Physicians Bulletin

VOL. 42
NO. 1

JANUARY/FEBRUARY **2021**

USA $1.95

A PUBLICATION OF THE METRO OMAHA MEDICAL SOCIETY • OMAHAMEDICAL.COM

WHY HE PRACTICES MEDICINE, WHY HE SERVES MOMS

'COMFORTABLE' WITH HER PARTICIPATION IN COVID-19 VACCINE STUDY • ADVANCED TECHNOLOGIES: A LIFELINE FOR HER WORK • CODING CHANGES

Children's
HOSPITAL & MEDICAL CENTER
OMAHA

When one number connects you to the region's best pediatric specialists, **Anything can be.**

1.855.850.KIDS (5437) is your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport.

Education • Research • Advocacy • Care

COPIC
Better Medicine • Better Lives
CALLCOPIC.COM | 800.421.1834

Why COPIC

COPIC connects you with expert guidance when you need it; with legal and HR helplines and a 24/7 risk management hotline.

Trusted knowledge from an engaged partner.
That's why.

Earn Free CMEs

with Boys Town National Research Hospital

AMA Category 1 Credit
Available live and
on-demand

The Boys Town Physician Education Series is a series of free one-hour medical and clinical presentations covering various aspects of pediatric specialty care, including screenings, clinical presentation, differential treatment and referral criteria.

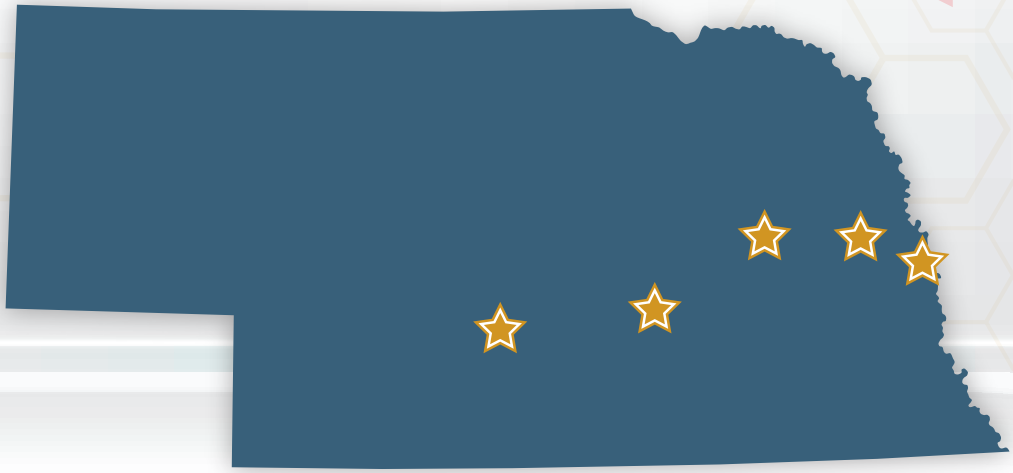
The board-certified physicians at Boys Town Hospital will lead lectures on topics including:

- Allergy and Asthma
- Ear, Nose and Throat
- Neurology and Neurogenetics
- Rheumatology
- And more!

Register and learn more at
boystownhospital.org/CME.

BOYS TOWN
National Research
Hospital®

Working With Nebraska Physicians Since 1963 To Help Patients **GET BACK TO LIVING**



FIVE LOCATIONS IN NEBRASKA

OUR **SERVICES**

+ **Interventional Pain Care**
+ **Physical Medicine & Rehabilitation**
+ **Spine Surgery**
+ **Physical Therapy**
+ **Imaging - MRI/CT/X-ray**
+ **Orthotics/Bracing**

At **Nebraska Spine + Pain Center**, we are proud of our dedicated focus on the spine. Patients receive exceptional spine care and service, unparalleled anywhere else in the midwest.

Omaha:
13616 California St.
Suite 100
Omaha, NE 68154
402.496.0404

Satellite Clinics:
+ Columbus
+ Fremont
+ Grand Island
+ Lexington

Orthopedic Spine Surgeons:
Timothy A. Burd, M.D.
Jonathan E. Fuller, M.D.
J. Brian Gill, M.D., M.B.A.
Michael C. Longley, M.D.
John W. McClellan III, M.D.
Eric D. Phillips, M.D.
Chase C. Woodward, M.D., M.P.H.

Neurosurgeon:
John D. Hain, M.D.

Interventional Spine & Musculoskeletal Medicine
Scott A. Haughawout, D.O.
Jeremiah P. Ladd, M.D.
Matthew P. West, M.D.

