

# Physicians Bulletin

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# Physicians Bulletin

VOLUME 40, NUMBER 3

A PUBLICATION OF THE



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## Third Thursday Training **DISCOVERING HIPAA**

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**WHEN:** June 20<sup>th</sup> or July 18<sup>th</sup>

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3

Steps

2

Minutes

1

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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.

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### 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**

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# Coming EVENTS



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OR CALL THE MOMS OFFICE AT (402) 393-1415

JUN  
12

## RETIRED PHYSICIANS MEETING

WEDNESDAY, JUNE 12 | 10 A.M.  
MOMS OFFICE BOARD ROOM

Kenneth Sitler and James Weber from USSTRATCOM will present on the new Command and Control Facility.

JUN  
25

## MEMBER NETWORKING EVENT: INDOOR ARCHERY

TUESDAY, JUNE 25 | 5:30 - 7:30 P.M.  
FULL DRAW ARCHERY - 3632 S. 144 ST.

Connect with your fellow physicians and try your hand at archery. Appetizers, equipment and instruction provided.

JUL  
10

## WOMEN IN MEDICINE: FORGING YOUR OWN PATH

WEDNESDAY, JULY 10  
5:30 P.M. - NETWORKING | 6:30 P.M. - PROGRAM  
BORSHEIMS - 120 REGENCY PKWY

Borsheims CEO, Karen Goracke, will speak about women in leadership and her path to CEO. Attendees will have a chance to browse the floor and will receive a special discount.

There will be a drawing at the end of the evening!

JUL  
25

## MORAL INJURY: IT'S NOT BURNOUT FEATURING DR. WENDY DEAN

THURSDAY, JULY 25 | 5:30 - 7:30 P.M.  
CORE BANK CONFERENCE ROOM - 17807 BURKE ST.

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This event is open to both MOMS members and nonmembers.

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## DID YOU KNOW?

### MOMS Collaborates to Benefit Public Health

As part of its mission of improving the general health of the community, the Metro Omaha Medical Society—as an organization, through its members and its foundation—collaborates with many local agencies and organizations by offering grants/funding, information sharing, physician volunteers/leaders and meeting space.

#### MOMS collaborates with:

- Community Health Improvement Project (CHIP)
- Douglas & Sarpy County Health Departments
  - Habitat for Humanity
  - Heartland Vision 2020
- Hope Medical Outreach Coalition
- Immunization Task Force-Metro Omaha
- Live Well Omaha & Live Well Omaha Kids
- Omaha Public Library Baby Reads Program
- OMMRS (Omaha Metropolitan Medical Response System)

When you choose to be a MOMS member,  
you help to strengthen these efforts.

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PREMIER**

**BUSINESS to  
BUSINESS**  
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## NURSES AND DOCTORS AND PHYSICIANS.



**AUDREY PAULMAN, M.D.**

Editor  
*Physicians Bulletin*

Some things in health care they just get right, in my opinion. At the hospital where I work, they now have identified scrub colors or T-shirts that can be worn by staff. On the back of the shirt, in bold letters, are different labels. NURSE or LABORATORY or RESPIRATORY are in big bold letters, so that everyone knows the qualifications of the health care personnel and clinical support staff present. I personally think it is great. It helps with communication and makes the system move more quickly. In the outpatient clinics, however, the roles become a little less-defined.

At my outpatient location, they have receptionists, nurses and medical assistants. We all work as part of an interprofessional team. There is a required uniform, or scrub color, based on profession, but the titles are not emblazoned on the work uniform. The doctors wear business dress and identification badges, usually with a white coat. While the professional roles can be identified, they are a little less obvious in the outpatient clinics.

Patients are checked into the clinic by a medical receptionist, escorted to an exam room and asked to provide a history that is recorded into the electronic health record by a medical assistant. The medical assistant does a verbal self-introduction, and wears a name badge with her role. These staff members are proficient and trained to do the tasks necessary to prepare a patient for a medical exam. The medical assistants are licensed as medication aides, and they have completed coursework to

have the basic foundation necessary to do tasks within the scope of their jobs. This is important work, and they do it well.

Many patients do not recognize the medical assistant role and mistakenly believe that the medical assistant is a nurse. While they are professional and capable in their assigned duties, the medical assistants perform their duties in a much different capacity than nurses. It is true that many of the tasks that are completed by a medical assistant can also be done by a nurse. For example, both can dress a wound and take vitals, but nursing students have received layers of education for additional critical thinking skills. These skills are developed in training and enhanced through years of experience and lifelong education. These key critical thinking skills include interpreting information, investigating a course of action, and evaluating the information being processed as it evolves in the course of care. These professional nurses have additional cognitive and psychomotor ability, allowing them to recognize and respond to clinical events. The word "nurse" designates someone who has completed a specific educational course and has a designated professional role.

While the roles of medical assistants, receptionists and nurses all are equally important and all serve as important parts of a team, I believe the public is best served if they are educated about the roles and training of each member of the team. I like the easy identification of the clinical and non-clinical roles in the health care setting by uniforms and badges.

There is a similar confusion of roles related to the word "doctor." There is increasing confusion in the eyes of the public. For example, my father has a doctoral degree in education, and taught at the university. I believe he has earned the title "Doctor." But he doesn't use his doctoral degree to diagnose and treat patients. How does the public know the difference? My father doesn't provide health care, so the differentiation is obvious to the public.

In most cases, the use of the word "doctor" is less obvious to the public in differentiating the type of doctor. There currently is an increase in the doctoral level of educa-

tion for health care providers, leading to an increase of those who can correctly call themselves "doctor."


Personally, I feel that this is not degree-creep, but a recognition of the requirement for additional education. As more is known, and patient care gets more complex, the training programs become more rigorous. Professions that once were associate degrees have become bachelor's level or master's level of education. Other professions have increased their educational requirement to that which is represented by doctoral degree.

This began in the 1950s when the doctor of pharmacy degree was developed. The justification by the American Council on Education is that as the body of pharmacological knowledge expanded, so did the educational requirement. Other professions have had a similar increase in knowledge, leading to more years of education. This now includes such professions as audiology, speech therapy, and nursing. If the educational rigor requires doctoral level of education, then the training track rightfully becomes a doctoral degree.

Once these professionals have earned their doctor's degree, I believe they, like us, should be called "Doctor." I understand that this is confusing to the public. I believe it is dependent upon us to differentiate ourselves from those other professionals who are rightfully called doctors.

We, the physicians of Metro Omaha Medical Society, all have completed rigorous education allowing us to be identified as a "doctor." I believe we are a unique kind of doctor. We all hold the equivalent degrees of M.D.s, D.O., and M.B.B.S. that are traditionally rigorous programs, consisting of years of schooling followed by years of internships, residencies, and fellowships. In addition to the title of doctor, this group has earned their title of physician.

I am proud to be a physician member of the Metro Omaha Medical Society.

Please enjoy this edition, which highlights members of the Metro Omaha Medical Society, areas of their interest, and the organizations they support. 



# MEDICAL MUSINGS

Each issue of the *Physicians Bulletin*, we will post a prompt or question to which MOMS members may respond. Check our next issue as we share some of the responses we receive.



Tell Us About A  
Connection You Made  
Thanks to MOMS  
(personal, business, etc.)

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## FOUNDATION'S IMPACT EXTENDS THROUGHOUT THE COMMUNITY



**DEBRA ESSER, M.D.**

President  
MOMS Foundation

Spring is morphing into summer. Schedules are getting busy. You know the routine. At the Metro Omaha Medical Society Foundation we are busy receiving grant applications. The MOMS Foundation mission is to identify and provide support to community priorities where physician involvement can make a difference in improving the health of the metro Omaha community.

