

Physicians Bulletin

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A photograph of two men standing on an airfield in front of a white private jet with blue and red stripes. The man on the left is wearing a red and blue striped button-down shirt, blue jeans, and a black belt. He has his arms crossed and is smiling. The man on the right is wearing a dark blue pinstripe suit, a white shirt, and a red patterned tie. He is also smiling. The background shows the tail of the jet with the number 'N852' and a hangar.

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Physicians Bulletin

VOLUME 40, NUMBER 4

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3

Steps

2

Minutes

1

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AUG
07

RETIRED PHYSICIANS

WEDNESDAY, AUG. 7 | 10:00 A.M.
METRO OMAHA MEDICAL SOCIETY BOARDROOM
7906 DAVENPORT ST.

Robert Devin, M.D. will present "An Update on Omaha-area Emergency Services and Facilities."

AUG
16

POLICYMAKER & PHYSICIAN MEET & GREET RECEPTION

FRIDAY, AUG. 16 | 6:00 - 8:30 P.M.
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A unique opportunity for Nebraska lawmakers and candidates to meet with our member physicians to explore the rapidly changing health care environment and its impact on the health of our community.

AUG
19-22

COMMUNITY INTERNSHIP

SHADOWING MONDAY - THURSDAY, AUG. 19-22
BANQUET THURSDAY EVENING, AUG. 22

AUG
27

EARLY CAREER PHYSICIAN HAPPY HOUR

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SEPT
06

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OCT
16

WOMEN IN MEDICINE: AXE THROWING

WEDNESDAY, OCT. 16 | 5:30 - 8:30 P.M.
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A photograph of four medical professionals in a hospital hallway. A woman in a white lab coat is pointing at a tablet held by a man in a white lab coat. Two other men in blue scrubs are looking on. The background shows a modern hospital interior with glass walls and a carpeted floor.

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THE MANY FACES OF MOMS MEMBERSHIP



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

What do flying doctors, people caring for babies and their mothers, podcasts and prescription drug monitoring have in common?

The cover story for this edition of the Physicians Bulletin is about the Fremont flood. While Nebraska experienced flooding earlier this year that has been described as historical, for me, the flooding was much more personal. My family has owned a cabin along the Platte River for nearly 25 years. Each year, we wait for the spring thaw, when ice clears out of the Platte River. We had heard that the ice was unusually thick this last winter, and so we were anticipating the risk of flooding, but we were not prepared for the degree of flooding that followed.

We watched the forecasts as the flooding was predicted, changing from an advisory to a watch, and then from a flood watch to a flood warning. With our cabin sitting right at the level of the flood plain, it looked like we were doomed. On a Wednesday afternoon, I went and moved items of sentimental or monetary value up to the second floor, or out of the cabin entirely, hopefully, for safe-keeping. After photographing everything, we told law enforcement officers all our phone numbers and notified them that the cabin would not be occupied. My husband and I emotionally prepared to lose the cabin to the flood.

Using web-based cameras, we watched as the river began to rise, fluctuating by as much as 6 feet over a 20-minute period. The river eventually flowed across the road that separated our cabin from the Platte River, stopping within inches of our garage. We watched via our webcam as the road maintenance people, along with a group of home owner volunteers, arrived and worked to keep the Platte from destroying our lake community. The effort included 140 loads of aggregate, a road grader, a bulldozer and countless hours of volunteers, sometimes risking their own safety to save our lake community and our cabin.

My story has a good ending. With time, the river went down. While there were cabins with damage, the lake community, including our cabin, was saved. We had an outstanding outcome—no lives lost, no injuries, and no catastrophic property loss. Individuals came together and worked as a team. People I don't know put themselves in harm's way to keep the flooding from destroying my home. It was overwhelming.

The floods came so quickly that people did not have time to evacuate. Friends of mine were trapped in Omaha, while their children were trapped in Fremont. Individuals came together and worked as a team to help. People were told to just "show up" at the airport in Fremont and they would be placed on one of the flights. Supplies were flown into Fremont, and people were shuttled in and out of the city.

I am the grateful recipient of help during the Nebraska flooding. I am thankful that there are people who know what to do, and, without explicit direct orders from anyone, they do it. In this edition, we are sharing the story of two of MOMS member physicians who stepped up and helped.


Other teams are working to make Nebraska safer. Quality improvement initiatives to reduce maternal mortality are occurring across the entire State of Nebraska. A collaborative team, working as the Nebraska Perinatal Quality

Improvement Collaborative, is working to improve care of Nebraska mothers and babies. While the team consists of physicians from many hospital systems, the Physicians Bulletin would like to share some words from one of our members, Dr. Bonebrake. I think it is important for these statewide collaboratives to occur to improve care for all people who live in the State of Nebraska, and I am pleased that one of our members has agreed to tell the story of this collaborative.

In addition, we are sharing information about the work the administrative team at Metro Omaha Medical Society has done to provide educational materials in an up-to-date format. Podcasts are educational materials that can be delivered during a morning or evening commute, and the information is provided by members of MOMS, so those who listen to the podcasts may get to know some of the local experts. To learn more about the new Health 101 podcast series, see the feature article on page 26 of this issue.

And, finally, as a state, we are addressing the opioid crisis. For those of us practicing in Omaha, we have been unable to share prescription drug information to and from the state of Iowa. This will change in a few months, a change that MOMS wants you to know about, and so we interviewed an expert in the change.

And so, what do flying doctors, caring for babies and their mothers, podcasts, and prescription drug monitoring have in common? They are all groups that are members of MOMS or provide services to MOMS members, who are working to make life better for people.

While Physicians Bulletin is distributed free of charge to all of the metro-Omaha area physicians, the physicians featured are all members of MOMS. If you would like information about being a member of MOMS, we can have someone reach out to you. If you have a story you would like to see featured, please contact Laura Polak at MOMS, (402) 393-1415 or laura@omahamedical.com. 



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.

FROM LAST ISSUE:

"Tell us about a connection you made thanks to MOMS (personal, business, etc.)"

RESPONSES

"I have made new friends and renewed old friendships among Omaha physicians via the MOMS DocBuild program. This program has also allowed me to meet and interact with individuals in other professions (i.e. construction) and has led me to develop some new skills. These interactions would not have happened without the DocBuild program."

—Paul Paulman, M.D.

"MESS Club Show. A tenor from Creighton. An anesthesiologist from Immanuel, an Orthopedist from Methodist and an ophthalmologist from Clarkson that would never have met if not for the MESS Club Show. We became friends and have sung together for two decades. Couldn't have done better than that. Thanks my friends—Drs. Laurel Preheim, Chris Link, and Chet Waters."

—William Schlichtemeier, M.D.



NEXT QUESTION:

What mobile apps do you use in practice?

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OmahaMedical.com/Medical-Musings



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THANK YOU TO THOSE WHO INSPIRE



CAROL WANG

Executive Director

Metro Omaha Medical Society

Gratitude. It's a word I see time and time again in reference to stories, strategies and studies about burnout and stress. Even Oprah advocates daily gratitude journaling as a means to keep focused on what's important and what's good in life.

It's in that vein that I thought I would shine the spotlight on some of the physicians who inspire me or deserve the gratitude of all of us for making a positive impact in our community.

I start with something that will have debuted by the time you get this issue in your hands: Health 101, our podcast that features conversations about health topics that we hope will help patients be their best advocates and showcase our member physicians' expertise. At a time when there is so much misinformation, this is an opportunity for us to be a resource for our community and beyond. I hope you'll download the episodes from wherever you get your podcasts, refer patients to it and support this effort. I am so thankful to the

MOMS members who said yes and gave their time and efforts to make this happen. We're already thinking of more topics we want to record.

I also want to tell you about a small group of people who have earned their MBA as recipients of the Canedy Scholarship from the Clarkson Foundation. They've benefitted from the experience and want to nurture the next generation of physician leaders. Their motivation to use their talents to benefit the greater Omaha medical community is admirable. I am excited to see what they accomplish in the coming years and encourage anyone interested in a master's degree in health care management to consider applying for this scholarship.