NEBRASKA **SPINE + PAIN** CENTER

Visit us at NebraskaSpineandPain.com

FEATURES

17 'COMFORTABLE' WITH HER PARTICIPATION IN COVID-19 VACCINE STUDY

19 ADVANCED TECHNOLOGIES: A Lifeline for Her Work

21 CODING CHANGES: Creating Efficiency Through Collaboration

23 WHY HE PRACTICES MEDICINE, WHY HE SERVES MOMS

DEPARTMENTS

9 COMING/VIRTUAL EVENTS

11 EDITOR'S DESK Offsetting the Interruption

13 MOMS LEADERSHIP 2021.

14 NMA MESSAGE The Hindsight of 2020

15 EARLY CAREER PHYSICIAN The Silver Lining

16 RISK MANAGEMENT Managing the Impact of Missed or Delayed Diagnoses of Non-COVID-19 Conditions

26 NEW MEMBERS

27 MEMBER NEWS

29 CAMPUS & HEALTH SYSTEMS UPDATES

Metro Omaha Medical Society

Physicians Bulletin

VOLUME 42, NUMBER 1

A PUBLICATION OF THE

Metro Omaha Medical Society

METRO OMAHA MEDICAL SOCIETY
7906 Davenport St. | Omaha, NE 68114
(402) 393-1415 | www.omahamedical.com

Metro Omaha Medical Society

STRATEGIC PARTNERS

The Metro Omaha Medical Society Strategic Partners offer a variety of expertise, products and services to assist physicians and practices in addressing their needs and achieving success.

We encourage you to talk with our Strategic Partners when making decisions for yourself or your practice.

PLATINUM PARTNER

COPIC
Better Medicine • Better Lives

GOLD PARTNERS

BERKSHIRE HATHAWAY HomeServices | Ambassador Real Estate
KIM MATNEY

Renaissance Financial

SILVER PARTNERS

BOYS TOWN National Research Hospital

CLINE WILLIAMS WRIGHT JOHNSON & OLDFATHER

CORE BANK
PRIVATE CLIENT GROUP

FIVE NINES

KOLEY JESSEN
ATTORNEYS

METHODIST

QCR QUALITY CLINICAL RESEARCH

BRONZE PARTNER

Lutz
MIND WHAT MATTERS

For more information on our Strategic Partners visit **OMAHAMEDICAL.COM**

Metro Omaha Medical Society

COMING/VIRTUAL EVENTS

VISIT OMAHAMEDICAL.COM/EVENTS FOR ZOOM INFORMATION AND/OR REGISTRATION

JAN 27

MOMS 2021 VIRTUAL ANNUAL MEETING & INAUGURATION

WEDNESDAY, JAN. 27 | 6:30 - 8:00 P.M. | VIA ZOOM

We wish we could be together in person, but please join us virtually as we inaugurate Richard Lund, M.D., as the 2021 MOMS president and welcome keynote speaker, Adi Pour, Ph.D., health director, Douglas County Health Department.
The MOMS Foundation will also present Match Grant funds to NorthStar Foundation.

Online registration now open.

SUNSET POINTE

AT COLLANY KEY

RIGHT WHERE YOU WANT IT.

Sunset Pointe at Collany Key is a rare piece of property on the Gulf of Mexico where the spectacular natural setting provides the premier amenity. The newly built residences complement with smart floor plans and conveniences for today's year-round living. Space and detail exactly where you want it.

- ***TripAdvisor Named Nearby St. Petersburg Beach 2nd Best Beach in America for 2020***
- ***Prices Starting at $1,329,000***
- ***30 Minutes from Tampa International Airport***
- ***Located on Florida's Famous Gulf Coast***

LUXURY BEACHFRONT CONDOMINIUM RESIDENCES

For more information or a tour contact:

Stephanie Sittman, Sales
stephaniesittman555@gmail.com
727.748.6080

OFFSETTING THE INTERRUPTION

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

We heard the nervous laughter of anticipation before we saw their faces entering the door. The Simulation in Motion (SIM-NE) mobile simulation trucks were parked outside the NorthStar facility, and the student enrollees of NorthStar were invited for a tour.

One at a time, the students entered the trucks and filed into the simulated ambulance bay and emergency room. They found the rooms equipped with high-fidelity human mannequins that can sigh, talk, moan in pain, and appear to look at people. It was the first time many of the students had seen a medical simulator, and they seemed impressed.

One of the students was immediately interested in the computer programming that allowed the mannequins to have life-like functionality. He quickly went over to the computer console.

