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Each year, the Metro Omaha Medical Society Foundation asks members to join in supporting a local non-profit. The MOMS Foundation matches the first \$5,000 in donations. This year's goal is to raise \$15,000 for Mobility Equipment Restoration.



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29

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FEB
27

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OMAHAN, BY CHOICE



AUDREY PAULMAN, M.D.

Editor
Physicians Bulletin

“Have you ever been to Omaha?”

When I ask that question, I feel like I always get that “smirk” in response.

You know, that “I drive through Nebraska on my way to Colorado” smirk, as if western Nebraska and northeastern Colorado were all something to be endured on the way to Denver and beyond.

Or the “Isn’t Nebraska one of those square states?” question that follows from anyone from the northeast (where all those states are all smushed together, I think to myself).

Or, “I hear they have a pretty good zoo.” Yes, we do have a great zoo, by the way, but we have so much more.

Let’s look at it from the medical perspective.

The Omaha metropolitan area consists of over 834,000 people.

The majority receive care through one of the three large health systems or one of the many smaller groups of independent physicians, hospitals and caregivers that make up the Metro Omaha health care systems.

In 2018, the Douglas County Health Department completed a Community Health Needs Assessment, which may be found online. Sponsorship of the sur-

vey was provided by the Douglas County Health Department, CHI Health, Nebraska Methodist and Nebraska Medicine.

When surveyed by the health department about the status of health care in the metro area in 2018, more than 9 out of 10 people rated local health care as good, very good or excellent.

That is really good news.

The Community Health Needs Assessment also shows, however, that about one-third of people have experienced delays in getting care, both from primary care and specialty care. As a primary care physician, I know that lack of capacity increases utilization of the emergency rooms for non-emergent conditions. As a referring physician, I know it is hard when appointments for specialty care are not readily available locally.

I think it’s a great idea to recruit new physicians to the area.

I am proud of the Omaha medical community, and I celebrate when new physicians decide to come to town. It makes us all better.

I hope that when they come to interview, it is a crisp autumn day when Nebraska has a football game, or in the spring when Lauritzen Gardens has the million daffodils in bloom. I hope that they come when we have a new baby gorilla at the Omaha Zoo, or when they have time for a College World Series game. Omaha seems to look its best during the CWS games.

I hope they have time for a meal or two. *The New York Times* has noted Omaha’s restaurant scene, and last year *National Geographic* listed Omaha as one of the 29 cities on the rise, remarking that Omaha’s “indie rock bands thrive in this Midwestern hub.”

I was not born in Omaha, but describe myself as “Omahan by choice.” In this edition of the Bulletin, we would like to highlight three physicians who have decided to become Omahans by choice and make

“I think it’s a great idea to recruit new physicians to the area. I am proud of the Omaha medical community, and I celebrate when new physicians decide to come to town. It makes us all better.”


— AUDREY PAULMAN, M.D.

the Omaha Medical community their new home. One was born Nebraskan, one came from a neighboring state, and one started life in Canada.

Welcome to the Omaha Medical community and the Metro Omaha Medical Society.

In addition, according to the Community Health Needs Assessment, the people of the Omaha metropolitan area are willing to try something new in health care. Up to 70% of the metro’s population reported a willingness to consider something new in health care, like telemedicine. Innovations are occurring here. Direct Primary Care (DPC) continues to emerge as a practice option in the area. We have interviewed two physicians who were willing to make the jump from traditional care to DPC. Please feel free to reach out to these physicians or MOMS if you would like to learn more.

MOMS members are active in being involved in state and national policy development as it relates to health care. A longstanding committee brings together physicians and policymakers at a networking meet-and-greet each year. In this edition of the Bulletin, there is information about this year’s gathering.

Please enjoy this edition of the Bulletin. Check out the Events page (on page 9) which lists coming activities for you to be attend and be involved in the organization. 

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WHAT A YEAR IT HAS BEEN



LINDSAY NORTHAM, M.D.

President

Metro Omaha Medical Society

The focus of this past year has been on the need to re-find each other. To make new connections and to reconnect with those we may have lost touch with throughout our careers. MOMS has become the proverbial water cooler we all need. The place to get an opportunity to pause the chaos of our medical lives and just simply be.


This past year has been full of exciting opportunities and events. Many of us got a chance to experience the Music in Medicine event and feel our connection to our love of medicine through the beauty of music. Getting a chance to sit down with local lawmakers at the physician and policymaker meet-and-greet and local community members with the community internship allowed us to have a voice in the wide landscape of medicine. And fortunately, not a single person lost an eye or a digit at either the archery event or the night of axe-throwing!

As I look back on this past year, I feel incredibly grateful to be a part of the Metro Omaha Medical Society and a part of the ever changing field of medicine. We have the opportunities to do amazing things and it all starts with our love of medicine and our connection to each other. We need to look forward and continue to focus on reuniting with our peers and standing together as a persistent source of strength. The field of medicine is arduous and complicated and often times lonely. But we are not alone. We will always have each other and the never-ending support of the Metro Omaha Medical Society.

“We need to look forward and continue to focus on reuniting with our peers and standing together as a persistent source of strength. The field of medicine is arduous and complicated and often times lonely. But we are not alone. We will always have each other and the never-ending support of the Metro Omaha Medical Society.”

— LINDSAY NORTHAM, M.D.

I take away friendships new and strengthened, renewed energy and optimism in our ability to tackle the discussions ahead and a strong conviction that our voices are really needed in all aspects of health, from the patient level to the policy level. I want all of you to not just survive the gauntlet of incredibly packed days, but find moments of joy and laughter with MOMS as a means to help create camaraderie and lessen isolation.

I thank all of you for this opportunity to serve as your president. It has been an honor. I encourage everyone to get involved and say yes to the chance to serve and lead; you'll never regret it and you'll gain so much from the experience. This isn't farewell for me; I look forward to my continued involvement in the leadership of MOMS and the exciting year ahead. 

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NEW DECADE, NEW NMA



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

As 2019 comes to a close and we prepare for another year of serving all of you, it provides a great opportunity to share what is in store for the beginning of a new decade. First, I am excited to announce that the NMA is moving its office the first of the year to 1045 Lincoln Mall, Suite 200 in Lincoln. For those of you not familiar with Lincoln, the new office is located between the Nebraska Capitol and the Lincoln/Lancaster City County Building on beautiful Lincoln Mall. This is exciting as this will be a cost savings, as well as make our office more accessible to our members.

Second, the NMA team is back to fighting form now that we have weathered the storm of staff turnover. Dexter Schrodtt, J.D., is our new vice president of advocacy and legislative affairs, in-house legal. Dexter has extensive legislative experience after serving as legislative id for State Sen. Williams for the past two years. Dexter has also worked in a variety of roles with law firms and lobbyists learning the ins and outs of what it takes to advocate for an organization's members. Dexter has done an exceptional job during his first couple of months ensuring that the proposed changes to DHHS rules and regulations do not change the way in which you practice medicine in Nebraska and protects your scope of practice.

The NMA also has a new director of marketing and communications. Betsy Bergman joined the NMA team in late-

September and comes to us from Region V Systems, where she worked as project coordinator leading projects and developing marketing and communication strategies. Betsy brings an incredible amount of talent and knowledge to the organization, allowing us to diversify our marketing and communication efforts to better reach our members and promote the work of the NMA.

Our most recent addition to the team is Carmen Chinchilla-Gutiérrez. Carmen is our executive director of specialty societies. For the last six years, Carmen has worked at Public Health Solutions District Health Department in Crete, Nebraska, with her most recent role being the program director of the Area Health Education Center. Although Carmen has only been with the NMA since early November, it is evident that Carmen is a strong leader that is highly organized, knowledgeable about the health care field, and motivated to make an impact.

The rest of the NMA team includes Meghan Johnson, director of CME and membership, John McCave III, fiscal manager, and Karen Berry, administrative assistant. Our team is ready for another year and excited to see what 2020 brings.