Over the years, the foundation has supported hundreds of community not-for-profit organizations and has given well over \$100,000 through our Match Grant Program. Each year, the foundation committee chooses a grant recipient to be the match grant organization. MOMS Foundation matches the first \$5,000 in donations for this match grant. Some previous recipients have been the Omaha Children's Museum for a hands on interactive exhibit of the "Operation Game," Radio Talking Book wired long-term care facilities so residents can enjoy books and magazines, Metropolitan Community College Single Parent Homemaker

Services was able to offer a program of computer access for low income single parents who were first generation college students, and the Food Bank of the Heartlands was able to provide fresh produce through food stands present in low income communities. Over the years, Lasting Hope Recovery Center and Hope Medical Outreach Coalition received cash donations to support their efforts.


2018 was a wonderful year for the foundation. We had so many worthy applicants. We were able to fund some amazing projects. MOMS Foundation supported the Omaha Public Library with a traveling exhibit promoting literacy, Children's Respite Center has some new play equipment and sensory blankets. The Intercultural Senior Center has new medical equipment, including an AED, Project Harmony has two oximeters. The Ollie Webb Center received funding for books and reverse field trips to bring in speakers and exhibits to enrich stories. The Omaha Street School received funding for the HUDL program, which provides support discussion and education to decrease high risk behaviors and increase resiliency among adolescents, and the Ronald McDonald House received a grant to put medication refrigerators for each family in the kitchen unit in the newly constructed Ronald McDonald House.

Thanks to the generosity of our member physicians, this year we were also able to give one of our largest Match Grant awards to date, over \$20,000 in cash and equipment to the Stephen Center for its new medical clinic serving the homeless. (See story on page 24.)

The MOMS Foundation depends on you, our members, to suggest and encourage not-for-profit organizations to submit grant applications. If you know of a health-related not-for-profit orga-

**"Thanks to the generosity of our member physicians, this year we were also able to give one of our largest Match Grant awards to date, over \$20,000 in cash and equipment to the Stephen Center for its new medical clinic serving the homeless."**

— DEBRA ESSER, M.D.

nization in need of dollars for a project, please encourage it to consider applying. We are now accepting grant applications for 2019 through Aug. 1. We are looking for new funding opportunities in the Omaha area. 

### **MOMS Foundation Grant Applications Now Being Accepted.**

For more information and RFP, visit [www.omahamedical.com/about/foundation](http://www.omahamedical.com/about/foundation).

**Grant application deadline:**  
Aug. 1, 2019

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## NMA COMMITTED TO PHYSICIAN LEADERSHIP ACADEMY



**AMY REYNOLDSON**

Executive Vice President  
Nebraska Medical Association

It is important to acknowledge our partners that have been instrumental to the success of this program. The NMA has a great partnership with Blue Cross-Blue Shield and appreciates its willingness to promote the program and provide meeting space for the academy participants. I would also like to mention the program facilitator, Pamela Hernandez. She has provided a great amount of time and dedication to provide a strong foundation for the academy.

I am in the process of finalizing the programming and structure as we approach year three of the Physician Leadership Academy and am excited to share that we will be expanding the program. We will provide two tracks for physicians to engage in the academy. We will continue to provide a track where physicians attend nine monthly in-person small group training sessions that will accommodate up to 20 member physicians. We will also add a web-based track primarily for physicians in western and west central Nebraska. This track will accommodate up to 10 physicians that will engage in webinars on a monthly basis along with two in-person meetings.

If you are interested in this program, we invite you to contact the NMA office, (402) 474-4472 or [amyr@nebmed.org](mailto:amyr@nebmed.org) to learn more about the Physician Leadership Academy to determine if it is a good fit for you. The NMA will distribute additional information on the academy including an application to complete if you are interested and specific dates for the 2019-2020 program sessions.


Physicians are the linchpin of the health care system. When you have physicians who are qualified clinicians and solid leaders, patient outcomes improve, economic outcomes improve, and the health care system works. The Harvard Business Review released an article in October 2018, "Why Doctors Need Leadership Training," stating "Nearly all physicians take on significant leadership responsibilities over the course of their career, but unlike any other occupation where man-

agement skills are important, physicians are neither taught how to lead nor are they typically rewarded for good leadership." The NMA Physician Leadership Academy is working hard to close the gap and provide an opportunity for physicians to enhance their leadership skills to provide the guidance necessary for this ever-changing health care landscape.

I am a believer in getting constant feedback from those that are involved in the program to ensure that we are providing the best opportunity possible. I had the opportunity to visit with the current group of physicians about their experiences and want to share a few with you.

Elsie Verbik, M.D., stated: "Leadership is about mastering the inner game. Though this is not a course in psychoanalysis, it forces introspection in to whether one's leadership power is personal or positional. Since "leaders bring the weather" it is critical for every leader to first identify their own specific characteristics that could use refinement. Through a series of classes, assessments and one-on-one coaching sessions, Hernandez carefully tailors her educational content to meet the unique needs of each participant. With insightful wisdom and honesty, she provides a clear reflection on leadership abilities that can result in increased influence and loyalty. This is a wonderful learning experience and I enjoy every minute of it."

Brian Keegan, M.D., shared that "the NMA Leadership Academy has been an excellent resource for my professional development. It integrates teaching the principles of leadership with the real-life challenges and opportunities I have encountered on the job. I would highly recommend this program to physicians in all stages of their career."

We are excited about the future of the Physician Leadership Academy and, most importantly, we appreciate those that have dedicated time to participate in this program to enhance the Nebraska health care system. 

The Nebraska Medical Association is dedicated to providing the Physician Leadership Academy for our member physicians. The academy is wrapping up its second year and has had 20 physicians participate in total. The academy uses the Leadership Circle Profile,<sup>™</sup> which focuses on improving physician leader's proficiency in the 18 leadership competencies that are validated to improved leadership effectiveness while working to reduce any of nine reactive tendencies associated with a decrease in leadership effectiveness. The program is a combination of small group learning, self-awareness, feedback, and experiential learning and individual coaching.

The Physician Leadership Academy programming is directly tied to the mission of The Physicians Foundation, the program funder. Specifically, programming is organized to empower physicians to lead in the delivery of high-quality, cost-efficient health care, to strengthen the physician-patient relationship, to support physicians in sustaining their medical practices, and to help practicing physicians navigate the changing health care system. Overall, the program aims to educate physicians on the leadership skills necessary to drive health care excellence and assist physicians in delivering quality care to their patients.



## MOD DERMATOLOGY

Dr. Melanie Ortleb is a board-certified dermatologist with a new practice in West Omaha. She is accepting new patients and practices all aspects of dermatology.

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**MIDWEST PARANORMAL  
HISTORY TOURS**  
EVENTS INCLUDE HAUNTED HUMMEL  
HIKE, CEMETERY GHOST TOURS, SPIRITS  
OF SARPY, AND SQUATCHIN' 101 HIKE  
LOCATIONS VARY

**JUNE 8**  
10:30 A.M.

**INTRO TO WOODWORKING CLASS**  
BENCH  
1441 N. 11TH ST.

**JUNE 9**  
8 A.M.

**FOURTH ANNUAL SWEET CASES  
CAR & BIKE SHOW (FREE EVENT)**  
MILLARD SOUTH HIGH SCHOOL  
14905 Q ST.

**JUNE 11**  
9 P.M.

**SLINGSHOT DAKOTA**  
O'LEAVERS PUB  
1322 SADDLE CREEK ROAD

**JUNE 14**  
10 P.M.

**RATBOYS**  
O'LEAVERS PUB  
1322 SADDLE CREEK ROAD

**JUNE 22**  
2 P.M.

**INAUGURAL BACK ALLEY  
BLUES FESTIVAL**  
LOVE'S JAZZ AND ART CENTER  
2510 N. 24TH ST.

**JUNE 25**  
9 P.M.

**HELMS ALEE**  
O'LEAVERS PUB  
1322 SADDLE CREEK ROAD



# MEDICAL PRACTICE BENCHMARKING



**TARA WISDOM**

Healthcare Consulting Director  
Lutz

Our life begins and ends with measurement. What was the baby's length and weight at birth? How old was the man when he passed away? At every step in our life we are measured against something or someone.