Another student stepped to the bedside as the mannequin cried out in pain. Offering consoling words, he put his hands on the shoulder and offered comfort.

An additional student touched the wrist to check for a pulse and asked direct questions of the mannequin. The students used their own personal experiences to develop questions, examine and diagnose the simulator.

The students approached the simulated patient in ways that they themselves had been approached. They based their questions upon illnesses and injuries that they had observed in their own family members. This is consistent with my past experiences, where medical encounters are individualized. For example, rural first responders ask different questions and assume different scenarios than primary school teachers.

"In the time I observed the students interacting with the mannequin, I realized I was observing future health care providers. These students showed the curiosity and engagement necessary for the entire range of health care workers, including aides, nurses, technicians, and maybe even a physician or two."
— AUDREY PAULMAN, M.D.

I observed characteristics of the students:
1) They were appreciative.
2) They were inquisitive.
3) They can see things a little differently.

In the time I observed the students interacting with the mannequin, I realized I was observing future health care providers. These students showed the curiosity and engagement necessary for the entire range of health care workers, including aides, nurses, technicians, and maybe even a physician or two.

For those who are not familiar with the NorthStar program, the organization has, in their own words, a founding vision "to dramatically increase the proportion of male students in North Omaha who graduate high school on time, positioned to begin post-secondary education or immediately enter the workforce."

By employing a model of high-touch, multi-year extended learning, they focus on accelerating core academic and social-skill competencies of every young man they serve.

In 2020, these students have been impacted by the interrupted school year due to the pandemic. NorthStar leaders identified mathematics as a particular area of concern, as a strong STEM background is necessary for so many careers, including those in health sciences.

NorthStar applied for a grant from the MOMS Foundation to help provide funding for tutors to help the students maintain and improve their math skills. The MOMS Foundation selected NorthStar for its annual grant.

Each year, the Metro Omaha Medical Society Foundation asks members to join in supporting a local nonprofit. The MOMS Foundation matches the first $5,000 in donations. This year, MOMS is supporting the NorthStar's math tutoring program.

At the presentation made for MOMS, Scott Hazelrigg, NorthStar's president, offered an open invitation for MOMS members to schedule a tour of the facility. Personally speaking, the tour is impressive. Additional information is at the website www.NorthStar360.org.

I am so pleased the MOMS Foundation selected NorthStar.

In this edition, you will learn more about the incoming president, as Richard Lund takes over his responsibilities. Additionally, there is information on the CMS changes for 2021, adaptive technology in medicine, and physician/subject perspectives in a vaccination trail. We hope there is something here that interests you. Happy reading.

Your Patients Deserve the Best Quality Care.

Makovicka Physical Therapy is ranked by Medicare in the top 15%* of all providers across the nation for Exceptional Performance. What this means is your patients receive outstanding therapy from the area's finest physical therapists, with outcomes proven to exceed national standards.

When you refer your patient to Makovicka Physical Therapy, you make the best recommendation for their health!

*CMS: Centers for Medicare and Medicaid Services.

Where Exceptional Performance Meets Personal Care!

Makovicka
PHYSICAL THERAPY
MakovickaPT.com

We Will Help You Weather The Storm

Services Include:
- Medication Management & Evaluation for Adults
- TMS *(Transcranial Magnetic Therapy)*
- Spravato *(Esketamine)* Treatments
- Pharmacogenetic Testing
- Pre-Surgical Assessments

Now Accepting Appointments:
- Dr. Mary Jo Hanigan, MN, MD, PC
- Dr. Natalie Baker, MD
- Bob Lundholm, APRN-NP
- Sara Mason, PA-C

MERIDIAN
MENTAL HEALTH AND TMS CENTER OF OMAHA

6910 Pacific Street
Suite 100
Omaha, Nebraska

Call us today at **402.504.3707** to schedule a consultation.

For more information on mental health services at **Meridian Mental Health & TMS Center of Omaha,** visit **mmhaomaha.com**

Antidepressants not working?

Ask **Meridian Mental Health** if TMS is an appropriate treatment option for you.

1 in 2 Patients **IMPROVED SIGNIFICANTLY!**

1 in 3 were **SYMPTOM FREE!**

We're the most **EXPERIENCED & TRUSTED** TMS team in Omaha!

"There are no words and not enough lifetimes to express the depth and volume of gratitude I feel for all of Meridian. My recovery has been nothing short of ***miraculous & I believe TMS was key.*** *I still cannot believe it all.* ***Every day I am more in love with life*** *& have a new level of joy that is off the scale!"*
- Helen, 2019 Patient

To protect the privacy of our clients, we have used stock photos to represent them.