NEW MEMBER BENEFITS: I now would like to turn your attention to a couple of new member benefits that the NMA is offering. We are partnering with Nebraska Health Information Initiative (NeHII) to ensure that there is comprehensive patient data in the HIE. To accomplish this project, we are working with NMA member physicians and clinics that currently do not share data with the HIE. Collectively, the NMA and NeHII are working directly with physicians and office staff to address barriers that have been preventing the physicians from reporting to the HIE, providing the necessary supports needed to understand the HIE and ways that it benefits the physician, and ultimately, the patients. This ultimately ensures that no matter where a patient receives care, their treating physicians will have access to the most cur-

“Collectively, the NMA and NeHII are working directly with physicians and office staff to address barriers that have been preventing the physicians from reporting to the HIE, providing the necessary supports needed to understand the HIE and ways that it benefits the physician, and ultimately, the patients.”

— AMY REYNOLDSON

rent health information. We are excited about the progress we are making and look forward to working throughout 2020 to improve the amount of data reported to the HIE.

The NMA is also very excited about launching a physician wellness program for Nebraska physicians. Nebraska is one of two states that does not have a comprehensive physician wellness program. Conversations about developing a physician wellness program have been going on for several years and we are finally getting traction. There is a group of motivated physicians representing both large healthcare systems and private practice, along with payers, who are dedicated to getting the program formalized and implemented by summer 2020. By providing the program outside of employment, the NMA will offer a way for physicians to access coaching services without the inherent fear that their employer, practice partners, or health insurance will find out that they have accessed it.

We are excited about the new opportunities in 2020, and the NMA team is looking forward to working for you. 



MARKETS MOVE. SO SHOULD YOU.

RYAN LAMOUREUX, *Investment Analyst*

From October 2018, through mid-June of 2019, trends have reminded investors that capital markets can very quickly move up and down in value. During this recent time period, US equity markets saw a drawdown of -20% before subsequently recovering and moving higher, as measured by the Russell 3000 Index. At the same time, the US bond market saw an increase of almost 8.5%, measured by the Bloomberg Barclays US Aggregate Bond Index. These kinds of price movements often lead to portfolio's becoming "out of balance," relative to their original asset allocation targets.

The primary reason for portfolio rebalancing is to maintain the risk profile of the policy portfolio that the client has chosen. However, periodic rebalancing has the added benefit of "buying low" and "selling high". For example, during a period when stocks are up and bonds are down, the portfolio likely would become overweight stocks and underweight bonds. To rebalance back to the policy portfolio, stocks would need to be sold "at a high", and bonds would need to be bought "at a low".

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ADAM AUSTIN

Tax Manager
Lutz

The Tax Cuts and Jobs Act implemented in 2018 was the largest overhaul to the U.S. tax code in over 30 years and created dozens of new planning opportunities and strategies for taxpayers to reduce their tax burden. Perhaps no portion of tax reform received more attention than the 20% qualified business income (QBI) deduction for pass-through entities (partnerships, S-Corporations, LLCs, and sole proprietorships).

Unfortunately, the rules surrounding the QBI deduction were less friendly to business owners operating a “specified service trade or business” (SSTB), including businesses in the field of health care, accounting, and law to name a few. For these individuals, the benefit of the deduction is phased out more quickly (and potentially in its entirety) than for owners of businesses whose income is considered QBI. But in final regulations issued in January 2019, the IRS offered owners of certain health care-related businesses a potential lifeline.

HYPOTHETICAL SCENARIO: In response to public comments that businesses deriving a majority of their revenue from billing for institutional services (e.g., skilled nursing facilities, hospitals, ASCs, outpatient radiology centers) in the field of health should not fall under the definition of “health care” for purposes of determining QBI, the IRS responded by agreeing that specific situations may exist where a health-care related business may be eligible to be considered a non-SSTB.

In the final regulations, the IRS presented an example with a fact pattern of a private company that:

- Operates multiple outpatient surgery centers that do not require patients to remain overnight for post-op observation.
- Ensures compliance with laws and regulations, manages the facility’s operations, and performs all administrative functions.
- Does not employ physicians, nurses, or medical assistants, instead utilizing contract arrangements with outside providers.
- Bills patients for facility costs relating to the procedures performed (patients receive a separate bill directly from the healthcare professional for the professional component of procedure costs).

In this scenario, the IRS states that the company “does not perform services in the field of health,” and its income is, therefore, QBI.

Owners of businesses providing services or facilities ancillary to direct health care services may read the above example and assume their business generates QBI, but a careful examination of the unique operations of each business is necessary. For example, many surgery centers deviate from the exact fact pattern above by directly employing health care providers as a matter of convenience or to comply with state laws.

It is likely that the IRS knows that its example is not typical for surgery centers, but instead presents the fact pattern to represent that many businesses considered to be operating in the field of health care may not be considered SSTBs for the purposes of the QBI deduction.

OTHER CONSIDERATIONS: The surgery center example gives rise to many other considerations for owners of health care-oriented businesses:

- What other businesses providing services ancillary to direct health care could qualify for the deduction? Commonly questioned businesses include imaging centers, labs, dialysis centers, and ACOs.
- Does the income generated by a surgery center or other ancillary service business that is housed in the same legal entity as a physician practice or other health care provider qualify for QBI? Planning opportunities may exist to structure new or existing non-SSTB services into a separate legal entity for tax purposes.
- If a business owns a building and collects rent from a physician practice operated in a separate legal entity, how does that rental income get treated for purposes of the 20% deduction? The answer likely depends on the level of common ownership between the practice and the building owner.

The IRS has addressed many of these questions in its regulatory guidance, and more discussion develops as real-world examples are presented. Owners of health care businesses should carefully discuss their offerings with their tax professional to determine whether these services rise to the level of direct health care and ensure they are maximizing deductions. [🔗](#)

THE HIPPOCRATIC METHOD



RYAN JONES

M4

University of Nebraska College of Medicine

“The unexamined life is not worth living.” This iconic quote serves as the basis behind Socratic philosophy, including the Socratic Method, despite this name only coming about years after Socrates’ death in 399 BCE. In an effort to examine life, Socrates was notorious around Athens for approaching strangers on the street and asking what seemed at first benign questions such as “what is piety” or “how does one live virtuously.” His counterpart would then provide an answer, complete with a set of premises upon which Socrates could then base his critique and subsequent questioning. The point behind the process was not to find a real definition, but to uncover a universal truth or means of living a “better life.” Reportedly, Socrates viewed himself as a philosophical midwife, helping to deliver new ideas into the world.” He sought to acquire knowledge and understanding of the very basics of life and philosophy.

Because of his relentless pursuit of wisdom, he was seen as a sophist, or in very simplified terms a professor who taught men how to be successful. Often, this was done by teaching people how to argue so they could win in court, even if they were in the wrong. This is an incorrect description, as he vehemently denied any ties to

the sophists. He sought truth and wisdom as opposed to argumentative prowess or materialistic wealth. Regardless, he was widely hated by the populous and was eventually put to death for his questioning habits. Yet this idea of the Socratic Method has persevered to today, with one notable example as the explanation for why physicians quiz medical students on service. Some clerkships even start with the disclaimer: “It’s not pimping, it’s the Socratic Method.”

This practice, whether it is called quizzing, grilling, pimping, or the Socratic Method, has been a part of medicine as far back as Hippocrates, Father of Medicine and a contemporary of Socrates. The learning benefits linked with the practice are undeniable; it reinforces existing information pathways, encourages new learning, and utilizes the stress response, which has been shown to help with long-term learning and memory retention. Who could honestly say they made it through graduate medical education and do not still have pieces of information linked to memories of previous failures, of looking unintelligent in front of one’s peers?


In my search, nobody seems to know the true origin of the term “pimping.” Some say it stands for “PIMP-ing,” or being “Put In My Place.” Others think it is a variation on priming, as to carefully groom oneself with care and excessive attention to detail. Still others feel it links to a more colloquial use of the root word, as related to sex workers, and that the questioner is asserting his or her dominance over the student. Understandably, the practice could use a name change, and adopting “the Socratic Method” lends an air of prestige and professionalism.

