PROCESS EASIER

Deb Esser, M.D., understands the frustrations physicians and their clinical staff sometimes feel about seeking preauthorization to provide care.

"When I was practicing, I didn't like the need for prior authorization either," she said. "But, when I came over to the insurance side and saw the variations in practices and standards of care, I understood the need for it."

As chief medical officer for Blue Cross and Blue Shield of Nebraska, Dr. Esser said she now has a different vantage point for understanding the need for preauthorization. The process doesn't have to be difficult, she added.

Martin Wetzel, M.D., behavioral health medical director for WellCare of Nebraska, echoed the need for preauthorization. "As a state-sponsored health care company, WellCare of Nebraska has a responsibility to our members and the public to provide affordable access to quality health care," he said. "Preauthorization of certain procedures and prescriptions is one example of ensuring this."

"When I was practicing, I didn't like the need for prior authorization either. But, when I came over to the insurance side and saw the variations in practices and standards of care, I understood the need for it." — DEB ESSER, M.D.

Dr. Wetzel affirmed Dr. Esser's statement that seeking prior authorization doesn't have to be cumbersome. "Occasionally, supplying missing information or more complete documentation is all that is needed to complete the approval process," he said.

Dr. Esser countered the perception that requiring preauthorization is a barrier insurance companies create so they don't have to cover costly procedures. "That is just not true."

She acknowledged that submitting requests, which can be done online, can be time-consuming. "It's not a perfect process," she said.

But the process can be improved, she added, while offering several suggestions:

- Ask the insurance carrier's provider relations representative to visit your clinic and talk with your staff to get a better understanding of your practice. The session need not take long – 60 to 90 minutes is probably fine. "This is something insurance companies would welcome. Take us up on the offer."

- Resist the urge to rush a request. Make sure the information is complete. Sometimes, this means waiting until the dictation from the medical visit is added to the medical record.

- Don't skimp on information. It's not enough to submit that the patient came in with a cough.

- Many times, when a request is denied, it is due to missing information. Typically, the insurance company will provide the reason for the denial. "They can't just say, 'it's not medically necessary because we said so,'" Dr. Esser said. The key is to provide the missing information and resubmit.

The perception that seeking preauthorization takes time isn't always true, Dr. Esser said. Prior authorization for some procedures can be automatic – provided the required details are included.

She gave the example of a request for an imaging study of a patient's abdomen for appendicitis. "Ask yourself, is the patent guarding his or her lower right quadrant? Is the patient's white count up? Is the patient suffering from fever? Based on the answers, you could get an automatic authorization."

In cases of emergency, Dr. Esser said, the priority is to take care of the patient.

The bottom line, Dr. Wetzel said, is improving the process. "We want to hear any suggestions providers or their staff may have to refine the process and better serve our members and our provider partners."

MAKE THE CALL TO BECOME A HOPE VOLUNTEER

Hope
Medical Outreach Coalition

(402) 502-8887

Andrea Skolkin, chief executive officer of OneWorld Community Health Centers who manages referrals for specialty care for Hope Medical Outreach Coalition, would welcome calls from MOMS members willing to donate their services. Their assistance would mean the area's low-income underserved and uninsured who need specialty care—but have no means to pay for it—could receive that care.

"Health care reform does not mean everyone has primary care or specialty care," Skolkin said. "It's a myth that everyone is taken care of, it's not so. I would love it if it were true."

And if it were true, she said, Hope Medical Outreach Coalition, better known as just Hope, no longer would be needed.

Since 1997, Hope has brokered volunteer and donated specialty and hospital care for low-income, uninsured patients referred by area clinics that serve as their medical home for daily health care needs. Hope's roots extend to the late 1980s to Hope Lutheran Church in North Omaha operated a food and clothing pantry and began a medical ministry and a Hopemobile that was also operated by the late Dan Dietrich, M.D.

Community Health Center physicians provide primary care from upper respiratory and ear infections, rashes, skeletal and muscle pain, diabetes, stomach and intestinal problems and provide acute and episodic care and psychiatric care. Hope Medical Outreach volunteer health care providers and hospitals provide specialty care when they need care beyond what is offered in the clinics.

