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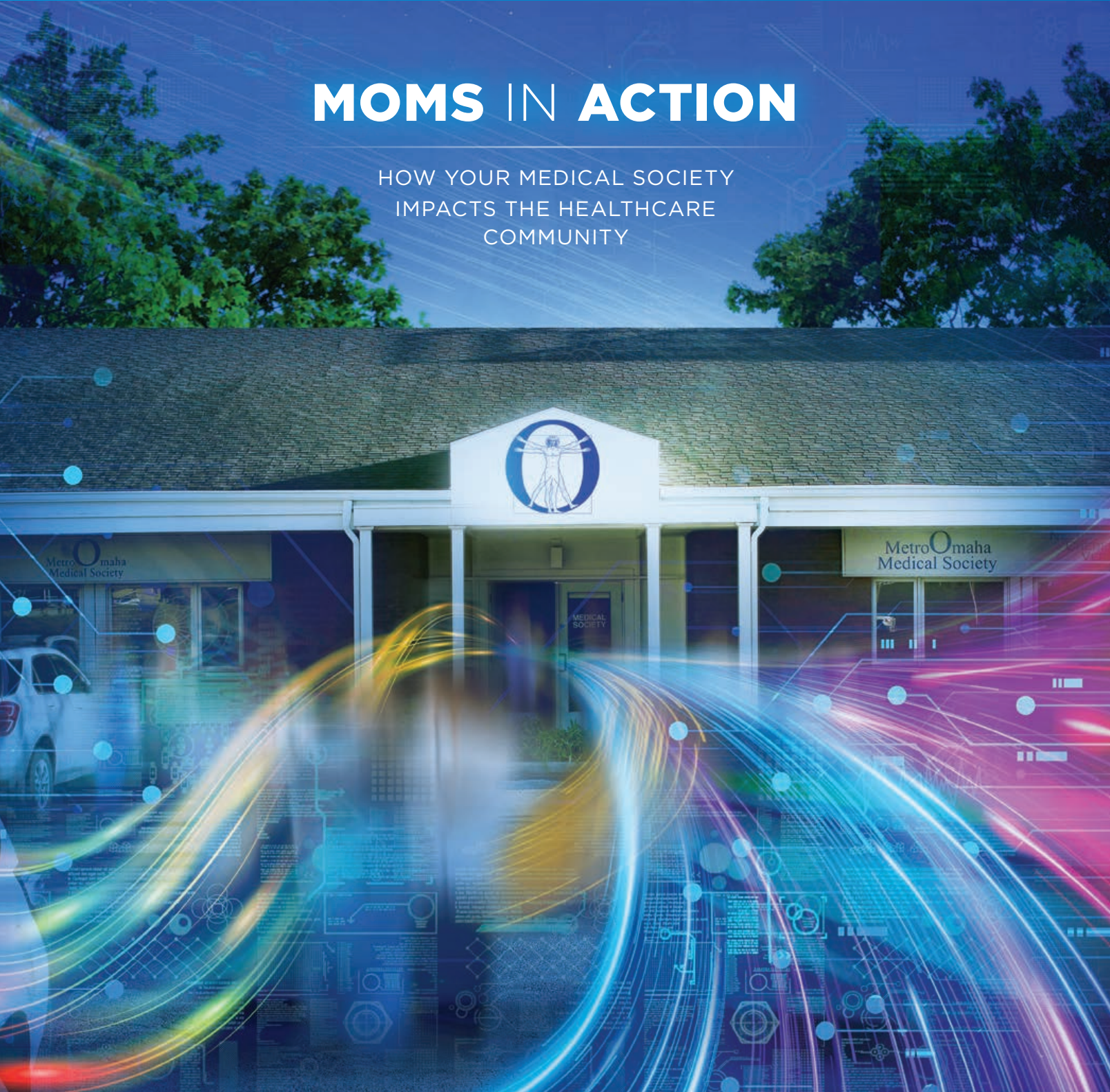
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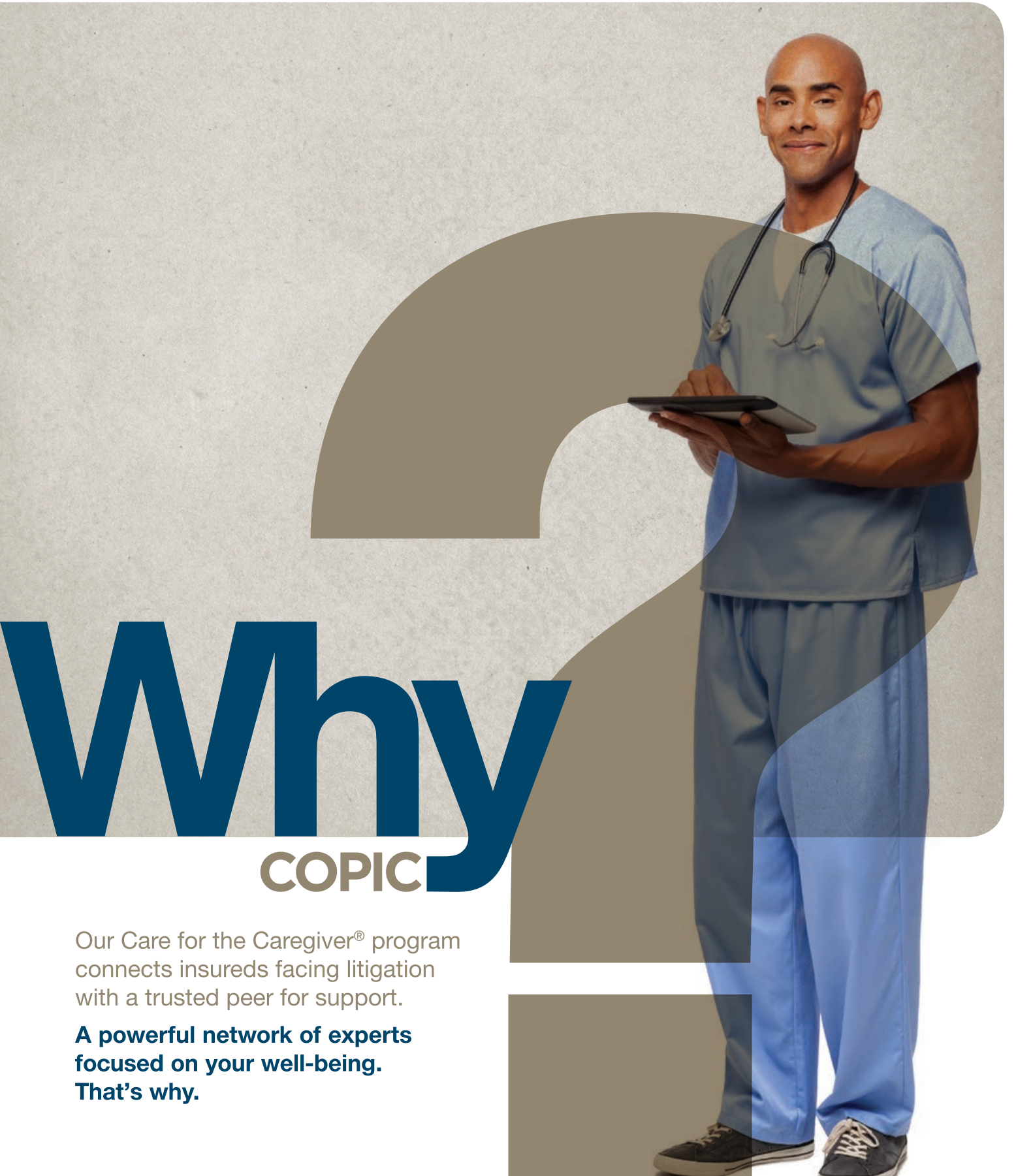
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DURING.



