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COVID-19: RISING TO THE PEAK

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Metro Omaha Medical Society

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COMING VIRTUAL EVENTS

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AUG 04

MOMS CAUCUS

TUESDAY, AUGUST 4 | 6:00 P.M. - 7:30 P.M.

AUG 06

MEMBER CHECK-IN WITH DR. PETERS

THURSDAY, AUGUST 6 | 5:30 P.M. - 7:00 P.M.

This event will fosus on resources for physicians/practices and will feature some of MOMS Strategic Partners (see ad on page 16)

AUG 13

PREPARING TO RETIRE? WHAT PHYSICIANS NEED TO KNOW

THURSDAY, AUGUST 13 | 6:00 P.M. - 7:30 P.M.

AUG 27

LAUGHTER IS THE BEST MEDICINE: STAND-UP COMEDY FROM PRIYANKA WALI, M.D.

THURSDAY, AUGUST 27 | 7:00 P.M.

AUG 28

NMA VIRTUAL ANNUAL MEETING & HOUSE OF DELEGATES

FRIDAY, AUGUST 28 | 1:00 - 5:00 P.M.

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NAVIGATING THE INTERSECTION OF UNCERTAINTY AND DANGER

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

We have found ourselves at the intersection of uncertainty and danger.

Danger as the pandemic spreads through our communities, friends and family members, and uncertainty as to the outcome of the pandemic, individually or collectively.

Like others, I have spent my time scouring the news and literature, trying to understand the impact the pandemic will have on health, family, travel, clinical work, and economic wellbeing. I try to find an end date, when family can once again safely gather with others.

With so much time spent at home in a physically distanced environment, there is time to realize that, for comfort, I need some type of cognitive closure.

As a rule, in the process of dealing with uncertainty, it is known that people seek out what psychologists call "cognitive closure," also defined as "closure and guidance about what to do."

Cognitive closure occurs when an individual has made a decision about what plan of action to take. Individuals then have a tendency to crystallize, or harden, the process, increasing the desire to take that particular chosen action. Once crystallized, it is more difficult to choose another action, so decisions must be made carefully.

While changes are mandated at work, individuals can choose their own plan of action to deal with the pandemic. The current personal choices available mainly involve three actions: physical distancing, masking, and hand washing.

This year in February, I retired from the active practice of medicine. In the weeks following my retirement, I began a full travel schedule, visiting my daughter in Washington, D.C., and going on safari in Tanzania. We had a layover in Amsterdam Feb. 29. No one seemed concerned about the SARS-type infection, and we visited crowded museums and packed restaurants.

We then went to Utah for a ski race for our grandson. During that visit, the world seemed to come to a halt. Ski races were cancelled, and ski areas were closed. Worried, I selected a nonstop flight and returned to Omaha.

After so much travel, my husband and I decided to isolate at home. Those two weeks of isolation became two months, and then four months. The Governor's Directed Health Measures were issued in mid-March, closing restaurants, schools and many of our usual activities. With the DHM, we were given a list of tasks to complete, and we did them. It was easy, as the directive had little ambiguity. A list of tasks was given, and we set about doing them.

Like others, we set up a personal supply chain with delivery from grocery stores, Amazon and local vendors. We stocked our freezer and made sure our cars were filled with gas. We were told to buy bottled water and get antiseptic wipes, and we did.

Life changed. I began to cook all our meals and we learned to do our own home repairs, using YouTube tutorials. While we learned to limit our trips outside, our former partners learned to don and doff PPE as they cared for patients suspected and confirmed to have COVIS-19. Everyone learned to ZOOM, whether for work or social interaction.

Personally, we masked early, but the masks we had were from the home workshop in the basement, not the medical masks we had worn at work. We felt it was important to model the behavior of masking, and we hoped for some protection from COVID-19. It became a habit—a necessary, visible shield against the outbreak.

As the pandemic progressed, changes happened, and recommendations were revised. As tools and predictive protocols were developed for tracking and treating COVID-19, the danger became quantifiable. As guidelines for treatment were developed and revised, they were debated by professional and lay people alike. Information became mingled with misinformation, on the news, social media, and in personal conversations.

We have lost our sense of security and look to find it. Ambiguity causes discomfort. Change is hard. We can become resistant to change, frozen in our past choices.

To progress through the pandemic safely, I feel people need steady, reassuring leadership. People seek their own cognitive closure, or clarity and guidance about actions that they personally need to take.

You, the readers of this magazine, can and do provide this steady, reassuring leadership. People listen to the news, but they seek the advice of their local, trusted physician to help them understand the news and put it into their own personal context. People are looking to physicians to model behavior.

Omaha is now at the intersection of uncertainty and danger.

Thank you for providing care, clarity and guidance.

Please enjoy the articles we have prepared about scientific discovery, adapting practice model in a changing environment, and community cooperation.

I hope you stay well.

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A PRESCRIPTION FOR HEALTH AND HAPPINESS

CAROL WANG
Executive Director
Metro Omaha Medical Society

When I last saw some of you, it was at our annual meeting in January and we were envisioning a year of connection and conversation. What we didn't envision is that just a couple of months later, we would be dealing with a worldwide pandemic that would touch all of our lives in profound ways and isolate people from each other in the name of public health.

Ever since we've collectively moved people to working from home, for those who can, and turned parents into homeschoolers, daily life has taken on such a surreal quality. I've likened it to looking at objects as if you're underwater where things appear almost the same but a little distorted.

In this new reality, I know you are all dealing with personal and professional challenges. And I want you to take a moment to answer this question honestly: 'How are you?'

"In this new reality, I know you are all dealing with personal and professional challenges. And I want you to take a moment to answer this question honestly: 'How are you?'"
— CAROL WANG

You may be frustrated, stressed, confused, on-edge, overwhelmed, tired, emotionally exhausted, lonely, bored, feeling a renewed sense of purpose, counting your blessings, or any combination of emotions. If your answer to that question troubles you, or makes you hesitate to say it aloud, I want you to consider connecting with a friend or confiding in someone and giving yourself a break. Even the hardiest of souls is struggling with everyday tasks and feeling off-balance. But if you need some help coping, please seek it out. Conversely, I challenge all of you to reach out to someone—a colleague you haven't seen in a while, a friend from residency with whom it's been ages since you talked, or just someone you know who would appreciate it and check in. Send a text, call on the way home, leave a message that you're thinking of them. I can guarantee that it will brighten their day and if you're lucky to have a conversation, I bet you'll thoroughly enjoy it. This alternate universe we're in really spotlights the fundamental need for all of us to be heard and know someone hears you.

We at MOMS have heard your worries about bringing the virus home to your family, the feelings of helplessness that you can't do more, the fear that your practice will not be able to survive the lack of patients or that you don't have the tools you need to protect and treat. Some things we hope we've been able to help provide in the forms of comfort and resources; other instances, we just want you to know you're in our thoughts every day.

We miss all of you and being able to be in a room together rather than in a square on a video conference call. We're also inspired by the courage each of you shows as you witness pain and suffering, but forge ahead with conviction and ingenuity.

In witnessing these historic times, some of you will carry patients' stories because of their endings, both tragic and triumphant. Hopefully in all of that, you have taken time to be kind to yourself, to find moments of laughter to re-fuel your sense of hope and humanity. We wanted to capture some of those emotional highs and lows in this issue.

2020 is delivering us some life lessons that we've taken for granted or just needed reinforcing. We are all learning that in the absence of being physically together, connection and communication take on more vital roles. We are seeing that compassion and empathy are precious commodities no matter what is happening in the world. We've prioritized simplifying our lives, our routines, making our days work with less. This year has starkly reminded us that time in any form is to be treasured and gratitude in any dose matters. If all of us can take these to heart, we will ultimately find them to be good prescriptions for health and happiness.

NMA IS ARM-IN-ARM WITH ITS MEMBERS

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

I am certain we can all think of times throughout life where we have been pushed to our limits, whether it's mentally, physically, emotionally, financially, or spiritually. Medical school. Losing a loved one. Navigating a pandemic as a physician—just to name a few.

As we face challenging circumstances, I keep reminding myself of a few quotes that I heard from my mentors while growing up and facing my own challenges:

- "Bend but don't break."
- "Get out of your comfort zone."
- "Stretching is a time for learning."

I think that it is safe to say that since the pandemic hit in March, in one way or another we have brought these quotes to life and are living them. It kind of feels like we are playing an endless game of Twister; twisting, turning, and adapting to new information, to then learn that the guidance and information has changed—taking us all a new direction. For some, the changes seem unrealistic, and for others, a little more manageable.