Now in its third decade of serving Omaha's underserved and uninsured, the coalition's devotion to its mission remains, as does the ongoing need for additional volunteer physicians. Skolkin oversees Hope's referral network, while Kenny Morris, chief executive officer of the Charles Drew Health Center, coordinates interpreter services that are provided when Hope volunteer physicians speak different languages. David Filipi, M.D., serves as Hope's volunteer medical director. In addition to OneWorld and Charles Drew, patients also are referred to All Care Health Center in Council Bluffs.

Last year, Hope volunteers treated nearly 1,700 patients in more than 4,400 clinic visits and performed 302 surgeries. In contrast, in 1997-98, Hope volunteers performed 18 surgeries and conducted 98 clinic visits.

To qualify, patients must be at or below 200 percent of poverty guidelines and not have insurance or be eligible or enrolled in Medicaid.

Caron Gray, M.D., is one of the 250 area physicians who donates services to Hope. "They (patients) need help, not a handout, but a little help so they can continue to work and provide for their families," said Dr. Gray, an obstetrician-gynecologist.

More patients are left without options for care, particularly those who do not qualify for Medicaid, but can't afford insurance, she said. "This population deserves the same quality of care in a timely manner. They spend hours and hours waiting, just to receive the care they can—an inconvenience that most of us could not and would not tolerate."

Dr. Gray told the story of a patient who was suffering from abnormal uterine bleeding, and whose hemoglobin was down to 5. She went to the ER, was given a transfusion and told to follow up as an outpatient, but could not get off work to come without getting fired.

The patient returned six months later with the same symptoms. During her return visit, she was told about Hope and encouraged to follow up at one of Omaha's federally qualified clinics, where she could pay on a sliding scale.

"This population deserves the same quality of care in a timely manner. They spend hours and hours waiting, just to receive the care they can—an inconvenience that most of us could not and would not tolerate."

— ANDREA SKOLKIN

"We wrote a letter to her work so she was able to follow up. She qualified for Hope and we were able to proceed with definitive surgical management. She was incredibly grateful, especially knowing she could go back to work, she had increased energy without the ongoing anemia, and did not have to worry about recurrence of her problem."

Dr. Gray encourages her peers to become Hope volunteers. "If we all participate, the options for our patients expand, decrease waiting lists so the patients don't end up in the ED using more resources. We also recognize that these patients are incredibly hard working and poor, literally trapped in a system that holds them hostage."

Skolkin said the need is greatest in these areas: oncology, urology, cardiology, gastrointestinal, opthamology, ENT and general surgery.

Skolkin encouraged MOMS members who have yet to volunteer, to give it a try. "Knowing you lent a hand to someone in need will be a great feeling."

The first step is to call.

'YOU'RE THE DOCTOR?'

DISCUSSING BIAS IN THE PATIENT RELATIONSHIP

When patients direct abusive or, at the very least, insensitive remarks to their physicians, the stress of practicing medicine often is compounded.

Hospitals have policies that protecting against workplace discrimination by colleagues or supervisors, wrote Lachelle Weeks, M.D., in the June 12, 2017 edition of Stat. "But when a patient is racist or biased towards a physician or other health care provider, there is often no recourse."

"Through silence and inaction on this issue, hospitals may reinforce the isolation that clinicians of racial and religious minorities can sometimes feel in medicine," wrote Dr. Weeks, chair of the Social justice Committee at Harvard-affiliated Brigham and Women's Hospital in Boston. "Particularly at a time when some Americans feel emboldened to speak and act in bigoted ways, clinicians need support managing patients who make derogatory and abusive remarks."

A 2017 study conducted by WebMD and Medscape (and reported by Stat) illustrates how pervasive the matter is. The study revealed that:

- 59 percent of more than 800 U.S. physicians had heard offensive remarks about a personal characteristic in the past five years. The remarks centered on a physician's youthfulness, gender, race or ethnicity.