AUDREY PAULMAN, M.D.

Editor
Physicians Bulletin

I try to support the small businesses. During the pandemic, I bought from local small vendors when possible, donated to food banks, purchased gift cards from restaurants, and supported local events that are now available virtually. I have faith that with community, governmental, and foundation support, the Omaha community will recover after the pandemic.

I am not as sure that I can forecast the same outlook for physicians.

Physicians have all been impacted by the pandemic.

The COVID-19 teams are working hard, and their work is appreciated.

Extra capacity has been built to provide places for doctors to care for patients, including additional hospital rooms, ICU beds, and extended emergency room space.

Physicians are being moved to areas of greatest need, and they are indeed heroes in care.

But as everyone made room for the surge of COVID-19 patients, some things got moved to the sidelines. Elective surgeries were put on hold, and patients delayed wellness visits and treatment chronic illnesses. Outpatient visits went down. Phone calls went up, as patients tried to address needs without coming to the office.

According to the Commonwealth Fund, a new analysis shows that COVID-19 has had a devastating impact on outpatient care across the United States. Figures show that outpatient visits decreased by 60% during March and continued that trend through the month of April.

In that analysis, it is shown that the surgical specialties had the greatest decline in office visits, with ophthalmology visits decreasing by 80%. Primary care visits have also decreased, with a 1/3 reduction in pediatrics visits, and 1/2 in family practice. The largest decline in patients' delaying care was in school age children and older adults.

Telemedicine has rapidly been deployed, but even counting those visits, outpatient visits are markedly down.

What is the impact? Patient care will suffer as chronic diseases are not treated in a timely manner. Immunizations will be missed. Many of the face to face visits have been replaced by phone calls or telehealth. Providers and practices will have financial impact due to decreasing visits.


According to the Commonwealth Fund: "Additional funding will almost certainly be needed to allow outpatient practices to remain intact and functioning; to halt further staff layoffs; to expand telemedicine capacity; and to invest in the kind of modifications, like personal protective equipment, that can allow practices to offer in-person services and procedures safely. Any further erosion of capacity during this first wave of the pandemic will leave Americans ill-prepared to receive the ambulatory care they need now and in the future."

I believe it is important for outpatient capacity to be preserved. I do not think the public is aware of the implications of the financial struggles due to decreased outpatient visits. The Commonwealth Fund states that ongoing studies are underway.

I hope you enjoy this edition of the Physicians Bulletin. We highlight ways that MOMS is involved in supporting physicians and their practices. During the pandemic, they have been busy, supporting us all.

Thank you.

Stay well.

Thanks for what you do. 

This edition is heading to the publisher during the COVID-19 pandemic.

We chose to feature MOMS in this edition, even before we knew about the pandemic. I believe that most of you, members of MOMS or not, do not know the full scope of what goes on at 7906 Davenport. It is with pride that the editorial committee asked our writer to focus on the activities at the MOMS office for this edition.

Little did I know that the edition focusing on MOMS would be going to press during the pandemic. As this is written, Nebraska's peak has not yet arrived, and restaurants have just reopened to limited capacity.

Once community spread of COVID-19 was identified, Omaha essentially shut down. Restaurants moved to takeout only and dental offices were closed for non-emergent care. Non-essential businesses were closed. In theory, under this directive, medical care would be available and necessary in light of the predicted overwhelming needs due to the pandemic.

The impact on the restaurants was immediate. The media was generous in support of the restaurant workers. "Takeout Tuesday" was quickly developed, as noted in the newspapers, television advertisements, and at the Governor's press conferences.

I participate in Takeout Tuesdays.

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AMY REYNOLDSON

Executive Vice President
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COVID-19: social distancing, quarantine, isolation, directed health measures, PPE, test kits, reagents, rapid testing, asymptomatic, surge bed capacity, ventilator capacity, and many more terms have become daily vocabulary as we continue to navigate uncharted waters during this pandemic. The Nebraska Medical Association quickly realized the magnitude that this virus would have on Nebraska physicians so, as a team, we collectively organized our efforts to efficiently and effectively address the needs as they were identified.

As guidance from the governor was issued across the state during March and April, member needs increased; specifically, meeting their PPE requests, understanding what information to share with patients who have a positive test result, access to testing, and clinically diagnosing with testing supply shortages. As the state continues to address the crisis and put stopgap measures in place, the needs of our members will continuously change.

NMA's initial efforts included addressing the financial stress brought on by social distancing and not allowing patients into their clinics for routine visits. Many physicians had to make the difficult decision to temporarily close their clinics, as there were restrictions placed on non-essential procedures. Other physicians had to shift quickly and get a telehealth platform identified and implemented quickly so that they could continue to see patients.

The NMA was contacted by multiple physicians wanting guidance on which telehealth platform they should utilize, so we acted quickly and established a relationship with Backline by DrFirst, and now offer this telehealth platform as an NMA Member Benefit. As of mid-April, we have had nearly 100 members that have utilized this platform with great success.

It was also quickly identified that physicians who used telehealth as their main platform to see patients, would not be able to financially manage to keep their clinics open for any length of time, given the contracted reimbursements rates for telehealth are substantially lower than office visits. After addressing the telehealth reimbursement rates for more than three weeks by specifically discussing the financial crisis with commercial payers, collectively the NMA and others were able to get the major commercial payers to reimburse telehealth visits according to contracted office visit rates. The telehealth reimbursement rate increase was successful due to a collective effort from multiple health care associations and organizations and through directed physician outreach to the Governor's Office and our partners at DHHS.


Other specific efforts have included: holding a Nebraska Congressional Delegation virtual town hall meeting to discuss the situation in Nebraska and how physicians are being impacted, hosting a financial resources webinar with Cline Williams, organized weekly physician wellness calls, connecting physicians to PPE supplies, providing daily updates with key information, and various specific efforts implemented as requested by DHHS, such as surveying workforce capacity and laboratory testing capacities.

The NMA has also developed a robust COVID-19 website, <https://www.nebmed.org/covid-19>, which includes important updates from our federal, state and local partners, payer specific information, financial resources, telehealth resources, among many others. The NMA will continue to update this webpage to ensure that physicians have access to information

as it becomes available, knowing that this will continue to dominate our attention as we patiently wait for a vaccine.

With the recent "re-opening" of the state, physicians are trying to schedule nonessential procedures while ensuring that they have the proper PPE supplies to meet the demand and keep the safety of all healthcare workers and patients at the forefront. This includes establishing guidelines for their clinics to maintain the requirements of social distancing to slow the spread of the disease, while having the ability to see patients in person.

The COVID-19 crisis has undoubtedly taught us all something as we have continuously adjusted to the new "normal." For some this meant reducing your clinic hours due to fewer patients, and for others this meant addressing this on the front lines as you care for the patients that were diagnosed, and some even hospitalized. Some hospitals fortunately did not see a patient surge, and for others, this became the new reality.

As I look back on how much our medical world has changed since early March, I am very impressed with the resiliency of our physicians and healthcare workforce. I am also grateful to be aligned with some incredible healthcare organizations across the state that have been just as supportive of the NMA's efforts as their own. We all have heard the saying "we are in this together" as it is used as a cliché all too often. I believe this now more than ever and see it occurring on a daily basis. I know our efforts to address COVID-19 have only just begun, but please know that the NMA will continue to be your strongest advocate and fight this fight with you. We are all in this together, and collectively, we will be stronger. 

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A LESSON IN STERILE PROCEDURE FROM JAPAN



TOM SCHROEDER

Third-year Medical Student
University of Nebraska Medical Center

When I took Step 1 of the USMLE at the end of February and set off for a celebratory trip through Japan, I failed to realize that it would fall in the midst of a global pandemic. What had originally seemed like a bad case of the flu on a national scale quickly morphed into an international anxiety that saturated all medically related and unrelated content (and continues to do so).