COVID-19 has pushed health care delivery out of its comfort zone and we are now facing new territory: the stretch zone (learning and growth), or the panic zone (anxiety, worry, concern, and irritability). Some of you may be getting pushed by taking on new roles, reducing or closing clinics, changing your daily routine, reworking your office or clinical setting to meet guidelines, changing your delivery of care by incorporating telemedicine, or ensuring you have enough PPE.

The staff at the Nebraska Medical Association is also experiencing a combination of the stretch and panic zones. I am stretching all staff members to make certain that we address the needs of our members while trying to stay the course to keep other necessary and important projects moving forward. My staff and I have been on a steep learning curve ensuring that we are well versed on the CARES Act, COVID-19 testing, available state financial resources, telemedicine access and reimbursement, and PPE suppliers.

I also have one foot in the panic zone as I strategized on how to provide support for our members as I continuously learn and understand how much of a burden COVID-19 has been for you (for everyone in health care) and realize that this is going to be our reality for the next year or so. My concern is not about whether the NMA can continue to provide support for the members, but I am deeply concerned about how much one person can manage without "breaking." I am truly concerned about the well-being of our medical community and believe that we all need to be focused on ensuring we get through this together, arm-in-arm.

In addition to what we have been providing specific to COVID-19, the NMA has a few additional resources that I would like to remind you about and encourage you to take advantage of them.

In early August, the NMA will be launching LifeBridge, a free, confidential physician wellness program that is available to all Nebraska physicians. This is a peer-to-peer physician coaching program that allows physicians to get connected to a coach to discuss issues that arise. This may include personal wellbeing matters, how to navigate your first medical malpractice lawsuit, workplace issues, struggling with anxiety and depression, or burnout, to name a few.

In addition, the NMA Physician Leadership Academy will start in October 2020 and is a nine-month program. This is a free, industry-relevant, peer-based leadership development program that is designed and led by a successful business executive and coach. The NMA Physician Leadership Academy is a unique opportunity to gain actional insight on your strengths and challenges.

I encourage you to check out both of these programs and many other physician resources at www.nebmed.org.

No matter what zone you are in, managing the pandemic will be ever changing and it is important to know that the NMA is, and will continue to be, right beside you supporting all members, arm-in-arm.

Metro Omaha Medical Society

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A STRONGER TOGETHER NEBRASKA

ANDREW COUGHLIN, M.D., F.A.C.S.
Head and Neck Ablative and Reconstructive Surgery
Nebraska Methodist Hospital Estabrook Cancer Center

Associate Professor
Creighton General Surgery

Personal reflection is exceptionally important. It provides time to evaluate if we are on the right path not just from a career standpoint, but also physically and emotionally with our life outside of work.

During this massive shutdown of the world for the COVID-19 pandemic, I have had the opportunity to sit and reflect upon many things with mixed feelings. Thankfully, the virus has not been near as deadly as originally thought. However, a feeling of sadness looms over the amount of sickness and mortality that has stricken the world. On the other hand, the amount of personal time I have had to enjoy with my wife and kids and even exercise (yes it does exist) that has occurred over the last two months has been a refreshing change. While much of my self-reflection has been introspective, I have also been thinking long and hard about the way we interact with our colleagues in the medical field.

As the pandemic hit, everyone ran to his or her local, state and national medical societies in search of answers, solutions and political representation. Many of these providers had been absent for years or even decades from their representative organizations. Where did all these people come from? What were they spending their time doing instead of collaborating with the greater medical community? Why did they wait for a catastrophic event to become involved and engaged? How do we reach out and keep them now that they are back?

While many questions are still yet to be answered not only about the future of how medicine is practiced, how our economy and society will recover and what long-term unintended consequences might come from this; I must congratulate the Metro Omaha Medical Society as well as the Nebraska Medical Association for being outspoken and available for physicians in Omaha and the entire state during this time of need. They have served as a constant source of reason, information, and collegiality to help curb the frustrations surrounding these uncertain times. They have continually looked for ways to reach out to provide clarity on the ever-changing information arising from the CDC and other national organizations. Most importantly, they have been exceptional in identifying gaps most notably with their donations of PPE within the community.

Simply put, MOMS and the NMA have been instrumental in looking at the bigger picture to assess the needs of not only patients, but also physicians struggling through this crisis. Despite these efforts, I still feel that many providers across the state recognize that there is a real opportunity to address the finer details of "what else" is needed. Our practices are so incredibly heterogenous that what is right for a large group multispecialty private practice may not be the same for the smaller 1-3 provider practices, hospital employed providers or even academicians. The same holds true for differences between specialists and primary care providers or proceduralists compared with clinic-based providers. Trying to apply a one-size-fits-all approach to recovery from this pandemic is extremely challenging, especially if we don't have input from people across the spectrum.

"No one knows Nebraska's critical needs more than the physicians, and the beauty of this state is that everybody knows everybody. Nebraska thrives when all systems are strong. We are constantly in need of new people and new ideas."

— ANDREW COUGHLIN, M.D.

This is where you come in, an individual physician. While I am quite hopeful that the peak of COVID-19 is behind us and that we are on the road to recovery, I also recognize that a similar flare in the fall or even another pandemic in the years to come is inevitable. Survival, not success, is achieved during a crisis. Success is earned during the interim with careful planning and development of strong chains of command and supply chains. Not every detail of how to attack these situations can be exacted, but we must be motivated in times of ease so that we prevail in times of trial.

As a member of both MOMS and the NMA, I see great potential for both organizations to lead in efforts to provide a sounding board and haven for physicians of all backgrounds across the state. No one knows Nebraska's critical needs more than the physicians, and the beauty of this state is that everybody knows everybody. Nebraska thrives when all systems are strong. We are constantly in need of new people and new ideas. This pandemic has hit directly in our backyards and should be the impetus to get involved now! I am calling each person reading this to reach out to a colleague or friend and encourage them to join these organizations. A little time spent now will go a long way to success in the future.

Together, we are stronger.

A COMMITMENT TO ATTAIN A CULTURE OF EXCELLENCE

TODD D. GRAGES, MSBA
President and CEO
Methodist Physicians Clinic

As a young medical practice executive, it didn't take long for me to recognize that physicians in private practice seemed a lot happier than employed physicians. I committed myself to the goal of creating a culture where physicians employed by a nonprofit medical group could achieve a culture of excellence. I sincerely believe this is the greatest commitment that a medical practice executive can make to the physicians, the organization and to the profession.

But in 2006, I struggled with what direction and action to take that would help move the needle culturally while improving physician job satisfaction. So, I asked as many physicians as I could that would sit down and talk with me. Of the 100 or so physicians with whom I met, three consistent themes came to light:

- Everyone makes decisions about my practice except for me.
- Everyone is getting a better deal than the people who take care of patients.
- There's way too much administration and they all think they know more about my practice than me.

Knowing that I needed to take action toward making improvements quickly to show the time they spent sharing their feelings was worth it and that you really are committed to making positive changes, I made the following changes:

- Dramatically reduced the administration staff, including eliminating the chief medical officer and chief operating officer positions.
- Started a clinical staff incentive program that provided the clinical and non-clinical support with bonuses to encourage higher performance of the staff supporting the physicians.

I was pleased with the majority of changes made because they directly addressed the key reasons physicians were dissatisfied. But when the American Medical Group Association provider satisfaction results arrived, sadly, there were no changes in the results! No positive movement whatsoever! In some areas of the survey, they even went down. I was devastated by the results. The physicians' main complaints were their lack of control over their practices.

What do you do? I realized if I was truly going to move my cause forward my next decisions had to be more meaningful to the physicians. Over the next few years some of those changes included:

- Changing the reporting of the practice managers from administration to the joint reporting to physicians and administration.
- Giving physicians the ability to make the decisions on how their practice would be run and operated.
- Allowing each physician the opportunity to interview and hire their own staff. If they wanted to add an additional staff person they had to get approval from what they now call their partners.
- Giving physicians the ability to set and change their clinic schedule, decide when they would be gone and when they were going to CME.
- And lastly, physicians were given complete control over recruitment of other partners.

I'm sure most health care executives after reading this would think I'm completely insane. But the results speak for themselves. It took five years for Methodist Physicians Clinic (MPC) to get above the 50th percentile and seven years to reach the top 5% nationally in provider satisfaction. This year MPC had its highest scores ever and landed in the 97th percentile nationally.

Creating a culture where physicians succeed or fail based on their own merits is essential to this process of advancing the culture of the organization. By having physicians directly involved in the decisions of their practice, they gain the skills necessary for leadership, better understand the organization and develop as leaders. Every decision that is taken from the practicing physician and decided solely by the administration has significant negative impact on the physician morale. When physicians realize they have the ability to impact their own practice they work harder to make it successful.