- 47 percent had a patient request a differ doctor or ask to be referred to a clinician other than the one their physician selected.

- 14 percent said they had experienced situations in which the patient complained in writing about the physician's personal characteristics.

African-American and Asian-American physicians were more likely to face such attacks, wrote Bob Tedeschi, and female physicians were more often the victims of bias than their male counterparts.

"But patients found targets in every imaginable corner: 12 percent of physicians, for instance, endured offensive remarks about their week," Tedeschi wrote.

"Amid a heated national conversation about open expressions of prejudice in America, the survey spotlights a facet of the issue that has, so far, received little attention: the biases patients direct toward their doctors in hospitals and exam rooms," he wrote.

Two MOMS members wrote about the comments they have heard based on race (Dr. Ghoddusi) and gender (Dr. Grier). They also explained their approach to these comments:

CONT. PAGE 26

FROM PAGE 25

'YOU'RE THE DOCTOR?'

"Within my practice at Offutt Air Force Base, loyalty and patriotism are never questioned due to my race. However, as I work with my civilian counterparts in local hospitals, a malignant nationalism has started to fester, disheartening all those who helped make this nation great."

— FARAZ GHODDUSI, M.D.

DISAPPOINTED WITH THE 'FAÇADE OF INCLUSION'

BY FARAZ GHODDUSI, M.D.

Family Practitioner, University of Nebraska Medical Center

Having grown up Persian in California, I never gave it much thought, but throughout my medical education in Wisconsin and current time in Nebraska, I've noted many instances where my race has played a role in patient interactions. In retrospect, it started with innocent curiosity, wondering "so, Dr. Ghoddusi, where are you from?" Eventually, tired of being asked, I'd answer "California" before the inevitable "but where are you REALLY from?"

It had become a regular occurrence, but gradually intent became more malicious. I found people more egregious in their need to segmentalize people that they created a false dichotomy allowing a separation of themselves from "others." As patients started to become more emboldened in their blatant disregard for basic civility, they started commenting about how I was "one of the good ones," or that I "should be kept when they build that wall." Being asked if I have family who probably can't come to this country becomes pernicious when accompanied by a smirk. Although the encounters are upsetting, I am fortunate in my ability to respond with my head held high—but only because I then indicate that typically patients just refer to me as "Captain." Within my practice at Offutt Air Force Base, loyalty and patriotism are never questioned due to my race. However, as I work with my civilian counterparts in local hospitals, a malignant nationalism has started to fester, disheartening all those who helped make this nation great.

As hurtful as this had become, the most discouraging have been comments from peers and superiors in the medical field. Walking in a patient room with an attending, introducing himself as "Joe Shmoe" (clearly name changed) a good old Christian name, not something weird like "Faraz," or overhearing off service staff wondering "whose Air Force Dr. Ghoddusi is a part of" ends up causing irreparable damage to the relationship and dynamic of a service. I have been disappointed, time and again, of not just the words of my colleagues or the mentality of the ignorant, but the facade of inclusion we fool ourselves into having.

I have the privilege of the uniform. I can immediately correct and shut down the conversation, but I know many of my peers (both residents and attendings) don't have a military card to play and rectify the situation. It is an aspect of medicine that receives little attention in any curriculum, but confronting racism appropriately helps prevent the continued emboldened attacks on our colleagues. As we continue in our practice, we must not sit idly by and allow such transgressions to occur. Perhaps Desmond Tutu said it best, "If you are neutral in situations of injustice, you have chosen the side of the oppressor"... We must speak up, and with our voice, side ourselves with the principles on which our profession was founded.

CONT. PAGE 29


hoddusi, MD
Medicine


Katie M. Grier, MD
Orthopaedic Surgery

FROM PAGE 26

'YOU'RE THE DOCTOR?'

"I think the stereotype is that you must be muscular and athletic—which may mean to some that you must be male—to be an orthopedic surgeon. Well, here I am."

— KATHLEEN GRIER, M.D.