Throughout the trip on many trains and subways, there was one aspect of my medical education that I came to appreciate a new profound respect for—sterile procedure.

Like most medical students, any time I scrubbed in to observe a surgery there was that looming question of, “what can I actually touch?” Back up into something on accident? Great you contaminated the Da Vinci, that will be three hours of cleaning and the procedure is postponed. Your hands fell below the table while you were trying to help the scrub nurse clean up after the procedure? Contaminated. Rips those scrubs off and walk away, preferably with your head cast down in shame.

At first it did not seem like something that translated well into general public life, but when you are riding in a cramped air-controlled train car with 200 other people it helps to view your space as inherently contaminated. On every single train

car, someone would inevitably touch the railings or hanging rings and then later on that ride touch some aspect of their face. Many people would readjust their facemask, transforming their protective barriers into face-hugging germ rags. More often, those hands would gravitate toward phones, which were just one call away from intimate contact with their face. On a few of the more aberrant examples I wanted to inform my fellow train passengers that they were now contaminated, but that seemed very rude—and my Japanese does not extend beyond “Thank you” and “How much is this ramen?”


Like any stubborn medical student, my travel partner and I spent much of the first week brushing aside concerns for COVID-19. It seemed telling that the viral anxiety correlated so nicely with the substantial losses in the stock market and we attributed it to little more than a phase of the erratic news cycle. Before leaving, my family and friends joked that if I got coronavirus it might include an express ticket to Omaha eliminating two of my connecting flights. When United, Delta, and many other major airline carriers started canceling flights, the reality set in that I would be near the bottom of a long list of people hoping the same thing.

Although the trip was excellent, it was a huge relief to enter the United States without a government-sanctioned quarantine—though I followed a short self-imposed one in the event I was asymptotically shedding virus. What has given me pause since my return was just how easy it was to reenter the United States. I was questioned more regarding the illicit bananas in my backpack than I was in terms of potential viral exposures. Not one individual at the U.S. Customs gate was wearing a mask despite his or her high likelihood of coming into contact with coronavirus-infected individuals. When I stopped to grab a burger at an airline restaurant, there was no hand sanitizer in the restaurant and the nearest sink was in a restroom down the way. It was then I started growing concerned—we were not taking this seriously. As anyone reading this now knows, things changed quickly for all of us.

“What has given me pause since my return was just how easy it was to reenter the United States. I was questioned more regarding the illicit bananas in my backpack than I was in terms of potential viral exposures.”

— TOM SCHROEDER

As members of the medical community, we are trained to see the world as covered in microbes and be very precise with our movements and actions to ensure we prevent transmission to our patients, our loved ones and ourselves. It is odd writing this now in April as various parts of the country grapple with shortages of the basic supplies keeping doctors and other health care workers safe. Although some items are in short supply, we can take solace that at least our teachings on disease prevention are reaching larger audiences and those individuals are doing their best to help us. Stories about 3-D printed masks or face shields being delivered to hospitals and clinics in hard hit areas saturate news cycles as we look for glimmers of hope in the middle of the storm. My own mother recently converted the tablecloths that she used for our July 4th barbecue into small cloth masks—recycled patriotism in a new form.

I do not have a 3-D printer, but I can leave you with a story I recently read in the New Yorker. Since the height of this pandemic started, every evening at 7 p.m. people throughout New York City join in a celebratory cheer from their balconies and windows, acknowledging the doctors, the nurses, the first responders and everyone else putting themselves at risk to protect others. We do not have the population density of NYC—Thank God—so you may not hear us, but let it be known: We are all cheering you on. 



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TELEHEALTH GUIDANCE DURING THE COVID-19 CRISIS



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

One of the challenges that physicians have faced during the COVID-19 pandemic is the transition of having to provide services via telehealth. While some physicians may be familiar with this, many find themselves thrust into a new environment with questions about practice standards and compliance. General guidance if you are considering providing medical services using telehealth technologies includes:

- The need for appropriate licensure when practicing outside the state.
- Compliance with state board regulations and policies.
- Understanding record retention requirements under state law, and privacy and accessibility requirements under both state law and federal privacy laws such as HIPAA.

Changes in regulations have occurred at both the state and federal level in response to COVID-19 and may continue to be adjusted. When considering providing telehealth services out-of-state in response to testing, treatment, and care of patients with COVID-19, providers should access state medical board sites for the latest information regarding guidance for those not currently licensed in the state. *The information provided below identifies key sources that are issuing guidance and is current as of 5/15/20. Please check these sources for ongoing updates.*

FEDERAL GUIDANCE

On March 17, 2020, the U.S. Department of Health and Human Services (HHS) Office of Civil Rights (OCR) announced enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19. In support of this action, OCR will be providing further guidance explaining how covered health care providers can use remote video communication products and offer telehealth to patients responsibly. FAQs on this are available at www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf.

The Center for Medicare & Medicaid Services issued an updated fact sheet on April 29, 2020 at www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf.

NEBRASKA GUIDANCE

When practicing using telehealth technologies, providers should be aware of relevant state regulations or policies:

- Nebraska regulations reference conforming to the ethics of the medical profession found in the American Medical Association's Code of Ethics. 172 N.A.C. 88-010.02. (Ethical Practice in Telemedicine; Opinion 1.2.12 www.ama-assn.org/delivering-care/ethics/ethical-practice-telemedicine)
- As with any medical service, patients should give informed consent for receiving care through telehealth technologies and understand any limitations. There isn't a requirement for patients to sign a consent, but providers may choose to use a written form.
- Nebraska has disclosure requirements for Medicaid patients prior to providing services using telehealth technologies (See NRS § 71-8505). These disclosures are not required in an emergency. A Nebraska

Insurance Bulletin was issued March 23rd stating that the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Department of Insurance interpret the Governor's declared state of emergency as triggering the emergency exception so there is no requirement to obtain a Medicaid patient's signature on a written agreement prior to providing telehealth services. <https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/TelehealthWrittenStatementRequirementException.pdf>.

In addition, the Bulletin statement noted that:

- Insurance claims for telehealth will not be denied solely on the basis of lack of a signed written statement.
- Health care practitioners need to comply with all other provisions of the Nebraska Telehealth Act and any other applicable law or regulation including, but not limited to, requirements to be licensed, registered, or certified to practice in Nebraska unless otherwise allowed under Executive Order.
- The Nebraska Governor's March 31st Executive Order No. 20-12 required DHHS to establish and publish guidance for health care providers regarding the use of telehealth by licensed practitioners. <http://govdocs.nebraska.gov/docs/pilot/pubs/eofiles/20-12.pdf>.
- DHHS published a telehealth FAQs on April 1st. <http://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf>.

This included a reference to Executive Order No. 20-10. Out-of-state providers who work in Nebraska pursuant to the order are authorized to use telehealth under the same statutory provisions that permit Nebraska health care providers to use telehealth. The order temporarily suspends certain state statutory provisions regarding credentialing to permit individuals who are properly and lawfully licensed to engage in medicine and surgery in a U.S. state or territory to work in Nebraska during the state of emergency so long as they are in good standing and free from disciplinary action in the states where they are licensed. <http://govdocs.nebraska.gov/docs/pilot/pubs/eofiles/20-10.pdf>.

HOW TO TAKE ADVANTAGE OF A BEAR MARKET—FOUR TIPS FOR SUCCESS



CHAD RUTAR



CHRIS INSINGER

Financial Advisers
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First, we must understand what a bear market is and the likelihood of this happening. The definition of a bear market is when the stock market, peak to trough, drops at least 20%. A correction on the other hand is when the stock market drops between 10% and 19.9%. As for frequency, since WWII there have been 13 bear markets, or one in every 5.7 years.

