Physicians Bulletin

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22

28

24

ON THE COVER

FEATURES

DEPARTMENTS

Physicians Bulletin

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2019

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AXE GAMES OMAHA - 11106 Q ST.

2020

JAN 28

NMA ADVOCACY BREAKFAST

TUESDAY, JAN. 28 | 7:30 - 9:00 A.M.
NEBRASKA STATE BAR ASSOCIATION CONFERENCE ROOM
635 S. 13 ST., STE 130, LINCOLN, NE

JAN 29

MOMS ANNUAL MEETING & INAUGURAL DINNER

WEDNESDAY, JAN. 29
RECEPTION: 5:30 P.M. | DINNER/PROGRAM: 6:30 P.M.
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MAR 04

SAVE THE DATE: MEDICAL LEGAL DINNER

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WELCOME TO THE NEW FACES OF MEDICINE

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

Congratulations to Joel Michalski, M.D., our cover story for this edition of the Physicians Bulletin. Joel is a newly practicing physician, is the husband of a physician, and became a father while in training. He serves on the editorial board for this magazine and, at our last meeting, he happily announced to the group that he was getting his first "real job at 37," after following a nontraditional academic career.

While I would argue that all of his jobs have been "real," I wondered about his career pathway. It doesn't fit into my stereotypical view of the pathway to becoming a physician. As I went to medical school during the three-year augmentation program at UNMC, I was only 26 years old when I completed my residency and began practice. Most of us were in our early 20s when we started medical school, following a traditional route. The definition of nontraditional students is those entering medical school who did not start directly after graduating with an undergraduate degree. I wonder how many of the medical students take that traditional route in 2019?

When I look at the data, as listed in US News and World Reports, I realize that the stereotypical traditional medical student may be a thing of the past. The top medical schools in primary care, as ranked by the US News and World Report, show an average of 57% nontraditional students, with a wide range of variability between institutions. Neither Creighton nor UNMC has that data published in US News and World Report, so I don't know the local figures, but the national trend is toward nontraditional students. It is part of the changing demographics of medical students.

Congratulations again to Joel. Enjoy your access to the doctor's lounge and I wish you a full and enjoyable career.

Happy Belated Women in Medicine Month!

Each September, the AMA honors Women in Medicine. The 2019 theme for the women's month was "Women in Medicine: Trailblazers, Advocates, Leaders."

September was designated to celebrate the 90,000 women members of the AMA. This represents a significant portion of the 376,500 women physicians in the United States today. The demographics show that women make up a significant number of the physicians under 40, and there are currently over 42,000 women in medical school at this time. In 2018, the American Association of Medical Colleges reported that there were more women applicants than men applicants and, by a small margin, the majority of medical students are women.

Even with the tremendous increase of women entering and practicing medicine, AMA data show that women in medicine leadership is lagging. Only 3% of chief medical officers are women, only 6% of department chairs are women, and only 9% are division chief. In academic health centers, data show that women are more likely to be assistant rather than associate professors, and very few make the rank of full professor.

The Metro Omaha Medical Society has had a Women in Medicine group since the mid-1990s. It began when the medical student population became 40% female, and MOMS looked to the future to be inclusive of future members. The group continues now, over 20 years later. The membership and focus of the group changes from year to year, based upon the needs of the group. In the 90's, I used the group to network and get information and make friends. The topics I needed help with were varied, ranging from hiring a nanny, to choosing accountants, attorneys, and practice managers, to basic practice management. Active in the starting of the group, as I recall, were Muriel Frank, M.D., and Matilda McIntyre, M.D. Drs. Frank and McIntyre were clearly trailblazers, advocates and leaders. They provided me mentoring and words of wisdom.

In 1995, the League of Women Voters recognized Dr. Frank's ground-breaking contributions to gender equality with a "Shattered Ceiling" award. Dr. McIntyre was described, in her memorial in the Journal of Clinical Toxicology, having this work-life balance: "Tillie broke off every committee meeting at 3:15 p.m. Odds were she would be out every evening of the week at one committee or another but she was always at home after school." Michelle Knolla, M.D. was active in leadership of the committee as well. The Women in Medicine group continues to mentor generations of women.

While much networking now occurs online, through women in medicine virtual groups such as PMG (Physician Mommies Group) or other Facebook or Twitter feeds, not all networking can be virtual. Special interest online groups have been developed to tailor the content to the needs of the participant.

Some of the networking and mentoring just needs to be face-to-face to be helpful. The Women in Medicine group sponsored by MOMS provides that venue. It is a robust group, with at least one mother/daughter team that attends. In the MOMS Women in Medicine group, one can find the "trailblazers, advocates, and leaders" that the AMA is celebrating this month.

There is an educational component to each meeting. Yes, the group looks at PowerPoint presentations when appropriate. No, I don't know if men are invited to the group. If you have questions, please contact MOMS or Sasha Shillcutt, M.D., who has graciously agreed to chair the Women in Medicine committee.

Also in this Bulletin, we have some commonly asked questions about finances. We asked for expert advice from two of MOMS Strategic Partners, who provide important financial support for MOMS activities. I hope you enjoy this edition. Thank you to our sponsors.

Congratulations, Sasha and Joel.

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:

"What mobile apps do you use in practice?"

RESPONSES

"A free medical app I use frequently in my family medicine practice is CV Risk Assist. It calculates 10-year cardiovascular risk and provides guidance on statin management. The best $10 I have spent on an app was for the ASCCP mobile app. This app includes cervical cancer screening and management guidelines. Free health apps I recommend to patients include MyFitnessPal to help them keep track of their eating and Stop, Breath, & Think to help with relaxation."

— Sue Evans, M.D.

"UpToDate, Epocrates, MedScape, ACOG app, OB tracker, AirStrip."

— Jennifer Hill, M.D.

NEXT QUESTION:

In the age of email and texting, how often do you have a verbal communication with a colleague about a patient?

ANSWER ONLINE AT

OmahaMedical.com/Medical-Musings

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MEMBERSHIP = CONNECTION

COURTNEY HELLMAN, M.D.
Membership Committee Chair
Metro Omaha Medical Society

MEMBERSHIP
noun
1. The fact of being a member of a group.

BENEFIT
noun
1. An advantage or profit gained from something.

Why be a member of the Metro Omaha Medical Society and the Nebraska Medical Association? I often hear "to connect."

Many join to make connections with other physicians in the community. I often hear from my colleagues that the value of networking motivates their membership. Whether through member events, peer groups or participation on boards and committees, being a part of MOMS provides a variety of social and professional networking opportunities to connect physicians from every specialty and every practice environment.

Through MOMS' Strategic Partners, members can connect with carefully vetted industry experts who know and understand physicians and the healthcare environment. No matter what stage you are in your career, or what your current needs might be, MOMS wants to provide you the resources you need. Are you opening or changing practices? MOMS can connect you with law firms and employment contract specialists to guide you through the process. Looking to start a practice, buy into a practice or purchase a new home? Connect with our banking partners and their lending options designed for physicians or health care real estate experts. Need a plan to manage medical school debt while protecting and planning for your future? Connect with financial investment and insurance advisors.

MOMS also has opportunities in which members can foster a greater connection with whatever feeds your passion as a physician. If you are dedicated to advocating for patients and physicians, there is a place for you. Interested in journalism or collaborating on content for the Physicians Bulletin magazine, there is a place for you. Maybe you choose to spend your time on public health or community involvement, there is a place for you.

But, connecting is just one way you benefit as a member. Consider MOMS' ongoing efforts continue to address physician stress and burnout by providing a confidential online stress assessment that can connect you with no-cost counseling services. Or choose to take advantage of the newest member benefit—a discount on select Orangetheory Fitness memberships—for guided workouts and personalized fitness plans.

"Through MOMS' Strategic Partners, members can connect with carefully vetted industry experts who know and understand physicians and the healthcare environment. No matter what stage you are in your career, or what your current needs might be, MOMS wants to provide you the resources you need."
— COURTNEY HELLMAN, M.D.

If you are a member, I encourage you to renew your membership and continue to strengthen comradery among physicians in the metro area. Do you have friends and colleague who are not members? I invite you to reach out and encourage them to learn more about MOMS.

If you have more questions about what MOMS' benefits might be, or if you would like to recommend MOMS to fellow partners and friends, we have an easily accessible website: omahamedical.com. While you look at the site, check out all of the other benefits that were not mentioned, and your own profile on the member physician directory too!

Meet Ariel.

When Ariel was two years old, he needed a liver transplant, and for that, he and his family needed to be in Omaha, more than 1,000 miles from home. While Omaha's world-class doctors cared for Ariel, his mom, Tania, and the rest of his family were cared for at Ronald McDonald House Charities in Omaha. They had a comfortable place to stay, meals, and programs to cater to their individual needs. They were also surrounded by people walking with them on their difficult journey.