If a pediatric patient's weight is off the age-height-weight scale at his preventive visit, the patient's parents are counseled in an attempt to bring the child to a healthy weight. If an HbA1c result is high compared to norms, the diabetic patient's medications and diet are more closely managed.

As a physician, you are responsible for monitoring not just the health of your patients but also the health of the clinic, practice or facility in which you work. You may also be responsible for mentoring peers or managing other physicians.

Medical practice benchmarks, simply put, are quantitative standards or references by which others can be measured and/or judged. Using benchmarks is a common practice. We frequently encourage practices to use performance benchmarks as an effective monitoring tool. However, knowing what benchmarks to use, and how to interpret your practice's performance compared to established objectives and norms is where they can make all the difference.

**Evaluate Where You Are and Where You Want to Be:** Determine what you might want to benchmark, which may be different for each practice. Think of key performance

indicators first, then benchmark those that are relevant to your practice. Pick a few indicators and add more as you go along the way.

## OPERATIONS:

- Wait-time
- No Shows (%)
- Patients seen, Appointment types
- RVUs, Production
- How many more procedures your practice is performing this quarter than last
- # of Patients, # New, # Procedures
- Visits/day, Visits/provider
- Days worked per provider
- Utilization of schedule
- Admissions, Readmission rate
- Missed charges

## FINANCE:

- Expenses
- Operational
- Indirect
- Budgets
- Charitable donations
- Fundraising expenses vs. funds raised
- Gross collections
- Net collections
- Collections per provider
- Cost per visit/procedure
- Denial rate
- Payer Mix
- Days in AR
- Total AR
- Referrals

## HUMAN RESOURCES:

- Wages/Benefits
- Employee satisfaction
- Turnover rate
- Support staff/physician FTE Marketing
- Activities performed vs. New patients gained
- Referral management
- Patient satisfaction
- Social media presence
- Patient demographics

## PATIENT CARE:

- Wait time
- Patient follow up
- CPT utilization—E&M, Procedures, Surgeries
- ICD10 utilization
- Clinical Quality Measures:
- Immunizations
- Cancer screenings
- Tobacco usage
- Meaningful Use Measures—PQRS—MIPS/MACRA

## Use Data to Compare Your Practice:

External medical practice benchmarks are those that are based on the most common performance measurements of like practices on specified performance criteria. The MGMA puts together metrics, but keep in mind that one size does not fit all.

One of the problems with comparisons to "average" or "above average" performance is that these averages say little about what "optimal" performance really is. Next time you compare your numbers against the average ask yourself if average is really satisfying. Don't set the bar too low. Ask critical questions that lead to answers to make your practice a better performing practice. You'll be happy you did.


Internal benchmarks are one of the best benchmarks. Consistently creating metrics and analysis on the same measures creates reliable data to benchmark on in your own practice's future.

**Create an Action Plan:** Decide how you think you can bring about better performance. Then you want to measure your progress. Did your solution work or maybe you need to find another plan of attack?

**Remember the Rules:** The 80/20 Rule, which states that a minority of causes, inputs or effort usually lead to a majority of the results, outputs or rewards. Taken literally this means that, for example, 80% of what you achieve in your practice comes from 20% of the time spent.

**Measure to Manage:** Use these key performance indicators and benchmarks to manage the issues in the practice. Stick by the results and be consistent in using and applying the results.

**Value it to Change It:** Determine what is important to your practice and have buy-in as to why it is important to measure and change. Identify everyone has skin in the game.

Overall, benchmarking is important and can help you make decisions for your practice. 

# 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](http://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.



## **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).**



## NAVIGATING NATIONAL MEETINGS: FOR STUDENTS, RESIDENTS AND EARLY CAREER PHYSICIANS



**JANANI BASKARAN**

Second-year Internal Medicine Resident  
Creighton University

If you find yourself in a sea of suit-clad people getting wildly excited about a new receptor antibody, walking around with cups of coffee and human-length tubes, groups hunched over laptops, crowds milling in to hear the latest research, overflowing onto the corridors, hushed silences, keynote speeches—you might be at a national meeting. National meetings offer something for everyone, but how do you find the right niche and best utilize your time at these meetings?

Start by reviewing the session schedule. Download the meeting mobile app and/or look up the schedule online. Although tempting, it is wise to not pack your days back-to-back. I find it helpful to pick one to two topics that pique your interest. If you're not interested in a specific subspecialty, it always helps to go to topics useful for your specialty in general, such as hypertension and hyperlipidemia guidelines at ACC (American College of Cardiology).

At the recent American College of Cardiology 2019 meeting, I got the amazing opportunity to meet with cardiologists whose names I had only seen on publications. In particular, I was deeply impressed by the female cardiologists whom I got to meet. Being the first physician in my family, I have relied on mentors and teachers all through my training to guide me in my career choices. The opportunity to meet these amazing women was incredible; they all took the time to talk to me about my career options and guide me through some questions particularly about being a two-physician family.

Networking may be the most important aspect of such meetings for a resident applying to fellowship programs. A tool that's being used increasingly is Twitter. Almost all meetings have #tweetup, which is a real-life meet up for twitter friends. If you don't already have a twitter profile, create one well in advance of the meeting. Make sure the profile picture is a headshot, look professional (in a suit or white coat) and your name is in the bio. Also include your description—"resident, internal medicine, Creighton" and some interests of yours. Find "twitterati"—the popular kids on twitter—by following your field of interest. For example, if your interest is cardiology, search for #cardiotwitter and follow interesting profiles. This is also where you will find information on the twitter meet up. Most social media docs are social and personable in real life, so use this opportunity to introduce yourself and connect with them on a personal basis. Do add your twitter handle to your ID information if possible.


My first #tweetup was an exciting experience. I got to meet these amazing twitterati who I revered for their wealth of knowledge, their research publications and, more importantly, their willingness to share this with young physicians like myself and take time to help others


**"My first #tweetup was an exciting experience. I got to meet these amazing twitterati who I revered for their wealth of knowledge, their research publications and, more importantly, their willingness to share this with young physicians like myself and take time to help others grow."**

— JANANI BASKARAN

grow. I went in with only the knowledge of these physician's profile pictures and came out with friends, mentors, selfies and two job offers.

This is also a great time to find old friends and renew connections. Find the resident/fellow lounge for free breakfast and coffee. Find your group—if there are others from your home institution, coordinate outings and dinners with them. These lounges are the hub for research connections and occasionally organize programs exclusively for residents, such as breakfast with program directors. This is also a great spot to meet fellows from various programs.

Remember to have fun—look up popular tourist spots, find an AirBnB or another cool spot to stay and enjoy yourself after a full day of incredible learning. 