HERE'S THE PROOF: Average MPC physician productivity is in the 70th percentile. Also, because of our physician leaders, our administrative costs are below the 10th percentile nationally. Patient experience scores for physician rating and overall quality of care are in the top 10% nationally. Physician annual retention rates have averaged 98%.

As far as my statement earlier, that private practice physicians seemed a lot happier than employed physicians, at Methodist Physicians Clinic we've proven that to be untrue. Choosing to commit to a culture of excellence is a long journey that's taken 15 years to get to where we are today, and we're not done. My view is that we can always be better and by being visible and available to our physicians, we're still listening.

8 QUESTIONS YOU SHOULD ANSWER BEFORE SELLING YOUR PRACTICE

LAURIE CRADICK
Vice President –
Executive Banking Relationship Manager
ACCESSbank Executive Banking

Selling a practice doesn't need to be difficult. Practically speaking, it's just a transaction. It's a fairly simple process of transferring one asset for another: your company for an agreed-upon amount.

Of course, it's rarely that easy. You undoubtedly have a large portion of your time, energy and emotion invested in your practice. This connection can disrupt your thinking during the process and make it harder to prepare for the sale. To help, we've put together a list of the eight things you should consider before you actually enter into the process.

These questions are not a definitive checklist of the necessary considerations, but hopefully they begin to prepare you for the steps you'll need to take when you decide to transition to another owner.

1. DO YOU HAVE AN EXIT STRATEGY?

You should. In fact, the first thing you should do before putting your practice on the market is to look around at the people who work for you. Would any of them want to buy your practice? Selling to an employee is typically one of the easiest transitions to make because they know your practice, your patients and your colleagues. If that's not possible, you'll probably need to build in some time during and after the sale to help the new owner gain a good understanding of your infrastructure, processes and workforce.

2. DO YOU HAVE A GOOD EXPLANATION FOR THE SALE?

Potential buyers will want to know why you're selling your practice and why you're selling it now. Regardless of the reason, you'll need to have an answer. Some answers will receive less scrutiny than others: retirement, for instance. This is an easily acceptable answer because it's more about you than your practice. It also infers your practice is successful. After all, you probably couldn't retire if it wasn't.

If you don't have a good explanation for the sale, many buyers will assume the worst: Your practice has hit a plateau in growth or is even in decline. Getting top dollar for your practice is the goal, and a poor perception could negatively impact the buyer's valuation. This leads us to the third question.

3. WHAT'S THE VALUE OF YOUR COMPANY?

Business ownership is a little like being a parent. When you've created something, it's easy to focus on the best qualities and ignore the less attractive traits. Unlike parenting, however, you can hire a third party to evaluate your practice objectively and provide an unbiased overview.

Appraisers can conduct a review of your company and provide a report for potential buyers. The cost of an overview is based on the complexity of your company and can range from $5,000 to $30,000.

If you don't get a third-party review, there are a few things to know before trying to value your company by yourself. First, valuations are rarely about revenue. Usually, the two main metrics are cash flow and EBITDA (earnings before interest, taxes, depreciation and amortization). In fact, if you try to grow revenue before a sale and it impacts your cash flow, it can devalue your company.

4. ARE YOUR FINANCIALS IN ORDER?

The value of your practice is based on financials, so you'll want to have those as clean and transparent as possible. Work with your accountant to provide potential buyers with clean financial statements and your company's tax returns for the previous three years at minimum. Have your year-to-date numbers available too. Most buyers will also ask for those.

5. IS YOUR PRACTICE READY FOR SALE?

Sure, you're ready to sell your practice, but is it as attractive as it could be? Paint and polish everything too. First impressions count, and potential owners want to get to work as soon as possible. Most buyers don't want to make a purchase that requires a round of updates before they can concentrate on revenue.

6. ARE YOUR BUYERS PREQUALIFIED?

Very few potential buyers will have the ability to offer you cash for your business, which means they'll need to finance the purchase with a loan. When a lender verifies the ability of a purchaser to buy your practice from the time of their initial inquiry, it can save you weeks of time spent working toward a deal with someone who ultimately doesn't have the necessary means to enter into a contract.

7. DO YOU HAVE CONTRACTS READY?

A business sale is a legal transaction, so you're going to need an attorney who specializes in these kinds of transactions. You'll need a purchase agreement, as well as a contract that stipulates the particulars of the purchase agreement for your physical assets and any intellectual property. Beyond those, you'll also need to provide any contracts your business has with employees and partners. These could include any non-compete agreements, nondisclosure agreements and employee agreements.

8. WHAT HAPPENS AFTER THE PURCHASE?

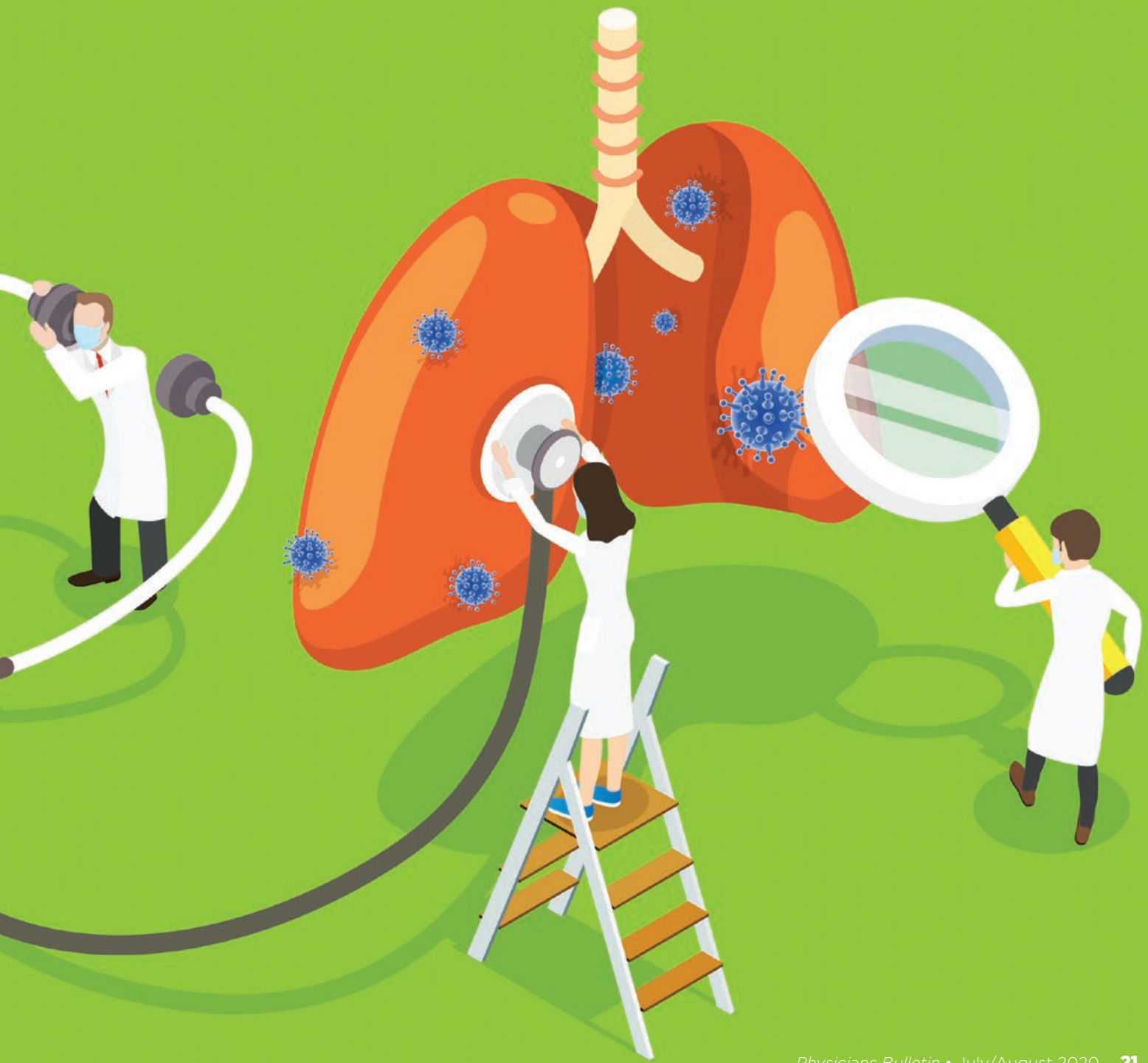
Many transactions will stipulate that you need to stay with the practice for a certain amount of time to ensure a smooth transition. If there's complexity to your practice or it requires a smooth transition of patients from you to the new owner, this could require a year or more.

“We know there is not one single path forward and that science is a team sport. What we usually accomplish through science is understanding incremental pieces that build one upon another to put the whole puzzle together.”