But where the process goes wrong is in presuming itself to be truly Socratic. While, both have the potential to make the student feel inferior, wisdom is not simply the ability to regurgitate information on demand, nor even the acquisition of more knowledge of a particular field. The name given to a particular artery, or

“Whereas Socrates sought “to expose the ignorance of those who thought themselves wise and to convince his fellow citizens that every man is responsible for his own moral attitudes,” Hippocrates was interested in progressing the field of medicine, expanding his own understanding as well as his students’.

— RYAN JONES

enzyme, or medication, is not a universal truth, it is a conditional one, and it is hypocritical to pretend the Socratic Method is synonymous with pimping, especially in a field with so much emphasis on calling things by their proper names.

Instead, perhaps medicine could turn to a different ancient Greek, one quite familiar to the field. Whereas Socrates sought “to expose the ignorance of those who thought themselves wise and to convince his fellow citizens that every man is responsible for his own moral attitudes,” Hippocrates was interested in progressing the field of medicine, expanding his own understanding as well as his students’. If the unexamined life is indeed not worth living, perhaps it is time to re-examine these age old practices and find a more appropriate name. 

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FINANCIAL RISK MANAGEMENT FOR PHYSICIANS



RICK RAWLEY
Commercial Loan Officer
Core Bank

When we break down the stages of our life, we break them into time periods. Life changes often and it is difficult to predict how it will go. Few people are lucky enough to have everything fall into place exactly as planned, exactly as imagined. Most will go through a time or two in life that put themselves and their family into a precarious position. Often times, these situations have a financial component to them which can make life very difficult or very fruitful. It is because of these situations we need to be financially prudent and have a sound risk management system in place.

We will briefly cover three main stages of our professional life and the personal financial scenarios many of us will or have encountered and how to navigate them.

STAGE 1: You recently graduated medical school and are about to start residency. On average as a medical resident, you'll earn approximately \$60,000 to \$70,000 a year during a three- to seven-year residency. You'll work 60 hours a week often handicapped with nearly \$200,000 in student loan debt.

There are several schools of thought on how to attack your student loan debt: forbearance, income-based repayment, and refinancing of debt are three options that come to mind. Your financial situation will dictate how to treat your student loan debt:

- On average, your medical school debt carries an interest rate that is 1.5% to 2.5% higher than rates on undergraduate debt. During forbearance, the interest continues to accrue on your loans. If you decide forbearance works best for you, at the very least, pay the interest. This will save you thousands.
- The income-based repayment plan allows you to pay based on what your ability to pay is versus how much you owe. There are several repayment options tied to the income based approach, but one of the more popular options is the pay-as-you-earn-plan (PAYE), which typically caps payments at 10% of your discretionary income.
- Again, dependent upon your financial situation, it may be best to simply refinance your student loans into one credit facility at a lower interest rate and pay your principal down as quickly as possible. Your average graduate school student loan interest rate, pre-refinance, is 6.6%.

STAGE 2: You are in your early 30s and 40s. Your student debt is retiring as planned or even fully satisfied. Primary care physicians are averaging a salary of nearly \$240,000 while specialists are averaging approximately \$340,000. Cash flow is aplenty. However, you have outgrown your starter home and your kids are projecting to be college bound.


- General rule of thumb—an ideal debt-to-income ratio (back-end) for mortgages is under 36%. The higher the DTI, the higher the likelihood you'll run

into trouble making monthly payments. Being 'house poor' is a real problem you don't want to fall victim to.

- A great way to save for your dependent's college is the NEST 529 Plan. NEST (Nebraska Educational Savings Trust) contributions are made with after-tax dollars. Instead of paying taxes on the money you are earning, it is being reinvested. When the time arrives to use the money for college, the distributions are tax-free under the stipulation the money is utilized for qualified college expenses (tuition, books, dorms, etc.).

STAGE 3: You are now in your 50s and 60s. You are likely earning a higher wage now per year than you will ever earn in your career. For years you have taken advantage of your employers match with your retirement, you have significant equity in your house, a healthy stock portfolio, your children's college fund was maximized, and you have a healthy emergency fund that has been accruing since you were out of residency.

- Meet regularly with your Banker, CPA, Financial Advisor, and Lawyer to plan retirement.
- Make sure your retirement accounts are being invested in interests that align with your risk appetite. As you sunset, avoid high-risk, high-reward investments.
- Update your will immediately after any material change in your life.

Financial planning is complex, but just like you are there for the health and well-being of your patients, there are highly trained professionals available to you to foster the safety and growth of your financial nest egg. Find a few of these professionals that you trust and maintain those relationships so you can enjoy the 'here and now' while building towards your dream retirement. 



BRINGING PHYSICIANS AND LAWMAKERS TOGETHER

*Above: Kelly Caverzagie, M.D., addresses attendees at the reception.
Below: Senator Ben Hansen (District 16) Senator John Arch (District 14) and MOMS Past President David Watts, M.D., discuss the issues.*

Sheilah Snyder, M.D., stands ready.

The Omaha hospitalist said she welcomes conversations with lawmakers—and those who aspire to be—about topics that relate to health care and her patients.

“I want to make myself available as a resource for lawmakers in our area. It’s important to have someone lawmakers can approach as a medical resource—who is knowledgeable and can answer questions.”

That’s why Dr. Snyder has attended the annual gathering of physicians and lawmakers the past two years. MOMS coordinated the Policymaker and Candidate Meet and Greet reception in the fall. The event brings together Nebraska’s state and national lawmakers, as well as candidates, with physician members of MOMS, the Nebraska Chapter of the American Academy of Pediatrics, the Nebraska Chapter of the American College of Physicians, the Nebraska Psychiatric Society and the Nebraska Regional Council of the American Academy of Child and Adolescent Psychiatrists.

Dr. Snyder attended two years ago because she was curious about the event. Now, it’s a must-attend placeholder on her calendar. “It provides an opportunity



for doctors all across the metro area and Lincoln to meet the people who are making laws for our state and represent us. This is important.”

Kelly Caverzagie, M.D, agrees about its importance for physicians to have representation and to develop relationships with policymakers on all levels. Dr. Caverzagie, who leads MOMS’ Legislative Committee, said events such as the Policymaker and Candidate Meet and Greet reception can have a long-term positive effect when physicians and lawmakers meet.

Dr. Caverzagie said these opportunities to develop relationships have longer lasting effects than the event itself. Physicians can serve as resources to lawmakers when they are looking to introduce legislation. They also serve as sounding boards, Dr. Caverzagie said, as lawmakers determine whether to support bills that affect health care.

“From time to time, lawmakers and their staff contact us as they hope to gain understanding and perspective about an issue of importance to them and their constituents—while recognizing that



The Caverzagie File

Hometown

Plattsmouth, Nebraska

Undergraduate Degree

University of Nebraska-Lincoln in biology

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in internal medicine

Fellowship

University of Pennsylvania Dept. of Internal Medicine

Title

Professor

Institution

UNMC Dept. of Internal Medicine

Hobbies

Gardening, cooking, skiing and running

Family

Wife, Robyn Caverzagie; two sons, Langdon and Mitchell

Why He Joined MOMS

"I joined because it is our professional responsibility to advocate for our profession and our patients."

"Physicians can serve as resources to lawmakers when they are looking to introduce legislation. They also serve as sounding boards, as lawmakers determine whether to support bills that affect health care."

— KELLY CAVERZAGIE, M.D.

physicians bring a unique perspective and expertise to these issues," he said. "We can provide significant insight to help them develop appropriate policies."


The Metro Omaha Medical Society long has brought lawmakers and physicians together for dialogue and collaboration, said Carol Wang, executive director. "As we've taken on administration for more specialty societies, it became a great way to pool resources and bring a bigger physician voice to the meetings."