# TWO KEY QUESTIONS (to ask) About Direct-to-consumer Genetic Tests

Physicians, when asked for their opinion about the validity and reliability of direct-to-consumer genetic tests, should offer two questions:

"Not all genetic tests are created equally," said Holly Zimmerman, program director of genetic counseling at UNMC's College of Allied Health Professions. "Ask yourself: 'Are the results real?' and 'Is my data safe?'"

The types of tests—think Ancestry.com and 23andMe—are widely popular and have the potential for patients to believe they are an adequate substitute for testing by a board-certified medical geneticist or genetic counselor, Zimmerman said.

The arrival of such direct-to-consumer tests began in the early 2000s as companies providing these services emerged. Over time, the cost for these tests, Zimmerman said, decreased from \$1,000 to, for example, \$99 for one's ancestry and \$199 for ancestry and health.

The challenge, Zimmerman said, is that consumers may place too much value on these types of tests and not understand their limitations. "How many consumers read the fine print?" she said.

Not many, so Zimmerman made sure she did. She pointed out this portion from 23andMe's online disclaimer:

*"...Each genetic health risk report describes if a person has variants associated with a higher risk of developing a disease, but does not describe a person's overall risk of developing the disease. The test is not intended to tell you anything about your current state of health, or to be used to make medical decisions, including whether or not you should take a medication, how much of a medication you should take, or determine any treatment."*

Zimmerman said direct-to-consumer genetics tests formerly were limited by the FDA to look at 10 conditions, includ-

**"A review of the raw data may lead to a false positive, which leads to worry when there's actually nothing there."**

— HOLLY ZIMMERMAN

ing Alzheimer's. Recently the regulations were expanded to look at cancer susceptibility genes, she said.

Even with those limitations placed on what can be studied, consumers can share their data with third-party companies that will expand the results. "A review of the raw data may lead to a false positive, which leads to worry when there's actually nothing there," she said.

Then, consumers should be concerned how their data is used, Zimmerman said. Companies can send aggregate raw data

to third parties without the consumer knowing. "It's not really clear how long companies can store information and what they do with it."

**"...Consumers should be concerned how their data is used. Companies can send aggregate raw data to third parties without the consumer knowing."**

— HOLLY ZIMMERMAN

She added: "In a medical setting, when we do genetic testing, we have policies to protect the patients and their genetic information."

Zimmerman said her role as a genetic counselor has always focused on educating patients and medical professionals on the complexities of genetic testing.

Zimmerman provided answers to questions physicians are hearing about direct-to-consumer testing:

**Question:** A patient, for example, has been told he or she a family history of "xyz" syndrome. The patient needs to be tested. Does 23andMe test for that syndrome in the same way that doing a medical genetics test works?

**Response:** No, diagnostic genetic testing should be ordered by a knowledgeable provider and done in a CLIA certified lab. 23andMe even has on its site "keep in mind that because this is an at-home test, it is important to confirm results in a clinical setting before taking any medical action." The analysis done by 23andMe may only include looking at one gene that causes the xyz syndrome and limited testing of that one gene. For this reason, a negative result could be a false negative for someone looking for recurrence risk

information. The specific gene causing the condition for the family may not be on the current list offered by 23andMe.

Clinical genetic testing will fully look at all genes associated with "xyz" syndrome.

**Question:** When someone gets results from his or her random test, what do we tell this person?

**Response:** It may depend on what information is gained. Obviously, the risk of ancestry information and even some of the trait information is typically low. I worry more about those individuals faced with health-related results and what confusion or reassurance it could cause for the patient.

I would recommend questions go to a genetic counselor who can discuss the test's limitations and direct how to clarify information gained (or not gained) from the test.

**Question:** Are carrier status tests adequate for testing for diseases like cystic fibrosis?

**Response:** This is a great question. 23andMe tests for 29 mutations within the cystic fibrosis (CFTR) gene. This is a pretty good carrier screen and similar to what we may offer in the clinical setting. However, someone who is found to be a carrier (have one of these mutations) would still need testing in the clinical setting to confirm the result. Additionally, there have been over 1,000 mutations reported with patients who have cystic fibrosis, so even a negative result has a residual risk (~1/200) for that consumer. This is what we review when we test and counsel patients, but not all direct-to-consumer test users may understand this limitation. For reasons already mentioned, I would be nervous to rely only on a negative 23andme carrier screen for cystic fibrosis.

Finally, there are many other recessive conditions tested by 23andMe where the analysis is very limited and not equivalent to what we would offer to patients in the clinical setting. The company may only look at one specific mutation in one gene, but we know there are many other reported mutations or even other genes that cause the condition.

**Question:** How about the Alzheimer's test?


**Response:** The genetics world does not see Alzheimer's as a purely genetic disease since many factors (gender, environment, genetics, etc.) contribute to its occurrence. Instead, we see it as a complex disorder with several susceptibility genes, including the APOE gene. 23andMe focuses only on the APOE gene and looks for a particular variant, called e4, since this is associated with an increased risk for late-onset Alzheimer's.

If a patient does not have this, then he or she may get a report to say no increased risk. However, the other susceptibility genes were not analyzed. Additionally, 42% of people with Alzheimer's do not have this variant. So, it gets tricky to say the least.

**Question:** And then what about the lifestyle tests—sweet vs. salty, unibrow, etc. What is the science and theory for these?

**Response:** These tests use the same approach. They basically look at common genetic variations in the population and try to correlate specific findings to those genotypes. The nice thing here is that you can pretty easily rule in or out if you have freckles, red hair, widow's peak, etc. That is, if the genotype predicts you have one of these and you do not, then you know it is not true. It is tougher when we talk about medical conditions with a later onset.

**Question:** What do I do with the raw data? Can anyone else analyze it?

**Response:** This is a HUGE concern. 23andMe has on the site "information is neither validated for accuracy nor intended for medical use." Raw data analysis can lead to a higher rate of false positives (a recent report noted as high as 40%). Confirmatory testing in a CLIA certified lab is needed ahead of any changes to medical management. The third party companies that provide the raw data review do not use the multi-evidence algorithms required by CLIA-certified clinical medical laboratories. I would also worry about third-party companies trying to sell consumers products based on their genetic information. 



# COMMUNITY INTERNSHIP PROGRAM:

## INSIGHT INTO A PHYSICIAN'S DAY

**State Sen. Sue Crawford said her colleagues in the Nebraska Legislature would benefit from the experience. “It’s important to see physicians up close, which proves valuable when we are making policy about health care. It’s important to see health care from a physician’s perspective.”**



Even though she was warned it might happen, State Sen. Sue Crawford recalled, she still was caught a bit off-guard when a code blue was called.

The lawmaker was shadowing Donna Faber, M.D., as part of MOMS Community Internship Program last year, when Dr. Faber was called to treat a patient in crises.

“The code blue gave me an opportunity to see how care gets disrupted in an emergency. She (Dr. Faber) handled it well. Her other patients handled it well. They were patient while they waited.”

That memory remains for Crawford of her participation in MOMS Community Internship Program. She also recalled the conversations she had with Dr. Faber as she treated her patients at OneWorld Community Health Centers. Those dis-

cussions provided insight into the decisions behind the approach to care given to patients, she added.

MOMS started the Community Internship Program in 1992 to foster communication between the medical community and lawmakers, community stakeholders and business leaders. Interns shadow physicians and witness all aspects of care, including patient examinations, consultations and surgery. The program, which is



**“I wanted a better understanding of what physicians go through in terms of running their practices, taking care of patients, interacting with government, and managing reimbursement.”**

— JEREMY HOSEIN, M.D.



held each autumn and typically includes about a dozen interns and 20+ physician preceptors, ends with a dinner during which interns and physicians discuss their experiences.