— KARI SIMONSEN, M.D.

HOW COVID-19 HAS FOREVER CHANGED THE WAY WE CARE FOR PATIENTS

STORY PAGE 22



The **Simonsen** File

Hometown
Omaha

Undergraduate Degree
University of Nebraska-Lincoln in biological sciences

Medical Degree
University of Nebraska Medical Center

Residency
Indiana University School of Medicine in Indianapolis in pediatrics

Fellowship
Rhode Island Hospital, Brown Medical School in Providence in pediatric infectious diseases

Title
Chair, Department of Pediatrics

Location
UNMC

Hobbies
Traveling with her family and running "very, very slowly."

Family
Her husband, Alan Horstman, and two daughters, Morghan, (13), and Kate (12)

Why She Joined MOMS
"I enjoy being a member of MOMS to network with physicians beyond my immediate practice and across multiple specialties."

Kari Simonsen, M.D., takes an approach that, even during a pandemic, there are lessons to be learned and progress to be made about how we administer care.

"I think that we're learning to be nimble and creative, both individually and organizationally in ways that we weren't thinking about in the past," said Dr. Simonsen, professor of pediatric infectious disease and chair of UNMC's Department of Pediatrics. "We changed the way we deliver care. We've reorganized areas of our hospitals. We've changed the ambulatory practice environment almost overnight."

"I think that we're learning to be nimble and creative, both individually and organizationally in ways that we weren't thinking about in the past."
— KARI SIMONSEN, M.D.

In a time of crises, Dr. Simonsen said, some positive results surface that will improve the way physicians care for patients, investigators conduct their research and health institutions operate.

"I think we'll be more thoughtful and ready to make quick changes whatever the next thing is—whether that is the next pandemic or a major natural disaster. We'll be more responsive."

Dr. Simonsen recently answered questions about how the pandemic has streamlined the way researchers conduct their work, the similarities between how health care related to this pandemic and the emergence of HIV and the similarities between MIS-C and Kawasaki Syndrome.

Another positive result of COVID-19, she said, is the collaborative nature that has emerged on the research front as investigators have their crossed lines of expertise to collaborate.

"From the research front, everyone is bringing forward their greatest areas of expertise to dovetail into this new environment," she said. "We're seeing specialties across areas of medicine from direct patient care to the basic scientists who are experts in one element of the pathophysiology or of an aspect of clinical care that we're seeing for COVID. Everyone is helping to contribute to improving outcomes for patients and I think it's an incredible response. The research community has been incredibly engaged in seeking to contribute their expertise to expand the knowledge we have on COVID."

WHAT IS BEING DONE TO ENSURE THAT THE NEED FOR NEW TREATMENTS AND A VACCINE AREN'T FORCING SHORTCUTS IN THE PROCESS?

This is a concern in the medical community, she said. UNMC, for example, created a pre-review process for any COVID-19-related studies and treatment measures. It's basically a second layer of review, she said. The medical center's IRB team is working overtime to react in a thoughtful but expedient manner. "So it's helping us move quickly but also move carefully with scientific rigor and thoughtfulness."

IS THERE DANGER OF MOVING TOO QUICKLY?

"I think my initial reaction is that you aren't moving too fast when you're moving at the speed of a pandemic. But it is moving faster than science and medical care traditionally prefer. We're a very measured and thoughtful profession. This is challenging for us in trying to stay in that mindset of adapting and being nimble."

WHAT WOULD HAPPEN IF WE RUN OUT OF PATIENTS BEFORE THE RESEARCH ON COVID-19 IS COMPLETE?

"In general if a condition goes away before we complete the sample size we hope for, either have to admit we can't answer the question in the way it was designed or we reframe with the data available."

During her fellowship at Rhode Island Hospital, Dr. Simonsen was conducting research on infants with severe Rotavirus disease. Her fellowship was ending as the latest version of vaccines for Rotavirus was introduced. Within one year, no infants were admitted to the hospital where she completed her fellowship. "It was an incredible benefit to health and for children and my research was over. IF that's what happened that's what best for patients."

Something similar could happen with COVID-19, she said. "You have to make the best use of your available data but you may not be able to address every question you set out to if you don't have enough subjects."

While frustrating to investigators, the unavailability of research subjects can only be viewed as positive, she said. "When that happens to physicians, the best thing is to focus on the silver lining is that fewer patients are being infected. Having your sample go away is not always a bad thing. It might be what's best for patients in the community."

COVID-19 CONTINUES TO BE COMPARED TO THE PANDEMIC OF 1918. DO YOU SEE MORE RECENT EXAMPLES OF A HEALTH CRISIS, WHICH CAUSED US TO CHANGE OUR APPROACH TO RESEARCH AND PATIENT CARE?

"There have been many comparisons of this pandemic to 1918. I think that's the closest comparison that occurred in the time of modern medicine. The other one that is a bit more modern, which physicians will recall that has had dramatic impact on the way we conduct science in response to a new clinical disease is the response to HIV/AIDS in the 1980s."

Dr. Simonsen said she has been comforted by the leadership of Anthony Fauci, M.D., who has served as the director of the National Institute of Allergy and Infectious Diseases since 1984. Dr. Fauci was at the forefront of the effort to care for AIDS patients and develop new treatments. Basically, this isn't his first global health crisis, she said. "So his leadership in this time is also really important. He truly is a luminary. It's his name on the spine of one of the most widely used textbooks in medicine ("Harrison's Principles of Internal Medicine"). He has navigated the response to another infectious disease with global impact—and that's HIV/AIDS."

PLEASE DISCUSS THE MULTIFACTORIAL ISSUES THAT YOU ARE SEEING IN THE APPROACH TO TREATING COVID-19 PATIENTS AND, ULTIMATELY, CREATING A VACCINE.

"We know there is not one single path forward and that science is a team sport. What we usually accomplish through science is understanding incremental pieces that build one upon another to put the whole puzzle together. Now, in addition to infectious disease physicians looking at anti-viral therapies and vaccine candidates, we have hematologists learning about the coagulopathy (abnormal blood clotting) seen in COVID-19 while pulmonologists are learning about what's happening with lung function. For cardiologists, learning about MIS-C and myocardial and coronary arterial involvement has been a focus, in additional to our critical care docs and general pediatricians who are coordinating care and treatment best practices with myriad specialists.

"Kawasaki Syndrome has much overlap with the MIS-C condition we are seeing in association with COVID-19. We have a national network of Kawasaki Syndrome specialists who are actively engaged as well in putting together research opportunities to explore treatment options and outcomes. At UNMC, we're participating in multiple national research networks for children, and actively engaged in various aspects of COVID-19 in kids and MIS-C in particular."

HOW HAS THE PANDEMIC CHALLENGED YOUR PROFESSIONALLY?

"For me, I think the excitement has been being able to help coordinate and facilitate at the organizational level our response to a community need. I have witnessed the dedication and commitment of so many people working in concert to provide the best care for kids—through all our people from top to bottom, everyone working toward one goal. We don't always see that."

Working through this crisis, she said, reinforced her decision years ago to enter the medical profession, and specifically, pediatric infectious diseases. "This is what we trained for and this is the time we can step up and provide the level of care needed for the community."

"I have witnessed the dedication and commitment of so many people working in concert to provide the best care for kids—through all our people from top to bottom, everyone working toward one goal. We don't always see that."