2021.

CAROL WANG
Executive Director
Metro Omaha Medical Society

So many of us were eager to usher the new year in just so 2020 was over. Whether it was personal challenges, the political turmoil or the pandemic, there was plenty not to like about 2020. Turning the page on the calendar became an act of optimism; a hopeful sign that better days are ahead.

For most of us, the vaccine for COVID-19 will spell the opening to possibilities: for time spent with loved ones, better health for the community, travel, ability to move about freely, return to normalcy, and the ease of fears that have been plagued all of us since the pandemic appeared.

No wonder people are excited about the year!

But before we close the door firmly on 2020, I want to take stock of some things that were accomplished and that should be notes of pride for the positive impact made.

There are so many instances where our physicians displayed acts of bravery, courage, creativity and ingenuity to deliver compassionate care in less-than-ideal situations. The world has come to appreciate the expertise, the scientific knowledge and your selfless work. You have been called to help schools with re-opening plans, testified on behalf of mask mandates, advocated for public health in person and on social media, and taken care of patients at their most vulnerable. None of it is a small task, and then add to it, trying to juggle childcare, online school for your kids, and safety precautions to keep your family safe, and you are all superheroes in our eyes.

"There are so many instances where our physicians displayed acts of bravery, courage, creativity and ingenuity to deliver compassionate care in less-than-ideal situations. The world has come to appreciate the expertise, the scientific knowledge and your selfless work."
— CAROL WANG

Thanks to your generosity, we were able to put Foundation dollars to answer critical needs for personal protective equipment when there had been an inability of small clinics to obtain basics like gloves, disinfecting wipes, hand sanitizer and face shields. Even now, we've maintained inventory to make sure we can help in a pinch.

This program also shines a spotlight on the energetic and enthusiastic efforts of our community's medical students, who when their rotations stopped, they focused their attention to helping physicians with child care, pet sitting, became delivery drivers for PPE, and helped to distribute masks. Our commitment to ensuring that the most vulnerable to COVID-19 had access to masks resulted in a huge collaboration with more than 700 volunteers sewing over 45,000 face coverings.

The roll-up-their-sleeves and can-do attitude let us know the future of medicine and health care is in good hands with people who are committed to service.

This pandemic has fostered a spirit of cooperation and opened channels of communication. It's seen in the chief medical officers' regular calls to assess needs, the MOMS joint task force with the Omaha Bar Association to examine POLST and issues of shortage in equipment and its implications for care, and the crisis standards of care template that has been developed and adopted.

Now, the task is underway to vaccinate the population and our doctors are being called to help administer the shots, not to mention encourage the public to have confidence in the vaccines. Time and time again in 2020, physicians have stepped up and shown incredible leadership and their voices have been sought and heard more than ever.

Sacrifices for your work on the frontlines have been profound with many contracting the virus and ending up hospitalized and others around the country not surviving their fight with COVID-19. It has inspired local physicians to take up memorial hero workouts to honor those lives as well as another physician-led Go Fund Me to raise money to help recognize public health workers in Nebraska.

I am always proud to work for physicians, but never more than after seeing your Herculean efforts in 2020. And that admiration, respect and gratitude is what I hope we all keep from what had been a year dominated by isolation, loss, and stress.

But before we paint too rosy a picture for 2021, we know it will take some time to get everyone vaccinated and the world re-opened. Patience will be a needed virtue for all. We are also worried about the trauma our physicians have suffered in working on the frontlines during the worst of this pandemic. We want to be able to help and will be trying to find ways to answer that unmet need.

Let's leave this on the positive note that 2021 is promising for all of us. I am already planning for the possibility that we can all be together again, see each other face-to-face and re-establish those connections soon. I can't wait!

THE HINDSIGHT OF 2020

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

Is it just me, or did 2020 feel like we were on an endless roller coaster being constructed before our eyes—and included several steep inclines with sharp declines, many twists and turns, and an unnerving number of loopy loops to make even the most avid roller coaster riders a bit nauseous? I have been known to ride a few great coasters when visiting theme parks—with my favorites being The Hulk and The Kracken. This past year took roller coasters to entirely new level, one that I am ready to exit to get my feet on solid ground. I am certain we are all ready to catch our breath a bit and feel a sense of normalcy.

As I write this article in mid-December, it appears normalcy may be just around the corner as the COVID-19 vaccines are being distributed and administered. I think that it is safe to say that the rollout of the vaccines may be a bumpy ride. At the onset of the pandemic when things were turned upside down, healthcare delivery was clunky and somewhat disorganized when it came to obtaining PPE, testing, submitting for reimbursements, and receiving guidance, just to name a few. We anticipate that the vaccine roll-out may be similar, and we will need to iron out all of the details to have a smooth implementation, as there are many different moving parts to coordinate.