Other stats to know about bear markets:

- Stocks lose on average 36% in a bear market
- The average length of a bear market is 299 days or 10 months
- Half (50%) of the S&P 500 index's strongest days in the last 20 years occurred in a bear market

Now with the above data, how do we take advantage of a bear market?


TIP 1: Tax Selling—Tax selling is selling at a security to purposely take a loss and moving into a like kind security to avoid the “wash rule” (wash rule is that if you sell a security at a loss, you must wait 30 days to buy back into that security). For example, you may sell Microsoft at a loss and buy Apple as its replacement. Usually tax selling is something that is done in the fourth quarter of the year to take advantage before the end of the year, but when a bear market presents itself there is no need to wait. Please note, the above paragraph applies to nonqualified accounts and does not work for tax deferred/retirement accounts. Please consult your tax professional for specific tax questions.

TIP 2: Re-Balancing Portfolio—Rebalancing is the process of realigning your portfolio to the original desired risk tolerance. Let's say you start with a 70%/30% mix (70% stocks and 30% bonds) at the beginning of a year, and during the year a bear market presents itself. Let's assume that stocks went down 30% and bonds held their ground. In this example, your portfolio mix would now be 62% stocks and 38% bonds. You would want to take advantage of the reduced equity prices and move 8% from the bonds to the equities to get your desired allocation of 70%/30%.

TIP 3: Traditional IRA to Roth IRA—Ultimately long term, if we could choose, we would have the bulk of our money come to us tax free in retirement. To help achieve that, during the bear markets you can look at converting a portion or all your Traditional Ira into Roth Ira. You would want to do this when the market is low, so the dollar amount you convert is less and allow the monies to grow tax deferred/tax free in the Roth Ira. As stated in Tip 1, consult your tax professional for specific tax questions.

Many quality stocks get beat up equally as the junk stocks. Take advantage of quality, look for cash rich companies that can weather the storm and even take advantage themselves and buy other companies that are distressed or in trouble.

TIP 4: Buy Quality—There's an old saying in the financial services industry, “The baby gets thrown out with the bath water.” Many times, we think we must take on extreme amounts of risk to get rewarded in the stock market. In bear markets one does not need to take extreme risk to get rewarded. Many quality stocks get beat up equally as the junk stocks. Take advantage of quality, look for cash rich companies that can weather the storm and even take advantage themselves and buy other companies that are distressed or in trouble.

Bear markets are never fun to go through, nor does one want this to happen but it's all part of a business cycle. Keep in mind bear market last on average 299 days (10 months) whereas bull markets last 1003 days (2.75 years). With every market there is a silver lining, you just have to look for it. 

THE CARES ACT PAYCHECK PROTECTION PROGRAM AND ITS AFTERMATH: FORGIVENESS IS DIVINE



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Cline Williams Wright Johnson
& Oldfather, L.L.P.

At this point, many, if not most, practices have made applications for and received funding under the Paycheck Protection Program (“PPP”) of the “Coronavirus Aid, Relief, and Economic Security (“CARES”) Act passed by Congress and signed by the President in late March 2020. Every business that received PPP funds took the money on the hope that the entire amount of the loan would be forgiven as allowed for by the CARES Act. This article provides some basic insight into how practices who have obtained PPP loans can best position themselves to maximize the forgiveness opportunity.

FIRST, USE THE FUNDS FOR PERMITTED PURPOSES. THOSE PURPOSES ARE:

- Use of funds to continue operations during the COVID-19 emergency.
- Retain workers and maintain payroll or make mortgage, lease and utility payments.

Notes: The SBA has advised that not more than 25% of the amount forgiven can be for non-payroll costs. Prepayment of expenses such as rent or mortgage is not allowed. Use of PPP funds for paying paid leave benefits under the Families First Coronavirus Response Act is not permitted.

WHAT IS INCLUDED IN “PAYROLL COSTS”?

- Wages, commissions, salary or similar compensation to an employee.
- Payment for vacation, parental, family, medical or sick leave.
- Allowance for dismissal or separation from employment.
- Payment for group health care benefits, including premiums.
- Payment of retirement benefits.
- Payment of state and local tax assessed on the compensation of employees.
- Severance payments, but be mindful of how transitioning of employees could impact your employee count.

WHAT IS NOT INCLUDED IN “PAYROLL COSTS”?

- Compensation of any individual employee in excess of \$100,000.
- Payroll taxes/payroll withholdings. Be mindful of actions that could reduce your loan forgiveness amount.
- Spending less than 75% of the loan on “payroll costs.”
- Reducing the number of your employees compared to the test period you used in applying for the loan (likely prior 12 months or calendar 2019).
- Reducing employee salaries or wages to less than 75% of the base salary or wages during the prior quarter.

WHO QUALIFIES FOR LOAN FORGIVENESS?

- You must submit to your lender an application that includes documentation verifying the number of employees, pay rates and cancelled checks showing mortgage, rent or utility payments for the eight-week period starting with the date of the loan.

HOW DO I DOCUMENT USE OF THE LOAN AND MAXIMIZE MY OPPORTUNITY FOR FULL FORGIVENESS AFTER THE EIGHT-WEEK LOAN PERIOD?

- Retain documents verifying the number of employees on payroll and their pay rates for the periods you used to verify your eligibility under the staffing and pay requirements such as:
 - Payroll reports.
 - Payroll tax filings (Form 941).
 - Income, payroll and unemployment insurance filings with state authorities.
 - Documents verifying any retirement and health insurance contributions.
- Track and document your full time equivalent (FTE) employee average that you will need to meet to maximize forgiveness.
- Retain documents verifying eligible interest, rent and utility payments such as cancelled checks, payment receipts and account statements).
- Best practices suggest that electronic copies will be required with the forgiveness application.

Remember: Use 75% or more of the loan proceeds for “payroll costs” to maximize the loan amount eligible for forgiveness.

WHAT IS THE FORGIVENESS PROCESS?

- You must file an application for forgiveness of the PPP loan after the end of the 8-week loan period.
- You will be required to submit a certification with your forgiveness application providing, among other things, that the amount for which you are requesting forgiveness was used for permitted purposes.
- Your lender is required to make a decision within a 60-day period after your forgiveness application is submitted.

Note: The CARES Act specifically provides that loans forgiven under the PPP are specifically not subject to federal taxation as discharge-of-indebtedness income.

FINAL THOUGHT: Work closely with your account and legal counsel throughout this process as further guidance on the PPP’s operation is likely forthcoming and could impact any or all of these issues. [i](#)

MOMS IN ACTION:

Metro Omaha
Medical Society

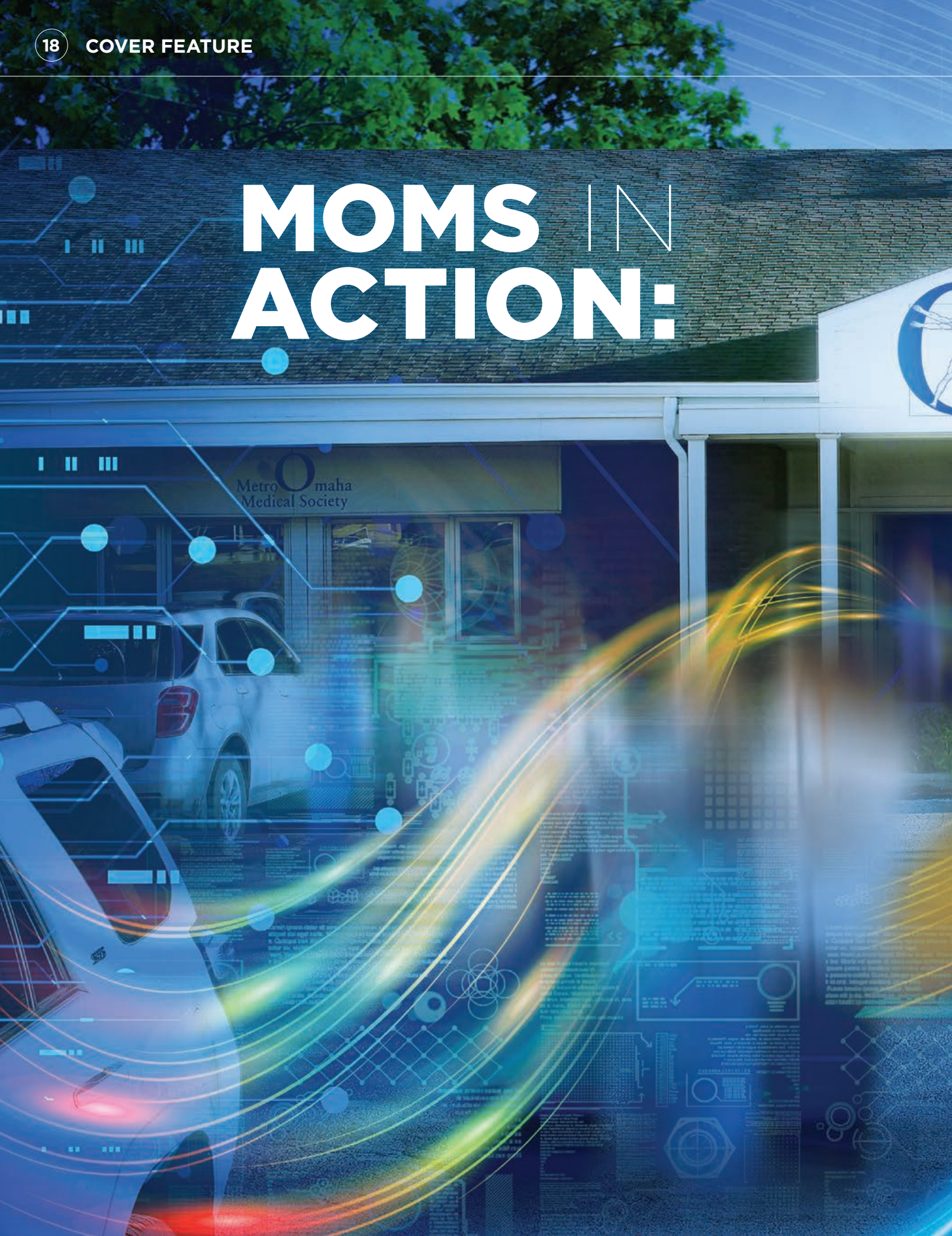


Illustration by Derek Joy

How Your Medical Society Impacts the Healthcare Community

STORY PAGE 20



There is a great deal being accomplished at the Metro Omaha Medical Society at 7906 Davenport St., but much of this occurs behind the scenes, unknown to many members of the medical society.

As MOMS' current president and long-time member, John Peters, M.D., has witnessed an expansion and an evolution in how MOMS is serving its member physicians and the community. When in conversations with his peers about the medical society's efforts, many respond "I had no idea."

"To say MOMS impacts the health of our community is an understatement," he said. "MOMS is so much more than the many events it sponsors that bring physicians together."

Here are some examples of the Metro Omaha Medical Society in action:

PUBLIC HEALTH COMMITTEE

This committee has tackled head-on public health issues that Omaha-area physicians face. Past initiatives addressed by the committee include pediatric patient access to specialty health care and Nebraska Medicaid expansion.

A current focus of the committee, which is led by Kris McVea, M.D., is preventing binge drinking. The committee has consulted national and local experts about this issue.

CONTINUING MEDICAL EDUCATION

MOMS is accredited to provide Continuing Medical Education credits, where applicable, to create added value for participating in medical society-sponsored activities. MOMS also partners with specialty societies and other non-accredited organizations to certify their events, meetings and conferences for CME credit. This outreach increases the opportunities for Omaha-area physicians to earn CME credit.

PHYSICIAN WELLNESS

The overarching goal of the Physician Wellness initiative, which began several years ago, is to improve physicians' physical and psychological well-being. Originally conceived by executive director Carol Wang and a task force of member physicians, the initiative, now coordinated by Halie Smith, continues to evolve.

Helping Physicians Connect: MOMS asked members where their medical society could have the greatest impact in their wellness. Their response was to provide opportunities to connect with their peers. Through a grant from the COPIC Foundation, members are benefitting from such opportunities through member networking events, Women in Medicine, Early Career Physicians and Retired Physicians. MOMS also answered the call by working to identify and support local peer groups and even founded a group for physicians who treat other physicians.

Online Assessment & Free Telehealth Counseling:

Since 2016, more than 140 physicians, residents and medical students have taken an online screening assessment to determine their level of distress based on various stressors and behaviors. MOMS is anonymously billed for the screenings, which is administered by Arcadian Telepsychiatry. Based

on their responses, participants receive a customized e-mail from a third-party mental health counselor that discusses their results and options for support which include continued online discussion, telepsychiatry and life coaching. Grant funding for MOMS also supports free telepsychiatry services and short-term problem resolution. More than 50 percent of those screened have scored in the "significant distress" category.

Life and Career Coaching: Physicians seeking to identify and achieve a new set of life or career goals were reaching out to MOMS for guidance and to identify opportunities. MOMS saw the need and now actively works to help physicians achieve these goals through its resources and through connections with local career and life coaches.

Idea-sharing Among Health, Wellness Professionals:

MOMS annually hosts an idea-sharing meeting for health care administrators and wellness leaders from the community. This year's topic was physician burnout. Steven Wengel, M.D., who leads the MOMS Task Force on Physician Burnout, discussed statistics and studies related to burnout. Discussion focused on both identifying existing challenges and sharing of best practices. MOMS' efforts in this area were part of the discussion.

ADMINISTRATIVE SUPPORT FOR PARTNER ORGANIZATIONS

A more recent leap in the impact MOMS has on the physician community has been through the administrative support it provides partner and specialty organizations, Dr. Peters said.

"We know that much can be accomplished through pooling of resources and collaboration," he said. "MOMS is a driving force that brings these groups together."

“We know that much can be accomplished through pooling of resources and collaboration. MOMS is a driving force that brings these groups together.”

— JOHN PETERS, M.D.

MOMS staff began providing various levels of administrative support to a couple partner organizations and specialty groups about 10 years ago, but over that past several years that number has grown to include five specialty societies and two health organizations.

Two of the most recent and largest groups receiving administrative support are the Nebraska Chapter of the American College of Physicians, and the Nebraska Chapter of the American Academy of Pediatrics.

An executive director previously handled the administrative responsibilities for the ACP Nebraska chapter. The executive director provided similar services to chapters of adjacent states.

A look for cost-savings caused the chapter to re-evaluate how it was administered, said Marvin Bittner, M.D., chapter governor. “It made us do some reflection.”

The chapter did its homework and looked to an already-established medical society to provide support, and selected MOMS, Dr. Bittner said.

MOMS handles all the logistics behind its annual meeting, leadership meetings and peer groups, including registration, meeting setup and meals. “MOMS handles everything from soup to nuts,” Dr. Bittner said. Although MOMS has designated a point person to handle these responsibilities—Cindy Vaccaro, Dr. Bittner said, the value of having a larger organization responsible means that others can pitch in during busy times.

“We’ve been ecstatic with MOMS,” Dr. Bittner said. “It’s a decision to which we gave much thought and it’s a decision that has provided us with tremendous benefits.”

Likewise for the Nebraska Chapter of the American Academy of Pediatrics. Chapter president, Cindy Ellis, M.D., said MOMS administrative support—under the direction of Laura Polak, who serves as the organization’s executive director—has been a godsend. Her chapter turned to MOMS after looking for a change in administrative support.