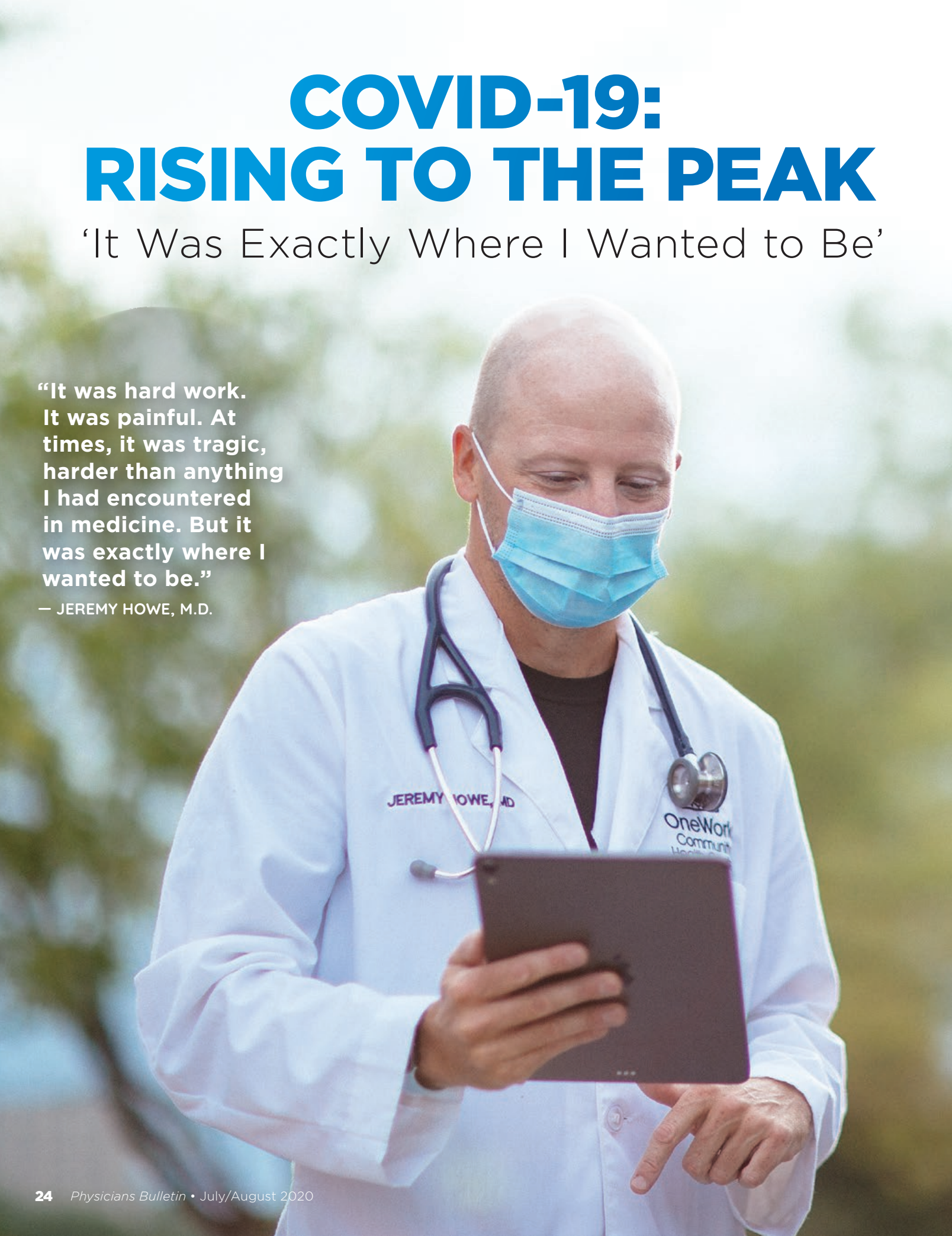
— KARI SIMONSEN, M.D.

BUT WOULD YOU WANT TO GO THROUGH THIS AGAIN?

"If we don't have to do this for another 100 years, I'll be happy to pass the torch to someone else."

COVID-19: RISING TO THE PEAK

‘It Was Exactly Where I Wanted to Be’



“It was hard work. It was painful. At times, it was tragic, harder than anything I had encountered in medicine. But it was exactly where I wanted to be.”

— JEREMY HOWE, M.D.

With the pandemic at its peak, which kept him at his busiest, Jeremy Howe, M.D., still found time to reflect about what the outbreak of COVID-19 meant for our society and how his desire to treat patients and help people remains stronger than ever.

The pandemic illustrates the difference between those living with poverty, he said, and people of means. "If you have enough money, you can work at home. But what if you work in a packing plant?"

CONT. PAGE 26

Adrian Fernandez, HA, and Jeremy Howe, M.D., at the drive-through testing location.

FROM PAGE 25

Then, he talked about why he became a physician: "I was responding to a pandemic, but I was also doing what I went to medical school for and why I work at OneWorld—to right societal inequities. It was hard work. It was painful. At times, it was tragic, harder than anything I had encountered in medicine. But it was exactly where I wanted to be."

Dr. Howe works at OneWorld Community Health Centers, where, in normal times, he treats patients at the organization's four satellite clinics (Bellevue, Plattsmouth, west Omaha and northwest Omaha). He described how he and his colleagues responded to their first patients who displayed the symptoms of COVID-19 and kept responding when they kept coming. He talked about how the recent months have been taxing, yet rewarding. And he talked about how this experience reinforced his decision to become a physician.

In mid-March, Dr. Howe recounted, OneWorld staffers starting having patients wear masks. OneWorld also changed its protocol with a focus on how to provide care without exposing the staff. OneWorld consolidated its clinics and directed all patients to one location. "All this ended up completely changing how we worked."

OneWorld's assessment team took over the employee lounge. Staffers took patients' temperatures, and listened to their heart and lungs while they waited in their vehicles in the OneWorld parking lot. During crunch time, he said, staffers tested patients while they remained in their vehicles.

"We had the ability to do drive-through testing."

Dr. Howe said he found himself having to improvise. The training he received in medical school didn't prepare him for a pandemic. "At no point in medical school did we hear 'here's how you get a good lung exam in a car.'"

Dr. Howe said he found himself having to improvise. The training he received in medical school didn't prepare him for a pandemic. "At no point in medical school did we hear 'here's how you get a good lung exam in a car.'"

Dr. Howe and his colleagues began testing patients in late March. By mid-April, they saw a tenfold increase in positive cases. "That was a direct reflection of it (COVID-19) hitting the meat packing plants." OneWorld's administrators contacted the packing plants and formed partnerships with their management teams. "We got on a first-name basis with their managers, and asked them to send their people our way."

In early April, Dr. Howe recalled, he and his coworkers were inundated with patients. During a two-week period, he said, the health center received more than 250 positive test results per week. Results often took two to four days to come back.

On one Saturday, Dr. Howe recalled, the health center received about 70 positive test results. "There was nothing we could do but call these people. This is not a question of 'Do we have the people to make these calls? Do we have the manpower?' We don't. But we just have to do it."

"This was the hardest I've worked in my career. No part of my residency was this hard."

— JEREMY HOWE, M.D.

So Dr. Howe and his colleagues spent the day finding telephone numbers and making calls. The combination of tracking down patients, advising them of their results and treating them left him exhausted.

"This was the hardest I've worked in my career. No part of my residency was this hard."

CONT. PAGE 29


OneWorld
Community Health Centers, Inc.
WOW!
SUPER HEROES

FROM PAGE 26

Early on, Dr. Howe recalled, he talked with a couple with diabetes. They didn't sound short of breath, Dr. Howe recalled. Still, because of clinic policy, Dr. Howe had the couple come in for testing because of their risk factors. Dr. Howe had recently read an article in the New York Times about an emergency room physician who contended that health care institutions were risking stratifying their patients. The couple was tested with a pulse oximeter and their reading was in the mid-80 percent.

"We immediately sent them to the ER. That was a sobering moment. People can think they're doing OK and sound good on the phone," he said, "but can be close to a serious illness."

"I was grateful for the policies we had in place."

During its busiest time, One World was conducting more than 100 tests a day. Every patient got evaluated, even those referred by other health care institutions. All patients received case management. "We followed them daily until they were out of the woods and finished with their quarantine."

"There is nothing more powerful than a group of people who feel passionate about something."

— JEREMY HOWE, M.D.

Through this time, he recalled, two patients at OneWorld died because of COVID-19. Dr. Howe described how their deaths made him feel. "Medicine is tricky. People who die—you know you lost them. The ones you saved, you don't. The sting of loss burns more than the sweet feeling of saving people. I am proud of the work we did."

"Medicine is tricky. People who die—you know you lost them. The ones you saved, you don't. The sting of loss burns more than the sweet feeling of saving people. I am proud of the work we did."

— JEREMY HOWE, M.D.

He also dwells on the sacrifices he and his colleagues made as they worked to treat patients. They tested patients outside in high temperatures and donned personal protective equipment. They knew that most of those they saw would ultimately test positive for COVID-19. "There is nothing more powerful than a group of people who feel passionate about something."

Dr. Howe said he never was overly concerned about his personal health and welfare, even when he found himself in the throes of COVID-19 at its peak. He said he was tested once.

"The reality is I am healthy," he said. "I wasn't worried that I would get super sick. I may have been worried that I was risking my health, but not my life."