"Around other families, you don't feel so alone. Parents like us are the only people who can feel what you're feeling."

-Tania, Ariel's mom

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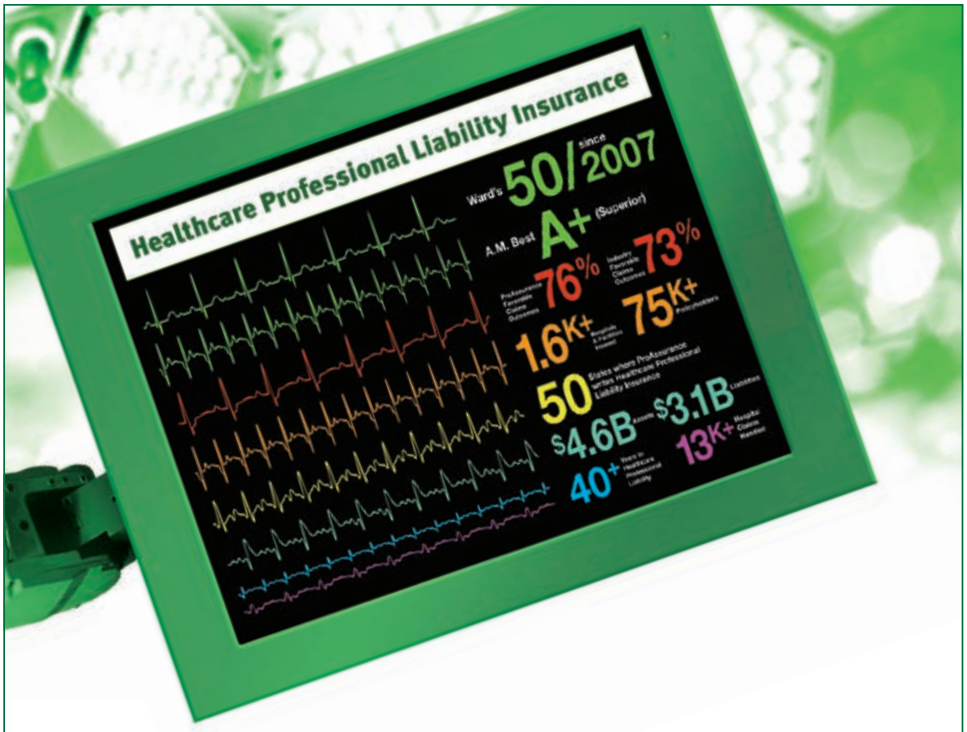

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RECAPPING NMA'S BUSY YEAR

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

The Nebraska Medical Association held its Annual Membership Meeting on Sept. 6 in Lincoln. The meeting provided NMA members an opportunity to attend a CME presentation by Gail Gazelle, M.D. Dr. Gazelle is an internist and associate scientist at Brigham and Women's Hospital at Harvard Medical School, author and physician leadership coach specializing in ending the epidemic of physician burnout. Following the CME session, the NMA Business Meeting included the NMPAC update from Jordan Warchol, M.D., NMPAC chair. Dr. Warchol emphasized the importance of the NMPAC and how contributions have been leveraged with state legislators that advocate for Nebraska physicians. Nate Kreifels, NMGMA president-elect, provided a brief update on the organization and how NMGMA has been collaborating with the NMA. The Annual Membership Meeting ended with the House of Delegates addressing resolutions that had been submitted for consideration.

The evening was capped off with the inaugural dinner that included award recognition and the installation of Todd Hlavaty, M.D. as the 151st NMA president. Dr. Hlavaty is a radiation oncologist practicing at Great Plains Health Callahan Cancer Center in North Platte, Nebraska. Dr. Hlavaty has been active with the Lincoln County Medical Society, an active member of the NMA for 23 years, and has served in various capacities with the NMA including Nebraska Medical Foundation BOD, PAC BOD, Professional Liability Committee, Commission on Legislation and Governmental Affairs, Health Care Reform Taskforce, and Bioterrorism Taskforce.

The awards recognition included honoring our 50-year practitioners, Physician Leadership Academy graduates from 2018-2019, scholarship winners, and awards. This year's physician award winners were: Physician of the Year—Michelle Mulligan-Witt, M.D., Valentine; Young Physician of the Year—Jordan Warchol, M.D., Omaha; Distinguished Service to Medicine—Richard Blatny, Sr., M.D., Fairbury, Stacie Bleicher, M.D., Lincoln, Michelle Peterson, M.D., Lincoln, David Watts, M.D., Omaha; Friend of Medicine—Dale Mahlman, Lincoln; Physician Advocate of the Year—Beth Ann Brooks, M.D., Lincoln, and Student Advocate of the Year—Olivia Sonderman, Omaha. Congratulations to all of our award winners.

For those of you that like to plan ahead you can mark your calendar for Aug. 28, 2020, for the next NMA Annual Membership Meeting.

Over this past year the NMA has experienced change as I have come on board and Dale has "rode off into the sunset," as he would say. I would like to thank Dr. Thedinger for his support as I transitioned in during his presidency. I know this transition of NMA leadership is probably not what he had in mind when he decided to pursue this opportunity a few years ago. It has been a pleasure coming on board with the NMA with you at the helm. Thank you for your patience and trust as I guide the organization into new waters and continue to serve Nebraska physicians.

Speaking of new waters, the NMA has launched their own mobile application. You can download it from your IOS and Android platforms, just search for "Nebraska Medical Association." This mobile application allows members to connect with the latest association news, events, and advocacy efforts as well as allowing members to network. The mobile application also serves as a platform for NMA staff to organize events and provide the 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. Make certain you check it out and let us know what you think.

"The NMA had a 96% membership retention rate from 2018 -2019 and we have seen a slight increase in our membership rates as well. We are excited about the opportunities and value we provide for our members and are continuously assessing the benefits provided."
— AMY REYNOLDSON

As we approach fall, that also means we will be gearing up our membership drive for 2020. The NMA had a 96% membership retention rate from 2018-2019 and we have seen a slight increase in our membership rates as well. We are excited about the opportunities and value we provide for our members and are continuously assessing the benefits provided. We added three new benefits in 2019 and I anticipate that we will have a few more available by the start of 2020. We are here to serve you.

THE PERSONAL IMPACT OF THE FEDERAL RESERVE RATE CUT

KATIE HENRY
Senior Vice President, Professional Services
ACCESSbank

LAURIE CRADICK
Professional Services Relationship Officer
ACCESSbank

In a widely expected move, the Federal Reserve Open Market Committee cut rates in July by 25 basis points, its first reduction since 2008. This coming just after nine rate hikes in the previous three years. While there are both pros and cons to a rate cut, here are some ways you may be impacted.

STUDENT LOANS: Fifty-four percent of young adults who went to college took on some debt, including student loans, for their education. Repayment of this debt can be challenging. For graduates with private student loans featuring variable rates, the recent rate cut can mean cost savings. Variable rates are often directly associated with the federal rate; a federal rate cut can mean some savings in cost.

For graduates with private student loans featuring variable rates, the recent rate cut can mean cost savings. Variable rates are often directly associated with the federal rate; a federal rate cut can mean some savings in cost.

Federal student debt often features fixed rates. Because these rates are locked in at the time of securing the loan, it's not likely a rate cut will have any impact at all.

Regardless, now is the time to consider refinancing that federal debt, which might be fixed at higher rates, or begin to pay down that private debt more aggressively, or both.

MORTGAGE RATES: While mortgage rates are influenced by several factors—the economy, inflation and the Federal Reserve, just to name a few—they continue to decline. Long-term mortgage loans yield the largest potential in savings for consumers.

Equity from a current home can be utilized to support anything from long-term investment opportunities and business acquisitions, to more personal needs, such as remodeling and home improvement projects, debt consolidation or improved cash flow. And even though it's currently a seller's market, the opportunity to buy a new home is more easily afforded by lower than average mortgage rates.

CREDIT CARD RATES: In May of 2016, the average credit card rate was 13.35% compared to May 2019 at 17.14%. The good news is that once the Federal Reserve lowers its rates, credit card companies tend to follow suit. So, after several years of steady increases, this means some relief is on the horizon. And while the adjustments may not be drastic, savings should be expected.

DEPOSIT RATES: With the prior year's increases, depositors have begun to see some financial benefit in savings rates, money market rates and certificates of deposit. And, while the rates associated with these savings vehicles may dip, for now, it can be expected that it should be small in impact.

ARE MORE CUTS EXPECTED?: With the new tariffs in place, more rate cuts by the Federal Reserve are expected in September. Should that occur, the lending rate could decline to as low as 5%. And with an anticipated economic slowdown on the horizon, it's expected that cuts could continue well into 2020.