MOMS and Polak manages the chapter’s finances, tracks membership and coordinates meetings. Another benefit, Dr. Ellis said, is that her chapter is able to tap into the infrastructure MOMS already has in place.

Through MOMS’ advocacy efforts, chapter members can participate in such events as MOMS’ “Meet the Candidates” gatherings. “This is something we couldn’t do on our own.”

MOMS has also helped the chapter improve its website, increase its social media activity and develop its newsletter, Dr. Ellis said.

“We are very happy with the service we receive,” Dr. Ellis said. “We are all busy physicians—serving in an office is not something that’s natural for us. Having someone with executive administrative experience—someone who understands what we need—has made us a stronger organization.”

MOMS also provides support for the Metro Omaha OB Gyn Society, Nebraska Psychiatric Society, the Nebraska Chapter of the American Academy of Child and Adolescent Psychiatrists, HOPE Medical Outreach Coalition and the Omaha Immunization Task Force. [📍](#)

“We are very happy with the service we receive. We are all busy physicians—serving in an office is not something that’s natural for us. Having someone with executive administrative experience—someone who understands what we need—has made us a stronger organization.”

— CINDY ELLIS, M.D.

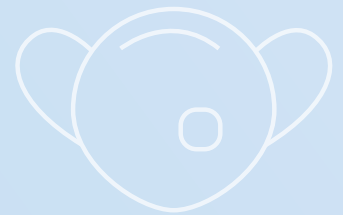
MOMS RESPONSE TO COVID-19: A Welcome Call

The support came in the form of outreach calls and efforts to support those physicians and clinics experiencing difficulty getting necessary supplies during the onslaught of COVID-19.

The support also took the form of MOMS compiling a list of physicians who were willing to assist should they be needed. And the support continues with resources available through MOMS to physicians feeling the stress of a challenging time.

"In times when everything has been turned on its side, MOMS' goal is to serve as a resource and provide assistance to our membership. Our goal is to make a difference in our community," said Carol Wang, MOMS executive director.

CONT. PAGE 25



“I got a call from MOMS asking: ‘Do you have any needs?’ I appreciated the call.”

— LAURA WILWERDING, M.D.



“In times when everything has been turned on its side, MOMS’ goal is to serve as a resource and provide assistance to our membership. Our goal is to make a difference in our community.”

— CAROL WANG



FROM PAGE 22

Here are some ways that MOMS supported its members and served as a community resource during the pandemic:

CHILD CARE NEEDS FOR PROVIDERS

With schools closed, physicians and other health care providers found themselves without care for their children. MOMS reached out to local nursing, education, early childhood education students at UNO, Creighton, MCC, and Methodist to see if they would be willing to provide temporary childcare services to area healthcare providers. More than 80 students signed up and MOMS connected healthcare providers with applicants that matched their needs in terms of availability, services, etc.

The program will continue to be available throughout the pandemic. If healthcare providers find their childcare situations to change, they are welcome to submit a request on the MOMS website at <https://omahamedical.com/child-care-request/>.

PHYSICIANS AS VOLUNTEERS

At the request of several local health system administrators, MOMS contacted its membership and compiled a list of licensed physicians who were willing to assist with COVID-19 related telehealth triage and patient care should the need arise. Members were contacted by email and through e-bulletins. More than 50 physicians offered to help and will be called upon if needed.

PRIVATE PRACTICE RELIEF RESOURCES

MOMS has ongoing collaboration with its strategic partners to provide members information and resources. Many clinics had questions related to the CARES Act, including the payroll protection plan and other options for small businesses. Partners Laurie

Craddick from Access Bank and Rick Rawley from Core Bank provided advice for physicians whose practices needed assistance. Resources, along with partner names and companies, were made available to members. Links can be found on MOMS' website.

COMMUNICATION WITH COMMUNITY, GOVERNMENTAL LEADERS

MOMS is maintaining contact with Nebraska's congressional leaders and county health departments to offer assistance and address issues impacting physicians and their practices.

RESOURCES TO COMBAT STRESS

MOMS continues to offer wellness resources to its members who are experiencing high stress or other emotional challenges. Please see the story on page 20 for additional information.

ASSIST MEMBER PHYSICIANS

During March and April, MOMS staffers contacted members, especially those in private practice, to offer assistance. In some cases, that assistance came in the form of obtaining supplies. Here's one example:

As much as she appreciated the supply of hand sanitizer MOMS found for her clinic, Laura Wilwerding, M.D., was even more grateful for the call from a staffer from the medical society asking if she needed assistance.

"I got a call from MOMS asking: 'Do you have any needs?'" Dr. Wilwerding said. "I appreciated the call."

As predictions that COVID-19 would hit the United States with a fury became more and more prominent, Dr. Wilwerding said, she did what she could to prepare her clinic, Naturally Healthy Kids. She restricted access to her clinic, encouraged patients to come in early for sick visits, and started conducting wellness visits in patients' vehicles. She geared up in protective gear.


Her challenge as a small clinic, she said, was obtaining personal protective equipment. "Medical supply companies were not allowing us to order—we're not a big enough outlet."

MOMS' call was a godsend—but more so a wonderful gesture, she said. In the end, Dr. Wilwerding said, she was able to donate some N95 masks she had obtained, but didn't need. "They helped me, so I tried to help them."

Wang said in return: "Our members always answer the call when their medical society needs their assistance. We hope in some small way, we can return the favor."

COMMUNITY FACE MASK DISTRIBUTION

Following the success of the provider PPE drive and collaboration with medical students, MOMS broadened its focus to include another portion of its mission—community health. Utilizing an already existing pool of volunteers and expanding it, MOMS embarked in an effort to sew and distribute masks within the community, particularly to underserved and at risk populations. The effort is a collaboration of UNMC medical students handling logistics, CUMC medical students and members of the sewing community along with untold community powers. It is being funded through generous grants from the Sherwood Foundation and Blue Cross Blue Shield of Nebraska. The effort was getting underway at the printing of this issue.

"We are grateful to our community partners for recognizing the importance of increasing the availability of masks to encourage compliance with current recommendations aimed at minimizing the spread of COVID-19," said Wang. 



“Our health care providers are always there for us. Our doctors are there for us. We want to be there to support them when they need us.”

— DEBRA ESSER, M.D.



MOMS FOUNDATION:

PPE Drive Hits Home

STORY PAGE 28



Each year, the Metro Omaha Medical Society Foundation financially supports local nonprofit organizations that impact the health of our community. This year, in response to the COVID-19 pandemic, the foundation is supporting and assisting an effort—spearheaded by the spouses of four medical residents—that takes aim at getting personal protective equipment in the hands of the health care professionals who desperately need them.

“These are unprecedented times,” said Debra Esser, M.D., foundation president. “We were unprepared. There was not enough personal protective equipment for physicians and hospitals. That was a great concern for us as a medical society.”

Likewise, it was a concern to Ashley Hall, whose husband is a surgical resident at the University of Nebraska Medical Center. Hall and three others wondered whether they could find personal protective equipment (gloves, masks, face shields, goggles and gowns), which could be used by area hospitals and medical clinics.

The four women—Hall, Laura Fuglestad, Victoria Blair and Nishma Malhotra—decided to find out. Their organization—Omaha C-19 PPE Response Effort—serves as the middle man of sorts, locating PPE for area hospitals, clinics and physicians with shortages.

The shortage in PPE hit home, Hall said. Their husbands—three of which are living away from home to protect their families from potential exposure to the virus. The four women heard stories of health care institutions experiencing shortages. “We decided we’re just going to try and find the available PPE, get donations and get the items in the hands of the health care workers on the frontline. Being a grassroots effort means we do not have to worry about long-term contracts or organizational red tape.”