The **Howe** File

Hometown
Lincoln, Nebraska

Undergraduate Degree
University of Nebraska-Lincoln in Spanish

Medical Degree
University of Illinois-Chicago College of Medicine

Residency
University of Nebraska Medical Center in family medicine

Specialty
Family medicine

Title
Associate medical director, satellite clinics

Institution
OneWorld Community Health Centers

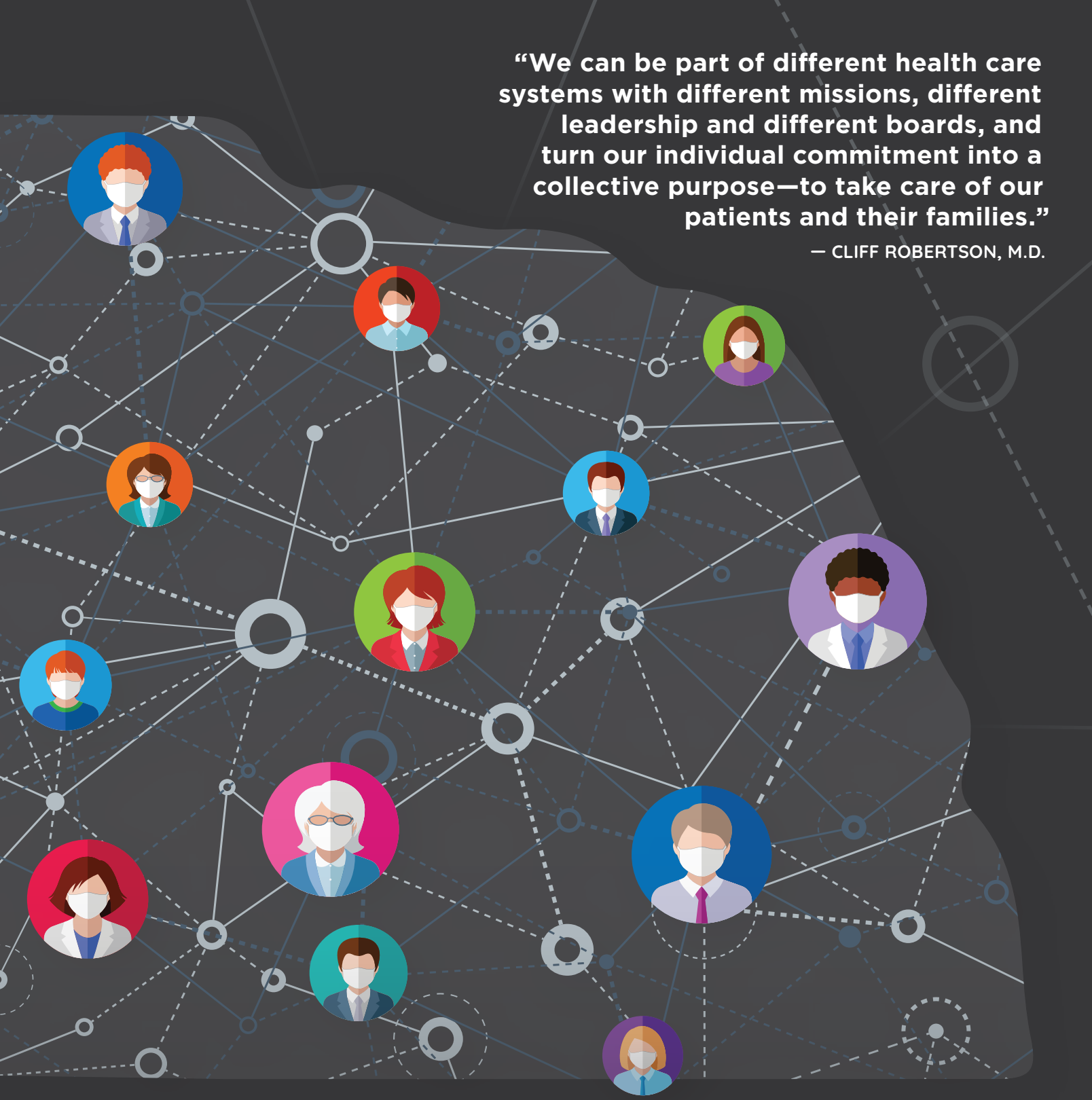
Hobbies
Playing and listening to music, writing, reading, cooking, cycling and photography

Family
His wife, Kim Howe

Why He Joined MOMS
"I find it very rewarding to be a part of the local community of physicians in Omaha."

HOW OUR HEALTH SYSTEMS CAME TOGETHER TO BATTLE COVID-19

STORY PAGE 32



"We can be part of different health care systems with different missions, different leadership and different boards, and turn our individual commitment into a collective purpose—to take care of our patients and their families."

— CLIFF ROBERTSON, M.D.

They aligned their individual policies to maximize the use of personal protective equipment for their staffs.

They provided staffing for testing sites in communities throughout the state.

And they jointly agreed to halt elective surgeries to ensure that more hospital beds would be available for COVID-19 patients when the number of cases reached its peak.

But, mostly, Nebraska's health care institutions made sure COVID-19 patients were transferred within their systems and between them to ensure best possible care.

Collaboration among systems within Omaha and throughout the state was critical as Nebraska responded to the recent pandemic, said leaders from Nebraska Medicine, CHI Health and Methodist Health System.

"We can be part of different health care systems with different missions, different leadership and different boards, and turn our individual commitment into a collective purpose—to take care of our patients and their families," said Cliff Robertson, M.D., chief executive officer of CHI Health.

The overarching philosophy among institutions has been to keep patients in their home communities whenever possible and transfer them only when they could not be safely cared for by their local health care facility, noted Bill Lydiatt, M.D., vice president and chief medical officer for Methodist Hospital and Methodist Women's Hospital. "Nebraska did a very proactive and excellent job of recognizing when hospitals became at their capacity to safely care for their patients."

Harris Frankel, M.D., chief medical officer for Nebraska Medicine, said working with his peers in Omaha, Lincoln and throughout the state has been rewarding and impactful. Together, institutions have worked together to align their individual policies related to preserving PPE, to eliminate non-urgent and elective procedures, to address universal masking and to adopt policies for patient visitors. "We have developed crisis standards of care, aligned with those of our institutions, and provided those to the state as a blueprint for its use," he said.

"This framework of collegiality will provide a springboard toward tackling community health problems such as social determinants of health and future community-wide medical issues."

— BILL LYDIATT, M.D.

The cooperation shown by Nebraska's hospital leadership hasn't gone unnoticed. Nebraska Gov. Pete Ricketts and Gary Anthone, M.D., Nebraska's chief medical officer, conveyed their appreciation during a press conference in May.

Ricketts, noting that it was National Hospital Week, thanked hospital staff members. "Some of our hospitals have done heroic work," he said. "The cooperation seen from others across the state—they've been great partners to make sure we're taking care of people in Nebraska."

Dr. Anthone said the Nebraska's hospital leadership set the stage for collaboration among systems when they announced early in the pandemic that they were suspending elective surgeries—thus keeping beds available for COVID-19 patients.

He then pointed out that hospital leadership in more than a half-dozen communities led this collaborative effort. "You guys you know who you are. I can't thank you guys enough. I think it's been a huge team effort."

The administrators shared ways their institutions collaborated internally and with their peers, along with supporting the state. Here are some examples:

- Methodist received patients through the Nebraska COVID Transfer Center from Schuyler and Winnebago in Nebraska, and Sioux City, Iowa. Methodist also received patients from its Fremont location.
- Nebraska Medicine, which has a long-standing relationship of providing specialty care services to OneWorld Community Health Centers patients, provided senior medical residents to aide with clinician support. In addition, Nebraska Medicine set up a South Omaha COVID specimen collection site to assist OneWorld in serving those communities and neighborhoods that have been disproportionately impacted by COVID-19.
- CHI Health helped the region avoid the widely publicized bed shortages experienced elsewhere in the country. CHI Health's Transfer Center, which handles patient placement for CHI Health's 14 hospitals, became the Nebraska COVID-19 Patient Transfer Line. Any hospital in the region could arrange transfer of a patient to a facility where a higher level of care was available.
- At the request of the governor and the state's chief medical officer, CHI Health helped expand COVID testing and processing by setting up and running test sites for TestNebraska and standing up the lab that serves as the primary lab that processes the swabs for the state.
- Nebraska Medicine set up the method to disinfect N95 masks with UV light, which was used in Nebraska and the United States. Nebraska Medicine also cared for patients from the Diamond Princess cruise ship, which gave the community an early opportunity to know what caring for COVID-19 patients would entail. Finally, Nebraska Medicine provided expertise to long-term care facilities and meat processing plants to help them identify best practices for caring for patients and working safely.

- CHI Health, Methodist and Nebraska Medicine adopted a uniform visitor policy so consumers wouldn't be confused with different rules at different hospitals.

- Nebraska Methodist Health System responded in March with a 24-hour call center for people to be screened. Those at higher risk were triaged to a health care professional and assisted. Drive-up testing sites were created. Respiratory clinics were also developed to streamline care of patients potentially at risk for having Covid-19.

Dr. Anthone credited Omaha's hospital leadership for remaining in constant communication with him and one another. He also credited hospital associations and their leadership for doing their part to facilitate collaboration. A call center set up for hospital leaders promoted collaboration, which, in turn, ensured that patients were transferred within systems and between them.