This is the time of year when MOMS members craft resolutions to help shape policy priorities of the Nebraska Medical Association and beyond. We all owe these thoughtful colleagues our appreciation for trying to solve problems that affect the care of patients in our community and the practice of medicine. I am humbled every year by the number of physicians who volunteer their time and their efforts to testify for state lawmakers, write letters in support or opposition of an issue and allow community leaders to shadow them as part of the MOMS Community Internship Program.

MOMS would not be able to advocate, create educational materials and work on initiatives like wellness and health literacy if it weren't for an incredibly dedicated and hard-working staff. They make our day-to-day operations possible and are always trying to answer the needs of physicians. I cannot even begin to express my appreciation to them for the million things they do to keep us operating.

"For all the leaders at MOMS, who sit on a committee, serve on the Board, and spread the word of how important it is for the voices of physicians to be heard in the conversations about health care, we couldn't do this without you."

— CAROL WANG

For all the leaders at MOMS, who sit on a committee, serve on the Board, and spread the word of how important it is for the voices of physicians to be heard in the conversations about health care, we couldn't do this without you. Finally, thank you, to our members for cheerleading MOMS and for being on this journey with us. Your work caring for patients and our community motivates us to work harder and make you proud. 🙏



MY TOP 5 PODCASTS FOR LEARNERS

KENT KRAMER, CFP®, AIF®, *Chief Investment Officer*

One of the great learning opportunities available to almost anyone in today's world of technology is the proliferation of podcasts – recordings on just about every subject of interest under the sun.

Here are my five current favorites:

1. The Knowledge Project with Shane Parrish

(50 – 90 minutes)

Shane Parrish is the creator of the website, Farnam Street, which is "...devoted to helping you develop an understanding of how the world really works, make better decisions, and live a better life. We address such topics as mental models, decision making, learning, reading, and the art of living."

2. Conversations with Tyler (60 – 90 minutes)

Tyler Cowen is an economics professor at George Mason University, an author of numerous books, a co-creator of the website, Marginal Revolution, on which he blogs about various topics, and a regular contributor to Bloomberg BusinessWeek where he has been dubbed "America's Hottest Economist."

The podcast consists of conversations between Tyler and a wide variety of fascinating people from various professional backgrounds recorded in front of a live audience.

3. Revisionist History with Malcom Gladwell (30 minutes)

Gladwell is one of my favorite authors (Blink, The Tipping Point, Outliers). This podcast features a high production value, along with his narrative style of telling great stories about things most of us miss or misread. The season three episode, "A Polite Word for Liar" will get you hooked.

4. Freakonomics Radio with Stephen Dubner (55 minutes)

Dubner co-authored the highly successful Freakonomics books with University of Chicago economist Steve Levitt. On this long running podcast, Dubner continues to explore a wide variety of topics, from the future of meat, to creativity, to the world of sports and money, and more.

5. Building a StoryBrand with Donald Miller

The first season of this podcast was really the core of Don's thinking. Recent episodes feature some interesting people who have great stories of their own, including Tom's founder Blake Mycoskie, economist Arthur Laffer, and author Daniel Pink.

What I have found is that good podcasts are ways to expand the breadth of the subjects I'm learning about. Each of these uses its format to interview people with expertise and experience in areas with which I am often unfamiliar. Pick one or two episodes and give them a try. You may find yourself genuinely enjoying learning some things you never thought you needed to know!



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PRIORITIZING MEMBER ENGAGEMENT, COMMUNICATION



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

“Membership engagement is a vital component to the success of the NMA, and we are working diligently to ensure that we provide a variety of opportunities for members to engage and be part of the organization.”

— AMY REYNOLDSON

This year is moving quickly, and the Nebraska Medical Association is working hard to implement several items from our strategic plan, as well as tend to day-to-day tasks to ensure that we are providing the best service to our membership.

In January, members of the NMA Board of Directors and representatives from MOMS and Lancaster County Medical Society (LCMS) participated in a strategic planning meeting. In summary, the meeting was very productive and instrumental in identifying areas of opportunity and strengths within the organization. Over the last eight months, the NMA staff has been focused on the implementation of new efforts and enhancing existing ones.

One of the priority areas identified was membership engagement. We have also identified that effectively reaching our members to keep them engaged is becoming more difficult. We currently rely heavily on communicating to our members through email, perhaps it is a direct email communicating specific timely information or it is our bi-monthly electronic newsletter. Although many of us have at least one email account, unfortunately it does not mean that we read everything we receive.

Given that we are immersed in the digital era, the NMA will continue to transition to digital communications, including the *NMA Advocate*, our quarterly magazine. During our planning phase, we had great input on ways to address this challenge and after some discussion with our members we have decided to branch out and develop our own mobile application.


The NMA will launch its own mobile application allowing members to connect with the latest association news, events and advocacy efforts, as well as allow members networking opportunities. The mobile application will also serve as a platform for NMA staff to organize events and provide detailed content on trainings, conferences and other events, engage effectively with members such as taking a poll on our position with legislative items, and collect input and guidance on projects. The NMA mobile application will be available on IOS and Android platforms in late August. We encourage you to get on and check it out. Just search for “Nebraska Medical Association” in the Apple and Play Store.

The NMA is also in the process of expanding opportunities to for member involvement. Efforts include recording a radio announcement that focuses on a topic in their area of practice, organizing small groups to focus on specific advocacy efforts, developing and partnering on CME opportunities, and engaging in the physician leadership academy.

Membership engagement is a vital component to the success of the NMA, and we are working diligently to ensure that we provide a variety of opportunities for members to engage and be part of the organization. “Alone, we can do so little; together we can do so much.” (Helen Keller)

Speaking of ways to get involved, the NMA Annual Membership meeting is quickly approaching. This year’s meeting will be held on Sept. 6 at the Embassy Suites in Lincoln. The day will begin with the NMA Board of Directors meeting in the morning followed by lunch that will include a presentation by medical students and also an overview on the NMA mobile application. The afternoon educational session will focus on physician burnout and will be led by Gail Gazelle, M.D. Dr. Gazelle is an associate scientist at Brigham and Women’s Hospital at Harvard Medical School, author and physician leadership coach.

Following the education session, the NMA House of Delegates business meeting will take place. We encourage all members to attend and engage in current items that will be discussed. This is a great opportunity to network with others and learn about the NMA’s priority items for the coming year. We will then transition into the evening events beginning with a cocktail hour followed by our inaugural dinner where Todd Hlavaty, M.D., will be installed as our 2019-20 president. Dr. Hlavaty is a radiation oncologist practicing at Great Plains Health Callahan Cancer Center in North Platte, Neb., who has been involved with the Lincoln County Medical Society and an active member of the NMA for 23 years. Dr. Hlavaty has served in various capacities within the NMA including Nebraska Medical Foundation, BOD, PAC BOD, Professional Liability Committee, Commission on Legislation and Governmental Affairs, Health Care Reform Task Force, and Bioterrorism Task Force.

You can register for the NMA Annual Membership Meeting online at www.nebmed.org or by calling the NMA at (402) 474-4472. We look forward to seeing you on Sept. 6. 



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JEAN MARTIN, M.D., J.D.
COPIC Legal Department

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information in electronic form in connection with a transaction covered under the HIPAA regulations.¹

PROTECTED HEALTH INFORMATION

(PHI): includes individually identifiable health information transmitted or maintained in electronic media or any other form or medium.¹ Individually identifiable health information is information created or received by a health care provider that identifies the individual and relates to the past, present, or future physical/mental health or condition of an individual; the provision of health care to the individual; or payment for the provision of health care to the individual.¹

WHO IS CONSIDERED A LAW ENFORCEMENT OFFICIAL?:

As outlined in the HIPAA Privacy Rule, a law enforcement official means an officer or employee of any agency or authority within the U.S., who is empowered by law to: (1) Investigate or conduct an official inquiry into a potential violation of law; or (2) Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.²

Law enforcement officials include (but are not limited to):

- Police officers and state troopers
- Sheriffs and sheriffs' deputies
- District attorneys
- DEA and FBI special agents
- ICE officers

The default position under HIPAA is that PHI cannot be disclosed without the patient's authorization, but there are some exceptions relevant to law enforcement, including where reporting is required by state law.