PERPLEXED BY 'OLD-SCHOOL WAY OF THINKING'

BY KATHLEEN GRIER, M.D.
Orthopedic Surgeon, MD West ONE

The comments, although infrequent, follow the same theme: "We weren't expecting a woman doctor. We didn't know." And then they follow with: "But it doesn't matter."

I usually respond with "Yep, I'm a girl" and laugh it off. I don't have a standard line for a response. It hasn't bothered me—a least not significantly. I often think to myself—but don't say it: "Didn't you look at my name when you set up an appointment to see me?"

I understand, to some degree, why patients are caught off-guard. After all, according to the latest census by the American Academy of Orthopaedic Surgeons, just 6.5 percent of all practicing orthopedic surgeons are women. I am one of them.

The other question I occasionally am asked is whether I will be performing the surgery – and this comes after I have explained all the details about the procedure and talked them through the process. I can't help but think, "Who else is going to do it?" Maybe my male counterparts are asked this—but I doubt it. I know it's an old-school way of thinking—but it's still out there. Not at every clinic—but it's there.

I have been practicing as an orthopedic surgeon for the past 11½ years. I'm currently a partner at MD West ONE, previously known as GIKK Ortho Specialists and Midwest Neurosurgery & Spine. Our practice has another female orthopedic surgeon and a female neurosurgeon, too.

Looking back, I can only think of one example in which I was steered away from being an orthopedic surgeon. When applying for my residency in orthopedics, some administrative staff told me their institution (which I won't name) didn't accept women—so I guess some discrimination is out there. I remember thinking "I just won't go there." I think the stereotype is that you must be muscular and athletic—which may mean to some that you must be male—to be an orthopedic surgeon. Well, here I am.

The examples of people and institutions that encouraged me to pursue orthopedics are numerous. When I was in high school, I broke my ankle. The local orthopedist treated me and later mentored me. I trained at UNMC. I was treated equally—no better and no worse than anyone else. I was an orthopedic resident and had to do my job. I don't think they (UNMC faculty) ever thought of treating me any other way. I was just one of their residents. That's the way I wanted to be treated. I will always be thankful to them for training me, mentoring me and supporting me as a female in a male-dominated field.

Would I advise a woman to pursue orthopedics? I would say absolutely go for it!

1

2

3

4

5

6

2019 ANNUAL MEETING

Members bid farewell to outgoing President Dr. Laurel Prestridge and watched as she passed the gavel to Dr. Lindsay Northam on Jan. 30 at The Players Club at Deer Creek. Over 140 members, guests, strategic partners, and grant recipients enjoyed the evening which also included speaker Todd Schmaderer and a silent auction benefiting the MOMS Foundation.

1. 2019 MOMS Executive Committee: (from left) Dr. Travis Teetor (secretary/treasurer), Dr. Lindsay Northam (president), Dr. Laurel Prestridge (immediate past-president), and Dr. John Peters (president-elect)

2. The Stephen Center Medical Clinic was presented with a check for $20,224.00. We thank all who contributed to this year's MOMS Foundation Match Grant.

3. The Community Service Award was presented in memory of Maestro Chuck B. Pennington. Pictured are his his wife, Allegra, and daughter, Ashley, who accepted the award in his memory at the meeting.

4. Dr. Alan Thorson shares a few words after being awarded with the Distinguished Service to Medicine Award.

5. Drs. Sarit Hovav and Melanie Ortleb

6. Dr. Anthony Yonkers, Jeff Hansen and Dr. Laura Wilwerding chat during the reception.

PHYSICIAN WELLNESS COLLABORATION RECEPTION

Health-care leaders and wellness professionals met January 10 at Trio Cocktails & Company to discuss physician burnout. Dr. Steven Wengel, chair of the Metro Omaha Medical Society Task Force on Physician Burnout, presented some of the latest statistics and studies related to burnout. They also discussed MOMS efforts and invited everyone to work together and share his or her successes in the battle against burnout.

1. Dr. Michael Ash (left), executive vice president and chief transformation officer at UNMC, Dr. Richard Lund, physician at Omaha Nephrology, and Dr. Michael White, chief academic officer at CHI.