During this year's event, Dr. Snyder said, she found herself in a candid and varied conversation with a Lincoln woman who's running for the Nebraska Legislature. The two even discussed gun violence. "My kids hunt and they go fishing. I want them to be safe."

Dr. Snyder pointed out the importance of advocating for children. "I think this is your opportunity to be a representative of children to the people who are representing us. We need to make sure the laws they make apply to children and take children into consideration."

The importance of creating relationships early on can't be underscored, Dr. Caverzagie said. By connecting when they're candidates and are just shaping their positions on health policy, physicians can provide them with data and evidence-based outcomes and open communication channels that remain.

An end result, Dr. Caverzagie explained, can come when a physician testifies—as the request of a lawmaker—during a public hearing about a legislative bill. A colleague recently testified on how the state tobacco tax is helping support critical research that saves lives and promotes health. "The tobacco tax ultimately helps decrease tobacco use. The funding through the tax has had a good effect by promoting research that benefits patients and communities."

Drs. Snyder and Caverzagie mentioned one other benefit they derive from attending these events: the opportunity to meet—and visit with their peers—especially those from other specialties. "It's a good networking opportunity—a chance for us to visit with people outside of our daily routines," Dr. Snyder said. 



The Snyder File

Hometown

Omaha

Undergraduate Degree

Creighton in biology

Medical Degree

University of Nebraska Medical Center

Residency

UNMC/Creighton in pediatrics

Specialty

Pediatric hospitalist

Titles

Assistant Professor, Hospitalist

Institution

UNMC Department of Pediatrics; Children's Hospital & Medical Center, Madonna Rehabilitation Hospital

Hobbies

Her two dogs, attending her sons' activities

Family

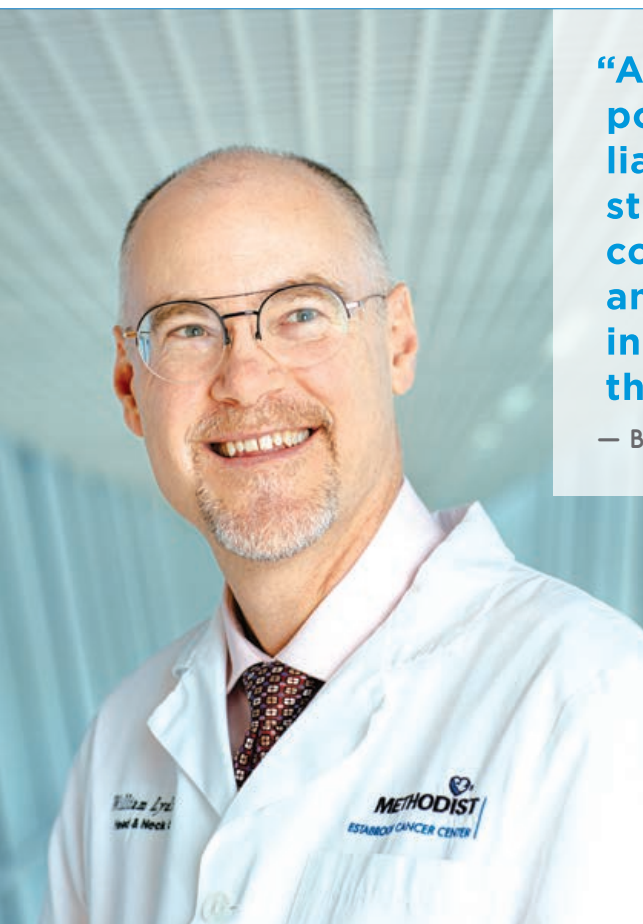
Husband, Bill Snyder; three sons, Quinn, Will and Grant

Why She Joined MOMS

"I want to continue advocating for children in the Omaha medical community beyond the American Academy of Pediatrics."

CHANGE IN LEADERSHIP: CONTINUITY OF MISSION





“A major role in this position is to serve as the liaison between medical staff and administration—communicating the needs and desires of both, and informing each group of the other’s position.”

— BILL LYDIATT, M.D.

Dr. Lydiatt, who joined Methodist’s medical staff in 1996 and now serves as chairman of its Department of Surgery, said he will follow his predecessor’s lead and continue his clinical practice and surgery schedule on a part-time basis. “I feel very strongly and the administration agrees that being in the practice of medicine was essential. Dr. Shiffermiller understood that it’s important to remain involved in practice to better understand the changing needs of medicine.”

Bill Lydiatt, M.D., is grateful for the lessons he’s learned from the man he soon will succeed as Methodist Hospital’s vice president of medical affairs and chief medical officer. In the same vein, Dr. Lydiatt describes the many qualities William Shiffermiller, M.D., displayed during his two decades leading Methodist’s medical staff.

“Dr. Shiffermiller is a tremendous mentor to the medical and support staff,” Dr. Lydiatt said. “He has fulfilled the role of liaison between administration and staff for 20 years, and has done so in mutual trust and collegiality.”

In his new role as vice president of medical affairs and chief medical officer at Methodist Hospital, 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 said communication is key. “A major role in this position is to serve as the liaison between medical staff and administration—communicating the needs and desires of both, and informing each group of the other’s position.”

He added: “I gain insight and joy from my clinical practice. I certainly am not ready to give that up.”

He already has his schedule figured out: Tuesdays and part of Fridays in surgery, Thursdays in clinic. Mondays and Wednesday on administrative matters, along with early mornings and late afternoons on days he is in clinic and surgery.

As a new physician, Dr. Lydiatt said, he initially thought he would spend his career providing primary care in western Nebraska where he grew up. He found he enjoyed his time in surgery and, over the years, became more interested in the strategic aspect of medicine and how to improve care across the continuum.

An initial focus will be to guide Methodist Hospital in its transition to value-based care. “It’s a new field. It’s not exactly clear how we should negotiate that terrain—how we continue to provide meaning of care while moving into a different method of reimbursement.”

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The Lydiatt File

Hometown

Chappell, Nebraska

Undergraduate Degree

Stanford University in biology

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in otolaryngology

Fellowship

Memorial Sloan Kettering Cancer Center in New York in head and neck oncologic surgery

Title

Vice president of medical affairs and chief medical officer (Starting Jan. 1)

Institution

Methodist Hospital

Hobbies

Playing with his dogs and collecting ancient coins

Family

Wife, Kathy Lydiatt; children, Max, Joey and Samantha

Why He Joined MOMS

“The reason I joined MOMS is because I believe very strongly in the necessity of connectedness among medical professionals across the region.”



The Shiffermiller File

Hometown

Ainsworth, Nebraska

Undergraduate Degree

University of Nebraska-Lincoln in psychology and biology

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in internal medicine

Title

Vice president of medical affairs and chief medical officer (Retiring Dec. 31)

Institution

Methodist Hospital

Hobbies

Reading, exercise, golf, travel and family

Family

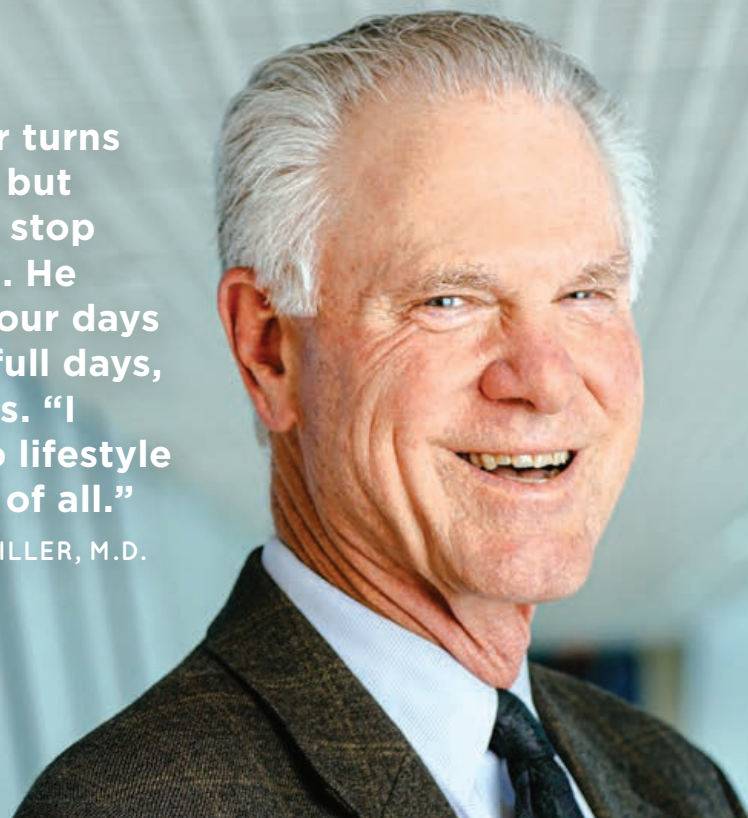
Wife, Laura; children, Jason M.D., Matthew J.D., Alexander and Anne

Why He Joined MOMS

"For collegial interaction with physicians and hopefully improving the health of the community."