KEY CONSIDERATIONS FOR ANY LAW ENFORCEMENT INTERACTION:

- **Don't be afraid to ask for identification.** Have they properly identified themselves? If the law enforcement official is not known to the provider, the provider must verify the identity and authority of the person.³ Processes should be in place for in-person, phone, and email interactions.

- **Share your side of the situation.** Explain your understanding of the situation and the laws (HIPAA, etc.) that govern your actions of what you can and can't do.

- **When trying to decide which federal or state law applies, the more restrictive one will likely apply.** In general, if there is a state or federal law that is more restrictive than HIPAA (more protective of a patient's privacy), providers are required to comply with the more restrictive law.

- **Document the details.** Obtain any documentation or statements from the person requesting protected health information (PHI) when these documents or statements are relied upon to make the disclosure.⁴

- **Respect law enforcement and the challenges they are dealing with.** Do not physically interfere with law enforcement officials or provide them false or misleading information.

- **Don't provide more information than what is necessary.** Unless disclosures made to law enforcement are required by law, they should be held to the "minimum necessary" standard. This means that when using or disclosing PHI, the HIPAA-covered entity or provider must make reasonable efforts to limit PHI to the minimum necessary to accomplish the purpose of the use, disclosure, or request.⁵ A provider may rely upon the representations of a law enforcement official that the information requested is the minimum necessary for the stated purpose.⁶

More details regarding disclosures for law enforcement purposes under HIPAA can be found at: www.hhs.gov/hipaa/for-professionals/faq/disclosures-for-law-enforcement-purposes/index.html

¹45 C.F.R. § 160.103

²45 C.F.R. § 164.103

³45 C.F.R. § 164.514(h)(1)(i)

⁴45 C.F.R. § 164.514(h)(1)(ii)

⁵45 C.F.R. § 164.502(b)

⁶45 C.F.R. § 164.514(d)(3)(iii)(A)

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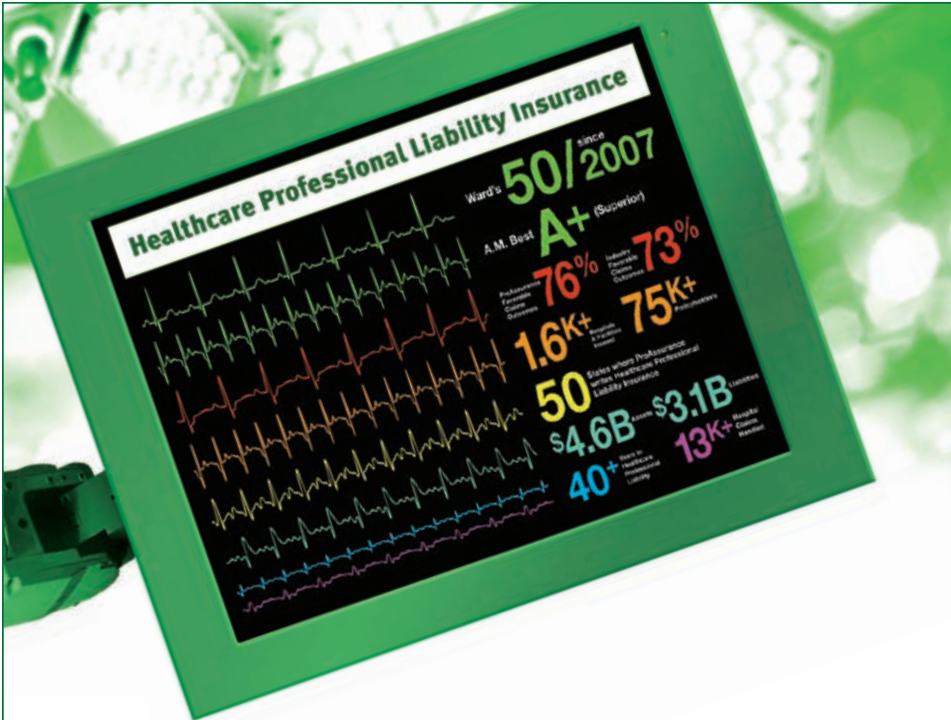
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DEFINING AN EARLY CAREER PHYSICIAN



ALËNA A. BALASANOVA, M.D.

Chair, Early Career Physicians Committee
Metro Omaha Medical Society

As we begin a new academic year this July, we welcome a new cohort of medical students, residents and fellows. However, something we do not often think about is that with each year a new cadre of freshly minted doctors also enter the health care workforce as attending physicians. Every organization has its own definition of exactly what constitutes an ECP. Here at MOMS, ECPs are residents, fellows and physicians in their first five years of practice and there is no age limit, because many specialists do not finish training until their mid-30s or later.

I am honored to be your new ECP chair and am proud to represent the interests of early career physicians in the Metro Omaha Medical Society. I am excited about our committee's collective enthusiasm for increasing the presence and visibility of ECPs in MOMS and the greater Omaha medical community. Our committee represents a wide variety of physician practices—from academic faculty and employed physicians to solo private practice—which is a reflection of the diversity of medical practice in our community.

In order to identify strategic priorities for our committee this year, we sent out an online survey to all MOMS ECPs. We asked about the types and frequency of events ECPs would be most interested in attending and the topics that would be most helpful to address in these events. The top two priorities identified by ECPs were professional networking and social connection.

You spoke and we listened! We held our ECP kickoff event on May 7 at Vis Major, a local brewery, with MOMS generously providing the first drink for all attendees. The aims of our Early Career Physician/New Member Mixer were to increase ECP engagement and recruitment. ECPs were encouraged to bring a physician colleague who is not a member of MOMS to learn about the benefits of this organization and potentially become a member.

We asked our esteemed colleagues and seasoned MOMS members to attend and offer remarks on their experiences with organized medicine and the value of the collective physician voice in advocating on behalf of our patients and the medical profession. We were pleased to have immediate past president Laurel Prestridge, M.D.; current president, Lindsay Northam, M.D.; and president-elect John Peters, M.D.; all in attendance. We learned about the different ways in which organized medicine can contribute to an ECP's career trajectory. In addition to professional networking and social engagement, MOMS can offer a platform for advocacy, community engagement, leadership development, identification of mentors and connecting with research opportunities. Hearing how these experienced physicians have benefitted from MOMS was both enlightening and motivating for many of us ECPs and we are grateful to all three for contributing their enthusiasm to this event.

“As early career physicians, we face unique challenges in entering the health care workforce. Still experiencing the excitement of a new physician, we are eager to roll up our sleeves and get our hands dirty.”

— ALËNA A. BALASANOVA, M.D.

As early career physicians, we face unique challenges in entering the health care workforce. Still experiencing the excitement of a new physician, we are eager to roll up our sleeves and get our hands dirty. We are looking to innovate and disrupt the status quo while maintaining high quality, excellent care for our patients. We are looking to learn from the experience of our senior mentors while also challenging long held beliefs for which new data and research is available. We are looking to trade medical folklore for evidence-based medicine.

Looking ahead, we are planning our second event, a social networking mixer, on August 27 from 5:30 - 7:30 P.M. at Railcar at 1814 N. 144 Street. In the meantime, if any ECP would like to offer input on the direction of our ECP committee and how we can best represent and serve your needs, I encourage you to please let us know by reaching out to Halie Smith at hsmith@omahamedical.com. 

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RESPONDING TO FAMILY MEMBERS' REQUESTS FOR A DECEASED PATIENT'S MEDICAL RECORDS



JOSEPH E. HUIGENS, J.D.