DEALING WITH MARKET VOLATILITY TAKES 'COMMON SENSE'

CHRIS INSINGER **CHAD RUTAR**
Financial Advisers
Renaissance Financial

Conventional wisdom says that what goes up, must come down. But even if you view market volatility as a normal occurrence, it can be tough to handle when it's your money at stake. Though there's no foolproof way to handle the ups and downs of the stock market, the following common sense tips can help.

DON'T PUT YOUR EGGS ALL IN ONE BASKET: Diversifying your investment portfolio is one of the key ways you can handle market volatility. Because asset classes often perform differently under different market conditions, spreading your assets across a variety of different investments such as stocks, bonds and cash alternatives (e.g., money market funds and other short-term instruments) has the potential to help manage your overall risk. Ideally, a decline in one type of asset will be balanced out by a gain in another, though diversification can't guarantee a profit or eliminate the possibility of market loss.

As the markets go up and down, it's easy to become too focused on day-to-day returns. Instead, keep your eyes on your long-term investing goals and your overall portfolio.

FOCUS ON THE FOREST, NOT ON THE TREES: As the markets go up and down, it's easy to become too focused on day-to-day returns. Instead, keep your eyes on your long-term investing goals and your overall portfolio. Although only you can decide how much investment risk you can handle, if you still have years to invest, don't overestimate the effect of short-term price fluctuations on your portfolio.

LOOK BEFORE YOU LEAP: When the market goes down and investment losses pile up, you may be tempted to pull out of the stock market altogether and look for less volatile investments. The small returns that typically accompany low-risk investments may seem downright attractive when more risky investments are posting negative returns.

But before you leap into a different investment strategy, make sure you're doing it for the right reasons. How you choose to invest your money should be consistent with your goals and time horizon.

LOOK FOR THE SILVER LINING: A down market, like every cloud, has a silver lining. The silver lining of a down market is the opportunity you have to buy shares of stock at lower prices.

One of the ways you can do this is by using dollar cost averaging. With dollar cost averaging, you don't try to "time the market" by buying shares at the moment when the price is lowest. In fact, you don't worry about price at all. Instead, you invest the same amount of money at regular intervals over time. When the price is higher, your investment dollars buy fewer shares of stock, but when the price is lower, the same dollar amount will buy you more shares. Although dollar cost averaging can't guarantee you a profit or protect against a loss, over time a regular fixed dollar investment may result in an average price per share that's lower than the average market price, assuming you invest through all types of markets.

DON'T COUNT YOUR CHICKENS BEFORE THEY HATCH: As the market recovers from a down cycle, elation quickly sets in. If the upswing lasts long enough, it's easy to believe that investing in the stock market is a sure thing. But, of course, it never is. As many investors have learned the hard way, becoming overly optimistic about investing during the good times can be as detrimental as worrying too much during the bad times. The right approach during all kinds of markets is to be realistic. Have a plan, stick with it and strike a comfortable balance between risk and return.

DON'T STICK YOUR HEAD IN THE SAND: While focusing too much on short-term gains or losses is unwise, so is ignoring your investments. You should check up on your portfolio at least twice a year, more frequently if the market is particularly volatile or when there have been significant changes in your life. You may need to rebalance your portfolio to bring it back in line with your investment goals and risk tolerance, or redesign it so that it better suits your current needs. Don't hesitate to get expert help if you need it when deciding which investment options are right for you.

TAKING A PATIENT-CENTERED APPROACH TO CODE STATUS DISCUSSIONS

NIKKI GRUNER, M.D.
UNMC Internal Medicine,
House Officer II

"So, would you like us to save your life, or let you die?" This is how I imagine patients interpret the code status question I have to ask within minutes of meeting them. I always intend to be gentle, compassionate. On the other hand, it took 10 minutes to review their complicated medication list, and I've got another admission waiting.

As quickly as possible, I categorize patients as "full code" or "DNR" and move on. This is an oversimplification that leads to misinterpretation and needs to be addressed. Every patient has a different experience with end-of-life care, and media certainly do us no favors, almost universally portraying CPR as an uncomplicated process that revives everyone without any long-term effects. If patients knew the reality, would they choose the same code status?

One of the creeds of medicine is to "do no harm." Unfortunately, clinicians tend to overestimate the benefit and underestimate the harm of CPR.[1] Approximately 60% of patients believe they will leave the hospital after CPR. The fact is 25% of patients with an in-hospital cardiac arrest will survive to discharge.[2] Survival decreases by 5% for every decade of life over 70 years old. Each medical comorbidity decreases survival by 50%. Of the survivors, only 75% are able to live independently, 17% have cognitive impairment, 16% have depression, and 3% remain in a coma.[3] Overall, the chance of surviving cardiac arrest and living without a major neurological deficit is 1 in 8. In patients who are expected to go into cardiac arrest due to deterioration despite aggressive medical therapy, there is a 0% chance of survival.[4]

According to Anderson et al.,[5] hospitalists spend a median of 60 seconds speaking to patients about code status, and only 1 in 80 of these conversations included current prognosis. These are difficult and intimidating conversations to have, which explains why only 23% of seriously ill patients have discussed code status with their physicians.[6,7] CPR should be regarded as any other treatment or procedure. Patients deserve to give informed consent, tailored to their individual situation, which includes discussion of long-term outcomes. A study conducted by Murphy et al. revealed that, prior to education about CPR, 41% of patients will choose CPR over DNR.[8] After education, this decreases to 22%. However, even among patients who are informed they have a 1% chance of survival, 10% will still choose CPR.

I propose we relinquish the classifications of "full code" versus "DNR" and embrace a patient-centered approach to end-of-life discussions. Our goal should be to have advanced directives for all patients, including the young and healthy. It is our responsibility to educate and guide. Providing recommendations on advance directives and code status does not affect patients' perception of our compassion.[9] It is true these conversations are uncomfortable and time-consuming, but if not us, then who?

"Our goal should be to have advanced directives for all patients, including the young and healthy. It is our responsibility to educate and guide."
— NIKKI GRUNER, M.D.

[1] Hoffman TC & Del Mar C. Clinicians' expectations of benefits and harms of treatments, screening, and tests: A systematic review. JAMA Intern Med 2017; 177(3):407-19.

[2] Larkin GL et al. Pre-resuscitation factors associated with mortality in 49,130 cases of in-hospital cardiac arrest: a report from the National Registry for Cardiopulmonary Resuscitation. Resuscitation. 2010 Mar 81(3):302-11.

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PHYSICIAN IMPAIRMENT: SEEKING TREATMENT AND DUTY TO REPORT

STEPHANIE SHARP, Esq.
Attorney
McGrath North

Studies have found that 15 percent of physicians will be impaired by psychiatric illness, alcoholism or drug dependency at some point in their careers. Physicians may be wary to seek professional help due to fear of employment or license-related adverse action, stigma, confidentiality, or all of the above. Physicians may also wonder in what circumstances they have a duty to report another provider's perceived problem. This column discusses legal considerations that impact physicians seeking professional treatment for mental health or other issues and the duty of a provider to report another medical professional who appears to be struggling with substance abuse or mental health issues.

CONFIDENTIALITY: One issue that often prevents physicians and other medical professionals from seeking treatment for mental health or substance use issues is the fear that their condition or treatment information will be shared with peers within and outside their organization. While HIPAA does protect against certain uses and disclosures of protected health information ("PHI"), it also allows for use and disclosure of PHI for "treatment, payment, and health care operations."

"Treatment" is broadly defined and includes provision, coordination or management of health care and related services, consultation between health care providers, or the referral of a patient from one provider to another. "Payment" includes activities associated with filing claims and obtaining payment for services. "Health care operations" are the administrative, financial, legal and quality improvement activities of the covered entity that are required for it to run its business. While HIPAA would protect against the disclosure of a physician's medical records in certain situations, there are still going to be individuals, in addition to the treating provider, who can legally access a physician's PHI.

Some electronic medical record systems include privacy features that can further protect a physician's medical record against access. For example, EPIC® has a "break-the-glass" feature, which adds a second level of protection against unauthorized access of a patient's account and is often monitored and audited. Physicians can also opt out of NEHII, or the Nebraska Health Information Initiative, to further limit information sharing between health systems and other providers.

Notably, additional protections are afforded to substance abuse treatment information. 42 CFR Part 2 is a federal regulation governing the confidentiality of drug and alcohol abuse treatment and prevention records. Part 2, as the regulations are commonly referred to, generally prohibits treatment programs and certain third-party recipients from disclosing patient identities or records absent express patient consent.

NEBRASKA LICENSEE ASSISTANCE PROGRAM: The Nebraska Uniform Credentialing Act includes a provision that allows the Department of Health and Human Services ("DHHS") to establish a Licensee Assistance Program ("LAP") for the benefit of credential holders, including physicians. The purpose of the LAP is to provide resources to credentialed providers seeking treatment for addiction. Participation is voluntary, and the statute provides that participation in such program shall not be used by DHHS as grounds to investigate or discipline a provider unless the state of the addiction impairs the ability of the physician to practice her or his profession, if a complaint has been filed, or if an investigation or other disciplinary or administrative proceeding is in process.