He noted that hospital leaders throughout Nebraska seemed to be connected by just "one or two degrees of separation." "This is Nebraska. We're just like unbelievable. It's a different system in Nebraska."

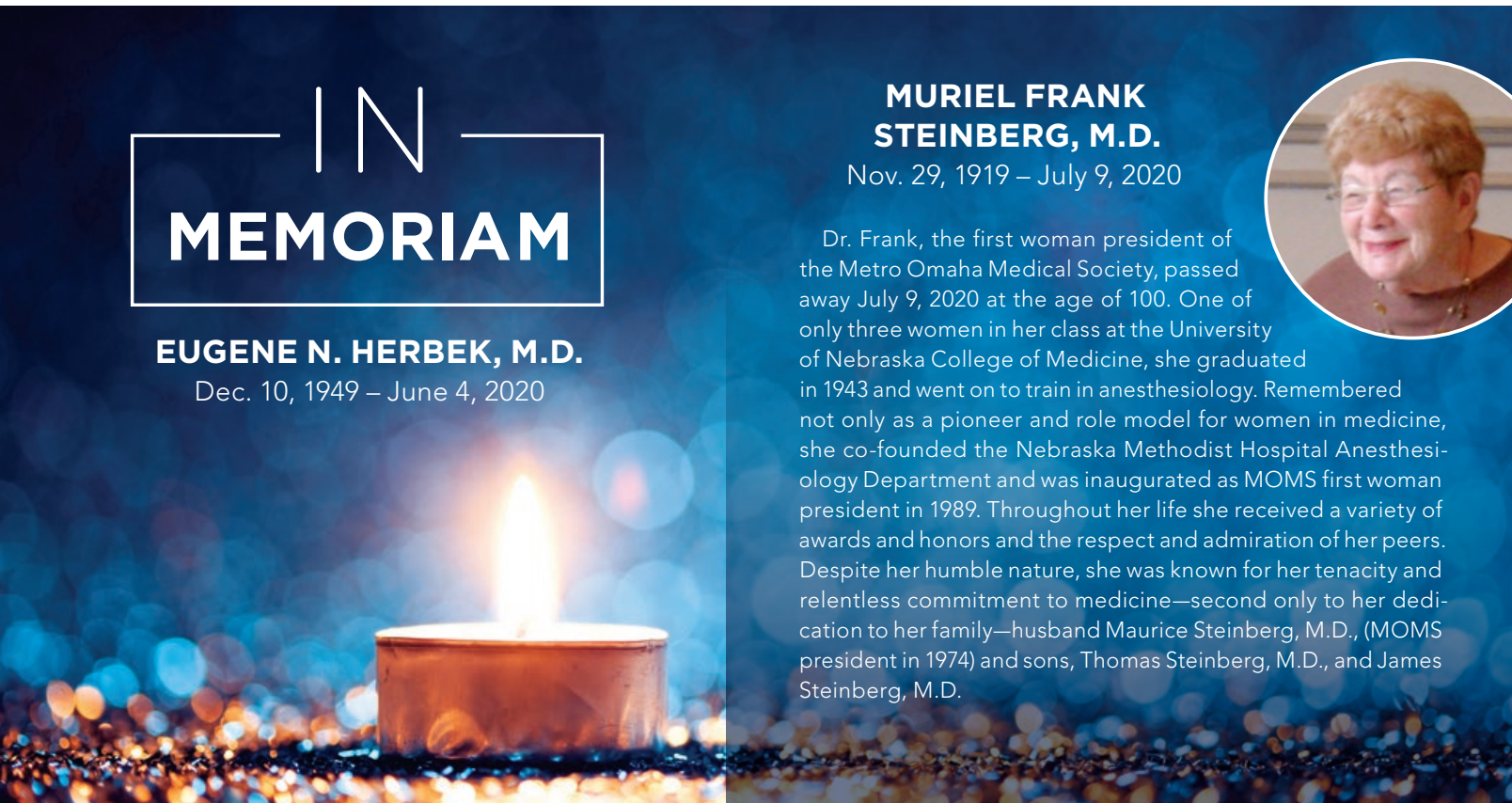
The collegiality among institutions and their administrators will have a lasting impact, which will only benefit Nebraska and its citizens, Dr. Frankel said.

"Most important has been the collegiality with which we've worked together, regardless of institutions uniform, for the betterment of all the communities we serve. We, as a health care community, are in a much better place, and going forward are committed to our continued work together." — HARRIS FRANKEL, M.D.

"Most important has been the collegiality with which we've worked together, regardless of institutions uniform, for the betterment of all the communities we serve," he said. "We, as a health care community, are in a much better place, and going forward are committed to our continued work together."

Dr. Lydiatt offered a similar sentiment: "I was continually impressed with the dedication of my colleagues both within and between systems to work together. The frequent calls and texts between CMOs allowed us to maintain insight into developing problems as well as potential solutions and best practices. This framework of collegiality will provide a springboard toward tackling community health problems such as social determinants of health and future community-wide medical issues."

The governor, during the press conference, added his thanks. "I think it's one of the things that's great about Nebraska's culture that we work together to solve our common problems and the hospital CEOS and CMOs have done a fantastic job."



IN MEMORIAM

EUGENE N. HERBEK, M.D.

Dec. 10, 1949 – June 4, 2020

MURIEL FRANK STEINBERG, M.D.

Nov. 29, 1919 – July 9, 2020

Dr. Frank, the first woman president of the Metro Omaha Medical Society, passed away July 9, 2020 at the age of 100. One of only three women in her class at the University of Nebraska College of Medicine, she graduated in 1943 and went on to train in anesthesiology. Remembered not only as a pioneer and role model for women in medicine, she co-founded the Nebraska Methodist Hospital Anesthesiology Department and was inaugurated as MOMS first woman president in 1989. Throughout her life she received a variety of awards and honors and the respect and admiration of her peers. Despite her humble nature, she was known for her tenacity and relentless commitment to medicine—second only to her dedication to her family—husband Maurice Steinberg, M.D., (MOMS president in 1974) and sons, Thomas Steinberg, M.D., and James Steinberg, M.D.

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

Metro Omaha Medical Society

NEW MEMBERS

Jacqueline Baude, M.D.
Family Medicine
Ehrling Berquist Clinic

Diana Bosworth, M.D.
Family Medicine
UNMC

Cole Bowdino, M.D.
General Surgery
UNMC

Justin Burr, M.D.
Internal Medicine
UNMC

Caleb Cave, M.D.
Pediatrics
UNMC

Songita Choudhury, M.D., Ph.D.
Pediatrics
UNMC

Shannon DeVries, M.D.
Internal Medicine
Creighton University

Matthew Dorwart, M.D.
Family Medicine
UNMC

Zachary Ehresman, M.D.
Family Medicine
UNMC

Alyssa Emodi, M.D.
Internal Medicine
UNMC

Jenna Essink, M.D.
Pediatrics
UNMC

Catherine Fairgrieve Appel, D.O.
Emergency Medicine
UNMC

John Gallagher, M.D.
Internal Medicine
UNMC

Lauren Gallagher, M.D.
Obstetrics & Gynecology
Creighton University

Vaishnavi Ganesan, M.D.
Internal Medicine
Creighton University

Joel Hachiya, M.D.
Anesthesiology
UNMC

Bridgette Hafner, M.D.
Internal Medicine
UNMC

Ashley Hein, M.D.
Anatomic & Clinical Pathology
UNMC

Kurtis Johnson, M.D.
Internal Medicine
UNMC

Amissabah Kanley, M.D.*
Pediatrics
UNMC

Elizabeth Kastrick, M.D.*
Obstetrics & Gynecology
UNMC

Sebastian Lane, M.D.*
Family Medicine
UNMC

Daniel Lomelin, M.D.*
Family Medicine
UNMC

Gerson Manriquez Martin, M.D.*
Obstetrics & Gynecology
UNMC

James McCluskey, M.D.*
Pediatric Internal Medicine
UNMC

Brandon Menke, M.D.
Ophthalmology
Ilumin

Beth Neilsen, M.D., Ph.D.
Internal Medicine
UNMC

Sydney Randall, M.D.*
Obstetrics & Gynecology
UNMC

Mark Ringle, M.D.*
Surgery, General
UNMC

Emily Royer, M.D.*
Psychiatry
UNMC

Johanna Schubert, M.D.
Diagnostic Radiology
Radiology Consultants of the Midwest

Michael Schwabe, M.D.*
General Surgery
Creighton University

Kevin Selting, M.D.*
Internal Medicine
Creighton University

Alexandra Sorrick, M.D.*
Internal Medicine
UNMC

Ian Suiter, M.D.*
Internal Medicine
UNMC

Krysta Sutyak, D.O.*
General Surgery
UNMC

Allie Swanson, M.D.*
Family Medicine
UNMC

Christopher Treinen, M.D.*
Surgery, General
UNMC

John Varner, M.D.*
Surgery, General
UNMC

Elizabeth Weedin, D.O.
Obstetrics & Gynecology
Heartland Center for Reproductive Medicine

**Resident*

BOYS TOWN National Research Hospital

STUDY EVALUATING SPEECH LISTENING IN NOISY ENVIRONMENTS FOR CHILDREN WITH DOWN SYNDROME

Children with Down syndrome may be at risk for disruptions in developing the ability to pick out one speaker in the midst of background noise because of the high prevalence of middle ear infections and hearing loss in this population.