Member of the Health Law Practice Group

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

Attorneys at Law

If you are the administrator for a group practice, a nursing home, a surgery center, an imaging center or another health care facility, you probably have had to respond to requests for a deceased patient's medical records from a surviving family member. Maybe mom died from an inheritable disease and her adult daughter would like to see mom's medical records to understand more about her own risk of developing the same condition. Perhaps dad died soon after undergoing treatment and now son is asking to get copies of dad's records. Possibly, even, parents of a deceased adult patient are asking for copies of their child's medical records. There are any number of reasons family members may want copies of a deceased relative's medical records. It is not an uncommon request, and providers often want to allow family members access to their loved one's records, but providers also want (and need) to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). How HIPAA and Nebraska law treat this issue may surprise you.

State and federal data privacy laws, such as HIPAA, are implicated whenever a request is made to obtain medical records. With few exceptions, the patient's "personal represen-

tative" (the term used in HIPAA) may request and receive copies of those records and is generally treated as standing in the patient's shoes. However, the power of attorney or other authority that grants such person legal status as the patient's personal representative does not extend beyond the patient's death—it dies with the patient. Who, then, may serve as the deceased patient's personal representative to request his or her medical records?

HIPAA continues to apply with respect to a patient's health information for 50 years after his or her death and, as a general rule, takes precedence over state laws governing the release of medical records. In some instances, however, HIPAA actually relies on state law. Whether a deceased patient's medical records may be lawfully disclosed to a family member is one such instance.

Under HIPAA, an executor or administrator of the individual's estate or other person who has legal authority to act on behalf of the individual or estate must be treated as a personal representative of the deceased individual, but even then only with respect to health information that is directly relevant to that person's representation and responsibilities. Thus, if a family member of the deceased patient is neither an executor nor an administrator of the decedent's estate, then, in order to access the patient's records, he or she must have legal authority to act on behalf of the decedent. Whether a family member has such legal authority is a matter of state (not federal) law.


Under Nebraska law, a "patient request" for medical records includes a request by the patient's guardian or "authorized representative." However, Nebraska law does not offer any indication of who constitutes an "authorized representative" other than in the context of a duly appointed executor or administrator of the estate. Indeed, at least one proposed (but never passed) legislative bill acknowledges this gap in Nebraska law.

In 2012, Legislative Bill 1103 (LB1103) was introduced to revise the definition of "patient request" to expressly include the request of "a family member of a deceased patient." LB1103 thus confirmed that Nebraska law is silent as to whether the spouse, parent, child, or sibling of a deceased patient has any legal authority, in the absence of being appointed as the executor or administrator of the estate,

to obtain the deceased patient's records. LB1103 would have allowed family members a way to access their deceased relative's medical records without needing to open an estate and be appointed as its executor or administrator.

However, LB1103 was never brought to a vote and, thus, never became Nebraska law. Accordingly, it remains the case that family members are not, as a matter of Nebraska law, automatically granted any legal authority to act as personal representatives of a deceased relative for purposes of HIPAA. In other words, merely being a close family member of the deceased patient does not entitle such person to have access to, or receive copies of, the deceased patient's medical records in Nebraska.

In recognition of the difficulty family members often have in obtaining access to health information of a deceased relative because they do not qualify as a "personal representative," the U.S. Department of Health and Human Services revised HIPAA to allow certain persons to receive a limited amount of health information of the deceased patient. Specifically, a covered entity may (but is not required to) disclose to a family member, other relative, or close personal friend of the patient, who was involved in his or her care or payment for his or her health care prior to the patient's death, health information of the deceased individual to the extent such information is relevant to that person's involvement, unless doing so would be inconsistent with any prior expressed preference of the individual that is known to the covered entity.

As explained by the department, this provision ensures that family members can find out about the circumstances surrounding the death of a loved one, unless the individual, prior to death, objected to such information being shared with the family member. Of course, this begs the question: what was the family member's involvement? Along those lines, the department was careful to note that providers generally should not share details of the patient's past, unrelated health information. It is worth noting that this provision does not give health care providers carte blanche to disclose a deceased patient's medical records to his/her family members. When in doubt, providers should consult an attorney. 

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Many occurrences during a physician's career can result in an influx of income—often referred to as liquidity events. Whether it's selling a practice, bringing on new partners, establishing a new contract that will drive revenue, or transitioning from being a career practitioner into partial or full retirement, these are all significant milestone events that require careful planning.

Understanding and evaluating the different personal and professional areas that may be affected by a liquidity event is extremely important, as individuals will have many financial decisions to make once the event occurs. Those plans should reflect career aspirations, current economic and market conditions, a realistic budget, and benefits considerations like health insurance.

CAREER PLANNING IS CRUCIAL: In many cases, these types of liquidity events may present the opportunity to re-evaluate career plans. If this is the case, physicians need to know what their personal short- and long-term career goals are. Are they going to take some time off? Do they want to reduce their hours or

“Understanding and evaluating the different personal and professional areas that may be affected by a liquidity event is extremely important, as individuals will have many financial decisions to make once the event occurs.”

— KEVIN MALONE

perhaps consider playing a lesser role in their practice? Do they want to venture into an entirely new profession or fully retire? Understanding where they are currently and where they want to be 12 months or more from now will help provide a framework for strategic planning and making the best decisions.


UNDERSTAND MARKET REALITIES AND EVALUATE OPPORTUNITIES:

The market has changed dramatically over the past several years, and while the U.S. economy remains strong, volatility is expected to persist for the foreseeable future. That does not mean we can bury our heads in the sand. Working with a professional to identify investment opportunities that are not directly correlated to the stock market and provide the opportunity to hedge against market swings has been an attractive option for many and a complement to core portfolio holdings. Understanding current market conditions and how they will likely affect an individual's investments is critical. Portfolios should reflect the risk tolerance and life stage of that individual.

CREATE A CASH FLOW PLAN: Once timeframes have been established and a market assessment has occurred, cash flow needs should be analyzed to determine if there is a gap or an income-to-expense deficit. If there is, asset allocation inside current portfolios becomes even more important, as there will be a need to narrow the gap of the savings deficit without eroding the portfolio's principal.

For example, if an individual is making an annual salary of \$300,000, a goal might be to replace that money with the interest gained from the portfolio as opposed to taking direct withdrawals. Using \$5,000,000 as an example of total retirement savings, this \$300,000 income could be replaced with a 6% portfolio return, whereas a 4% return would offer \$200,000 of annual interest income. Advisers can provide recommendations and options on how to achieve these goals, while continuing to position the portfolio for long-term needs as well.

EVALUATE ANCILLARY BENEFITS: Next, individuals need to evaluate if other benefits are affected by the liquidity event. Items such as health care, life insurance and savings vehicles are oftentimes tied to employment and either cease or need to transition when the individual finally parts from the group benefits plan. Advisors can help identify areas to review and provide recommendations on the best ways to proceed based on the personal, strategic plan.

Liquidity events can provide physicians with a variety of exciting opportunities, but those come with challenges as well. Taking the time to evaluate and plan how to proceed, both personally and professionally, is extremely important. A trusted advisor can work with individuals to navigate these different areas so they can help ensure desired outcomes are realized. 



Collaborative Effort **ADDRESSING MATERNAL MORTALITY RATES**



Truth be told, said Robert Bonebrake, M.D., the rise in maternal mortality rates in the United States could be attributed, in part, to complacency.

"To be honest, there was a sense of 'we're the United States; we're the best'—a sense of complacency."

Dr. Bonebrake, who specializes in maternal-fetal medicine at Methodist Women's Hospital, serves as co-medical director of a collaborative aimed at stopping that trend which, he said, started about 30 years ago.