Dr. Shiffermiller turns 70 in February, but has no plans to stop seeing patients. He plans to work four days a week—some full days, others half-days. "I look forward to lifestyle flexibility most of all."

— WILLIAM SHIFFERMILLER, M.D.



FROM PAGE 23

Dr. Shiffermiller has served as Methodist's vice president of medical affairs and chief medical officer since 1998. He said his goal always has been to create a supportive environment in which physicians are able to focus on their patients and not be hindered by unnecessary process.

During his tenure as vice president and chief medical officer, Methodist has seen the implementation of its hospitalist program, launched Methodist Women's Hospital, became one of the first accountable care organizations in the region in cooperation with Nebraska Medicine and welcomed Methodist Fremont Health to the Methodist family.


And Dr. Shiffermiller, who steps away from his leadership role on Dec. 31, is quick to deflect any attention from himself, stating that institutional accomplishments occur through teamwork. He also deflects by pointing out that, during his tenure, he served under three hospital presidents "whose main focus always was providing the best quality care for our patients."

Dr. Shiffermiller turns 70 in February, but has no plans to stop seeing patients. He plans to work four days a week—some full days, others half-days. "I look forward to lifestyle flexibility most of all," he said.

Dr. Lydiatt said he has two requests of Dr. Shiffermiller in retirement:

- "Number one is to always have his telephone on."
- "I wish him well on the golf course. I know that will be where he will spend much of his time in retirement."

Dr. Shiffermiller returned the favor with some advice of his own for Dr. Lydiatt: When dealing with physicians about a complaint, a business proposal or regulatory inhibition—and there is disagreement—he encouraged Dr. Lydiatt to have the ability to see the position from the physician's perspective.

"In doing so, goals are more easily achieved and the collegial nature of our practice is better preserved. Bill has the skills to do this. That's what I wish for him." 

HOW THEY CAME TO CALL **OMAHA THEIR HOME**

Nebraska in November didn't stop Shaguna Mathur, M.D.

Dr. Mathur set foot in Nebraska for the first time last November for a job interview—and decided to make Omaha her home. She explained why the low temperatures that November day didn't faze her by talking about from where she hails.

"It's cold in Winnipeg," she said. "I felt I can handle this winter."

And so she came to Omaha. As did Hannah Klein, M.D., whose arrival in Omaha allowed her to remain in the Midwest and close to her family in Iowa. And Linden Fornoff, M.D., who grabbed an opportunity to practice her subspecialty and return home to Nebraska.

Dr. Klein said she came to Omaha because she saw a need for her services, noting that 1 in 26 children in Nebraska suffer from epilepsy. "Pediatric neurology is extremely underserved here in Nebraska," said Dr. Klein, a pediatric epileptologist. "There are not enough specialists to serve the population."

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The Fornoff File

Hometown

Fremont, Nebraska

Undergraduate Degree

University of Missouri in Columbia in biological sciences and classical humanities

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in neurosurgery

Fellowship

Stanford University in pediatric neurosurgery

Specialty

Pediatric neurosurgery

Location

Boys Town National Research Hospital

Hobbies

Reading, hiking and cooking

Why She Joined MOMS

"I joined MOMS in order to be in touch with colleagues around the metro area."

"California was a wonderful experience, but nothing can compete with our patient population, cost of living and traffic—or lack thereof."

— LINDEN FORNOFF, M.D.



FROM PAGE 25

She added that subspecialties often are underserved in regions without local training programs. "Pediatric neurologists tend to train where they want to live and stay near where they are training. Omaha does not have a pediatric neurology training program."

For Dr. Fornoff, a pediatric neurosurgeon, working in Omaha meant coming home. She grew up in Fremont, Nebraska, and received her medical degree from UNMC. Her time in California—completing a fellowship in pediatric neuroscience at Stanford University—reinforced her wish to work in Nebraska.

"California was a wonderful experience, but nothing can compete with our patient population, cost of living and traffic—or lack thereof," she said.

Offers from the Boys Town National Research Hospital to join its pediatric neuroscience program brought Drs. Mathur, Klein and Fornoff to Omaha. They discussed why they chose to

locate in Omaha and what they like about being here. They also said an opportunity to serve an underserved area can be a driving force for choosing a place to locate, as can helping to build a growing program.

Nebraska families have faced challenges in accessing comprehensive neurology and epilepsy care in the Midwest for their children, said Edward Kolb, M.D., Boys Town executive vice president of health care and BTNRH director and chief medical officer. "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," Dr. Kolb said.

Dr. Fornoff was finishing her fellowship in California when she received a call from a neurosurgical colleague who worked at the research hospital. Dr. Fornoff said she was intrigued by BTNRH's plan to build its program and decided to visit. She had investigated opportunities in Missouri, Tennessee and California, but kept looking for a return to Nebraska.



“In other cities, schools seem to be too far away to walk and not far enough to provide bus transportation. This tells me education is important here and the community values it.”

— HANNAH KLEIN, M.D.

She spent a day in visiting with hospital leaders, touring the facility and “discussing what we needed to do to make this work.” Her hosts even offered to put her in touch with a real estate agent to help her with her search for a home, which she appreciated. “My fiancé and I have a lot of friends who helped us find the perfect home—the real estate agent to the mortgage lender.”

Her offer came a month later, and she took another month to accept. “I was just relieved I had a job where I could come back to my home and make my family, mentors and patients proud.”

For Dr. Klein, the attraction to relocate to Omaha was the opportunity to work at BTNRH and for its medical director, Dr. Kolb. Living in Omaha, she said, has been a bonus.

Dr. Klein, who grew up in Iowa City, Iowa, said that although she grew up just four hours from Omaha, she had never spent time there

until she interviewed for position. “Probably just drove through it at one time or another,” she said.

She had limited her job search to within a four-hour (drive) radius from her home in Iowa City. She wanted to be near family. She considered Minneapolis, where her husband is from, but chose Omaha.

She recalled that her visit came during the holidays—“I didn’t have much vacation and fit it during my time home.” She later discovered how hospital administrators were on vacation, but came in anyway for her visit. That gesture only reinforces that she made the correct decision, she said.

She said three things about Omaha caught her by surprise:

The abundance of elementary, middle and high schools—all seemingly within walking distance.



The Klein File

Hometown
Iowa City, Iowa

Undergraduate Degree
Brown University in Providence, Rhode Island, neuroscience

Doctoral Degree
University of Iowa in neuroscience

Medical Degree
Harvard University Medical School in Boston

Residency
University of Iowa in adult neurology and pediatric neurology

Fellowship
Children’s Hospital Colorado in Aurora, Colorado, in epilepsy

Specialty
Epilepsy

Institution
Boys Town National Research Hospital

Hobbies
Painting, glass blowing, photography, Taekwondo, and spending time with her family

Why She Joined MOMS
“Being new to the Omaha area, joining MOMS is going to provide a way to get in touch with the larger physician community—which is important.”