“Caring for patients requires physicians to serve many roles—physical and mental,” said Carol Wang, MOMS executive director. “Our internship program was created to provide insight into what it takes to be a physician. We also want our lawmakers to realize that health is a critical component of a community’s livelihood.”

Jeremy Hosein was serving as policy adviser for then-Gov. Dave Heineman in 2006 when he participated in the internship program. He already had an interest in pursuing a career in medicine—which served as a motivating factor in his participation.

“I wanted a better understanding of what physicians go through in terms of running their practices, taking care of patients, interacting with government, and managing reimbursement,” he said.

He’s now Dr. Hosein, a neurosurgery resident at the University of Colorado, serving a one-year stint as a White House Fellow working on federal health care policy.

Dr. Hosein spent part of his time with ophthalmology clinic with Drs. Sebastian and Robert Troia while they saw patients and watched a neurosurgeon (Stephen Doran, M.D.) operate on a patient’s brain tumor. In both cases, he said, the physicians spent time with him afterward discussing the day. “Knowing me, I had a lot of questions.”


The experience, he said, left him with the impression that Drs. Doran and Troia were optimistic about the future of medicine, had concerns about regulations being placed on health care, and pleased with their choice to be physicians. “I was left with the lasting impression that being a physician brought joy to their lives.”

Crawford said she has recounted her experience in the program during times when she is considering health care legislation. “It’s always valuable to have more insight into the experiences of different professions to understand better when making policy choices,” she said.

Crawford, who represents District 45, which includes the city of Bellevue and Offutt Air Force Base, had to pass on previous opportunities to participate in the internship program before she finally

could. She said her colleagues in the Nebraska Legislature would benefit from the experience. “It’s important to see physicians up close, which proves valuable when we are making policy about health care. It’s important to see health care from a physician’s perspective.”

Wang encouraged MOMS members to spread word about the internship programs and suggest possible participants. MOMS staff will take it from there, she said.

Linda Ford, MD, chair of MOMS Public Relations Committee who coordinates the program, said MOMS is always looking for members to participate. Past participants, she said, report that they enjoyed being paired with interns. “The experience works both ways. Our interns see what a day in the life of a physician is like, and our physicians get to share their day with people who are in position to impact their industry.” 

*Member physicians interested in serving as preceptors should register at [www.omahamedical.com/events](http://www.omahamedical.com/events) or email [laura@omahamedical.com](mailto:laura@omahamedical.com).*





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# MOMS FOUNDATION

## YOUR MATCH GRANT DONATIONS AT WORK

The Stephen Center's in-house clinic is impacting its residents on multiple levels.

The two nurse practitioners who service the clinic are providing Stephen Center residents with preventative care, such as mammograms and pap smears—something that many lacked previously.

**“This clinic provides care to people who need it most. We’re happy to give our support.”**

— DEBRA ESSER, M.D.  
MOMS FOUNDATION PRESIDENT

“We are seeing people who are afraid to see a doctor—they’re afraid to leave the comfort of the Stephen Center,” said Kelli Pavlish, a nurse practitioner from Remedy Health. “This clinic helps take away that worry.”

Providing on-site care allows Stephen Center counselors to more easily accompany residents to their medical appointments, Pavlish said. “This also can take away the anxiety some residents have about their medical appointments.”

While the Stephen Center, situated at 27th and Q streets, may be best known for its emergency shelter, the organization provides other core services:

- Substance abuse treatment for low-income and homeless individuals.
- Housing and supportive services to individuals and families as they move from homelessness to independent, supportive living.

The Stephen Center's emergency shelter—a substance-free facility featuring a men's dorm, women's dorm and family shelter units—provided 75,300 night of lodging in 2018, a slight increase from 2017. The average shelter stay was 32 days, said Christine Salvatore, chief operations officer.

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(left & right) Supplies that the grant purchased

#### FROM PAGE 25

The center added the in-house clinic in September 2018 to provide onsite care for its residents. Previously, the center partnered with OneWorld Community Health Centers, which holds two appointments four days a week for Stephen Center residents.

"We noticed our waiting list was growing faster than who could be seen at OneWorld," Salvatore said. "We decided to provide care on-site because of the convenience aspect and because we saw the need."

The Stephen Center's efforts to establish the in-house clinic received a boost from the MOMS Foundation, which provided \$20,000 from its annual match grant. In addition, MOMS members donated such medical equipment as an examination bed, two stand-up scales to measure patient height and weight, and several endoscopes to help furnish the clinic.

Salvatore said the Stephen Center used the financial assistance to buy a portable EKG machine, two peak flow meters, nebulizers, no-touch forehead thermometers and a hyfrecator. In addition, the center used funds to purchase basic medical supplies, such as alcohol wipes.

She said the support is appreciated. "The people we serve are grateful to have this service on-site, and so are we."


MOMS Foundation President, Debra Esser, M.D., said the foundation is pleased to support organizations that impact the health of the extended Omaha community, and the Stephen Center is doing its part. "This clinic provides care to people who need it most. We're happy to give our support."

Salvatore said Pavlish and Doug Penington, see patients each Friday. The Stephen Center also continues to use the slots provided by OneWorld.

"We always have several appointments filled at our clinic—some Fridays six or seven—it just depends on what's going on at the shelter."

In addition, Pavlish said, the clinic hopes to begin providing women's health care this summer—possibly with weekend appointments.

Salvatore offered another way MOMS members could support the Stephen Center and its onsite clinic: volunteer. The clinic needs licensed medical personnel to staff the clinic and serve the uninsured population with the convenience of an on-site facility.

Salvatore went on to express gratitude to MOMS, "With the donations from MOMS and partnering with Remedy Health, the generosity of our community has given our homeless population not only the convenience of having a medical provider on campus, but also the opportunity to develop a relationship with a medical professional that can provide stability and services for years to come." 

**The Stephen Center's efforts to establish the in-house clinic received a boost from the MOMS Foundation, which provided just over \$20,000 from its match grant.**





# **ALL PHYSICIANS ARE DOCTORS.**

# **ALL DOCTORS ARE NOT PHYSICIANS.**





“Patients are confused about the qualifications of different health care professionals. Many non-physicians earn advanced degrees, and many of those degree programs now confer the title “doctor.” As a result, patients often mistakenly believe they are meeting with physicians (medical doctors or doctors of osteopathic medicine) when they are not.” That is quoted from the AMA website.

Over the years, there have been attempts to create legislation in Nebraska that would try to clarify who is a physician, nurse practitioner, physician assistant, chiropractor and so on. But those attempts have not materialized in any statutes. And as the number of clinical doctorates increase, this question is being posed:

**Who is a medical physician and how is that different from being a doctor?**

Clarification in the educational process is necessary, beginning with first-professional degrees, which, according to the U.S. Department of Education, represent a category of qualifications in professional subject areas that require students to have previously completed specified undergraduate coursework. They are considered graduate-level programs in the U.S. system because they follow prior undergraduate studies, but they are in fact first degrees in these professional subjects. These clinical doctoral graduates correctly use the term “doctor” in the title, but these degrees probably do not contain an independent research component or require a dissertation, and these degrees should not be confused with Ph.D. degrees or other research doctorates. These include health care professionals, some of which are represented in this list.

- Doctor of Optometry (O.D.)
- Doctor of Pharmacy (Pharm.D.)
- Doctor of Audiology
- Doctor of Speech Pathology
- Doctor of Occupational Therapy
- Doctor of Physician Assistant
- Doctor of Nursing



**"...my path was one I chose, not because I am a D.O. versus an M.D., but because doors were opened to me in the areas that interested me."**

— NANCY STEWART, D.O.