The Nebraska Perinatal Quality Improvement Collaborative, which includes all the birthing hospitals in Nebraska, is providing step-by-step, evidence-based protocols geared toward helping health care providers recognize and address conditions that can put moth-

The need for action to stymie increasing maternal mortality rates came after what Dr. Bonebrake called "one of the biggest public health success stories."

ers at risk of death or injury. The first of the 11 protocols focuses on hypertension in pregnancy. Others address blood clots, hemorrhage and deep vein thrombosis.

The need for action to stymie increasing maternal mortality rates came after what Dr. Bonebrake called "one of the biggest public health success stories." In the 1700s and 1800s, he said, maternal mortality rates were approximately 1,000 deaths in 100,000 live births. Thanks to

Dr. Bonebrake emphasized that the collaborative is truly that. “This is not associated with one person or one institution. It is for the state of Nebraska for the people of Nebraska.”

— ROBERT BONEBRAKE, M.D.

germ therapy antibiotics in the mid-1800s and the onset of maternal care in the 1950s, the rate dropped to 6 in every 100,000 live births.

No longer. One tally ranks Nebraska in the upper one-half of states, at No. 19, with 16.8 maternal deaths per 100,000 live births—numbers that are slightly better than the U.S. average. Nationally, according to the Centers for Disease Control and Prevention, the United States has the highest maternal mortality rate among the world’s top 50 developed nations—and the country’s rate is one of three—along with Afghanistan and Sudan—that is rising.

“What’s happened in the past 30 years?” Dr. Bonebrake asked. “If I knew that answer...Most people think there are many different factors and not a single prong.”

He then lists three possible explanations for the increase: social determinants of health, increased risk factors and access to care.

Dr. Bonebrake also cites confusion about definitions relating to maternal mortality and inconsistency when collecting and reporting health statistics as contributing to the increase mortality rates.

Some definitions: According to the Centers for Disease Control and Prevention, a pregnancy-related death is defined as the “death of a woman while pregnant or within 1 year of the end of a pregnancy—regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.” A live birth refers to “the complete expulsion or extraction from its mother of a product of human conception,

irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.”


Dr. Bonebrake emphasized that the collaborative is truly that. “This is not associated with one person or one institution. It is for the state of Nebraska for the people of Nebraska.”

The 11 protocols were developed by the Alliance for Innovation on Maternal Health, or AIM. The maternal safety bundles, developed by AIM and encouraged by the Nebraska Perinatal Quality Improvement Collaborative, represent best practices for maternity care and are endorsed by national multidisciplinary organizations. The bundles, in addition to focusing on obstetrical hemorrhage, severe hypertension/pre-eclampsia, and the prevention of venous thromboembolism, focus on such topics as:

- Reduction of Low Risk Primary Cesarean Births/Support for Intended Vaginal Birth
- Reduction of Peripartum Racial Disparities
- Postpartum care access and standards

Dr. Bonebrake noted the bundles may take a health institution two to three years to fully implement. “To implement one bundle is an enormous undertaking and entails an entire hospital—from physicians, patients, ancillary staff and administration.”

A revamped Nebraska Maternal Mortality Review Committee will review progress and recommend next steps. Patience is key, he said.

“We may not be able to immediately quantify results—other than to quantify that the state is vested in this and hospitals are vested.” 



The Bonebrake File

Hometown

St. Joseph, Missouri

Undergraduate Degree

Creighton University in mathematics

Medical Degree

Creighton University Medical Center

Residency

CUMC in obstetrics and gynecology

Fellowship

University of California Irvine in maternal-fetal medicine

Specialty

Maternal-fetal medicine

Institution

Methodist Women’s Hospital

Hobbies

Spending time with family and friends

Family

Wife, Katie Bonebrake; daughters, Emma Sudyka and Abby Bonebrake; and sons, Ben, Sam, Tommy and Jack Bonebrake

Why He Joined MOMS

“To have the potential for helping sustain the profession of medicine because it is going to be sustained through collegiality and collaboration between physicians.”

SPREAD THE WORD:

MOMS' Podcasts Touch on Trending Medical Topics



Jeffrey Ebel, D.O.

It's all about improving health literacy. And, at the same time, sharing the expertise of MOMS' member-physicians.

When physicians are speaking with their patients, giving a diagnosis that is tough to hear, or recommendations for treatment, how do you know if your patients understand what you're talking about and have enough information to make informed decisions? It is at the very crux of health literacy and the reasoning why MOMS will begin airing podcasts on medical topics to try to help be part of the solution.

For her part Jill Hanson, M.D., looked to dispel some misconceptions people have about allergies and weigh in about why they seem to be more common these days.

Dr. Hanson, an allergist at Boys Town National Research Hospital, is part of a series of six podcasts created by MOMS that will be released in August.

The purpose of the podcasts—called Health 101—is educational, said MOMS executive director, Carol Wang: Help the

public become more informed about issues that affect their health and well-being by tapping into the expertise of MOMS members. These are topics that have value for patients and even for physicians who want to hear the latest in an area they may not practice in.

Health literacy had long been an issue that the MOMS Board has wanted to address because according to the National Assessment of Adult Literacy, nearly nine in ten adults may not have the skills to manage their own health. Low understanding leads to poor health outcomes and less preventive care.

Kirsten Leu, M.D.





Carol Wang, MOMS executive director, discusses breast cancer with Kirsten Leu, M.D., as producers Pat Safford and Jill Thomas of Parkville Media look on.

"As a pediatrician, I want only the best care and outcomes for my patients. Immunizations play a large role in children's health and are easy, affordable and accessible to all children," remarked Tina Scott-Mordhorst, a pediatrician who addresses the issue of vaccines in one episode. She wanted a chance to have an in-depth discussion about the science behind vaccines and what families should be considering when they think through their decisions about whether or not to immunize.

It's exactly what MOMS wanted the podcasts to do in the sphere of health education and the medium was a good fit because it allowed for longer length segments.

MOMS considered television and radio before deciding to create the podcast series.

"Podcasts are important. They allow us to have conversations with our member-physicians and give the public something to think about," Wang said.

Dr. Hanson hopes the podcasts will answer some of those frequently asked questions and increase understanding. For example, she clarifies the difference between allergies and sensitivities, which often are confused. A gluten sensitivity—

and its potential symptoms of an upset stomach, diarrhea and abdominal pain—is different than a true wheat allergy—which can lead to a life-threatening reaction, Dr. Hanson said.

Wang said MOMS leadership determined the initial six topics by asking physicians what patients were discussing with them. Then, they determined who would be best to serve as the experts. Wang, a former TV news anchor, leads the discussions.

In addition to allergies and vaccines, other topics in the series are: concussions, breast cancer, skin, and diets/weight loss.

MOMS turned to Parkville Media to create the podcasts and help market them. Each podcast runs from 20 to 40 minutes.

Why that time span? "Twenty minutes is a good length," said Jill Thomas, Parkville Media co-owner. "Omaha drive time is 20 minutes or a bit longer."

Thomas and Parkville Media co-owner Pat Safford previously hosted a morning radio show on Sweet 98.5. Thomas said physicians aren't the only ones sharing content through podcasts, which have gained in popularity the past three years.

"Health literacy is not only important, it is necessary. It allows patients and their families to be involved in their healthcare and actively participate in medical decisions, advocacy for themselves and treatment plans."


— TINA SCOTT-MORDHORST, M.D.

"Attorneys are reaching out to potential clients. Real estate agents," she said. "Experts are sharing content and the public is responding."

She said a six-week series should serve as a good test for MOMS about how the content is received. "You need at least six weeks of consistent product so the audience can start relying on you and you get a feel for your listenership," Wang added: "Six is the right number to see if this resonates with people. We get to put our toe in the water."

The podcasts will be available through such platforms as iTunes, Spotify and Google Play.

Dr. Jeffrey Ebel, a sports medicine physician, who took part in the concussion podcast believes that if patients listen to the information presented, there can be a positive impact to their health. "I also believe it helps with compliance when treating patients, because when they understand the 'why' behind their diagnosis and treatment then often the patient will do their part in helping treat the issue to get better faster."