PHYSICIAN IMPAIRMENT & REPORTING OBLIGATIONS: One-third of physicians with direct personal knowledge of an impaired or incompetent colleague chose not to report it according to one JAMA study. According to the AMA's Code of Medical Ethics Opinion 9.3.2, individual physicians have "an ethical obligation to: (a) Intervene in a timely manner to ensure that impaired colleagues cease practicing and receive appropriate assistance from a physician health program. (b) Report impaired colleagues in keeping with ethics guidance and applicable law. (c) Assist recovered colleagues when they resume patient care."

The Federation of State Medical Boards (FSMB) defines physician impairment as the inability of a physician to practice medicine with reasonable skill and safety as a result of mental disorder, physical illnesses or conditions, or substance-related disorders including abuse and dependency of drugs and alcohol.

Nebraska is among the majority of states that require physicians to report impairment of a peer. Neb. Rev. Stat. § 38-1,125 provides that a physician must, within 30 days, report another physicians who "has been practicing while his or her ability to practice is impaired by alcohol, controlled substances, mind-altering substances, or physical, mental or emotional disability."

There is an exception, generally, to the above reporting requirement for physicians who are treating another provider suffering from the foregoing (subject to certain limitations). Providers are further provided with immunity from criminal and civil penalties for reporting.

TEAMWORK MAKES THE (FINANCIAL) DREAM WORK

Some advice for physicians from industry experts: Planning your financial future begins with forming your financial team.

"My first advice, get a tax accountant. Then, a financial adviser is always good. And have an attorney in place. Those people will be your advisers," said Adam Austin, Healthcare Tax Manager for Lutz, an Omaha-based accounting and business solutions firm.

Form that team, said Chris Insinger, financial adviser at Renaissance Financial, and be sure to keep in contact with them. Be sure members of your team communicate with one another, she said. Your financial adviser and accountant, she explained, should communicate regularly, and not just at tax time. Your attorney and financial adviser, for example, should work together when planning your estate.

Austin and Insinger provided tips that physicians—young and old, veteran and those just starting to practice medicine—should consider following:

Insinger — Ensuring that You Are Covered:

A first priority for a new physician is liability insurance. "A physician has greater exposure than the average person." Next is disability coverage. The level of coverage should commensurate with your specialty. "No one should be forced to go to another specialty should they become disabled."

Finally, don't cut corners by opting for a shorter plan because you hope to retire early. "More doctors are working longer, going to 67. Having that extra two years of coverage is critical if you get caught working longer."

Finally, protect your family—and yourself—from death by purchasing appropriate life insurance.

Austin — Tackling Student Loans:

Realize that not all of your student loans may be tax deductible. Higher salaries limit deductions.

The knee-jerk advice is to pay them off as quickly as possible. Discuss your options with your team when examining the interest rates on your loan or loans. Consider consolidating your loans—but calculate the new interest rates. "Do the calculations. If you have three loans, combining them may actual result in paying a higher interest rate."

Consider what initial expenses you will have—a new car, a new house—when devising a plan for eliminating your student debt. Be sure to include your financial adviser in the conversation, who can help you create a plan that addresses both.

Be aware that there are some programs that can wipe out student debt after number of years of service in a non-profit hospital setting that DO NOT create taxable income (public student loan forgiveness), but it's important to weigh the cost/benefits of dragging out those payments for a number of years vs. paying off ASAP.

Insinger: Comparing Job Offers

New physicians who are fortunate to receive multiple job offers should be careful to compare the compensation packages of each. Compare short- and long-term benefits offered, including dental, vision and retirement. Should your spouse work, take into consideration what the benefits he or she brings into the equation.

Then, compare the salaries that come with each offer. "Think long-term." A hospital, for example, may offer you $225,000 annually to serve as a family physician, while the partners of a clinic or private hospital may offer $195,000 annually with the possibility to join the practice. "Look 10 years down the road, and not just for today."

Austin: Being Aware of Tax Withholdings

The first piece of advice: Try to withhold as much from your paycheck as you can, without infringing on your daily needs. Be aware of your spouse's circumstances. "You want to have the least number of exemptions possible to avoid a tax bill at the end of the year."

Physicians right out of their residencies are unlikely to be shareholders in a practice or clinic, which might mean their compensation packages include the possibilities of year-end bonuses. Bonuses count as income and be sure to withhold (25 percent federal, 5 percent state is standard) to avoid that year-end tax bill. Be aware that no taxes are withheld from distributions for shareholders in a practice or clinic. "This could catch up with you down the road—so be sure to take actions to account for the added income."

Insinger: Don't Forget about Retirement

She's often asked by clients to speculate whether Social Security will be around when they retire. "I think for people my age (she's in her mid-50s) it will be. It might look different for future generations."

Social Security is generational, so encourage your children to keep working—because they'll be the ones paying for your Social Security benefits.

Finally, at some point, focus on your retirement rather than continuing to support your children. "Parents put their kids first, then themselves, which can prevent them from putting more money into their retirement."

Consider this mindset: Your kids are going to be working a lot longer than you. You have to take care of you—which means you are less likely to be a burden to them."

To assist you in building your team, MOMS has identifed Strategic Partners—carefully selected industry experts who specialize in the health-care industry and provide expertise, products or services that benefit physicians. We encourage you to talk with our Strategic Partners listed for your personal and professional needs.

See page 12 or look under the "Resources" tab on omahamedical.com for a complete list of Strategic Partners.

WOMEN IN MEDICINE:
IT TAKES A TRIBE

Some groups focus on social activities, while others stick to business. MOMS' Women in Medicine Group offers some of both.

"It's important to have a group in Omaha that supports women physicians," said Sasha Shillcutt, M.D., who leads the group. "Women physicians face different obstacles than their male counterparts. To overcome these obstacles, it takes a tribe, a community."

Dr. Shillcutt, an Omaha cardiac anesthesiologist, said it's also important to provide women physicians with the opportunity to network, socialize and make new friends. It's important that they have time to disengage from the stress of the job and protect against burnout, she added. "At the end of the day, it's important that we, as physicians, develop friendships. Often times, it's most easy for physicians to have friends who also are physicians. They understand what we do."

Right now, Women in Medicine Group meetings, which are held quarterly, are attracting nearly 50 female physicians each session, which reinforces the need for such a group, Dr. Shillcutt said. She'd like to see more women physicians attend.

"Our group is diverse—by specialty, age, level of experience and race. We have retired physicians, junior physicians and physician leaders," Dr. Shillcutt said.

The increasing attendance supports the need for a women's-only group, she said. "I appreciate that MOMS is behind this group and understands the need for it."

Carol Wang, executive director, said MOMS leadership understands the need to provide female physicians with a venue where they can have frank, candid and confidential conversations. Adding time for some fun, she said, makes for a strong combination.

Wang said the group's increasing attendance has had a domino effect for MOMS. "Dr. Shillcutt's leadership has created a culture women physicians want to be a part of. This is evident not only by increasing attendance at WIM events, but by an increase in women physicians becoming MOMS members."

Dr. Shillcutt said she had one stipulation when MOMS asked her to lead the group, which was founded nearly 25 years ago: It couldn't be entirely social. That was music to Wang's ears. "We want people to enjoy themselves. Those who attend report that we're succeeding," Wang said. "We also want those who attend to feel that their time spent was valuable, that what was discussed will help them grow professionally and better navigate their work environment."

The value of what the MOMS Women in Medicine is offering along with the draw of Dr. Shillcutt and some of our other physician advocates in the group has really shown itself, Wang continues. "We have seen female physicians join MOMS in the last year, just to be able to attend and be part of that group. We love that it has developed that kind of allure."

"Medicine is still a male-dominated field," Dr. Shillcutt said. "There is a gender gap in leadership, there is a gap in pay, and a gap in promotion at every level in medicine. It is important to address all these."

Doctors Larisa Che and Meera Dewan

Doctors Nancy Stewart, Kaitlyn Brittan and Lynette Guthmann

"And empower women to succeed and excel."

To create a list of topics for Women in Medicine meetings, Dr. Shillcutt surveyed the membership. "We asked 'what are you struggling with?'"

They responded. "And were quite specific."

A recent topic, she said, serves as an example. Abbie Syrek, director of forensics at the University of Nebraska Omaha, focused on how gender affects speech. "She explained how women can optimize to have their voices heard during critical times—such as in important meetings."

Attendees of the Oct. 16 gathering will learn how to throw an axe. The gathering, to be held at Flying Timber, 1507 Farnam St. in Omaha, begins with a reception at 6 p.m. Ax-throwing follows at 7 p.m. "We thought we'd mix things up a bit," Dr. Shillcutt said.