2. Dr. Britt Thedinger (left), NMA president, Dr. Joann Schaefer, executive vice president at Blue Cross Blue Shield of Nebraska, and Dr. Laurel Prestridge, MOMS immediate past president.

LOCAL STUBS

ASSORTED CLASSES:
APRIL 13, 20, 27 & 28
GOAT AND LAMB YOGA
DOE'S AND DIVA'S DAIRY
31140 185TH ST.
HONEY CREEK, IA 51542

APRIL 9 | 7:30 A.M.
SPRING MIND CANDY DIALOUGE
BUSINESS ETHICS ALLIANCE
TEMPLE ISRAEL
13111 STERLING RIDGE DRIVE
OMAHA, NE 68144

MAY 4 | 5:30 P.M.
TABLE GRACE THE MUSICAL STAGE READING
TABLE GRACE MINISTRIES
THE B SIDE OF BENSON THEATRE
6058 MAPLE ST.
OMAHA, NE 68104

WOMEN IN MEDICINE 2019 KICK OFF EVENT

The MOMS Women in Medicine group met on Wednesday, February 27 at the home of Dr. Sasha Shillcutt - the new chair of the group. Twenty-six member physicians and guests attended the event where the group discussed the upcoming year, how to build support systems for each other and other women in medicine, and strategies to advance women in leadership positions.

1. Celebrating the first Women in Medicine event of the year!
2. Drs. Melanie Orlteb, Tina Mahajan, and Jyoti Mahapatra

2019 METRO OMAHA MEDICAL SOCIETY

Board of Directors

DUALITY OF INTEREST DISCLOSURES

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

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

ALËNA BALASANOVA, M.D.

Receives Compensation from:
State Targeted Response –Technical Assistance SAMHSA Grant

Also Serves As:
NMA State Delegate to the AMA YPS

SASHA SHILLCUTT, M.D.

Receives Compensation from:
UNMC and Brave Enough, LLC

Also Serves As:
Board Member for the Society of Cardiac Anesthesiologists

Founder of Brave Enough, LLC

Metro Omaha Medical Society

STRATEGIC PARTNERS

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

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

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

PLATINUM PARTNER

COPIC
Better Medicine • Better Lives

GOLD PARTNERS

McGrath North ATTORNEYS

RENAISSANCE FINANCIAL

SILVER PARTNERS

BOYS TOWN National Research Hospital

CLINE WILLIAMS WRIGHT JOHNSON & OLDFATHER

CORE BANK

KOLEY JESSEN ATTORNEYS

METHODIST

UMB

BRONZE PARTNERS

CBRE MEGA Part of the CBRE affiliate network

Lutz MIND WHAT MATTERS

NMA Nebraska Medical Association

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

Metro Omaha Medical Society

EARLY CAREER PHYSICIAN + NEW MEMBER MIXER

TUESDAY, MAY 7

5:30 PM - 7:30 PM

VIS MAJOR BREWING CO.
(3501 CENTER ST)

Come network with your fellow early career physicians and new MOMS/NMA members. Long-standing members will also be available to share their experiences.

Feel free to bring a physician or resident colleague.

Appetizers and first drink on us!

RSVP TO ATTEND
OMAHAMEDICAL.COM/EVENTS

NEW MEMBERS

Thomas Bowden, M.D.
Radiology
Radiologic Center, Inc.