Scott-Mordhorst is excited to share the podcasts and see what they can do to improve her patients' grasp of medical knowledge. "Health literacy is not only important, it is necessary. It allows patients and their families to be involved in their healthcare and actively participate in medical decisions, advocacy for themselves and treatment plans." 



PDMP DATA SHARING:

Nebraska Joins the Crowd

Nebraska soon will be one of many when it comes to sharing information with other state prescription drug monitoring programs.

State lawmakers earlier this year passed Legislative Bill 556, introduced by Omaha State Sen. Sara Howard, which allows for interstate data sharing with other state prescription drug monitoring programs. Gov. Ricketts signed the legislation, which carried an emergency clause, making it effective immediately.

It's now Kevin Borchert's job, in collaboration with state partners, to oversee the evolution of the Prescription Drug Monitoring Program from an inward focus to an outward one. Borchert, who serves as director of Nebraska PDMP (Prescription Drug Monitoring Program), said Wyoming and California will be the two remaining states that don't share prescription drug information with their peers.

Launched in 2017, enhancements to Nebraska's Prescription Drug Monitoring Program, or PDMP, provided a stand-alone medication query platform that is integrated into the Nebraska Health Information Initiative.

The only problem, according to Borchert, was that the legislation didn't allow for information exchange among states. Howard's bill changed all that, he said, with implementation slated for early fall 2019.

"I don't think it was an intentional restriction," he said. "We're far and above ahead of any state with our innovative approach to collecting all prescription drug information. Now, we're at the table with every other state in performing interstate data sharing."

"We're far and above ahead of any state with our innovative approach to collecting all prescription drug information. Now, we're at the table with every other state in performing interstate data sharing."

— KEVIN BORCHERT

Borchert's reference is to Nebraska's stand-alone status as the only state in the country that requires dispensers, such as pharmacists and physicians with a pharmacy license, to report all dispensed prescription drugs, including controlled and non-controlled substances, such as cholesterol and anti-diabetic medications.

The benefits of Nebraska removing the data-sharing restriction begin with health care providers having more information at their disposal to make better informed decisions regarding their patients' care.

Two key components of the program, according to Borchert, are:


- The PDMP may be integrated into electronic health records (EHR). As the clinician selects their patient in the EHR, they can click a button or tab to view the patient's PDMP profile. This saves providers from having to log into a separate system. "The PDMP will be available with just a couple of clicks."

- Users can choose the states they want included in their drug information searches. Health care providers likely wouldn't want to include all 50 states, but might look at, for example, those that border Nebraska.

"A patient may be obtaining prescriptions for legitimate—or other—purposes and this allows providers to see that information and make better informed decisions," he said. This allows clinicians to have a more comprehensive picture of the patient's prescription history to reduce duplicative or unnecessary medications and improve patient safety.

Borchert wants physicians to know about coming regulations and restrictions that may impact their practices:

- In January 2020, federal regulations that affect Medicare will require prescribers to check the PDMP before prescribing opioids electronically in order to meet the requirement of the Medicare Promoting Interoperability Measure, formerly known as "meaningful use."
- In 2021, Medicaid will require its providers to check the PDMP when prescribing controlled substances to Medicaid beneficiaries.

Although Nebraska played catch-up with sharing prescription data with other state prescription drug monitoring programs, the state has the attention of its peers regarding how it requires dispensers to report all the medications they dispense. Maryland introduced legislation last year that would replicate Nebraska's mandatory reporting. Another five states have approached Nebraska about its model, he said. 



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STRUCK



Matt Bogard, M.D.

One was a Marine on leave, who wanted to see his family. Another was an emergency room physician, who needed to get to work. Then, there were the Omaha high school students, who had attended a Boys and Girls Club event at Midland University.

When flood waters abruptly cut off access to Fremont in March, Drs. Jonathan Fuller and Matt Bogard answered the call to transport people—who needed to get in and out of the Dodge County community. They ferried passengers in their planes to and from Fremont's airport to the Millard Airport. They also brought supplies into Fremont.

"It was less than a 10-minute flight (each way)," Dr. Bogard explained, "but it was exciting. Lots of air traffic. National Guard helicopters were out. The State Patrol aircraft were out monitoring compromised roads. The lay of the land looked quite different with all the flooding."

Drs. Bogard and Fuller recalled that they would load up at one location (passengers, supplies and sometimes both), make the quick flight to the other location, land, load up, and take off. Repeat.

Dr. Bogard, an emergency medicine physician who has flown since his undergraduate days, said he had heard that some of his pilot friends were volunteering their time and planes to transport flood victims in and out of Fremont. "I called the airport and they told me they absolutely needed any help they could get."

Dr. Fuller, an orthopedic spine surgeon who served four years in the U.S. Air Force as a general orthopedist, had flown Angel Flights (free air transportation for people who need to travel to receive lifesaving medical treatment, but lack the means) and heard from the organization's coordinator that pilots were needed to help flood victims. "I was glad to help. It was very satisfying."

Said Dr. Bogard: "I'd be happy to pitch in and help again."

The opportunity to help people facing disaster was the compelling reason to assist, Drs. Bogard and Fuller said. But in a way, they confessed, they were merely doing what they

love—and helping others at the same time was an added bonus. They said they hoped their efforts helped diminish the perception that pursuing a passion in aviation is limited to a few. Finally, they reinforced the important role that community airports serve.

"Small towns in Nebraska and all around the country have airports that no one knows about," Dr. Fuller said. "These airports serve a great role. Fremont received a strong message just how valuable these airports are."

Added Dr. Bogard: "People don't have an appreciation how an airport supports the town. Crop dusters use the airports. Visiting physicians and critical medications are flown in. Business coming and going that drives the economy."

Dr. Fuller said he started flying after finishing his residency. With four years of military service to follow, Dr. Fuller continued flying while attending officer's training in San Antonio. He temporarily stopped flying after being assigned to Germany, only to discover his base had an aero club. He earned his license and spent his free time flying around Europe.

"It was a great way to travel. It made the distances much shorter."

He now flies at least once a week, about 250 hours a year. He later earned his commercial pilot's license, followed by his air transport license. In 2016, he bought his own plane, a TBM 850 built in France. "As much as I fly, I needed access to my own plane."

Now, he flies when he has clinic in western Nebraska communities. He also has flown patients—through Angel Flights—to clinics in other states.

Dr. Fuller said flying brings a sense of satisfaction—feeling fulfilled by knowing he's mastered something technical. He used the example of taking pride in driving a car well. "It's the same pleasure derived—controlling a plane well, maintaining altitude. It's very rewarding to do something well."

CONT. PAGE 32



The Bogard File

Hometown

Rural Douglas County

Undergraduate Degree

Creighton University in health administration and policy

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in family medicine

Specialty

Emergency medicine

Institution

CHI Health Missouri Valley and OrthoNebraska

Hobbies

Aviation, bicycling, boating

Family

Wife, Amanda Bogard; daughters, Sadie and Lucy

Why He Joined MOMS

"MOMS is an excellent vehicle to connect and engage with the local medical community as well as advocate for the future of our collective practices."



The Fuller File

Hometown

New Canaan, Connecticut

Undergraduate Degree

Columbia College in New York City in german literature

Medical Degree

Columbia University College of Physicians and Surgeons

Residency

Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire in orthopedics

Fellowship

Twin Cities Spine Center in orthopedic spine surgery

Specialty

Orthopedic spine surgery

Institution

Nebraska Spine and Pain Center, Nebraska Spine Hospital, Immanuel Campus

Hobbies

Aviation, trapshooting

Family

Wife, Kyoko Fuller; daughter, Rebecca Kingma; and son, Benjamin Fuller

Why He Joined MOMS

"I have been involved with the Omaha Medical Society since I came to Omaha 20 years ago. I think it's a no-brainer to be affiliated with your local medical society."



Jonathan Fuller, M.D.


FROM PAGE 31

Then, there's just the freedom flying provides. "It's a different perspective on the world. A sense of freedom it brings—and that a powerful motivator."