For her part, Dr. Shillcutt said, feels upbeat at the end of each Women in Medicine Group gathering. "I leave energized and I leave encouraged."

Women in Medicine meetings are publicized in the Coming Events department of Physicians Bulletin and on MOMS' website at omahamedical.com/get-involved/all-events.

The **Shillcutt** File

Hometown
Blair, Nebraska

Undergraduate Degree
William Jewell College in biology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in anesthesiology, internal medicine

Fellowship
University of Utah, executive perioperative transesophageal echocardiography

Specialty
Cardiac anesthesiology

Positions
Professor and vice chair, UNMC's Department of Anesthesiology

Hobbies
Writing, public speaking and shopping for shoes

Family
Husband, Lance Shillcutt; four children, Samuel, Asher, Sophia and Levi

Why She Joined MOMS
"To promote community among physician leaders."

A PATHWAY TO MEDICINE

With a Wealth of Life Experience

If Joel Michalski, M.D., evaluated his life to date solely in terms of dollars and cents, he'd be operating in a deficit.

Rather, Dr. Michalski—who, at age 37, recently earned his first paycheck as a physician—looks at his life in terms of the jobs he has held, the schools he has attended and the people he has met. His path in medicine got a late start, he said, because he looked elsewhere early on as he explored career paths.

"You can't put a price on life experience. I feel I have a wealth of that."

Starting with his first job, sometimes working 40 hours a week, at age 16, at Kentucky Fried Chicken. "I had full benefits at age 16 and earned vacation time." He earned a promotion to supervisor by age 17 and a manager by age 19.

For a time, he thought he'd work as a metal machinist—like his brother. He was always good with his hands and wasn't afraid of hard work. He was headed to Southeast Community College in Milford to enroll in its tool and die program. In high school, he knew, spending time in shop class was exciting because he had the freedom to pick his projects.

He soon realized life as a machinist might lack variety so, instead, he enrolled at UNO and took engineering classes for a year. The classes, he said, challenged him, but he worried that, after shadowing engineers, he might spend more time in the office than in the field.

Next stop: Metro Community College to take pre-requisites to earn his way into medical school. "I took biology and chemistry courses and rediscovered my love for science."

After two years at Metro and with his thought to be a physician, he transferred to Wayne State College, where he double-downed his efforts, taking 20-25 credit hours for four consecutive semesters while working Saturdays and Sundays back home in Omaha.

"You can't put a price on life experience. I feel I have a wealth of that."

— JOEL MICHALSKI, M.D.

He realized his circuitous—he reasons some might call it convoluted—route toward becoming a physician left him behind: He had little time to volunteer at hospitals or clinics and finding physicians who would mentor him or let him shadow on his weekends when back in Omaha also was challenging.

He applied for medical school, but didn't get in. He wasn't surprised. "I took the MCAT before I took physics."

He spent the next year doing research for two UNMC departments, primarily working for J. Graham Sharp, Ph.D., professor of genetics, cell biology and anatomy. "I loved designing experiments, collecting data and analyzing the results—and seeing what the next step was."

He took another run at medical school and was accepted, and did well his first year. His path to becoming a physician was direct until a former lab colleague suggested a detour.

Remembering Dr. Michalski's love for research, the former lab partner suggested he consider applying for UNMC's M.D./Ph.D. program. "I just figured my life was going to be a lifelong pursuit of knowledge. Three years is a drop in the bucket. Plus, I really wanted to be in the lab." Plus, the program meant he earned a full scholarship and stipend during his time in the program.

So he bid farewell to his medical school classmates after two years, and earned his doctoral degree in three years. His dissertation, under the tutelage of Steve Rennard, M.D., focused on inflammation and wound healing, particularly how smoking can prohibit the body's fibroblasts from doing their job.

CONT. PAGE 26

The **Michalski** File

Hometown
Omaha, Nebraska

Undergraduate Degree
Wayne State College in biology

Medical & Doctoral Degrees
UNMC, MD/PHD Scholars Program

Residency
UNMC, internal medicine

Specialty
Cancer and blood diseases

Institution
Nebraska Cancer Specialists

Hobbies
Home improvement projects, lifting weights, spending time with family

Family
Wife, Sara May, M.D.; twin sons, Henry and Ethan

Why He Joined MOMS
"I was interested in networking with other physicians and working together to advocate for physicians."

"It felt like a culmination of years of hard work and because of support from family and friends that I made it."
— JOEL MICHALSKI, M.D.

FROM PAGE 25

Degree in hand, he returned to medical school only to discover that some of his new classmates had been students in the anatomy classes he taught as a graduate student. Two years later, he earned his medical degree, followed by another six years spent for his internal medicine residency and hematology/oncology fellowship, both at UNMC.

All the while, his wife—Sara May, M.D.—had earned her medical degree and works as an allergist at UNMC. The two met during the summer Dr. Michalski was conducting summer undergraduate research at UNMC, became friends and later started dating. The difference between the two, he said, is that his wife always knew she wanted to be a physician—and started the process later, but finished her training earlier.

About a year ago, Dr. Michalski recalled, he began to realize that his days as a student were nearing their end. "It was a good feeling, but anxiety-provoking. I have spent the past 19 years—since I graduated high school—working for this day—although I may not have realized it at times."

On Aug. 5—just more than one month after his 37 birthday, Dr. Michalski spent the day at Nebraska Cancer Specialists treating patients. It was a good day, he said. "It felt like a culmination of years of hard work and because of support from family and friends that I made it."

Dr. Michalski said he will rely on his years of experience in critical thinking when he treats patients. He knows he'll be able to talk with his patients about more than their diagnosis and treatment. "I can talk with them about every turn of the wrench they're making as they work on their car."

He's also better able to put his life's path in perspective. Yes, he could have had several years of salary in the bank by now. However, he has little in student loans to pay. He knows that he's getting a late start on saving for retirement. But he also realizes that being a specialist will mean he will earn a higher salary.

"I never placed a high emphasis on salary when I made my decision to pursue medicine. I knew physicians make a good living. I made the broad assumption that things will work out financially down the road as long as I pursued what I enjoyed."

Then, there's his personal life. Without his temporary detours, he said, he likely wouldn't have met his wife, let alone married her. "Everything happens for a reason."

Finally, there's the question he expects he'll be asked. Would he advise others to follow his career path? "I would say absolutely—as long as you are not on a strict time table."

MEMBER NEWS

DR. DAVIES NAMED TO NATIONAL AAP COUNCIL

Dele Davies, M.D., was recently named to the American Academy of Pediatrics' (AAP) new "Council on Disaster Preparedness and Recovery (CODPR).

The new council will replace and expand on the efforts of the now-defunct AAP Disaster Preparedness Advisory Council (DPAC).

Dr. Davies was one of 11 members appointed by AAP leadership to serve on the inaugural CODPR Executive Committee.

"Children represent an important segment of the population, and infants, children, adolescents and young adults have unique physical, mental, behavioral, developmental, communication, therapeutic, and social needs that require advance consideration in disaster planning," Dr. Davies said. "I am honored to be named a member of this new council of the American Academy of Pediatrics, whose purpose is to encourage children's needs to be considered and addressed in all aspects of disaster preparedness and recovery and to provide key toolkits for providers to do so."

"We are excited to work with Dr. Davies and appreciate his willingness to serve as an Executive Committee member," said Breanna Smith of the AAP. "We feel that this new CODPR will allow the AAP to expand on the exceptional work of the AAP DPAC."

Dr. Davies is the Senior Vice Chancellor for Academic Affairs for the University of Nebraska Medical Center. He also serves as the chair of the Disaster Medicine Group, a subcommittee of the 13 member National Biodefense Safety Board that is advisory to the U.S. Secretary of Health and Human Services.

DRS WATTS AND WARCHOL, MEDICAL STUDENT SONDERMAN HONORED AT NMA ANNUAL MEETING

2019 Young Physician of the Year Award

Jordan Warchol, M.D., an emergency physician and educator. Her passion for advocacy and health policy began as an AMA student chapter member while in medical school at the University of Nebraska Medical Center. She continued her interest in advocacy and policy throughout her time as a house officer and in 2016 was awarded the NMA Resident Advocate of the Year award and served on the NMA board of directors for seven years. Following residency, Dr. Warchol moved to Washington, DC to pursue a fellowship in Health Policy and completed a Master of Public Health with a concentration in Health Policy at George Washington University. She currently serves on the MOMS' Early Career Physicians group and as Chair of the NMA Political Action Committee. She founded the Rural Health Caucus.