The Mathur File

Hometown

Winnipeg, Manitoba, Canada

Undergraduate Degree

University of Winnipeg in biology and biochemistry

Medical Degree

American University of Integrative Sciences in Barbados

Residency

Mount Sinai Hospital in Chicago in pediatrics

Fellowship

Boston Children's Hospital and Harvard Medical Program in pediatric neurology

Specialty

Fragile X syndrome, Rett Syndrome, Down syndrome and children with neurodevelopmental disabilities

Institution

Boys Town National Research Hospital

Hobbies

Ballet and classical Indian dance, and running

Why She Joined MOMS

"I joined MOMS because I wanted to be a part of a physician community within whom I could look for support in serving children with complex neurodevelopmental conditions."

"It's cold in Winnipeg. I felt I can handle this winter."

— SHAGUNA MATHUR, M.D.



FROM PAGE 27

In other cities, she said, schools seem to be too far away to walk and not far enough to provide bus transportation. "This tells me education is important here and the community values it."

The quality of the Henry Doorly Zoo. "We go almost every single weekend—and we still haven't seen it all."


The array of restaurants. She's been to Boston and New Orleans, but finds Omaha's restaurants are comparable. "I didn't conceptualize a city in the middle of the country having such diverse, delicious restaurants."

For Dr. Mathur, her introduction to BTNRH—and Omaha—came via a mentor, a neurologist who had worked previously at the research hospital. She sought to work in an underserved market—away from Boston (where she was completing her fellowship), which she described as saturated with neurology specialists.

She also wanted to work with children with epilepsy, Down syndrome and Prader-Willi syndrome. The research hospital provided her with an opportunity to fill in all her boxes. She noted that her clinic is already attracting pediatric patients from Nebraska, Iowa and South Dakota.

During her visit, her future colleagues were sure to show her Omaha, especially pointing out to Dr. Mathur, who is of Indian heritage, the temple where she could worship and several Indian restaurants.

Omaha is becoming home, she said. She's heard good things about Omaha's zoo, but has yet to visit. She did join a running club and goes on three-mile runs with other members. "I'm probably in the best shape I've been in," but noted that post-run gatherings often include beer.

And, finally, she's learned about Husker football and plans to attend a game soon. She said she won't have to add to her wardrobe to fit in at the game. "I have red." 



DIRECT PRIMARY CARE

Two years after altering his approach to providing care, William Lowndes, M.D., can talk about his decision to become a direct primary care physician with greater confidence. When he decided to step away from his 30-year traditional practice, he admitted, he wasn't so sure.

"I tell people it was like jumping off a waterfall and—halfway down—wondering if the pool is deep enough," he said. "I had to sell it to myself and to my patients."

The "pool" he described refers to the growing number of patients who are opting for this type of care and, Dr. Lowndes said, he has discovered that it certainly is deep enough.

Dr. Lowndes sees patients at the CHI Direct Primary Care Clinic near 132nd Street and West Center Road. Enrollees at the two metro Omaha locations (a third is on its way) that provide direct primary care doubled from the first year to the second. While CHI employees and their dependents make up the bulk of his practice (about 80 percent), which now totals about 1,500 patients, he also sees patients from his previous clinic, employees from several small businesses and others who are new to him.

"I had been familiar with direct primary care and an alternative—and chose to make the switch, rather than staying on the insurance treadmill."

The Direct Primary Care (DPC) model, as defined by the American Academy of Family Physicians, is a practice and payment model where patients pay their physician or practice directly in the form of periodic payments for a defined set of primary care services. DPC practices typically charge patients a flat monthly or annual fee, under terms of a contract, in exchange for access to a broad range of primary care and medical administrative services.



The Hallgren File

Hometown

Fort Worth, Texas

Undergraduate Degree

Air Force Academy
in biochemistry

Medical Degree

Uniformed Services
University of the
Health Sciences

Residency

Family Medicine,
Malcolm Grow
Medical Center

Fellowship

University of North
Carolina - Chapel Hill in
faculty development

Specialty

Family medicine

Location

Mission Direct Primary
Care in Omaha

Family

Wife, Elizabeth
Hallgren; two grown
sons, Henry and Jim

Why He Joined MOMS

"I feel it is important
to be engaged in the
medical community
where you work."



John Hallgren, M.D.

FROM PAGE 29

Wharton Magazine reported in 2018 that of the approximately 465,000 physicians in the United States who practiced primary care—internists, family physicians, pediatric, and OB/GYN—20,000 physicians (mainly internal and family medicine) practiced some sort of DPC. This constitutes approximately 4.5 percent of the entire primary care workforce. "The number of physicians practicing DPC has grown at a fairly rapid pace over the past five years or so," the magazine reported.

Dr. Lowndes said direct primary care comes in two forms: pure and hybrid. His practice is the former, meaning his entire panel consists of DPC members and he does not bill insurance for any primary care services.

John Hallgren, M.D., who owns Mission Direct Primary Care, 10040 Regency Circle, said he started hearing discussion about DPC about five years ago, although the concept has been around much longer. He attended several conferences about the model of care and participated in the legislative conference that led to state law protecting DPC practices from insur-

"I try to be transparent in my fees—and receive instant feedback. People buy or they don't."

— JOHN HALLGREN, M.D.

ance regulations. After retiring from the Air Force, he provided direct primary care as part of a group practice in Grand Junction, Colorado. Dr. Hallgren returned to Nebraska and opened the clinic with his wife in July.

Dr. Hallgren said educating prospective patients about the DPC model remains his biggest challenge. "I take every opportunity to speak at Rotary, at health fairs," Dr. Hallgren said. "I'll speak to anyone who will listen."

The message, Dr. Hallgren said, is that patients who see a direct primary care physician have direct access to their physician by in-person and virtual means, see their own physician for almost all visits. Further, patients aren't deterred by per-visit charge or co-pays and the transparent pricing allows patients to budget for their care.

William Lowndes, M.D.



“I had been familiar with direct primary care and an alternative—and chose to make the switch, rather than staying on the insurance treadmill.”

— WILLIAM LOWNDES, M.D.


“I take care of 80 to 90 percent of the medical treatments my patients need,” Dr. Hallgren said. For care outside his scope of practice, he said, he tries to refer to specialists who are cash-friendly. He also offers wholesale labs and works to find transparent, affordable imaging tests.

Dr. Lowndes listed two obstacles direct primary care has yet to overcome: a lack of wrap-around insurance options that cover non-direct primary care and IRS regulations that prohibit patients from using their Health Savings Account to cover their DPC fees. “The IRS does not deem membership to a program like this as a legitimate health care expense—at this time.”

Dr. Hallgren said he determined his fees by assessing how many patients he could carry, and estimated what he thought they could—and would—afford to pay. “I try to be transparent in my fees—and receive instant feedback. People buy or they don’t.”

Dr. Lowndes said CHI offered DPC as an option to its employees in 2018—the first health care institution in the region to do so. “CHI pushed value over volume,” noting his patient load was 3,600 at his previous practice.

He said studies have shown that patients who participated in membership-based programs tend not to put off health care, stay actively involved in the care and focus on preventative care.

“I fully expect our numbers (at CHI DPC clinics) to double again with open enrollment next month,” he said. 



The Lowndes File

Hometown
Omaha

Undergraduate Degree
University of Nebraska-Lincoln in biology

MBA
Gallup University-UNL

Medical Degree
University of Nebraska Medical Center

Residency
Cedar Rapids (Iowa) Graduate Medical Education Program in family medicine

Specialty
Family medicine

Location
CHI Direct Primary Care Clinic in (132 and Center) Omaha

Hobbies
Travel and photography

Family
Wife, Connie Lowndes; son, Ben; and daughter, Emily Prauner

Why He Joined MOMS
“I have found it to be the ecumenical area where physicians from all networks can come together for the betterment of our profession.”



NEW MEMBERS

Carolyn Coyle, M.D.

Rheumatology
Westroads Rheumatology
Associates

Alex Dragic, M.D.*

Psychiatry
Creighton Residency

Hannah Klein, M.D., Ph.D.