#### FROM PAGE 29

Some doctors also use the word physician. For example, the Nebraska Podiatric Medical Association's website utilizes a "physician locator" to help patients find members who have earned a Doctor of Podiatric Medicine/Podiatry (D.P.M., D.P., or Pod.D.). At the Nebraska Department of Health and Human Services, the license is listed as "Podiatric."

The Nebraska Chiropractic Physicians Association has a "find a doctor" link to help patients find a chiropractic physician for care. While the Nebraska DHHS website lists the license as "chiropractic," Nebraska is one of the states that has legally allowed chiropractors use the word "physician."

There are three types of doctors that are eligible for membership in the Metropolitan Omaha Medical Society. These equivalent degrees are Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.), and Bachelor of Medicine, Bachelor of Surgery (abbreviated in many ways, including MBBS,

MBChB, MBBCh). Those with the MBBS designation received this graduate level medical degree in a country outside the United States.

The receipt of an M.D., D.O. or M.B.B.S. is just another step in the educational journey to be able to practice as a physician. Typically, these doctors go on to a residency program and what those look like are about to change. In 2020, the ACGME will merge with the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM). This will create a single accreditation system for graduate medical education in the United States, ensuring a level of quality education for the physicians of tomorrow.

The merger will further differentiate all M.D.s, D.O.s and M.B.B.S.s from the crowd of doctors. Call them doctors, but this group has also earned the right to be called physicians. It is an important designation and three MOMS members described their pathways in order to help educate the public.

#### NANCY STEWART, D.O.

My path was similar to my allopathic (M.D.) colleagues, although I took some roads less traveled. After graduating Ole Miss, I worked for an ophthalmologist, Dr. Bill Mayo, current president of the American Osteopathic Association, while applying to medical school. My time working with Dr. Mayo led me to Kansas City University (an Osteopathic Medical School) for four years. I married my college sweetheart during my third year of medical school, and joined him in Chicago for my Internal Medicine residency. I completed three years of internal medicine residency (internship and two years of IM) at Advocate Lutheran General in a suburb of Chicago.

After residency, I was offered a position as a chief resident of internal medicine at West Suburban Medical Center in Oak Park, Illinois, which gave me the opportunity to focus on teaching and mentoring younger physicians and students. During my chief year, I met a renowned medical educator, Dr. Vineet Arora, at a local American College of Physicians event. She encouraged me to pursue medical education and





**“There are many differences between a medical doctor and any other Ph.D. doctors. The continued requirement of certifications and education as mentioned, in addition to maintaining the Nebraska Medical License requires 150 hours of CME over three years.”**

— MOHAMMAD AL-TURK, M.B.B.S.

### MOHAMMAD AL-TURK, M.B.B.S.

research, and I ended up joining her at The University of Chicago, where I completed my Medical Education and Hospital Research Fellowships. It was during this time I also started my master's in public health studies. At the end of my time there, I returned to Omaha, to pursue a clinical passion of mine, a pulmonary/critical care fellowship (three years) at Creighton. Near the end of my time at Creighton, I decided I wanted to build on my master's thesis project in sleep, and pursue clinical training in Sleep Medicine. I was fortunate enough to match in my current program at the University of Nebraska, where I am completing a one-year fellowship in clinical sleep medicine.

My medical training has differed very little, if at all from an M.D., especially post medical school. I have chosen to receive training in various sub-specialties along the way, but my mentors, teachers, and peers have often been MDs. In short, my path was one I chose, not because I am a D.O. versus an M.D., but because doors were opened to me in the areas that interested me.

M.B.B.S. is Bachelor of Medicine, Bachelor of Surgery. It is also sometimes called MB ChB. These are the two first professional degrees in medicine and surgery awarded by universities outside of the US upon graduation from medical school to enter the medical profession.

These programs usually incorporate pre-medical with medical classes. That's why it takes six years after high school graduation. To get an admission to those medical schools, students have to score in the top 1% of the common high school exam, which is similar to the SAT.

After graduating from medical school, I did an internship before starting a three-year Family Medicine residency at UNMC. I had to take an exam that used to be called ECFMG, which is equivalent to the board exam that M.D. graduates have to take. In addition, I had to take the Nebraska licensing examination after finishing my first year of residency. We also take the American Board of Family Medicine after finishing

the three-year residency and every seven years to re-certify as a board-certified family medicine physician.

There are many differences between a medical doctor and any other Ph.D. doctors. The continued requirement of certifications and education as mentioned, in addition to maintaining the Nebraska Medical License requires 150 hours of CME over three years.

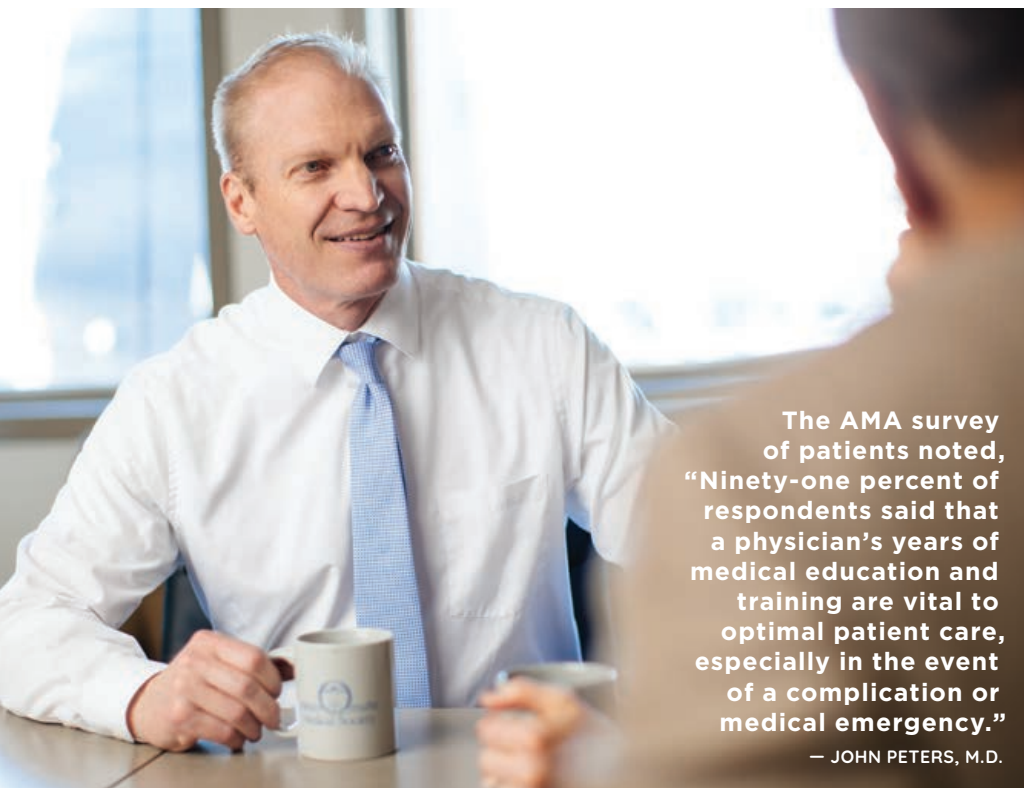
### JOHN PETERS, M.D.

This is a short description of ophthalmology training. In addition to the rigors of the medical school curriculum:

US Medical Licensing Exam Step 1 is taken after two years of medical school (gauges mastery of sciences, used to assess future residency capabilities).

US Medical Licensing Exam Step 2 is taken during fourth year of medical school to assess ability to apply both clinical medical knowledge and clinical skills.