Distinguished Service to Medicine Award

David Watts, M.D. a recently retired dermatologist and Mohs surgeon is past president of both MOMS and the Nebraska Dermatology Society. He led a legislative effort in 2014 resulting in a Nebraska law requiring children under 16 to be accompanied by a parent when receiving commercial indoor tanning services. He was the recipient of the NMA Physician of the Year award in 2014 and the American Academy of Dermatology Advocate of the Year in 2014. Dr. Watts currently serves on the MOMS board of directors and as Legislative Commission Chair for the NMA. He is Vice Chair of the nonprofit Nebraska Cancer Coalition and volunteers for the American Cancer Society Cancer Action Network, as an advocate for ongoing policy reform to protect minors from the risks associated with indoor tanning.

Student Advocate of the Year

Olivia Sonderman, a medical student at the University of Nebraska Medical Center, was recognized for her advocacy efforts. After completing her third-year clerkships in June, she took a one-year leave of absence to earn a Master of Public Health degree in Health Policy at Harvard University. At UNMC, she served as Co-president of the Student Delegates, a grassroots interprofessional student organization that educates students on legislation and advocacy at a local and federal level. She has been involved in the NMA and AMA and is interested in creating solutions for both local and global health disparities. Olivia has provided great leadership to the UNMC Medical Student Health Policy Network, which focuses on providing opportunities for students to research and debate current health topics such as Medicaid expansion. Olivia also testified this past session on behalf of the NMA at a legislative hearing specific to scope expansion.

OPENING A PRACTICE *FROM START TO FINISH* IN 77 DAYS

If only she had ordered her supply cabinets earlier.

Melanie Ortleb, M.D., said she still is amazed she was able to start her own dermatology clinic—from making the decision to move forward to the day she treated her first patient—in just 77 days. Yet, that number could have been a few days fewer had she picked her cabinets sooner, she said.

"Everything just fell into place," said the UNMC graduate. "Some of it was just luck."

Dr. Ortleb described the process—and shared some pointers—that launched the day after she and her former employer parted ways on Feb. 13, 2018.

DAY 1: First stops: Meeting with her attorney and real estate agent. They looked at two possible locations for her clinic. A meeting with her banker would come a few days later. She needed to find a location for her clinic and she needed to start the paperwork process that comes with starting one's own business: articles of incorporation. Tax ID number. She recalled her thought process and the momentary doubt she had about what she was doing.

"I never thought I could start my own practice. My husband runs his own company. We could start our own practice. What would it take? A loan. Space. Maybe we could do this."

Back to her husband, David, who has owned and operated a dog waste removal business—Monarch K-9 Waste Removal—in Omaha for the past 20 years. "He knew what needed to be done. I could not have done this without him. He calls it my business, but it's really ours."

DAY 2: Fly out for the biggest dermatology conference of the year, the American Academy of Dermatology or "AAD meeting." It was in San Diego that year. At the meeting she visited the exhibit hall and picked out all of her surgical instruments, interviewed several vendors that she now purchases supplies from and met with other dermatologists that had started their own practice to get advice on how they started their practices.

DAY 6: Created a pro forma for their business, projecting the number of patients she would see and the costs she could expect. They received a five-year loan and self-funded a portion of the clinic's start-up costs.

DAY 7: Met with an advertising firm—Sleight Advertising—to discuss branding. Her clinic needed a name. Legacy Dermatology and Premier Dermatology were options, but discarded. "I said 'What about MOD (Melanie Ortleb Dermatology and short for modern)?'" The name stuck.

DAY 8: Signed a lease for one of the two locations, a former ophthalmology clinic, situated at 2953 S 168th St. "It came down to location—and we could move in quickly." To start the credentialing process for her clinic, she needed an address. She now had one.

CONT. PAGE 30

The **Ortleb** File

Hometown
Papillion, Nebraska

Undergraduate Degree
University of Nebraska Omaha in biotechnology

Medical Degree
University of Nebraska Medical Center

Internship
The Colorado Health Foundation, Denver

Residency
Vanderbilt University Medical Center, Nashville, dermatology

Specialty
Dermatology

Institution
MOD Dermatology

Hobbies
Volleyball, spending time with family and "applying sunscreen"

Family
Husband, David Ortleb; daughters, London and Willow; and son, Brooks

Why She Joined MOMS
"I joined to collaborate with and get to know other physicians in the Omaha community."

FROM PAGE 29

DAY 9: Interviewed three construction companies. She knew what modifications were needed to turn an ophthalmology clinic into a dermatology clinic. "Tear out a wall. Put a sink here."

DAYS 14 AND 15: Selected a contractor—Advance Design and Construction—and work began the next day. She regrets procrastinating about ordering her cabinets. She also recalls a conversation with the contractor. "He told me it's going to take 10 to 12 weeks. I told him we don't have that long."

All the while, her twin sister, Alaina Patera, was advising her in this process. She has her master's in business administration with an emphasis in health care administration. She guided the credentialing and employment processes, and now serves as the practice manager at MOD.

DAY 20: Ordered exam tables and surgical chairs.

DAY 22: Selected a phone number.

DAY 25: Selected companies for sharps disposal, linen rentals.

DAY 30: Finish CLIA application.

DAY 35: Hold interviews at the unfinished clinic space.

DAY 40: Work on website development. Order business collateral.

DAY 60: Launched the website. The clinic's computers were up and running.

DAY 60: Scheduled her first appointment.

DAY 62: Welcomed its first employee, a medical assistant. The office receptionist would start a few days later. Dr. Ortleb noted she recently hired a physician's assistant. "We went from two to six to 10 employees quickly." The clinic now has 18 employees, not counting Dr. Ortleb.

DAY 66: Trained on the electronic health record and practice management system. She chose one she was already familiar with that was specific to dermatology.

DAY 70: Ordered daily supplies for the clinic: such things as needles, syringes, bandages, medicines and gloves.

DAY 77: Placed the finishing touches on the clinic. One room was functional and ready for patients. She would see her first official patient the next day, an older woman who was concerned with spots on her nose—even though the clinic wasn't completely operational. Five days later, she would see a full schedule of patients.

Dr. Ortleb said she was well into the process before she felt comfortable with her decision to start her own clinic. That day came when a former patient tracked her down by locating her husband—and asking if they were related. "That was the day I felt sure this was the right move."

As she thinks back about the 77-day frenzy, Dr. Ortleb admits she wouldn't change much. "The cabinets were being installed as I was seeing my first patient. That's what I would change."

WORDS TO THE WISE

When she looks back at how she started her clinic in just 77 days, Melanie Ortleb, M.D., is quick to credit those who helped in the process. Plus, she's quick to credit luck being on her side.

Knowing what she now knows, Dr. Ortleb offered several pieces of advice for those contemplating starting their own clinics:

- **LOCATION IS EVERYTHING.** Make sure you have good visibility, ample parking and room to grow. You will need it.
- **DON'T REINVENT THE WHEEL.** Reach out to your colleagues, whether they are in Nebraska or across the country. I actively sought advice from other dermatologists who had started their own practices and adapted advice from each of them. Most private practice physicians are willing to share what they've learned with you.
- **BUILDING A SOLID TEAM** of employees is paramount. You should always be hiring for the right candidate and be sure to have a probationary period to ensure all employees are a good fit. A cohesive team will make your days much more enjoyable. Lastly, make sure your employees know you appreciate them. If they feel valued they will go to bat for you.