UNMC medical student volunteer Megha Patel picks up a shipment of N95 masks for distribution in the Omaha Medical Community

So the women behind Omaha C-19 PPE Response Effort got to work. They did their research, contacted suppliers and turned creative—asking themselves who might have items like gloves, n95 masks and goggles. Who would be willing to donate them?

They found PPE in unusual places—high school woodworking classes, chemistry labs and art classes. Ranches, construction crews, tattoo parlors, and mold remediation companies. The list goes on, Hall said.

Omaha C-19 PPE Response Effort has not set a target for PPE acquired and distributed, Hall said—just to find as many as they can. Nor do the four women plan

“We don’t plan to be around forever. We hope to do all we can for as long as there is a need.”

— ASHLEY HALL

to keep searching and distributing PPE after the pandemic lessens. “We don’t plan to be around forever,” she said. “We hope to do all we can for as long as there is a need.”

And while they are, she said, they’ll do all they can to protect health care workers.

The MOMS Foundation is happy to assist their effort, Dr. Esser said.

First some history: Each year, the MOMS Foundation, which was founded in 1994, awards grants to local non-profit, health-related organizations whose efforts make a positive impact in our community.

This year, the foundation leadership decided, in lieu of awarding community grants, to use those grant funds to provide financial support to Omaha C-19 PPE Response Effort, as well as assist in sourcing

and providing the health care community with PPE. Anyone can support the effort in two ways:

- **Make a monetary donation:**
 - Online by credit card: omahamedical.com/ppe-donation-form/
 - Using Venmo: @covidPPEomaha
- **Donating PPE Equipment.**
Email omahaPPEdonations@gmail.com

Hall said the MOMS Foundation has assisted in another way: The foundation has nonprofit status, Omaha

C-19 PPE Response Effort does not. Donors can direct their financial support for Omaha C-19 PPE Response Effort through the MOMS Foundation, Dr. Esser said, and receive credit for the charitable contribution.

Dr. Esser said foundation leadership saw an opportunity to support a cause that hits close to home—and took it. “Our health care providers are always there for us. Our doctors are there for us. We want to be there to support them when they need us.”





The MOMS Early Career Physicians Committee members: (from left) Chair Alëna Balasanova, M.D.; Jordan Warchol, M.D.; Michael Visenio, M.D.; and Melanie Ortleb, M.D. (not pictured Sawsan Abulaimoun, M.D.)



ECP GROUP PROVIDES TIME FOR SOCIALIZING, NETWORKING

STORY PAGE 33



The Balasanova File

Hometown

Bauk, Azerbaijan

Undergraduate Degree

Johns Hopkins University in Baltimore in Spanish and psychology

Medical Degree

Harvard Medical School

Residency

Boston University in psychiatry

Specialty

Addiction psychiatry

Title

Assistant professor of psychiatry

Location

UNMC Department of Psychiatry

Title

Director

Location

Addiction Psychiatry Outpatient Clinic, Nebraska Medicine

Family

Husband, Jason Autore; twin sons, Alec and Eric

Why She Joined MOMS

"Having just moved to Omaha, MOMS was the natural go-to. I was looking for a physician community of like-minded doctors who were engaged in the community—and MOMS provided that for me."

MOMS ECP member Jennifer Abrahams, M.D., networks at the Trivia Night event.



Sawsan Abulaimoun, M.D., looks forward to learning what MOMS' Early Career Physician Group has planned for its next gathering. "I enjoy these times," she said, "because I enjoy meeting people."

Dr. Abulaimoun, who is completing her residency at Creighton, joined the group because, she said, she found herself finally at the point in her studies where she has time to socialize. "And I was looking for mentors."

She received an email invitation from MOMS in summer 2018 to attend an ECP event, and encouraged her classmates to join her. "They all couldn't attend at the last minute, but I still went. Everyone I met was friendly and I had an opportunity to connect with people."

Dr. Abulaimoun's recap of her initial outing with the group speaks to its two-part purpose: To provide those new to medicine with opportunities to network and to socialize.

Alëna A. Balasanova, M.D., said she got involved with the ECP group after attending the MOMS Annual Meeting in 2016. "I had just moved here and felt so welcomed by MOMS that I immediately knew I wanted to get involved with this group of physician leaders."

She also heard about the ECP Group that evening and knew she wanted to be involved. She attended her first ECP social event—a gathering at the Lucky Bucket Brewing Co.—and enjoyed the camaraderie she experienced. She later shared suggestions with MOMS Executive Director Carol Wang for how the group could be more active.

She now chairs the ECP Group and serves on MOMS' Board of Directors.


Her first step as the group's leader was to poll MOMS members who are new to the profession (early career physicians, according to MOMS' definition, are those in practice five years or fewer, no matter their age).

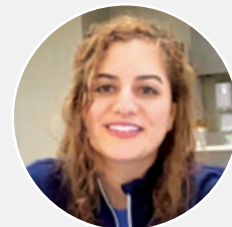
Providing opportunities to network and to socialize topped survey participants' wish lists. "At the same time, we want to increase engagement in MOMS and boost recruitment," Dr. Balasanova said. "We want to demonstrate the value of membership in MOMS." To do this, the ECP committee decided that for their initial few events attendees could bring a non-MOMS member guest with the hope that attending the event would inspire the non-member to join.

"I think MOMS is so important to early career physicians," she said. "In addition to the professional networking and social platform MOMS provides, members learn how to advocate for their profession and their patients. They develop leadership skills. They identify mentors and they learn about research opportunities. The benefits of membership are endless."

Dr. Balasanova said her goal for each ECP event is to provide time for attendees to socialize, learn from one another, and promote professionalism and collegiality. At the Lucky Bucket event, MOMS leaders talked with attendees about their experiences in medicine. Another event—held at Railcar Modern American Kitchen in Omaha—focused more on socializing and networking.

In March, the ECP Group partnered with peers groups from such specialty organizations as the Nebraska Chapter of the American College of Physicians and Nebraska Psychiatry Society for trivia night at the Kaufmann Room at Scriptown in the Blackstone District. About 20 people attended. Dr. Balasanova said it was wonderful to meet and interact with physicians from varied specialties she may not otherwise have a chance to know.

Dr. Abulaimoun said she tries to attend ECP Group events whenever her schedule allows. She's also become involved with MOMS' Women in Medicine Group. "Both are an excellent way to meet people and get ideas. You never know who has an answer to your question or a solution to your problem." 



The Abulaimoun File

Hometown

Paramus, New Jersey

Medical Degree

Hashemite University School of Medicine in Zarqa, Jordan

Residency

Creighton University Medical Center in internal medicine

Hobbies

Cooking, dancing and socializing

Why She Joined MOMS

"To connect with people with similar interests."

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MOMS COVID-19 UPDATE

To protect our members and staff, Metro Omaha Medical Society is suspending and/or postponing all member events. As soon as we feel it is safe to do so, we will communicate new dates for upcoming events.

We have plans in place for our staff to work remotely and our office will continue to operate as normal as possible.

Visit omahamedical.com and nebmed.org for the latest physician resources as it relates to COVID-19

- Telehealth & Testing Coverage
- Local Conference Call/Webinar Schedules
- Updated Protocols & Checklists
- Childcare Requests



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NEW MEMBERS

Brent Deibert, M.D.*

Ophthalmology

Robert Zatechka, M.D.

Anesthesiology
Orthoanesthesia, PC

**Resident*

— IN —
MEMORIAM

CECILE MARIE ZIELINSKI, M.D.

Aug. 27, 1950 – Jan. 24, 2020





NEW CLINICS TO FOCUS ON DOWN SYNDROME, AUTISM

Boys Town Hospital recently announced the addition of two new clinics, the Down Syndrome Clinic and the Autism Clinic, which provide care for pediatric patients.