Also, right around the corner is the 2021 Legislative session—we think. The word on the street is that the session will be held with some minor suggested precautions in place, to keep senators and their staff safe, which we all can appreciate and respect. We are not exactly certain what those will look like, as it will be a wait-and-see as we get closer to the 2021 session. As you can imagine, there is a lot of speculation right now on how the session may unfold, such as public hearings, in-person testimony, whether lobbyists will be allowed to be in the rotunda to access senators and their staff, etc., etc.

What we do know is that senators have been asked to be mindful of the number of bills they introduce. In a typical long session, there could be anywhere from 600 to 800 (or more) bills introduced, so it will be interesting to see how this plays out.

What does this mean to the NMA and our priority bills?

The NMA is planning on introducing two bills. The first one focuses on removing the pre-authorization process for providing Medication Assisted Treatment (MAT) to individuals with Medicaid. The second bill is aimed at strengthening the immunization data collection process for state licensed child care centers, which are currently required to report data on all children who are enrolled in licensed centers.

The NMA sees this as an opportunity to collect better data and also have the centers ensure all children meet regulations and statutes around vaccines for state licensed childcare centers, which only allow medical exemptions. This approach will likely increase the number of children getting vaccinated before entering schools, and address the growing number of children that do not get vaccinated because the parents have a philosophical reason to not vaccinate their children, but use the religious exemption.

"I am hopeful for 2021. Hopeful that we may start to see a return to societal normalcy as it was prior to COVID-19. To give hugs to our loved ones, and spend holidays and celebrations together again. Greet strangers with an elbow bump, or better yet, a handshake."
— AMY REYNOLDSON

Additionally, the NMA is working closely with other organizations on legislation to address physician liability issues, telehealth payment parity, and the removal of step therapy.

Not only is the 2021 legislative session going to be a little different due to the disruptions from COVID-19, but we are also going to have five freshmen senators entering the body and three returning senators who were previously term-limited.

I am hopeful for 2021. Hopeful that we may start to see a return to societal normalcy as it was prior to COVID-19. To give hugs to our loved ones, and spend holidays and celebrations together again. Greet strangers with an elbow bump, or better yet, a handshake. All of these things are going to be possible again because of you, our amazing physicians, who are dedicating your lives to providing care for the sickest, working hard to combat a pandemic through research, allowing science to guide the path to recovery, and the unwavering ability to trudge through the changes in healthcare to get us to the point of having a vaccine. Hindsight of 2020 definitely makes us all excited for what 2021 has to offer.

THE SILVER LINING

MICHAEL VISENIO, M.D.
General Surgery Resident
University of Nebraska Medical Center

As December draws to a close, I am reminded of the type of year 2020 turned out to be. After watching enough of "The Crown," a Netflix series about Queen Elizabeth II, followed by hours on the internet learning more about the royal family, I learned that even the queen has her off days—or years. For her, the year 1992 was marked by turmoil in the family and well-publicized scandals in what she considered a year to best be forgotten. She later termed 1992 an annus horribilis, or horrible year.

Thus, many would consider 2020 to be an annus horribilis. At the forefront of this year has been the COVID-19 pandemic, which surely affected about everyone in a multitude of ways. We mourn the lives that have been lost in this country and across the globe and continue to take care of those who are sick. Amongst physicians, there have been concerns with how disruptions to regular care have affected our patients. Many practices faced temporary or permanent closures. Early career physicians looking to start a practice have been stymied in their efforts to grow. Trainees entering the workforce or going into fellowship are left wondering if there will be a job available at the end of the road. All the while, hospitals have continued to fill and are continually at risk of reaching capacity. Uncertainty has been greater now more than ever.

Nonetheless, when people are tested, as we have been throughout this pandemic, we may also see the humanity and the generosity that others possess. As the first wave of the pandemic hit, at UNMC we were beginning to form new units for COVID-19 patients. It was heartening to see dozens of health care workers volunteering to transfer from their regular assignments to staff the new units, something that would put them in the close contact with a virus we had not yet understood all too well. The outpouring of support from the community has been encouraging as well. Many understand the severity of the pandemic and have taken steps to mitigate exposure in their own communities. Walking to work in the mornings, I pass by signs made by schoolchildren with words of support and thanks.