NEW MEMBERS

Houda Abdelrahman, M.D.*
Urology
Creighton Residency

Yazan Addasi, M.D.*
Internal Medicine
Creighton Residency

Moeed Ahmed, M.B.B.S.*
Internal Medicine
Creighton Residency

Ayahallah Ahmed, M.D.*
General Surgery
Creighton Residency

Yaman Alali, M.D.*
Internal Medicine
Creighton Residency

Ali Aldamen, M.D.*
Internal Medicine
Creighton Residency

Samir Atiya, M.D.*
Pathology, Anatomic and Clinical
UNMC Residency

Raahat Bansal, M.D.*
Internal Medicine
Creighton Residency

Andrew Barnhill, M.D.*
Radiology
Creighton Residency

Alexandra Burt, M.D.*
Psychiatry
Creighton Residency

Rachel Carpenter, M.D.*
Psychiatry
Creighton Residency

Angela Cheriyan, M.D.*
Family Medicine
Creighton Residency

Maureen Choman, M.D.*
Internal Medicine
UNMC Residency

Jasmin Chovatiya, M.D.*
Internal Medicine
Creighton Residency

Zehra Dahlvani, M.D.*
Family Medicine
Creighton Residency

Hanna Deutsch, D.O.*
Pediatrics
UNMC Residency

Mohammad Dibs, M.D.*
Neurology
Creighton Residency

Fumiko Egawa, M.D.*
General Surgery
UNMC Residency

Bradley Eichhorn, M.D.*
Anesthesiology
UNMC Residency

Tyler Evans, M.D.*
Dermatology
Creighton Residency

Rasam Hajiannasab M.D.*
Clinical Pathology
Creighton Residency

Emily Hochstetler, M.D.*
Psychiatry
Creighton Residency

Breonna Holland, M.D.*
Internal Medicine
Creighton Residency

Tyson Holm, M.D.*
Internal Medicine
UNMC Residency

Elizabeth Horneber, M.D.*
Internal Medicine
Creighton Residency

Ian Jackson, M.D.*
Internal Medicine
Creighton Residency

Hadi Jaradeh, M.D.*
Internal Medicine
Creighton Residency

Jake Johnson, M.D.*
Internal Medicine
UNMC Residency

Suman Kaza, M.D.*
Neurology
Creighton Residency

Srikanth Reddy Kothapalli, M.B.B.S.*
Internal Medicine
Creighton Residency

Binghua Li, M.D.*
General Surgery
Creighton Residency

Changzhao Li, M.D.*
Clinical Pathology
Creighton Residency

James Linder, M.D.
Chemical Pathology
CEO Nebraska Medicine

Michelle Lotfi, D.O.*
Family Medicine
UNMC Residency

Eric Magliulo, M.D.*
Internal Medicine
Creighton Residency

Tina Mahajan, M.D.
Rheumatology
UNMC/Nebraska Medicine

Samuel Martin, M.D.*
Internal Medicine
Creighton Residency

Lisa Meinke, M.D.
Emergency Medicine
UNMC/Nebraska Medicine

Zachary Meyer, M.D.*
Internal Medicine
Creighton Residency

Emma Mirch, M.D.*
Obstetrics & Gynecology
Creighton Residency

Muazzam Mirza, M.D.*
Internal Medicine
Creighton Residency

Jocelyn Mulkey, M.D.*
Anesthesiology
UNMC Residency

Hana Niebur, M.D.
Pediatrics
Children's Hospital & Medical Center

Justin Oltman, M.D.*
Otolaryngology
UNMC Residency

Merrie Oshiro, M.D.*
Internal Medicine
Creighton Residency

Gulsen Ozen, M.D.*
Family Medicine
UNMC Residency

Anna Plemmons, M.D.*
Internal Medicine
Creighton Residency

Bashar Ramadan, M.D.*
Internal Medicine
Creighton Residency

Lark Reasoner, M.D.*
Psychiatry
Creighton Residency

Andrew Reuss, MD*
Psychiatry
Creighton Residency

Abby Richardson, M.D.*
Family Medicine
UNMC Residency

Alexander Seger, M.D.*
Psychiatry
Creighton Residency

Cole Sievers, M.D.*
Anesthesiology
UNMC Residency

Jade Stobbe, DO*
Family Medicine
UNMC Residency

Prasanna Tadi, M.D.
Vascular Neurology
CHI Health Clinic

Natalya Tesdahl, M.D.*
Internal Medicine
UNMC Residency

Vinay Kumar Thallapally, M.D.*
Internal Medicine
Creighton Residency

MacKenzie Thomson, M.D.*
Family Medicine
UNMC Residency

Poonam Velagapudi, M.B.B.S.
Interventional Cardiology
UNMC/Nebraska Medicine

David Wessling, M.D.*
Internal Medicine
Creighton Residency

Lauren Wight, M.D.*
Family Medicine
UNMC Residency

Susan Wik, M.D.*
Obstetrics and Gynecology
Creighton Residency

Nicholas Williams, D.O.*
Psychiatry
Creighton Residency

Lauren Zent, D.O.*
Pediatrics
UNMC Residency

**Resident*

MELISSA ST. GERMAIN, M.D.

Medical School
University of Nebraska School of Medicine

Residency in pediatrics
UNMC/Creighton/Children's

Specialty
pediatrics

Location
Children's Physicians, West Village Pointe

Dr. Germain's favorite class in college was ceramics, and her husband surprised her with a pottery wheel this year. She recently returned to pottery as a hobby (and stress reliever!) She also enjoys spending time outdoors with her husband, Tom, and their three children.

SIDHARTH MAHAPATRA, M.D. PHD

Medical School
Rosalind Franklin University of Medicine and Science

Residency in pediatrics
Stanford University School of Medicine

Fellowship in pediatric critical care
Stanford University School of Medicine

Specialty
pediatric critical care

Location
Univeristy of Nebraska Medical Center

Dr. Mahapatra considers himself a citizen of the world, bound by no borders. Born in New Delhi, India, raised in Bangkok, Thailand, and trained in the United States, he considers himself as Indian as he is Thai and American. Grateful for his unique upbringing, he is neither threatened nor off-put by differences in opinions; instead, he focuses on reconciling differences by attempting to understand the unique perspectives behind them, which, like his upbringing, are as colorful as they are valid. Although he works in an intensive care setting and attends to critically ill pediatric patients, he finds peace in their service despite the adversities faced. Their stories have impacted his practice and influenced his care delivery. But when the pressures of the moment reach a peak, he reverts to his recently discovered "happy places": building expert LEGO sets, scuba diving, or cooking, all with his two wonderful children and wife. Although he would consider himself a city mouse, the quieter country life's for him. They are thankful for having started their lives in Omaha with its primary focus on family upbringing and good values. They are looking forward to growing and contributing to this community.

MORAL INJURY: IT'S NOT BURNOUT

Fifty Omaha-area physicians gathered at the Core Bank headquarters conference room for a presentation on the impact of moral injury on health care by Dr. Wendy Dean. Dr. Dean focuses on finding innovative ways to make medicine better for both patients and physicians.

1. The MOMS burnout task force with Dr. Dean (second from left) are, from left, Drs. Gary Gorby, Tom Tape, Joann Schaefer, Steve Wengel and Ed Truemper.
2. Attendees mingle at the networking reception before Dr. Dean's presentation.
3. MOMS Executive Director Carol Wang introduces the speaker and gives background about the event and MOMS' current burnout efforts.

RETIRED PHYSICIANS AUGUST MEETING

The MOMS Retired Physicians welcomed Robert Devin, M.D., to present an update on Omaha-area emergency services and facilities.

1. Committee Chair, Dr. Robert Orr, leads the group in discussion.
2. Twenty members of the retired physicians group attended the August meeting.

EARLY CAREER PHYSICIAN MIXER

The Early Career Physician group hosted their second mixer of the year at Railcar Modern American Kitchen on August 27, 2019.

1. Drs. Prasanna Tadi, Jennifer Abrahams, Andrew Reuss, Nikki Gruner and Alex Dragic.

COMMUNITY INTERNSHIP PROGRAM

The Metro Omaha Medical Society hosted its annual Community Internship Program in August pairing community and business leaders with shadowing opportunities with MOMS member physicians to provide a first-hand look at the delivery of care.

1. Community Internship participants attending the banquet dinner. From left (back row) Donna Faber, MD; John Peters, MD; Sarah Hortman, WIC Program Supervisor with Douglas County Health Department; Christine French, Provider Relations with WellCare; Brett Kettelhut, MD; and Linda Ford, MD; (front row) Rita Sanders, Constituent Liaison for Congressman Jeff Fortenberry; Josh Weins, Director of Product Development at Blue Cross Blue Shield of Nebraska; and Donny Suh, MD. Other participants not pictured were: Dale Mackel, CFO, Blue Cross Blue Shield of Nebraska; Matt Holtmeyer, Constituent Liaison for Congressman Don Bacon; David Ingvoldstad, MD; Kris McVea, MD; Kris Huber, MD; Hans Dethlefs, MD; Alex Dworak, MD; Sheila Snyder, MD, and Naureen Rafiq, MBBS.

IN MEMORIAM

HENRY THOMSON LYNCH, M.D.

Jan. 4, 1928 – June 2, 2019

CLELLAND (LEE) RETELSDORF, II, M.D.

Jan. 14, 1932 – Sept. 14, 2019

BOYS TOWN National Research Hospital

NEUROSCIENCE INITIATIVE PROVIDES CARE CLOSER TO HOME

In the past, Nebraska families have faced challenges in accessing comprehensive neurological care in the Midwest for their children. Boys Town National Research Hospital recognized these challenges and has launched a new Pediatric Neuroscience Initiative to provide comprehensive, life-changing neurological care for children close to home.

"We have an opportunity to build on our existing hospital services and provide a desperately needed service to children and families in our community and in our region," said Edward Kolb, M.D., MBA, Boys Town executive vice president of Health Care and director and chief medical officer at Boys Town National Research Hospital and Clinics.

The Boys Town Pediatric Neuroscience Initiative is led by Deepak Madhavan, M.D., MBA, executive medical director of Pediatric Neuroscience. The department includes fellowship trained pediatric w, Hannah Klein, M.D., Ph.D., fellowship trained pediatric neurosurgeon, Linden Fornoff, M.D., and fellowship trained pediatric neurologists, Shaguna Mathur, M.D. and George Wolcott, M.D.