Dr. Bogard grew up watching planes take off and land at the North Omaha Airport. His first lesson—and a windy day—left him less than convinced that flying was for him. He decided he would take several more lessons before deciding whether to earn his license. "The next evening was smooth as silk. I was absolutely hooked. The bird's eye view from 1,000 feet was mesmerizing."

He earned his license between his freshman and sophomore years of college. Later, friends allowed him to fly their planes for the cost of fuel. During residency, he learned the owner of a Comanche 250 was ready to sell. His grandfather had owned one and gave the Piper Comanche his highest recommendation.


These days, Dr. Bogard tries to fly every week—although finding time with two young daughters at home can be a challenge, despite their mutual love of airplanes. He occasionally flies to distant hospitals for locums work but doesn't travel in the plane the way he and his wife used to before starting their family.

Similar to Dr. Fuller's analogy of driving a car, Dr. Bogard compared flying to taking a long bicycle or motorcycle ride down a highway. "It's relaxing. Flying gives you the freedom to go where you please." 

YOUR CHANCE TO HELP

The Nebraska Department of Health and Human Services has a State of Nebraska Medical and Health Volunteer Site, <https://volunteers.ne.gov>

Physicians (and other health care providers) may register on this site and will be notified during times of emergency for the Nebraska ESAR-VHP (Emergency System for Advance Registration of Volunteer Health Professionals) program and the local Medical Reserve Corps.

Registration does not obligate you to respond. By registering, you may be contacted about your availability. 



EARLY CAREER PHYSICIAN/NEW MEMBER MIXER

Around 30 MOMS members and guests gathered at Vis Major Brewing Company on May 7 for the first ECP/ New Member event of the year. Remarks were given by ECP Committee chair, Dr. Alëna Balasanova, MOMS president, Dr. Lindsay Northam, and MOMS executive director, Carol Wang.

1. (From left) Dr. VaKara Meyer Karre, ECP Committee chair, Dr. Alëna Balasanova, Creighton residents, Drs. Alex Dragic and Jeannie Ngo
2. (From left) Drs. Jeremy Howe, Alex Dragic, Nikki Gruner, and Joel Michalski



MEMBER NETWORKING EVENT - INDOOR ARCHERY

Around 20 MOMS members and residents tried their hand at indoor archery on Tuesday, June 25. The event was held at Full Draw Archery and its long-time owner, Kent, coached the group on proper technique and form. There were many bull's-eyes and even one split arrow.

1. Drs. Deb Esser and Michael Visenio aim with perfect form.
2. Drs. Sawsan Abulaimoun and Oleg Militsakh ready their bows.
3. A group of new archers receives instruction.
4. Residents and established physicians participated in the event.

MEMBER NEWS

**DRS. O'DELL, PAULMAN**

Receive UNMC's Top
Educational Award

James O'Dell, M.D., the Stokes Shackleford professor and vice chair of UNMC's Department of Internal Medicine, and Paul Paulman, M.D., professor in the UNMC Department of Family Medicine, were honored recently as the Varner Educator Laureates for 2018-19.

The Varner Educator Laureate Award recognizes individuals with sustained achievement in education who have significantly improved the UNMC learning environment through the provision of outstanding educational experiences.

**DR. CAVERZAGIE**

Elected to AMA's
Council on Medical
Education

Kelly Caverzagie, M.D., recently was elected to serve for a four-year term on the American Medical Association's Council on Medical Education. The council recommends educational policies to the AMA House of Delegates and recommends to the AMA Board of Trustees the appointments of representatives to medical education organizations, accrediting bodies and certification boards.

Dr. Caverzagie is associate dean for educational strategy at UNMC and vice president for education at Nebraska Medicine. In addition to collaborating with other key organizations in medical education, the council supports the accreditation of medical education programs and gathers and disseminates medical education data and products/services.



NEW MEMBERS

Sawsan Abulaimoun, M.D.*

Internal Medicine
Creighton Residency

Janani Baskaran, M.B.B.S.*

Internal Medicine
Creighton Residency

Angela Beavers, M.D.

Radiology
Nebraska Pediatric Practice,
Children's Hospital &
Medical Center

Christie Barnes, M.D.

Otolaryngology,
Plastic Surgery Head and Neck
UNMC/Nebraska Medicine

Erin Byrne, M.D.

Emergency Medicine

Jayne Dowdall, M.D.

Otolaryngology
UNMC/Nebraska Medicine

Elizabeth Edney, M.D.

Radiology
UNMC/Nebraska Medicine

Wendy Grant, M.D.

Transplant Surgery
UNMC/Nebraska Medicine

John Hallgren, M.D.

Family Medicine
Mission Direct Primary Care

Stephanie Hartman, M.D.

Internal Medicine
UNMC/Nebraska Medicine

Heather Hergott, D.O.

Family Medicine
Jennie Edmundson
Memorial Hospital

Terry Huang, M.D.

Anesthesiology
UNMC/Nebraska Medicine

Elizabeth Mahal, M.D.

Emergency Medicine
UNMC/Nebraska Medicine

Jyoti Mahapatra, M.D.

Emergency Medicine
Members.MD

John Makari, M.D.

Pediatric Urology
Children's Hospital &
Medical Center

William McDonnell, M.D.

Pediatric Emergency Medicine
Blue Cross and Blue
Shield of Nebraska

Jeannie Ngo, M.D.*

Psychiatry
Creighton Residency

Antonio Reyes, M.D.

Cardiology
Clarkson Heart Center

Priscila Rodrigues-Armijo, M.D.**

UNMC Research Fellow

Kelly Schroeder, M.D.

Emergency Medicine
Venus Vein Clinic

Sheilah Snyder, M.D.

Pediatric Hospitalist
Children's Hospital &
Medical Center

Charles Stoner, M.D.

Family Medicine
Omaha Family Medicine

Nicholas Townley, M.D.

Neonatal-Perinatal Medicine
Creighton University
School of Medicine

Ana Yuil Valdes, M.D.

Anatomical & Clinical
Pathology
UNMC Pathology

*Resident

** Research Fellow



KIMBERLY CHRISTNER, M.D.

Medical School

University of Nebraska
School of Medicine

Residency in pediatrics

Children's Mercy Kansas City

Specialty

pediatrics


Location

Dundee Pediatrics &
Village Pointe Pediatrics

In college, Dr. Christner competed in the high jump and heptathlon at the University of Nebraska Lincoln. Her senior year she won the high jump in the Big 12 Conference Championship. She still enjoys running and likes taking her 2-year old daughter for runs in her stroller.

In residency, she met her husband, Amos, playing ultimate Frisbee with friends from church. He is a great cook and helps her relax.

In medical school and residency, she was able to do two medical rotations in Africa (Liberia and Malawi). She has older twin sisters, one of whom is deaf, so she grew up learning sign language.

She would describe herself as warm, caring, and knowledgeable. She is passionate about helping families stay healthy and happy. 



MARLEY DOYLE, M.D.

Medical School

Creighton University
School of Medicine

Residency in psychiatry

McGaw Medical Center at
Northwestern University

Fellowship in women's mental health

Brigham and Women's Hospital


Specialty

psychiatry

Location

University of Nebraska
Medical Center

Probably the most unique thing about Dr. Doyle, she says, is that she is legally blind. She is able to continue to practice with computer accommodations and says she is lucky to work in a supportive environment.

She loves reading (audiobooks, of course) and just participated in a book club podcast hosted by her brother. She has two adorable girls and an awesome husband. On weekends, they like to go for walks and bake. 



MOHAN MYSORE, M.B.B.S.

Medical School

Armed Forces Medical
College (Poona, India)

Residency in pediatrics

University of Minnesota
Hospital & Clinics

Fellowship in pediatric critical care


Children's Medical
Center/UT Southwestern
School of Medicine

Specialty

pediatric critical care

Location

Boys Town National Research
Hospital West Campus

Dr. Mysore enjoys travelling and looks forward to visiting Australia and New Zealand. He and his wife, Dr. Chandrika Rizal, have two children. Their daughter lives in Melbourne, Australia and their son lives in the Bay Area. 