Medical and technological innovation has been a highlight. We have figured out how to better care for patients with COVID-19 and reduce in-hospital mortality. Vaccine development has moved at a rapid pace and the United States has now approved the first COVID-19 vaccine for wide distribution. It will also be the first instance of an mRNA vaccine coming to market after years of institutional research and development. It is an innovation that has proven over 90% effective in clinical trials for vaccines from two different companies. It is now the hope that enough vaccine will become available by the spring and early summer.

For better or for worse, we have learned to adapt to the situation at hand at the office. Work from home and Zoom meetings have become the norm to limit exposure to others, but also serve as a source of social interaction in an otherwise isolating work environment. Telemedicine, which previously many physicians had only begun to dabble with and which the Nebraska Legislature has recently been handling with regard to coverage and reimbursement of telehealth services, gained much wider adoption during the pandemic. This experience has allowed physicians to better integrate telehealth visits into their daily workflow and may prove a lasting presence for many types of visits.

"Even in this annus horribilis, it will be important to see the silver linings this year contained. We must carry the lessons learned going forward, recognize the strides we have made, and remember the people who fought hard, carried themselves with kindness, and worked with compassion in even the most trying of circumstances."

— MICHAEL VISENIO, M.D.

As 2020 wraps up, and with a vaccine on the horizon, I hope that 2021 brings a return to normalcy in many aspects. Even in this annus horribilis, it will be important to see the silver linings this year contained. We must carry the lessons learned going forward, recognize the strides we have made, and remember the people who fought hard, carried themselves with kindness, and worked with compassion in even the most trying of circumstances.

MANAGING THE IMPACT OF MISSED OR DELAYED DIAGNOSES OF NON-COVID-19 CONDITIONS

ERIC ZACHARIAS, M.D.

COPIC Department of Patient Safety & Risk Management

CASE STUDY: A 72-year-old woman called her physician's office with concerns regarding several days of intermittent, mild chest pain. The patient has a history of coronary heart disease with a successful coronary artery stent procedure approximately seven years prior. At a cardiology follow-up visit in February, her examination and testing, including an echocardiogram and nuclear stress imaging, were normal. The patient is fully independent, but lives in assisted living with her husband. When she received the message of a patient with chest pain, the physician advised her staff to tell the patient to go immediately to the nearest emergency department.

The patient refused to go to the hospital and was extremely anxious. The physician called the patient back, and the patient said she was very worried about going to the ER because of the risks of contracting COVID-19. The patient was hopeful that the physician could do a telehealth visit to determine if the chest pain was coming from her heart. The physician wondered if special forms or charting would help protect her from allegations of negligent care if the patient wound up having complications from undiagnosed cardiac chest pain.

ANALYSIS: This case illustrates one of the many challenges during the era of COVID-19. Fortunately, the physician had a strong relationship with her patient and maintained timely and open communication from the outset. When they did a telehealth visit, the physician was able to appreciate the degree of and rationale for the patient's fear of visiting the emergency department. The physician made it clear to her patient that it was impossible to adequately exclude cardiac chest pain by a telehealth appointment. In addition, the physician had an informed refusal discussion with the patient and documented this contemporaneously in the patient's medical record.

While there is no "standard" way to address all the myriad disruptions that COVID-19 has caused, there are a few simple measures that will help you maintain quality health care and reduce the potential for allegations of negligence:

- When you are changing the care setting from what would typically be standard for a given situation, such as the use of telehealth, document your thought process and include the patient in the decision-making process. Are they clear that there are potential risks to the new setting?

- When performing follow-up procedures or screening studies that were delayed because of COVID-19 restrictions or concerns, document that either hospital policies or a triage plan resulted in the delay.

- Be cognizant of risks of allegations of abandonment if dismissing a patient for nonpayment of bills. Many individuals have unexpectedly lost health insurance coverage recently. Sometimes a thoughtful discussion with the patient can help them find appropriate continuity or more affordable care.

"Communicating openly and honestly with patients as best as you can helps keep patients as partners in their care and reduce confusion about why they have not had a planned procedure within the expected time frame."

— ERIC ZACHARIAS, M.D.

The irony of the pandemic is that the fear of exposure to COVID-19 is causing patients with conditions that have known beneficial treatments to forgo that helpful care. Many times, the fear of exposure is much less risk than the untreated medical condition. For those instances in which the patient is informed, competent to make decisions, understands the risks and benefits, and still chooses to refuse beneficial care, it may be appropriate to utilize an informed refusal form.