Jason Foster, M.D.
Surgical Oncology
UNMC/Nebraska Medicine

Helen Grace, D.O.
Pediatrics
UNMC/Nebraska Medicine

Mark Johnston, M.D.
Ophthalmology
Nebraska Laser Eye Associates

Rafal Krejza, D.O.
Physical Medicine and Rehabilitation, Pain Medicine
Midwest Pain Clinic, PC

Jordan Lacy, M.D.
Neurological Surgery
MDWest One

Jessica Maxwell, M.D.
Surgery Oncology
UNMC/Nebraska Medicine

Elizabeth McInerny, M.D.
Family Practice

Lauren Nelson, M.D.
Internal Medicine
Boys Town Medical Campus

Steven Remmenga, M.D.
OB/GYN
UNMC/Nebraska Medicine

Natalie Ronshaugen, M.D.
Internal Medicine, Pediatrics & Sports Medicine
Children's Hospital

Chelsie Tellman, M.D.
Pediatrics
Boys Town Pediatrics

Chase Woodward, M.D.
Orthopedics, Spine Surgery
Nebraska Spine + Pain Center

BOYS TOWN National Research Hospital

'PANDAS' CONTINUING EDUCATION OPPORTUNITY OFFERED

The 2019 Patrick E. Brookhouser, M.D. Memorial Lecture, titled, "PANDAS: A Multi-Discipline Perspective on the Strep Illness and Treatment," will take place on Friday, April 12, from 8 a.m. to noon, at Boys Town National Headquarters Building Auditorium located at 14100 Crawford St., on Boys Town's campus.

Behavior symptoms associated with PANDAS are extremely disruptive for the child and his or her family. This lecture provides information on various biological systems and symptoms associated with PANDAS and optimal management and treatment options to improve patient care.

Presenters include keynote speaker, Rodney Lusk, M.D., emeritus director of Boys Town Ear, Nose & Throat Institute, who will share an ENT perspective of PANDAS and symptom tracking. Matthew Dobbertin, D.O., child and adolescent psychiatrist, will present on psychiatric manifestations of PANDAS and treatment options, and Brian Kelly, M.D., allergist and immunologist, will present on the management of penicillin allergy in patient requiring penicillin.

Continuing education credits are available for physicians, nurse practitioners, physician assistants, nurses, behavioral health providers and residents. Visit excellence.creighton.edu/2019Brookhouser for more information and to register for this event. Registration closes April 5, 2019.

CHI Health

Imagine better health.℠

MERGER WITH DIGNITY HEALTH COMPLETE

One in four people in the United States have access to a facility that is part of CommonSpirit Health, the organization created by the Jan. 31 merger of Dignity Health and Catholic Health Initiatives.

The merger brought together two large, like-minded health care organizations—both founded by women religious and with proud legacies of serving those in need. The result is the country's largest not-for-profit, faith-based health system.

"This merger is less about size and more about mission—it's an opportunity to extend the mission the sisters have entrusted to us," said Cliff Robertson, M.D., CHI Health CEO. "We are excited for the opportunity to truly lead healthcare in this country, and to truly be an advocate for those most underserved."

CommonSpirit Health is a $28.4 billion health care system with a footprint in 21 states, 142 hospitals, more than 700 care sites, 150,000 employees, and 25,000 physicians and advanced practice clinicians. The combined organization's charity care and community benefit—including unpaid Medicare costs—are projected to top $4 billion annually.

Kevin Lofton, who served as CEO of CHI, and Lloyd Dean, former president/CEO of Dignity Health, are now co-CEOs of CommonSpirit Health, the name born out biblical scripture: "Now to each one the manifestation of the Spirit is given for the common good."

Regionally, all CHI Health facilities will retain the CHI Health name and logo. The "house of brands" approach being embraced means individual health systems keep their names while the corporate entity, CommonSpirit Health, is headquartered in Chicago.

"Health care is local and built on the relationship between our patients and their physicians and providers," Dr. Robertson said. "CommonSpirit Health allows us to do more, innovate more and reach more people, which from our view, means we can make a difference like never before, and that is what we are called do."

METHODIST

PANCREAS FOUNDATION RECOGNIZES ESTABROOK CANCER CENTER

The National Pancreas Foundation has recognized Methodist Estabrook Cancer Center as an approved Pancreatic Cancer Center. The designation puts Methodist in elite company with fewer than 50 other centers nationwide.

"I'm very proud of Methodist Estabrook Cancer Center to be recognized as the only such program in Nebraska and Iowa," said George Dittrick, M.D., a surgical oncologist and program director for pancreatic cancer treatment at Methodist. "It is a tremendous commendation to all the providers and support staff here who care for pancreatic cancer patients."