Services offered at Boys Town Hospital are general pediatric neurology, pediatric epilepsy care, inpatient epilepsy monitoring unit, physiological care through developmental pediatrics, behavioral health, sensory care in hearing, language and vision, and pediatric neurosurgery.

Boys Town Pediatric Neuroscience is located at Boys Town National ResearchHospital-West, 14080 Hospital Road, on Boys Town campus. For more information about Boys Town Pediatric Neuroscience please visit www.boystownhospital.org or contact the clinic directly at (531) 355-7420.

CHI Health

Imagine better health.℠

'INTEGRATED BEHAVIORAL CARE' EXPLAINED

As the stigma of mental illness falls away, many find they don't know where to start or how to ask for help. CHI Health has one way to help.

As the No. 1 provider of mental health services in the region, CHI Health is adding nine mental health providers to eight clinics.

This "integrated behavioral care" is designed to not be intimidating or overwhelming to people who don't otherwise know how to ask for help. Here's how it works:

- The patient sees his or her primary care provider or other specialist at a CHI Health clinic.
- The provider and patient identify a need. Because people often hesitate to ask for help, or don't know where to start or who to call, we'll have a mental health specialist onsite at certain hours.
- That specialist meets the patient during the primary care visit and does a brief assessment.
- Together, the patient and the specialist develop an action plan that includes follow up visits with the specialist, longer-term counseling or addiction recovery services.

Patients with primary care physicians are encouraged to talk with that doctor about what is going on. A wide variety of disorders are covered, including adjustment issues (the loss of a job or relationship), depression, bipolar disorder, anxiety disorders, substance abuse or addiction, eating disorders, mood and personality disorders, psychotic disorders and chronic pain.

Children's HOSPITAL & MEDICAL CENTER

AWARDING CHILDHOOD OBESITY PREVENTION GRANTS TO COMMUNITY PARTNERS

Children's Hospital & Medical Center has named 10 regional non-profit organizations as Preventing Childhood Obesity Community Grant winners for 2019-2020. Each organization receives $25,000 to support new or existing programs that focus on childhood obesity prevention and improving the health of children and teens.

This is the sixth consecutive year that Children's has awarded these grants, a collaborative demonstration of the organization's leadership and commitment to the health of all community children. The focus on childhood obesity reflects the results of the Omaha metropolitan area's 2018 Child Health Needs Assessment survey, which indicate that obesity remains local parents' number one health concern for their children.

All grantees will also participate in a Learning Collaborative designed and hosted by Children's Center for the Child & Community and Gretchen Swanson Center for Nutrition. The Learning Collaborative adds evaluation and technical assistance support to help the grantees build capacity and implement their project. Grant recipients include:

Boys & Girls Clubs of the Midlands

CEDARS Youth Services

Families in Action

Family Service

Harrison County Home & Public Health

Latino Center of the Midlands

Nebraska Appleseed

OneWorld Community Health Centers

Sarpy/Cass Health Department

University of Nebraska-Lincoln Extension

Creighton University Medical Center

STUDY SHOWS LOWER HEALTH CARE COSTS, IMPROVED OUTCOMES

Lowering costs and improving patient outcomes are common goals for most health care providers. A new study from Creighton University School of Medicine and Center for Interprofessional Practice, Education and Research (CIPER), published Aug. 12 in the Annals of Family Medicine, yielded a reduction in health care costs in an especially vulnerable group: high-risk patients.

The study, "Lessons From Practice Transformation," involved patients at a family practice clinic at Creighton University Medical Center near downtown. The clinic was specifically designed around something called the interprofessional collaborative practice (ICPC) model.

"Our study demonstrated that interprofessional education and collaborative practice provided in a primary care residency-based program are associated with reductions of 16.7% in emergency room visits, 17.7% in hospitalizations, 0.8% in hemoglobin A1c levels, and 48.2% in total patient charges," said Thomas Guck, Ph.D., psychologist and professor in Family Medicine at Creighton University, and lead author of the study.

To get an idea of what this model looks like, there's a medical assistant working on a computer next to a third-year family practice medical resident. A faculty physician is consulting with a nurse about a patient, right next to the social worker speaking with an occupational therapist. There's a pharmacy next to the waiting room, and an occupational and physical therapy gym on the first floor. The patient has access to all of these services and clinicians in one place. The Creighton study showed a nearly 50% reduction in patient charges in one year.

"That's a cost savings of more than 4 million dollars," said Joy Doll, executive director of CIPER, and one of the study's authors. Doll said those savings came about mostly because there were far fewer visits to the emergency room and patients were hospitalized less often.

METHODIST

DR. LYDIATT NAMED CHIEF MEDICAL OFFICER

Bill Lydiatt, M.D., a veteran member of Methodist Hospital's medical staff, has been named vice president of medical affairs and chief medical officer.

Dr. Lydiatt, a head and neck surgical oncologist, has been a member of the Methodist Hospital medical staff since 1996. He has been integral to the growth and success of the head and neck program at Methodist Estabrook Cancer Center and Methodist Hospital. He also serves as chairman of the Department of Surgery.

"Dr. Lydiatt is passionate about patient care—keeping the patient at the center of all decision-making," said Josie Abboud, president and CEO of Methodist Hospital. "He is dedicated to quality and outcomes, and he will be a great leader for us as we transition from volume to value in the health care environment. Dr. Lydiatt is also devoted to our community, serving on boards and committees carrying out the Methodist mission."

In his new role at Methodist, Dr. Lydiatt will help develop the health system's strategic plan, implement new developments in medical techniques, assist in recruiting and retaining medical providers, and oversee the leadership and services of the medical staff department. He will continue seeing patients at Methodist Estabrook Cancer Center.

"It is a tremendous honor and privilege for me to represent Methodist in this role," Dr. Lydiatt said. "Health care is changing rapidly so keeping the focus on the patient is the most important way to get it right. I am excited and humbled to work with the Methodist team."

Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

DR. BALASANOVA HELPS PASS RESOLUTION REGARDING DESTIGMATIZING LANGUAGE

Alëna Balasanova, M.D., was responsible for getting a resolution passed by the American Medical Association (AMA) dealing with destigmatizing language as it pertains to addiction.

Dr. Balasanova's resolution directs AMA members to use clinically accurate, non-stigmatizing terminology in all resolutions, reports and educational materials regarding substance use and addiction. It specifically calls for physicians to use the terms substance misuse (instead of substance abuse) and substance use disorder (instead of substance abuse disorder).

Dr. Balasanova submitted her resolution through the Young Physicians Section to the AMA Science and Technology Reference Committee at the 2019 Annual Meeting of the AMA House of Delegates, which was held June 8-12 in Chicago.

In the process of getting her resolution passed, Dr. Balasanova received support from a surprise visitor—Vice Admiral Jerome Adams, M.D., the U.S. surgeon general, who made an appearance in front of the committee to speak in support of the resolution.

Inspired to write the resolution by a 2016 article in the Journal of the American Medical Association on changing the language related to addiction, Dr. Balasanova first wrote a resolution to the Nebraska Medical Association (NMA) through the Metro Omaha Medical Society. When it passed unanimously in the Nebraska Medical Association, she decided to modify it for the AMA.

"I feel really passionately about this subject as an addiction psychiatrist," Dr. Balasanova said. "There have been a lot of studies published in the literature about how the words that we use to describe patients will actually impact the way in which we care for them, whether we realize it or not."

With its passage following the testimony, Dr. Balasanova's resolution becomes national policy on behalf of the 200,000 physicians who are part of the AMA.

University of Nebraska Medical Center

MEDICAL CENTER TOP IN JOB PLACEMENT FOR GRADUATES

A new study by Zippia, one of the nation's leading authorities on career-related data, has determined that the University of Nebraska Medical Center is the No. 1 university/college in Nebraska for its job placement numbers for its graduates. It also determined that UNMC ranks No. 10 overall among all universities/colleges in the country in its job placement rate.

"This is great news for all our students and their families," said Dele Davies, M.D., senior vice chancellor for academic affairs and dean for graduate studies. "With the high expense associated with higher education, there is nothing more fulfilling to our students than to know there will likely be a job available for them after they graduate. Obviously, it's the reason all our students pursue a degree."

This marks the third year that Zippia has compiled this data, which comes from the U.S. Department of Education's College Scorecard. The data looked at how many students were employed 10 years after they graduated. UNMC students had a 94.96% employment rate.

"Zippia's goal is to give recent graduates and job seekers knowledgeable data to make their career progression a successful one," said Nick Johnson, director of public relations for Zippia. "UNMC not only has the highest job placement rates for professionals 10 years after graduation for all Nebraska universities and colleges, but it also has the nation's 10th highest job placement rate overall. That says a lot about the quality of education at UNMC, as well as the support students and alumni get from UNMC programs and support staff."

In the overall rankings, Quinnipiac University in Hamden, Conn., had the highest job placement rate with 96.1% of graduates employed 10 years after they graduate.

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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