Communicating openly and honestly with patients as best as you can helps keep patients as partners in their care and reduce confusion about why they have not had a planned procedure within the expected time frame. During these conversations, it may be appropriate to mention how issues such as community viral load, the availability of testing, and the testing turnaround times can drive decisions. What is true today might not be true tomorrow, and patients should be kept informed as the situation evolves.

'COMFORTABLE' WITH HER PARTICIPATION IN COVID-19 VACCINE STUDY

Here's how Renuga Vivekanandan, M.D., sees it: A little soreness in her left arm is much more tolerable than being infected with COVID-19.

When a medical partner at CHI Health, David Quimby, M.D, suggested participating in a clinical trial, Dr. Vivekanandan, an infectious disease physician at CHI Health, did her homework. She checked with her husband to see if he was good with her participation. He was.

Then, she was all in.

"The feeling arm soreness is worth it rather than getting COVID-19. I would do it again, if needed."

Dr. Vivekanandan participated in a stage 3, double blind study for Moderna. She was one of 30,000 participants—and suspects she received the vaccine because she experienced some flu-like symptoms after her injections. The large study size, she said, allows the drug companies to ensure they have proper representation among age and ethnicity groups.

Dr. Vivekanandan said she talks about the process—and why she participated—with anyone who asks. She also encourages them to participate. Here's what she did and what she learned:

After receiving encouragement from her colleague, she investigated Moderna and reviewed the first two stages of the study. Both had limited participants, who experienced no major side-effects to the vaccine they received.

CONT. PAGE 18

The **Vivekanandan** File

Hometown
Sri Lanka

Undergraduate Degree
University of Waterloo, Waterloo, Ontario, Canada, in science

Medical Degree
Medical University of the Americas, Saint Kitts & Nevis

Residency
University of Nebraska Medical Center in internal medicine and pediatrics

Fellowship
Creighton University Medical Center in infectious disease

Title
Chief of infectious diseases, Creighton University; medical director hospital epidemiology and antimicrobial stewardship at CHI Health

Hobbies
Spending time with family, exercising, reading books and cooking

Family
Husband, Travis Miller; and two children, Arya and Austin

Why She Joined MOMS
"Building a community with other health care workers in Nebraska and being there for each other is very important during this time."

FROM PAGE 17

They registered online and received a call back within a week. "They asked me would I be interested. I said 'yes.'"

She scheduled her first appointment for Aug. 3, and ultimately received her first injection. She had blood drawn and received a test for COVID-19. (As a front-line health care worker, she said she has been tested for COVID-19 many times and also has been tested through Test Nebraska several other times.) She also received a pregnancy test and went through a detailed health screening, all of which took about three hours. "They wanted to make sure I was healthy."

She was.

She received her injection in the left arm—her go-to arm for injections as she is right-handed. She returned to work and felt soreness at the injection site and some fatigue. "The next day, I felt fine."

Her instructions were to chronicle her health online—how she was feeling; what her temperature was—for seven days following the injection. Moderna also checked in with her during the 28 days between injections.

On Aug. 31, she returned for her second injection. Same procedure. Blood drawn. Health checked. COVID-19 test. Then, the injection.

This time, she initially felt fine, but later that day felt fatigue to go with the soreness at the injection site. She took Tylenol and slept well. The next day, she felt tired, had a temperature and didn't go to work. By lunch time, her fever broke and she felt fine the remainder of the day. She returned to work the following day.

The follow-up after the second injection was much the same as after the first. Seven days of online diary entries and check-in calls every two weeks.

She's to follow up with Moderna for the next two years, including her next check-in appointment in February. "We still don't know how long immunity lasts. I think that's one reason they follow us (study participants) for two years."

Dr. Vivekanandan said she's yet to hear definitively whether she received the vaccine or the placebo—although the flu-like symptoms she experienced would tell her the former. She expects that once the FDA releases emergency use of the vaccine, those with the placebo will be notified.

"Making 15,000 people wait two years to get vaccination wouldn't be right," she said.

"I'm a wife, a mom. I'm a physician. I want to protect my health, just like everyone else. I felt comfortable with my participation. Now, I want to share my experience so others can learn."

— RENUGA VIVEKANANDAN, M.D.

Now, she's taking the opportunity to encourage people to get informed—using reliable sources such as the CDC or health departments, rather than social media.

She understands that some may be hesitant to get vaccinated. She understands their concerns, but suggests they follow her lead.

"I'm a wife, a mom. I'm a physician. I want to protect my health, just like everyone else. I felt comfortable with my participation. Now, I want to share my experience so others can learn."

"I would do the study again, if needed. Prevention is so much better than getting the infection."

And for those who want to know: She did receive a stipend for her participation. "It was pretty small."