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The AMA survey of patients noted, “Ninety-one percent of respondents said that a physician’s years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.”

— JOHN PETERS, M.D.

#### FROM PAGE 31

US Medical Licensing Exam Step 3 Medical is a two-day exam to assess understanding and application of medical knowledge, clinical science, patient management, and the ability to practice in an unsupervised fashion. Taken after 1st year of residency.

**Internship** in internal medicine, family practice or surgery; **one year**, clinical, hospital, ER, ICU, in-house on-call responsibilities.

Ophthalmology **Residency; three years**; extremely competitive for medical students to be accepted into a program; ACGME has specific requirements for didactic lecture hours, surgical cases, all of which are taught and proctored by attending physicians; surgery is taught one-on-one. ACGME sets independent criteria for 28 medical specialties in medicine, independent of each specialty’s organization, assuring objectivity. At this stage, ophthalmologists generally have more than 17,000 hours of direct patient clinical care experience and hundreds of surgeries performed (far more than other non-physician providers).

During ophthalmology residency, a full-day exam, the Ophthalmic Knowledge Assessment Program test is taken by each resident each year to determine their knowledge and compare to other residents around the country.

Written Board Exam for Ophthalmology: taken after completion of residency; rigorous exam passed by roughly 70%.


IF one passes the written board exam, the Oral Board Examination may be taken within the ensuing year; another very rigorous exam passed by roughly 70%.

Board Recertification is required every 10 years, in addition to CME requirements.

**Fellowship:** 42% of ophthalmology residents go on to subspecialize and do a one-to two-year fellowship in retina, glaucoma, corneal disease, etc. and must match to achieve this.

There is data that indicate all the training undergone by physicians matter to patients. The AMA survey of patients noted, “Ninety-one percent of respondents said

that a physician’s years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. Eighty-four percent of respondents said that they prefer a physician to have primary responsibility for the diagnosis and management of their healthcare.”

You see the scenario played out in books, movies and real life, when a medical emergency prompts someone to yell, “Is there a doctor in the house?” Who answers the call could make all the difference. 

#### ON THE RADIO: ‘Doctor’ for Those who Practice Medicine


Even National Public Radio has a take on who should be called “doctor.”

Longstanding NPR policy is to reserve the title of “Dr.” for an individual who holds a doctor of dental surgery, medicine, optometry, osteopathic medicine, podiatric medicine or veterinary medicine.

That excludes those with other types of doctoral degrees.

NPR’s standards editor Mark Memmott was quoted in a 2018 Public Editor article by Elizabeth Jensen that “the idea is that for most listeners a ‘Dr.’ practices medicine.” The language policy is based on the standard laid out by the AP Stylebook, which many news outlets, including NPR, follow. (The Physician Bulletin follows AP style, with several exceptions.)

The AP guidance adds:

“If appropriate in the context, Dr. also may be used on first reference before the names of individuals who hold other types of doctoral degrees. However, because the public frequently identifies Dr. only with physicians, care should be taken to ensure that the individual’s specialty is stated in first or second reference. The only exception would be a story in which the context left no doubt that the person was a dentist, psychologist, chemist, historian, etc. 






## MUSIC, MEDICINE, AND MENTAL HEALTH WITH DR. RICHARD KOGAN

Over 85 MOMS members, UNO music students and guests attended the lecture-recital by internationally renowned concert pianist and psychiatrist, Richard Kogan, M.D. Dr. Kogan spoke about the life and thought processes of composer and pianist George Gershwin. Kogan performed well-known Gershwin pieces such as "Rhapsody in Blue" and selections from "Porgy and Bess." Following the performance, Dr. Kogan discussed the impact of music in medicine.

Thank you to the Metro Omaha Medical Society Foundation, The Physicians Foundation, UNO School of Music and Nebraska Psychiatric Society for sponsoring this event.


1. Drs. Richard Lund, Lindsay Northam, Laurel Prestridge, and Sawsan Abulaimon visit during the reception.
2. UNO School of Music Director, Dr. Washington Garcia, our presenter, Dr. Richard Kogan, clinical professor of psychiatry at Weill Cornell Medical Center, and Dr. Steve Wengel, assistant vice chancellor for campus wellness at UNMC.
3. Drs. Subhash and Shashi Bhatia, Richard Kogan, and Beth Ann Brooks.
4. Dr. Richard Kogan's presentation encouraged collaboration between music and medicine as he reviewed the life of composer George Gershwin. 





## 2019 HABITAT FOR HUMANITY: DOCBUILD

More than 60 volunteers came out to the 6th Annual Metro Omaha Medical Society DocBuild on Friday, April 26 and Saturday, April 27. Volunteers included medical students, residents, physicians, retired physicians, clinic staff and administration.


1. Creighton Residents, Alyssa Lucker and Ammara Khan, hard at work.
2. (left to right) Clinic staff from Dermatology Specialists of Omaha Dee Gifford, Sheri Faust, and Jaime Pithan work to frame an interior wall.
3. (left to right) Laurie Craddick and Katie Henry of ACCESSbank work with Dr. John Peters to put the final touches on an interior wall frame.
4. Creighton dermatology residents, Drs. Matt Frank and Tim Hallman, work with Habitat for Humanity Crew member, Mike.
5. The Friday DocBuild crew. 





## WOMEN IN MEDICINE: FINDING YOUR VOICE

The MOMS Women in Medicine group met on Wednesday, April 24 at Think Whole Person Healthcare. Thirty member physicians, residents, and medical students attended the event where Abbie Syrek, director of forensics at UNO School of Communications, presented on the unique challenges women face as communicators and tips for overcoming them.

1. (left to right) Drs. Elizabeth Edney, Angela Beavers, Kathryn Hutchins, and Melanie Ortleb
2. (left to right) Drs. Ann Russell and Jeannie Ngo
3. (left to right) Drs. Linda Head, Pat Chudomelka, and Meera Dewan
4. The MOMS Women in Medicine group. 



*Imagine better health.™*

### **NEUROLOGICAL INSTITUTE TARGETS ESSENTIAL TREMORS**

**K**atharine Hepburn lived with it. So do some 10 million others in the United States currently. They have essential tremors (ET), the most common movement disorder.

The tremors can affect a patient's ability to eat, dress, write, work around the house or even hold down a job. They're blamed on the wiring of the brain, which can make parts of the brain overactive.

Up to now, medications have been prescribed or deep brain stimulation performed to help the patient. But this summer, CHI Health's Neurological Institute will offer focused ultrasound therapy, the best weapon yet against essential tremors. Unlike with deep brain stimulation, there's reduced risk of infection, bleeding, formation of blood clots or damage to nearby areas of the brain.

Focused ultrasound therapy uses ultrasonic waves to heat tissue and destroy specific brain tissue. During treatment, high energy heats the targeted tissue to 60 degrees Celsius (or 140 degrees Fahrenheit). There are no incisions or holes in the scalp, no anesthesia and the patient is awake during the procedure.

It's a single non-invasive treatment that, for most, offers quick relief from tremors. The patient recovers quickly and can return to normal activities, usually by the next day.

The procedure is expected to have an impact on the quality of life of patients. CHI Health will have one of the first Centers of Excellence in the country. The procedure will be performed at CHI Health St. Mary in Nebraska City, Nebraska. Other systems offering the treatment include Stanford University and the Mayo Clinic.