ADVANCED CARE UNIT OPENS AT BOYS TOWN NATIONAL RESEARCH HOSPITAL— WEST CAMPUS

On June 3, Boys Town National Research Hospital officially opened the Advanced Care Unit (ACU). Led by Pediatric Critical Care Medical Director Mohan Mysore, M.D., FAAP, FCCM, the unit is staffed 24 hours a day, seven days a week with board-certified pediatric specialists, skilled Advanced Practice Providers (Nurse Practitioners and PAs), highly experienced pediatric ICU nurses and respiratory therapists forming the core of a multidisciplinary team.

The secure, six-bed unit offers advanced hospital care for patients recovering from complex surgeries or illnesses.

"We're excited to offer higher levels of hospital care for children in the community," Dr. Mysore said. "The ACU will be able to give children and their families incredible care in a healing environment and provided by great staff they have come to associate with Boys Town Hospital."

The ACU is located at Boys Town National Research Hospital—West, 14000 Boys Town Hospital Road, in Boys Town. 



Imagine better health.SM

CANCER RESEARCHER'S WORK LIVES, LYNCH SYNDROME NAMED FOR HIM

The man who changed the way the world looked at cancer, Dr. Henry T. Lynch, known to many as "the father of hereditary cancer detection and prevention" died June 2. He was 91.


Lynch was the founder and director of the Hereditary Cancer Center at Creighton, which opened in 1984, and dedicated his life to cancer research, especially hereditary cancers. Lynch studied

the cancer histories of more than 3,000 families in his more than 50-year career tracking the genetic linkages in certain forms of cancer.

"Dr. Lynch has captained the hereditary cancer ship for 50 years, and it is sad to see his journey end," said Robert Dunlay, M.D., dean of the School of Medicine. "However, the Henry Lynch Cancer Centers at CHI Health Immanuel Medical Center and Creighton University-Bergan Mercy Medical Center will serve as a platform that will ensure Henry's legacy of excellence in service to others continues here at Creighton."

Dr. Lynch began studying potential hereditary causes of nonpolyposis colon cancer in the 1960s, when medical orthodoxy said that cancer was not a hereditary disease. In 1984, the term "Lynch syndrome" was coined to recognize his contributions in identifying the strain of hereditary nonpolyposis colon cancer.

His identification of the Lynch syndrome, provided a more accurate prediction of a patient's risk for the disease, allowing for earlier detection and treatment.

In addition, Lynch was the first in the world to discover the hereditary breast-ovarian cancer syndrome, a finding that affects countless hereditary breast-ovarian cancer-prone families. This discovery led to the identification of BRCA mutations for diagnosis of hereditary breast cancer. He lectured nationally and internationally, and was widely recognized for his groundbreaking work. 



METHODIST

HOSPITAL RECEIVES IBCLC CARE AWARD


The International Board of Lactation Consultant Examiners® (IBLCE®) and International Lactation Consultant Association® (ILCA®) have recognized Methodist Women's Hospital for excellence in lactation care.

Methodist has received the IBCLC Care Award, which recognizes facilities that hire International Board Certified Lactation Consultant® (IBCLC®) staff and provide a lactation program for breastfeeding families. In addition, Methodist showed that it has completed activities that help protect, promote and support breastfeeding.

Methodist Women's Hospital is the second hospital in Nebraska to receive the IBCLC award.

"Our lactation consultants meet with every new mom and make sure this is one area where mom and baby are both feeling comfortable. We want them to be at ease when they are with us, but more importantly when they go home. If not, we are always available. Our services don't end once you leave the hospital," said Ronni Draper, outreach manager at Methodist Women's Hospital.

The Methodist Women's Hospital campus is a breastfeeding-friendly location that promotes the benefits of breastfeeding for mother and baby. Methodist's 14 certified lactation consultants offer inpatient and outpatient lactation support by phone, by email or via one-on-one meetings. Support groups are also available, as well as information for breastfeeding moms returning to work.

IBCLCs focus on preventive care, so they are available during pregnancy to assess and provide information on how to successfully initiate breastfeeding. They continue that assistance after the baby is born by helping families overcome breastfeeding challenges, providing accurate information and supporting them as their baby grows. They assist families returning to work or school and families facing unusual situations such as breastfeeding more than one baby or nursing a sick or premature infant. They also help train nursing staff to manage basic breastfeeding care. 



BONE MARROW DONOR MEETS RECIPIENT

An important meeting at the Fred & Pamela Buffett Cancer Center almost never happened. When Be the Match contacted Jacob Oswald of Dubuque, Iowa, he thought it was a prank.

"At first I thought they said Match.com," Oswald said. "I thought my buddies were playing a joke and I hung up."

Luckily, they were persistent. A 4-month-old baby from Broken Bow, Nebraska, needed Oswald's bone marrow. That baby, Alle Jilg, now 19 months old, and her family recently met Oswald in person for the first time.

It started with a fist bump between donor and recipient and ended with a lot of smiles, hugs and some happy emotional tears.

"He's forever a part of our lives—Alle's life. He will forever be in our family," Tia Jilg said.


Jilg said her family knew they would travel anywhere in the country to meet Alle's donor. It turned out he was just one state away.

Alle was born with a rare, life-threatening condition called severe combined immunodeficiency (SCID), leaving her prone to illness and infection.

"Even a common cold could be fatal," says Mike Jilg, Alle's father.

Tia Jilg spent months in isolation with Alle at Nebraska Medical Center before the transplant.

Now, Alle is able to play and explore with her big brothers and sisters. She walked in circles in the lobby of the cancer center the day of the meeting, wearing a sparkly tutu and a pink T-shirt that read "My Donor is Forever my Hero."

"She's got dance recitals and birthday parties and sleepovers. She's got a full life to live," Oswald said. "And for me to spare a three or four-hour procedure for someone who's got a lifetime? No brainer. Do it. It's easy." 



IMPACT ON STATE'S ECONOMY TOPS \$5 BILLION

Located only two miles apart, three organizations have a more than \$5 billion impact on the state's economy, according to an independent analysis of the university's significant and far-reaching impact on Nebraska's growth and prosperity.


Those are the findings of Tripp Umbach, a leading national consultant with expertise in economic impact studies, regarding the collective impact of UNMC, the University of Nebraska at Omaha and UNMC's primary clinical partner, Nebraska Medicine, with its flagship hospital, Nebraska Medical Center.

"These three organizations, along with the entire University of Nebraska system, are an economic powerhouse for the state of Nebraska," said Jeffrey P. Gold, M.D., chancellor of both UNMC and UNO. "UNMC, UNO and Nebraska Medicine each are strong contributors to the area's education, research, health care, innovation, and economic and workforce development.

According to Tripp Umbach's findings (based on data supplied by the university for fiscal year 2017-18):

- UNMC/Nebraska Medicine, and its affiliates, have a statewide annual economic impact of \$4.8 billion and create and support 42,132 jobs (13,917 direct jobs). Together, they generate \$165.1 million annually in state and local taxes, and UNMC graduates working throughout Nebraska yield \$4.4 billion in economic impact (in 2018 alone).

- The Fred & Pamela Buffett Cancer Center at UNMC/Nebraska Medicine generates \$8.5 million in state and local taxes. Completed in 2017, the \$330 million investment in research and clinical facilities has an annual economic impact of \$246.8 million and creates employment for 2,334 Nebraska residents.

"These are significant, and ongoing, contributions to the state," Dr. Gold said. "And, they show the incredible return we provide for Nebraskans' investment. We take our responsibility to the state seriously, because we know that when the university is growing, so, too, is the state." 



IN MEMORIAM

**EDWARD
LANGDON, M.D.**

April 5, 1922 – May 27, 2019



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

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