Neurology, Epilepsy
Boys Town National
Research Hospital

Priscilla LaCroix, D.O.

Pediatrics
Methodist Hospital

Joseph Stavas, M.D.

Diagnostic, Interventional
& Pediatric Radiology
Children's Hospital &
Medical Center

**Resident/Fellow*



LINDEN FORNOFF, M.D.

Medical School

University of Nebraska
School of Medicine

Residency in neurosurgery

University of Nebraska Medical Center

Fellowship in pediatric neurosurgery

Stanford Medicine

Specialty

Pediatric neurosurgery

Location

Boys Town National Research Hospital

Dr. Fornoff thoroughly enjoys the following three things equally: hiking, organizing and coffee.



SHAGUNA MATHUR, M.D.

Medical School

American University of
Integrative Sciences

Residency in pediatrics

Mount Sinai Hospital - Chicago

Fellowship in pediatric neurosurgery

Boston Children's Hospital -
Harvard Medical Program

Specialty

Pediatric neurosurgery

Location

Boys Town National Research Hospital

Dr. Mathur is originally Indo-Canadian and recently moved to Omaha. She has dedicated her career to serving children with neurodevelopmental and neurogenetic conditions, particularly advocating for children with Autism, Fragile X, Rett and Down's syndrome.

Aside from medicine, she is a trained classical dancer and enjoys busting a move on the dance floor.



MICHAEL SHNAYDER DDS, M.D.

Medical School

University of Nebraska Medical Center

Residency in oral & maxillofacial surgery

University of Nebraska Medical Center

Specialty

Oral and maxillofacial surgery

Location

Village Pointe Oral Surgery

Dr. Shnayder was born and raised in Moscow, Russia and immigrated to the United States in 1991, when he was 13 years old. He grew up in Los Angeles attending UCLA for his undergraduate degree as well as UCLA Dental School.

He and his wife have four children who range in ages from 12-18 years old. Some of his passions include hockey, UCLA sports and physical fitness. He absolutely loves traveling to Europe, investing in real estate and hanging out with his wife and children.

MEMBER NEWS

DR. SIMONSEN NAMED PEDIATRICS CHAIR



Kari Simonsen, M.D., has been appointed interim chair for the UNMC Department of Pediatrics and pediatrician-in-chief and senior vice president of pediatric services for Children's Hospital & Medical Center.

A pediatric infectious diseases specialist, Dr. Simonsen joined the UNMC faculty in 2007 as assistant professor, pediatrics. She was elevated to associate professor in 2013 and to professor in 2018. In 2018, she was appointed assistant vice chancellor for faculty affairs at UNMC. Since 2011, she

has been serving as chief of the division of pediatric infectious diseases in the UNMC Department of Pediatrics. She also has served as the president of the Children's Specialty Physicians Board of Directors.

In 2018, Dr. Simonsen completed the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) program through Drexel University in Philadelphia. The ELAM program is a one-year program that offers leadership training and networking opportunities to women in academic medicine, dentistry, public health and pharmacy. [🔗](#)

DR. TOMICH TO RECEIVE ACOG ACHIEVEMENT AWARD



Paul Tomich, M.D., emeritus professor, UNMC Department of Obstetrics/Gynecology, has been selected to receive the 2020 Luella Klein Lifetime Achievement Award from the American College of Obstetricians and Gynecologists (ACOG). The award honors an obstetrician and gynecologist who has dedicated his or her

life in a significant way to women's health.

Dr. Tomich will be the ninth recipient of the award, which will be given at ACOG's Annual Clinical and Scientific Meeting in Seattle on April 24-27.

Active in ACOG, Dr. Tomich served on the executive board from 1998-2001 and was named an ACOG fellow in 1982. He earned his undergraduate and medical degrees from Loyola University Chicago and served on the faculty there prior to joining UNMC in 2002.

As a board-certified maternal-fetal medicine physician, Dr. Tomich cared for high-risk obstetrics patients. He retired in 2017 after a 15-year career at UNMC, serving as director of UNMC's division of maternal-fetal medicine from 2002-2014.

At the time of his retirement, he received high praise from Carl Smith, M.D., chair of the UNMC Department of OB/GYN and the Olson Professor of Obstetrics and Gynecology.

"Dr. Tomich is one the finest ambassadors for obstetrics and gynecology and women's health imaginable," Dr. Smith said. "He develops long-lasting relationships with many students and residents in our discipline and serves as a superb role model."

Founded in 1951, ACOG has more than 58,000 members and is the specialty's premier professional membership organization dedicated to the improvement of women's health.

The award, which was started in 2011, is named after Luella Klein, M.D., who was the first woman president of ACOG and the first female department chair at Emory University School of Medicine. [🔗](#)

IN MEMORIAM

DONALD P. SKOOG, M.D.
Sept. 29, 1931 - Oct. 7, 2019

PERRY T. WILLIAMS, JR., M.D.
June 23, 1923 - Nov. 15, 2019



1



2



3



4

SPEED MENTORING FOR YOUR MEDICAL SPECIALTY


The Metro Omaha Medical Society hosted its annual Speed Mentoring for Your Medical Specialty mentoring event in September for Creighton and UNMC medical students. Twenty-three physicians representing 21 specialties volunteered their time to discuss their specialty and answer questions.

1. The speed mentoring event, now in its 11th year, was attended by over 40 medical students.
2. Dr. Helen Fasanya-Uptagraft provides medical students an overview of gastroenterology.
3. Dr. Kelly Schroeder answers questions about her specialty, veins and lymphatics.
4. Dr. Joshua Dahlke talks maternal and fetal medicine during one of six rotations during the event. [🔗](#)



WOMEN IN MEDICINE AXE THROWING

For their final meeting of the year, the Women in Medicine group went axe throwing at Axe Games Omaha. In addition to the friendly competition, Dr. Sasha Shillcutt spoke about her "More than One" campaign, aimed to increase ethical leadership by ensuring there is "more than one" woman included where decisions are being made.

1. There were ten physicians in attendance at Axe Games Omaha. Front: L-R—Ann Edmunds, M.D.; Linda Collins, M.D.; Back: L-R—Priscilla LaCroix, D.O.; Linda Head, M.D.; Lindsay Northam, M.D.; June Wedergen, M.D.; and Helen Fasanya-Uptagraft, M.D. Not Pictured: Audrey Paulman, M.D.; Betsy Mahal, M.D.; and Sasha Shillcutt, M.D.
2. Linda Head, M.D., aims for bullseye.
3. Priscilla LaCroix, D.O., with a great score.
4. Linda Collins, M.D., takes home the trophy. 



Meet Alexis & Blakely.

Life with twins is never dull, and that's especially true for Rae and Brandon whose twin daughters, Alexis and Blakely, require specialized medical care for a whole host of unique diagnoses. Their family, including oldest daughter Charliegh, has traversed this journey of hospitalizations, surgeries, and even a three-month stay in a hotel, all to ensure the twins receive the care they so desperately need. But this year, they've been able to stay with us, where Rae has learned that our House can be so much more than a house. "It's just like home – a home away from home."

“
Being [in the House]
this last year, I don't think,
mentally or physically, I
could have gotten through
all of that without
everybody there.
”
 -Rae, Alexis & Blakely's mom

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BOYS TOWN HOSPITAL OPENS CHILD AND ADOLESCENT PSYCHIATRIC INPATIENT CENTER


Boys Town National Research Hospital now provides a new pediatric mental health care service to the greater Omaha area and surrounding communities.

The multidisciplinary team at the 16-bed Child and Adolescent Psychiatric Inpatient Center provides the highest level of care and safety for children, ages 5-18, who are in immediate, life-threatening crises.

"There is a real community need for inpatient psychiatric care for children," said Edward Kolb, M.D., executive vice president of health care at Boys Town and director and chief medical officer at Boys Town National Research Hospital. "With the opening of our new Psychiatric Inpatient Center, we help serve this need and become a community resource for families and for the physicians and providers who care for these families."