The first patients already have signed up. They're traveling to Omaha from Florida and Georgia. Focused ultrasound treatment for essential tremor was approved by the Food and Drug Administration in July 2016. [O](#)



### **DR. STEYGER NEW DIRECTOR OF TRANSLATIONAL HEARING CENTER**

**W**hen he was 14 months old, Peter Steyger, Ph.D., contracted bacterial meningitis.

Physicians in his native Manchester, United Kingdom, managed to save his life through a course of aminoglycoside antibiotics, but a side-effect of those drugs robbed him of his hearing.

Some 50 years later, Dr. Steyger, with a doctorate in neuroscience and hundreds of publications on ototoxicity and cochlear anatomy, has dedicated his life and career to preventing a similar fate for other children. In May, he joined Creighton University as director of the School of Medicine's Translational Hearing Center in a move that he said is "a dream scenario that will help me fulfill my life's goals.

"The vision here at Creighton to do the pre-clinical, otoprotective work and the collaborative environment here is absolutely phenomenal and central to translational medicine," said Dr. Steyger, who comes to Creighton after more than two decades at the Oregon Health & Science University and the Oregon Hearing Research Center.

The Center will collaborate with Boys Town National Research Hospital and the University of Nebraska Medical Center. The expansive effort, Dr. Steyger said, makes it all the more likely that researchers will make significant breakthroughs.

Dr. Steyger arrives at Creighton with a major National Institutes of Health grant in tow and another, \$3.5-million grant on the way from the National Institute on Deafness and Other Communication Disorders (NIDCD). The grants are dedicated to preventing, through clinical or pharmaceutical interventions, the kind of hearing loss Dr. Steyger experienced. The center will also examine the potential to restore hearing via repairing or replacing damaged hearing cells. [O](#)



**METHODIST**

### **BRINGING MAMMOGRAPHY SCREENINGS ON LOCATION**

**W**hen the Methodist Mobile 3D Mammography coach first hit the streets in November 2018, the goal was simple: Make mammograms more accessible to women in area communities. The first and only vehicle of its kind in the region, the coach takes 3D digital mammography screening technology on location.

"It's really important when we talk about breast health that we address it with not only the business community, but also the underserved—those who are uninsured or underinsured," said Sharlon Rodgers, service executive for diagnostic imaging services at Methodist Hospital. "We know the same barriers—time, convenience, cost, transportation—can plague women all over our communities to forego or postpone lifesaving screenings. We want to make sure whatever we can do to eliminate those barriers, we get done."

Using the latest FDA-approved advanced technology, the mobile mammography team takes multiple X-rays of tissue to re-create a three-dimensional picture of the breast.

The coach can provide screenings for approximately 16 patients a day. Images are downloaded and read by Methodist radiologists. Screening results are then provided to the patient and the patient's primary care physician within seven days.

Methodist Mobile 3D Mammography started with a partnership between Susan G. Komen Great Plains and Methodist. The entire project was made possible through donors, grateful patients and Methodist employees who together contributed more than \$674,000 to purchase the coach.

In addition to funding from the Methodist Hospital Foundation, Susan G. Komen Great Plains committed dollars to offset the cost of mammograms for women in the underserved community, and it partners with local businesses to provide care as part of the Promise Me Program. [O](#)





## VIRTUAL REALITY HELPS EASE PEDIATRIC PATIENTS INTO TREATMENT


The idea of undergoing an MRI or radiation treatment is intimidating for adults. For children, it can be so terrifying that the only option for them to receive these crucial treatments is under full sedation.

California-based Reimagine Well developed a real-time 3D virtual reality simulation of these procedures after a creative brainstorm with Child Life Specialist Debbie Wagers. Patients navigate the procedure room with a video game controller. After trying the simulation on a computer screen, they can graduate up to a VR headset and completely immerse themselves in the MRI or pediatric radiation room, even hearing the same sounds they'll hear during the procedures. The rooms in the program are exact replicas of treatment areas one will find at the Fred & Pamela Buffett Cancer Center.

"This is the first program of its kind ever created and it will make it much easier to help prepare kids for what these experiences are actually like," Wagers said. "One of the most important things we can do to help prepare patients is give them the most realistic description of what will happen during their medical encounter so it takes away some of the fear of the unknown and also empowers kids."

Nebraska Medicine is teaming up with Reimagine Well to study the program's effect on reducing anxiety for patients and their families. The study will also look at the program's impact on the number of patients who need sedation before procedures.

"Not only is it better for the patients because they avoid unnecessary sedation, it also gives them a sense of control and leads to a feeling of accomplishment if they are able to achieve it without anesthesia," Wagers said.

Right now the program is only being used at Nebraska Medicine, but Reimagine Well plans to make it available to other hospitals soon. 



## DR. BURNETTE TO LEAD ICASD AT MMI

Courtney Burnette, Ph.D., an international expert in the diagnosis of children with autism spectrum disorders and the early identification of young children at risk for this diagnosis, has been named the director of the Munroe-Meyer Institute's integrated Center for Autism Spectrum Disorders (iCASD).

Dr. Burnette will join MMI, on the Omaha campus of UNMC, on Sept. 1.

"As MMI prepares to move into a new home in 2020, Dr. Burnette will ensure that the center is well-positioned to grow, work with community partners, and deliver world-class autism research, education and integrated clinical care" said Karoly Mirnics, M.D., Ph.D., director of the Munroe-Meyer Institute.


MMI will move to the former First Data building near the University of Nebraska at Omaha's Scott Campus in the summer of 2020.

UNMC Chancellor Jeffrey P. Gold, M.D., lauded Dr. Burnette's hiring.

"The Munroe-Meyer Institute's integrated Center of Autism Spectrum Disorders will transform the lives of many Nebraska families through its clinical services, and it will have a huge impact on families across the country through its research, education and treatment innovations," Dr. Gold said. "I am excited to have Dr. Burnette take the helm at the center, and I look forward to seeing the iCASD achieve new breakthroughs under her leadership."

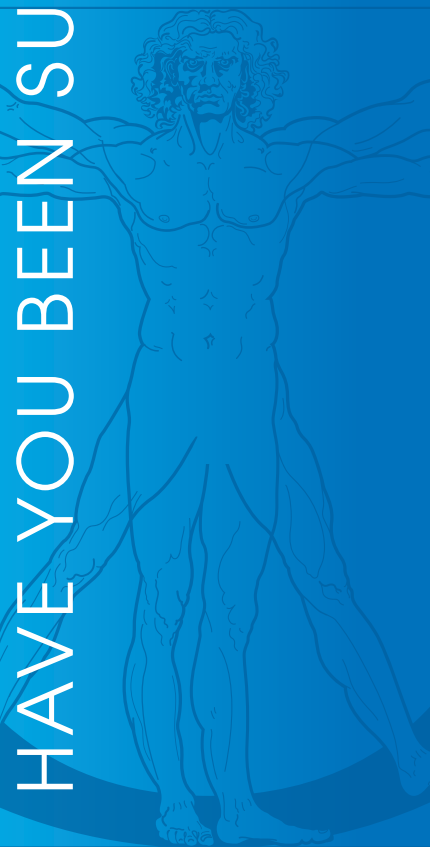
Dr. Burnette said she sees opportunity at MMI.

"Munroe-Meyer is moving forward in very exciting directions," she said. "The opportunity to continue the great work they are already doing, as well as develop new programs to meet growing needs were big selling points for me."

Dr. Burnette currently is the director of the Clinical Evaluation Services Unit at the Center for Development and Disability at the University of New Mexico Health Sciences Center, a role she's held since March 2015. 

# MOMS FOUNDATION?

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



**MOMS FOUNDATION  
7906 DAVENPORT ST.  
OMAHA, NE 68114**



# 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](http://www.omahamedical.com)

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## ADDRESS SERVICE REQUESTED



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