In their current study, titled Project INCLUDE, Lori Leibold, Ph.D., Heather Porter, Ph.D., and their colleagues at the Center for Hearing Research at Boys Town National Research Hospital are working to identify important factors that could improve listening-in-noise difficulties to increase the likelihood of success for children with Down syndrome.

"In general, kids have a harder time than adults when listening to speech if other people are speaking," Dr. Porter said. "This is partly because we develop the ability to tune out background noise through experience. Problems with hearing get in the way of the brain learning to filter out distracting sounds. Due to the high prevalence of hearing loss, we expect to see that this important developmental process is impacted in kids with Down syndrome, in relationship to their varying sensory, language and cognitive characteristics."

To test this theory, Dr. Porter and her colleagues will assess the communication abilities of children, ages 5 to 17, who have Down syndrome using a series of measures that assess hearing, language and problem-solving abilities.

The Project INCLUDE team has decades of experience working with children with developmental delays, ensuring a friendly and engaging environment for participants and their families.

This study is funded by the National Institutes of Health INCLUDE (INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromE) Project, launched in June 2018 in support of a congressional initiative to investigate critical health and quality-of-life needs for individuals with Down syndrome.

CHI Health

Imagine better health.℠

CHI HEALTH TEAMS UP FOR COVID-19

A hot spot turned into a bright spot when Nebraska Gov. Pete Ricketts declared June 2 "CHI Health St. Francis Day." The proclamation recognized the tireless and dedicated care that helped bring a spike in COVID-19 cases in Grand Island under control.

"It was gratifying to receive this recognition, which extends to staff from other CHI Health facilities who rotated in to provide care," said CHI Health CEO Cliff Robertson, M.D. "It was a tremendous cooperative effort with the community, which is what's happening around the country—we're all stepping up to challenges of this pandemic."

Another step up involved turning CHI Health's Transfer Center, which handles patient placement for CHI Health's 14 hospitals, into the Nebraska COVID-19 Patient Transfer Line. Now any hospital in the region can call the CHI Health Transfer Center to arrange transfer of a patient needing a higher level of care.

Two of those facilities are CHI Health Midlands in Papillion and CHI Health St. Elizabeth in Lincoln. Both underwent build-outs for dedicated COVID-19 capacity at the request of Ricketts. In March, CHI Health Midlands also opened its Med-Surg unit to 17 assisted living facility residents who were negative for COVID-19, but were displaced when an outbreak temporarily closed their facility.

At the request of the governor and in partnership with the Nebraska National Guard, CHI Health stepped forward to run the first TestNebraska site at the CHI Health Center in Omaha, and supported additional testing sites. The tests are processed at CHI Health St. Elizabeth—the primary lab for TestNebraska which can handle up to 3,000 tests per day.

"These efforts scratch the surface of collaboration going on around COVID-19 in our communities," Dr. Robertson said. "Together, we will continue to handle the challenges ahead."

Children's HOSPITAL & MEDICAL CENTER

PEDIATRIC INTENSIVE CARE UNIT RECEIVES NATIONAL NURSING AWARD

The Pediatric Intensive Care Unit at Children's Hospital & Medical Center has received its second consecutive Gold Beacon Award, an elite nursing honor from the American Association of Critical Care Nurses.

The national award recognizes exceptional patient care and outcomes, as well as a healthy work environment. Children's PICU is one of only 13 PICUs in the country—and the only intensive care unit in Nebraska—to earn the Gold designation, having met evidence-based criteria related to outcomes, processes, staffing and more.

The award is based on the previous three years of performance. During this timeframe, Children's added a second PICU unit, reorganized its PICU into a PICU and a CICU and experienced a record-high census each year—making this accomplishment especially remarkable.

METHODIST

EMERGENCY DEPARTMENT IN ELITE COMPANY

An estimated 10,000 Americans turn 65 each day. Nationally, patients 65 and older account for about 15 percent of emergency room visits. At Methodist Hospital's Emergency Department in 2019, that figure was higher at nearly 40 percent, averaging about 31 people a day.

Continuing a commitment to caring for the community's older adults, Methodist Hospital became the first and only hospital in Nebraska to be awarded Geriatric Emergency Department Accreditation (GEDA) from the American College of Emergency Physicians.

Methodist Hospital's Emergency Department has achieved the silver standard—Level 2 GEDA accreditation, one of only 12 in the United States that now have the designation.

"Earning this certification was the result of much hard work on the part of many since 2018," said Sue Rohlfs, service executive for patient care administration. "The accreditation further demonstrates Methodist's commitment to preserving the dignity and independence of older adults. Our team is continually striving to provide the highest standards of care for the aging population in our communities. We want the older adults who visit our Emergency Department to know they will be cared for and treated with respect and dignity."

In order to obtain a Level 2 designation, an emergency department must incorporate a checklist of best practices, provide interdisciplinary geriatric education and have geriatric-appropriate equipment and supplies available. Areas of review include staffing, equipment and supplies, education, quality improvement, policies and procedures, outcome measures, and physical environment.

Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

APP TO AID PEDIATRIC TRANSPLANT PATIENTS, THEIR FAMILIES

For years, children preparing for transplant learned from a book about what to expect. But as times changed, so did the need to make that information customizable and interactive. That's why Nebraska Medicine child life specialist, Lisa Wallace-Spech, decided an app would be helpful for families.

"This was an idea that was beyond storybook reading," Wallace-Spech said. "This was something kids could touch and feel and move and really be part of that experience through learning."

The result is "Transplant U," a child-friendly solid organ preparation tool with captivating graphics, explanations and suggestions for coping. Users experience the transplant process through an interactive introduction of what to expect upon arrival and after the transplant. App features include self-paced learning with "read to me" or "read by myself" options, multicultural avatar selections, and drag and drop engagement with transplant-related medical equipment.

Wallace-Spech reached out to Child's Play, which provided a grant to fund the cost. Child's Play is a game industry charity dedicated to providing toys and games to nearly 200 hospitals worldwide, including Nebraska Medical Center.

Families preparing for transplant and those who have been through the transplant process have had a chance to give Transplant U a try and offer feedback. After Jenn Timperley's son, Joseph, received a new liver, she and Joseph test drove Transplant U and shared it with other family members, including the boy's siblings and grandparents.

"We thought the app really helps to empower kids by educating them, which is so important when preparing and going through transplant," Timperley said. "The more you can learn about what to expect the better."

Transplant U is available for free for any family going through the transplant process through Google Play and the App Store.

University of Nebraska Medical Center

DR. DAVIES NAMED TO AAP TEAM ON COVID-19 PROCEDURES

Dele Davies, M.D., senior vice chancellor for academic affairs and professor of pediatrics, has been recruited by the American Academy of Pediatrics (AAP) to serve on a national faculty team that is teaching U.S. pediatricians how to best prepare, protect their practices and staff, as well as treat and interact with patients and their families during the time of COVID-19.

The initiative is called "AAP COVID-19 ECHO: Emergency Readiness & Response," and has been using ECHO (Extension for Community Healthcare Outcomes) tele-mentoring video conference technology. The curriculum is geared toward pediatric primary care clinicians and is interactive.

"This tele-mentoring program leverages video conferencing technology to connect an expert team of infectious disease and emergency readiness members with those providing care to children and youth during the COVID-19 pandemic," the AAP announced.

In addition to his academic duties, Dr. Davies is an internationally respected specialist in pediatric infectious diseases and community health.

Dr. Davies has served as an expert faculty member on seven of these sessions so far.

"The ECHO model is very effective in that it provides a forum not only for primary care clinicians to learn from specialists, but also to learn from one another. It has been gratifying to contribute to these sessions," Dr. Davies said.

He is a board member of the AAP "Council on Disaster Preparedness and Recovery and also chairs the Disaster Medicine Committee of the National Biodefense Science Board, which advises the U.S. Secretary of Health and Human Services.

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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