The center includes classrooms, a gymnasium, living spaces and recreational areas. Patients receive treatment and care from board-certified child and adolescent psychiatrists, pediatricians and pediatric specialists; social workers and highly trained psychiatric nurses.

Patients are referred to the center by physicians and go through a scheduled admissions process upon acceptance to the service. The process begins with a series of assessments, including a psychiatric evaluation, to create an individualized long-term plan that extends beyond inpatient care.

Upon leaving care at the Center, patients may be referred to lower levels of care, potentially in the Boys Town system. 



Imagine better health.SM

KID-FRIENDLY UNIT MODELED AFTER BALTIMORE HOSPITAL


Most of us know the anxiety of going to the emergency room. Now imagine walking into that emergency room as a sick or injured child.

"Health care looks different through a child's eyes, and it can appear scarier than it really is," said Cliff Robertson, M.D., CHI Health CEO. "That's just one reason we decided to expand our care for children with a specialized unit."

Pediatric Place opened its doors in November at CHI Health St. Elizabeth in Lincoln to provide emergency and inpatient care just for patients age 18 and under. It features a pediatric emergency department with a private waiting area separate from the adult emergency room. It also has private inpatient rooms. The entire unit is decorated with colorful, kid-friendly artwork.

It's more than walls and paint. It's an entire approach to care from nurses and providers who specialize in pediatric and emergency care. "Our physicians and nursing leaders drew on evidence-based research to create Pediatric Place," said Robertson. "The goal was to provide families with expert, child-focused care in a comfortable environment that puts everyone at ease."

This pediatric model originated at a hospital near Baltimore. CHI Health brings the first unit of this kind to the Midwest. The facility was made possible through the CHI Health St. Elizabeth Foundation, which raised more than \$750,000 for the project.

Care provided at Pediatric Place is complemented by the CHI Health St. Elizabeth's Level III Neonatal Intensive Care Unit. The Pediatric Place medical team also collaborates with Children's Hospital and Nebraska Medicine in Omaha for patients who need a higher level of treatment. 




LEADERS NAMED IN PEDIATRICS AT CHILDREN'S

New leadership appointments at Children's Hospital & Medical Center were recently announced.

Kari Simonsen, M.D., has been appointed pediatrician-in-chief for Children's Hospital & Medical Center and as interim chair for the University of Nebraska Medical Center (UNMC) Department of Pediatrics. Ann Anderson Berry, M.D., Ph.D., has been appointed interim executive director of the Child Health Research Institute (CHRI), a collaborative effort between Children's and University of Nebraska Medical Center (UNMC). Shirley Delair, M.D., has been appointed as interim division chief of pediatric infectious disease at Children's and UNMC.

A pediatric infectious diseases specialist, Dr. Simonsen joined Children's Specialty Physicians in 2009 and has served as the hospital epidemiologist, as the division chief for pediatric infectious disease at Children's and UNMC, and as the president of Children's Specialty Physicians' Board of Directors.

A neonatologist, Dr. Anderson Berry joined Children's Specialty Physicians in 2009 and serves as the division chief for Children's Neonatology. Since 2015, Dr. Anderson Berry has served as co-medical director for the Nebraska Perinatal Quality Improvement Collaborative (NPQIC), a collaborative effort designed to improve the delivery of and access to evidence-based health care for all Nebraska mothers and newborns. She has landed more than 30 research grants during her career.

Dr. Delair is a pediatric infectious disease and travel medicine specialist. She joined Children's Specialty Physicians in 2010 and is an experienced leader in global health education and research. Dr. Delair also serves as the director of the Pediatric Research Global Health Program at UNMC and as a physician consultant for the Metro Omaha Immunization Task force. 



METHODIST

CHIME RECOGNIZES THOSE THAT PUSH THEMSELVES TO DO BETTER


The College of Healthcare Information Management Executives (CHIME) recently announced that Methodist Health System has earned 2019 CHIME HealthCare's Most Wired recognition as a Certified Level 7.

The Most Wired program conducts an annual survey to assess how effectively health care organizations apply core and advanced technologies into their clinical and business programs to improve health and care in their communities.

"I am very proud of the work being done by the information technology team at Methodist," said Kent Sona, vice president and chief information officer. "We have had many initiatives that have not only enhanced our IT capabilities but also improved the clinical experience for our physicians, nurses and patients. IT touches so many components of the health system, and our progressive mindset has paid great dividends for us."

A total of 16,168 organizations were represented in the 2019 Most Wired program, which this year included three separate surveys: domestic, ambulatory and international. The surveys assessed the adoption, integration and impact of technologies in health care organizations at all stages of development, from early development to industry-leading.

"Health care organizations across the globe are continually striving to raise the standard of care, pushing themselves and their peers to do better," said CHIME President and CEO Russ Branzell.

Each participating organization received a customized benchmarking report, an overall score and scores for individual levels in eight segments: infrastructure, security, business/disaster recovery, administrative/supply chain, analytics/data management, interoperability/population health, patient engagement, and clinical quality/safety. Participants can use the report and scores to identify strengths and opportunities for improvement. 




NATIONAL CAMPAIGN AIMED AT SAVING LIVES

Nebraska Medicine's trauma education team is partnering with Nebraska Community Blood Bank to provide free monthly Stop the Bleed classes. The effort kicked off in September at the Nebraska Community Blood Bank donation center near 120th and Pacific streets.

Stop the Bleed is a national campaign created in the aftermath of the Sandy Hook Elementary tragedy. Evaluation of the 20 children and six teachers killed revealed that many of deaths could have been prevented if their bleeding could have been controlled at the scene. No matter how rapid the arrival of medical professionals is, bystanders will always be first on the scene. Stop the Bleed training empowers individuals to act quickly and help save lives.

"The life they learn to save may be a relative, co-worker, friends, stranger or themselves," said Majorie VanRiper, trauma injury prevention and education coordinator. "But not doing anything to help may have disastrous outcomes."

Instructors teach participants how to pack wounds and apply tourniquets.

If you're interested in a Stop the Bleed class, visit <http://bit.ly/2kwgUuk> or e-mail stopthebleed@nebraskamed.com. Instructors provide the class free of charge for employers, church groups and other organizations. 



**University of Nebraska
Medical Center**

ENROLLMENT SETS RECORD FOR 19TH STRAIGHT YEAR


Student enrollment at UNMC set another record high for the 19th straight year with 4,055 students enrolled for the 2019-2020 school year, an increase of 85 students, or 2.1%, over last year's record of 3,970.

"This is a significant year for UNMC. For the first time in our history, we have enrolled more than 4,000 students, our 19th consecutive year of enrollment increase, and more than a 50% increase from where we were in 2000," said Dele Davies, M.D., UNMC senior vice chancellor for academic affairs and dean for graduate studies. "It's truly a reflection of our continued commitment to provide the highest quality programs to address the demand for highly skilled health care providers and scientists in our state and beyond."

Enrollment highlights include:

College of Medicine: There are 132 new students entering their first year of medical school, bringing the total enrollment to 544, which includes 40 students in the M.D./Ph.D. Scholars Program. The new students in the college, about 86% of whom are Nebraska residents, were selected from a total of 1,618 applicants. There are 575 resident physicians training at UNMC.

College of Public Health: Enrollment in the college is 180 for its professional programs, which includes 142 master's degree students and 38 certificate/non-degree students. Of the 70 incoming students, 59% are residents of Nebraska and non-resident students are represented by 13 different states and six different countries.

Munroe-Meyer Institute: Munroe-Meyer Institute is providing interdisciplinary training, course work, and practicum experiences in research and patient care to 323 students enrolled in undergraduate, master's and doctoral programs from universities in Nebraska and across the country, including UNMC. New trainees starting this year include 57 undergraduate students, 24 master's level students, 24 doctoral level students/interns, and 30 post-doctoral fellows. 



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

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www.omahamedical.com

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