An NPF Pancreatic Cancer Center designation is awarded after a rigorous audit review to determine that an institution's focus is on multidisciplinary treatment of pancreatic cancer, treating the "whole patient" with a focus on the best possible outcomes and an improved quality of life.

"Pancreatic cancer can be a very challenging diagnosis for patients in many ways," Dr. Dittrick said. "This designation recognizes Methodist Estabrook Cancer Center as a place patients can go where all those challenges will be met with the highest level of care and compassion."

The NPF criteria, which are reviewed by invited subject matter experts and patient advocates, include having required expert physician specialties such as pancreatic surgeons, medical oncologists, gastroenterologists, and interventional radiologists along with more patient-focused programs like pain management service and psychosocial support.

Founded in 1997, the National Pancreas Foundation provides hope for those suffering from pancreatitis and pancreatic cancer by funding cutting-edge research, advocating for new and better therapies, and providing support and education for patients, caregivers and health care professionals.

The goal of the NPF Pancreatic Cancer Center designation is to facilitate the development of high-quality, multidisciplinary approaches for the field.

Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

AMERICAN MONITORED FOR EBOLA IS RELEASED

The American health care provider being monitored for a possible exposure to Ebola in the Democratic Republic of Congo was released from Nebraska Medicine—Nebraska Medical Center in January after not developing the potentially deadly disease. This individual, who requested privacy during the monitoring process, left the facility and the city of Omaha.

"This person completed the required 21-day monitoring period and did not develop symptoms of the disease," said Ted Cieslak M.D., infectious diseases specialist with Nebraska Medicine and associate professor of epidemiology in the University of Nebraska Medical Center (UNMC) College of Public Health. "Because this individual was symptom free throughout the monitoring period, it was determined they did not have Ebola, and therefore, were free to depart our facility and return home."

This effort is the beginning of a larger monitoring and training role for Nebraska Medicine and its education and research partner, UNMC, in preparing for possible exposures such as this one. UNMC will soon be home to the Global Center for Health Security, which is being funded in part by a grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR). The center will feature a six-bed biocontainment training unit and two independent quarantine units. The quarantine units will have a total of 20 individual negative-air-pressure monitoring rooms.

This individual arrived for monitoring in Omaha on Dec. 29. Federal, state and county public health officials coordinated the monitoring effort at Nebraska Medical Center. The individual was monitored in a secure area not accessible by the public or any patients.

If this person had developed Ebola, they would have been transferred to the Nebraska Biocontainment Unit, where three patients with Ebola were treated in 2014.

University of Nebraska Medical Center

SERVICE TO ALL OF NEBRASKA

The University of Nebraska Medical Center has long focused on serving the medical education and training needs of rural Nebraskans.