The comprehensive clinics are designed to provide diagnosis, management and care for children with Down syndrome or autism, along with other co-morbidities, in one familiar location. The comprehensive clinic team includes specialists and clinicians in pediatric neurology, genetic counseling, developmental pediatrics, physical therapy and social work.

"We are here to provide a holistic approach to management of complex neurological conditions," said Shaguna Mathur, M.D., pediatric neurologist and lead physician of the clinics. "We work closely with the families to create a treatment plan that is unique and catered to each child."

The Down Syndrome Clinic and the Autism Clinic are open at the Boys Town National Research Hospital, Pacific Street Medical Clinic, 14040 Boys Town Hospital Road. (531) 355-7420. [📍](#)



CORONAVIRUS HELP LINE HELPS PATIENTS

CHI Health set up a special state-wide CHI Help Line to help patients determine if they're at risk for COVID-19. Almost 180,000 people had visited the page as of mid-April.

The page was intended to help calm fears, answer questions and direct patients who may be high risk to the right help.

Visitors to the page were encouraged to take a short questionnaire. The four questions asked dealt with recent travel, whether the person had a fever and/or was suffering from a lower respiratory illness or had been exposed to someone who'd tested positive for COVID-19. Those who appeared to be high risk were directed to a special Help Line. A health care provider called each back within 30 minutes to discuss next steps. The help was available 24 hours a day and free.

Because CHI Health has patients from Kearney, Nebraska, to Corning, Iowa, the goal is to make sure everyone has access to critical information about COVID-19. The test also discouraged those at high risk from just showing up at a clinic or hospital and exposing others to the virus. In addition to the Help Line, CHI Health took extra precautions at its clinics and emergency rooms. Staff screened patients as they arrived to eliminate potential spread of the coronavirus. [📍](#)



HEREDITARY CANCER CENTER RESEARCHERS MAKING GROUNDBREAKING DISCOVERIES

The work of researchers in the Hereditary Cancer Center at Creighton University already is getting noticed.

Robin Farias-Eisner, M.D., Ph.D., the newest director of Creighton University's Hereditary Cancer Center, said he and a team of researchers have discovered a new drug with the potential to treat a broad array of illnesses, including ovarian cancer, colon cancer, macular degeneration, heart disease and more.

The research is one example of how the Hereditary Cancer Center is fulfilling its mission to pursue comprehensive research on all types of cancer. Established in 1984, the center is particularly devoted to cancer prevention through identification of hereditary cancer syndromes.

The center was founded by cancer researcher Henry Lynch, M.D., a Creighton professor and pioneer in the field of cancer genetics. Prior to Dr. Lynch's research, prevailing medical thought held that cancer was primarily caused by environmental factors.

Dr. Lynch died at the age of 94 in June 2019. In July, the University named Dr. Farias-Eisner the new head of the Hereditary Cancer Center.

Dr. Farias-Eisner came to Creighton from the University of California, Los Angeles. There, as a surgeon-scientist, he earned a doctoral degree in molecular biology and ran his own laboratory specializing in women's cancer research.

"My ultimate objective was to take care of women who had cancer, particularly gynecological cancers, because I felt that was an underserved population," Dr. Farias-Eisner said.

Through his lab work, Dr. Farias-Eisner and a team of researchers identified a group of proteins that serve as early identifiers of ovarian cancer. The research led to the development of OVA1, a blood test that is currently being used worldwide to diagnose the disease. [📍](#)



METHODIST

COMMISSION ON CANCER RECOGNIZES 49 PROGRAMS

The Commission on Cancer (CoC) of the American College of Surgeons (ACS) has granted its 2019 Outstanding Achievement Award to a select group of 49 accredited cancer programs throughout the United States.


For the third consecutive survey cycle, Methodist Hospital, home to Methodist Estabrook Cancer Center, has received the honor. Methodist's is the only cancer center in Omaha to be honored during the 2019 cycle.

Award criteria were based on qualitative and quantitative surveys of cancer programs conducted throughout the year. The purpose of the award is to raise the bar on quality cancer care, with the ultimate goal of increasing awareness about quality care choices among cancer patients and their loved ones. In addition, the award is intended to:

- Recognize cancer programs that achieve excellence in providing quality care to cancer patients.
- Motivate other cancer programs to work toward improving their level of care.
- Facilitate dialogue between award recipients and health care professionals at other cancer facilities for the purpose of sharing best practices.
- Encourage honorees to serve as quality-care resources to other cancer programs.

"More and more, we're finding that patients and their families want to know how the health care institutions in their communities compare with one another," said Lawrence N. Shulman, M.D., chair of the CoC.

The 49 award-winning cancer care programs represent approximately 7% of programs surveyed by the CoC from Jan. 1 to Dec. 31, 2019. A full list of the award-winning programs can be found at the ACS website.

"These cancer programs currently represent the best of the best when it comes to cancer care," Dr. Shulman added. "These facilities are not just meeting nationally recognized standards for the delivery of quality cancer care. They are exceeding them." 



PHYSICIANS INVENT INTUBATION SHIELD


As a direct result of the COVID-19 pandemic, two physicians have invented a new protective barrier that will shield health care workers from contagions and other contaminants during patient intubation procedures.

The inventors, Thomas Schulte, M.D., and Michael Ash, M.D., in collaboration with Scott Nepper at Design Plastics, Inc. in Omaha, were looking for a way to help offset the widespread shortages of personal protective equipment facing health care workers during the pandemic while creating a better version of intubation boxes already on the market.

"We liked the idea of the intubation box, but worried the rigid construction and size would have limited us to only a few operating rooms," said Dr. Ash, a physician who executive vice president and chief transformation officer at Nebraska Medicine. "We also worried about storage after the pandemic. We came up with a lightweight, foldable solution that is easily maneuverable for our providers and easy to clean. We now have 30 Intubation Shields deployed around the hospital."

The looks like a four-sided box made of a clear, lightweight plastic with ports so a health care professional can access the patient.

Easily maneuverable and adjustable, the Intubation Shield acts as a barrier to any pathogens a patient might express as a physician installs a tube down a patient's throat and into the lungs. The box is lightweight, folds flat for easy storage and can be cleaned for multiple uses, including using UV cleaning methods.

UNeMed, the technology transfer and commercialization office for UNMC and UNO, will ship intubation boxes to hospitals in some of the areas hardest hit by COVID-19. 



**University of Nebraska
Medical Center**


COVID-19 SCREENING MOBILE APP LAUNCHED TO ASSIST FIRST RESPONDERS

The University of Nebraska Medical Center launched a groundbreaking mobile app to screen large groups of individuals who are concerned that they may have COVID-19 and to help first responders and other health care providers determine a person's likelihood of carrying the disease.

UNMC worked in concert with Apple and with assistance from students at the University of Nebraska at Omaha to fast-track development, repeatedly test and now distribute the app, which can be downloaded on the App Store.

1-Check COVID was created using Apple's ResearchKit and CareKit frameworks alongside UNMC medical and public health experts, who developed the appropriate clinical algorithms. The UNMC team was assisted by UNO's Harnoor Singh, director of student development for the Scott Scholars Program, as well as a small group of UNO students in the Scott Scholars program.

1-Check COVID is a user-friendly app that enables people to answer a series of questions and assess their likelihood of having COVID-19. Based on the user's input, the screening app will issue a "low-risk," "urgent risk" or "emergent risk" assessment and guide the individual toward possible next steps specific to their needs. The steps range from continued monitoring of symptoms, contacting one's health care clinic or public health department to determine whether testing is needed, or going to the nearest emergency facility and/or calling "911."

Although not a diagnostic tool, 1-Check COVID will provide appropriate advice based on the user's symptoms, recent travel, geographic region (based on the ZIP code) and medical history. Developers say the screening app will enable individuals to make thoughtful decisions about when, or if, they should seek medical attention and allow them to immediately share the results only if they so choose. 



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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