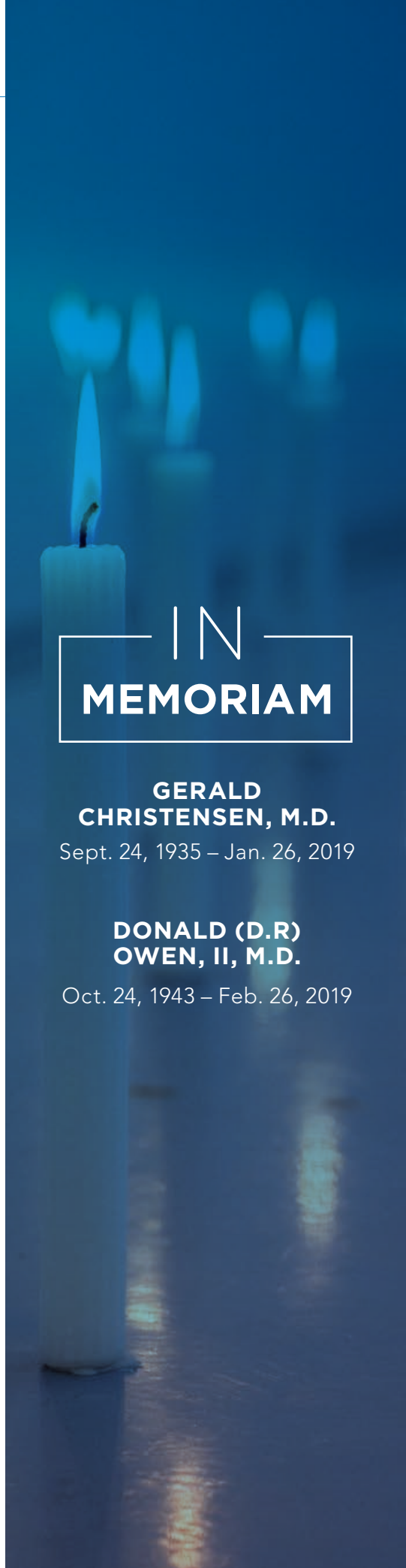
"As a university, we've engaged with experts in rural Nebraska and worked hard to alleviate the health care challenges in every corner of the state," said Bradley Britigan, M.D., dean of the UNMC College of Medicine. "We are committed to working with rural communities to resolve these and other health care challenges."

According to the February 2018 Annual Manpower Survey by the Nebraska Area Health Education Program, there are 253 physicians per 100,000 people—an 11 percent increase over the prior 10 years. Still, 13 out of 93 counties do not have any primary care physician and all counties - except Douglas and Lancaster—have been designated by the State of Nebraska to be shortage areas for at least one type of primary care specialty.

To combat the shortage, Dr. Britigan said UNMC is working to enhance its existing pipeline programs and educational initiatives, which incentivize health professionals to practice in rural communities, and further support telehealth adoption and use in rural areas.

To boost the number of providers in rural areas, UNMC residency programs include rural training experiences, and a variety of rural pipeline programs exist. The Rural Health Opportunities Program (RHOP) and Kearney Health Opportunities Program (KHOP) guarantees admission to UNMC to students at Chadron State College, Wayne State College and the University of Nebraska at Kearney who plan to practice in rural areas of the state. Today, 45 percent of the RHOP and KHOP graduates practice in rural Nebraska, he said.

In June 2017, UNMC launched its Simulation in Motion-Nebraska (SIM-NE) program, which provides free hands-on training to Emergency Medical Service (EMS) providers in rural areas via four customized trucks that travel the state. To date, we have held free training events in 87 of the 93 counties of Nebraska.



APPLICATION FOR MEMBERSHIP

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

PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____
Birthdate:_____Gender: ☐ Male ☐ Female
Clinic/Group:_____
Office Address:_____Zip:_____
Office Phone:_____ Office Fax:_____Email:_____
Office Manager:_____Office Mgr. Email:_____
Home Address:_____Zip:_____
Home Phone:_____Name of Spouse:_____
Preferred Mailing Address:
Annual Dues Invoice: ☐ Office ☐ Home ☐ Other:_____
Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other:_____

EDUCATIONAL AND PROFESSIONAL INFORMATION

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

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

_____ _____
Signature *Date*

FAX APPLICATION TO:
402-393-3216

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

APPLY ONLINE:
www.omahamedical.com

CREATE YOUR OWN ENVIRONMENT

In nature, evolution can require a process of thousands of years. At Curt Hofer & Associates, helping you to create your environment is second nature to us. Bring your designs, your inspiration, your preferences, pictures and even pins. Together we'll move through a process that let's you ease into a flawless execution of your ideal surroundings.

Contact us today to see why Curt Hofer & Associates has earned top awards for our iconic design and inspired living spaces for more than 26 years.

CURT HOFER
& ASSOCIATES

16820 Frances Street, Ste. 102 | Omaha, NE 68130 | Phone: 402.758.0440 | www.curthofer.com

Please contact Curt Hofer & Associates today! For an appointment, visit curthofer.com or see our Ideabook at houzz.com/curthofer.

Metropolitan Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

ADDRESS SERVICE REQUESTED