ADVANCED TECHNOLOGIES: A Lifeline for Her Work

Marley Doyle, M.D., isn't sure what she would do without her iPhone. Literally.

This isn't a story about a physician who relies on her cellular phone to talk with friends, text colleagues and check social media posts. Her phone—thanks to advanced technologies—is necessary for her work as a psychiatrist and director of the Behavioral Health Education Centerof Nebraska.

"Smart phones have been life-changing for me. Everyone uses them. I need mine," she said.

Some background is needed to understand Dr. Doyle's dependence on her cellular phone. She's legally blind. She was diagnosed, at age 17, with cone-rod dystrophy, which affects her ability to see colors and her central vision. "Looking back, I've probably had it my whole life. I wore glasses since age 4."

Next came medical school, where she kept her limited eyesight to herself. She didn't seek accommodations. "First of all, I didn't know accommodations existed. I wasn't aware that was something schools needed to provide or give access to. It was lack of knowledge. I didn't know to ask for."

CONT. PAGE 20

"Smart phones have been life-changing for me. Everyone uses them. I need mine."

— MARLEY DOYLE, M.D.

FROM PAGE 19

The **Doyle** File

Hometown
Cincinnati

Undergraduate Degree
Truman State University in Kirksville, Missouri, in biology

Medical Degree
Creighton University School of Medicine

Residency
McGaw Medical Center of Northwestern University in Chicago in adult psychiatry

Fellowship
Brigham and Women's Hospital in Boston in women's mental health

Title
Director

Organization
Behavioral Health Education Center of Nebraska

Hobbies
Running, knitting and baking bread

Why She Joined MOMS
"I joined because I had colleagues who were members. When I moved back to Omaha, I didn't even know it existed. My colleagues spoke highly of it. I looked into it and decided to join."

"I feel like the problem-solving falls on the person with the disability."

One more thing: Although she uses the words disabled and disability, she said she doesn't believe the terms apply to her. "I hate the term. It conjures images of not being able to do something. I don't identify that way."

Dr. Doyle said her eyesight became more of an issue when patient records moved from paper to electronic. Early on, software programs for electronic medical records didn't allow users to change the settings for readability. Dr. Doyle said cone-rod dystrophy, which affects both the cone and rod cells of the retina, means she must increase the font size and change the font color of the words she reads and, when possible, change the background from light to dark. "If I can't change the background, I can't read it. The background is too bright."

Over time and with pressure from users, programmers adapted EMR software to allow for setting changes—and Dr. Doyle no more longed for paper medical records.

Which brings us back to her iPhone, her laptop and her desktop computer. "iPhones have amazing accessibility features. For those with limited eyesight, and not just for hearing, but also for people with varying levels of motor disability." The same goes for her laptop and desktop computer, both Apple products, she said.

During the pandemic, Dr. Doyle said, she has had to rely on videotelephony and online chat services, such as Zoom, in her work. While she prefers to meet with patients in-person, COVID-19 has made that preference not as likely. Zoom, with its adaptability, still allows her to zoom—pardon the pun—in on her patients and better gauge their nonverbals, such as body language. "It's not the same, but it does work."

Dr. Doyle said she has a colleague who has a hearing impairment. Advanced technologies tied to iPhones also meant the world to her. Her colleague has changed the settings for her pager app so it vibrates and lights up instead of beeping. Her colleague also uses an adaptive earpiece that amplifies the sounds coming from her phone.

When she finds herself reading printed material on paper, she said, she uses an Amigo HD magnifier, which she carries with her. At 7 inches wide, she said, it is too large to fit in a pocket, but small enough to be placed in a purse.

Although it may sound strange, Dr. Doyle said, she considers ridesharing companies such as Uber and Lyft to be advanced technology. Arranging for transportation, as patrons of Uber and Lyft know, is as easy as accessing an app on her iPhone. Dr. Doyle, who does not drive, said she left Omaha for her residency, in part, because its public transit system didn't provide enough access to where she needed to go.

"iPhones have amazing accessibility features. For those with limited eyesight, and not just for hearing, but also for people with varying levels of motor disability."
— MARLEY DOYLE, M.D.

With the emergence of Uber and Lyft, Omaha became an option as a location for her to practice medicine. "All of a sudden, I could get where I needed to go. Once Uber and Lyft came, they opened up areas for me."

When visiting about how advanced technologies have reduced some challenges she encounters because of her limited eyesight, Dr. Doyle broached the subject of an advanced technology that is still in the works, but would mean the world to her: driverless vehicles. "They would be the ultimate."

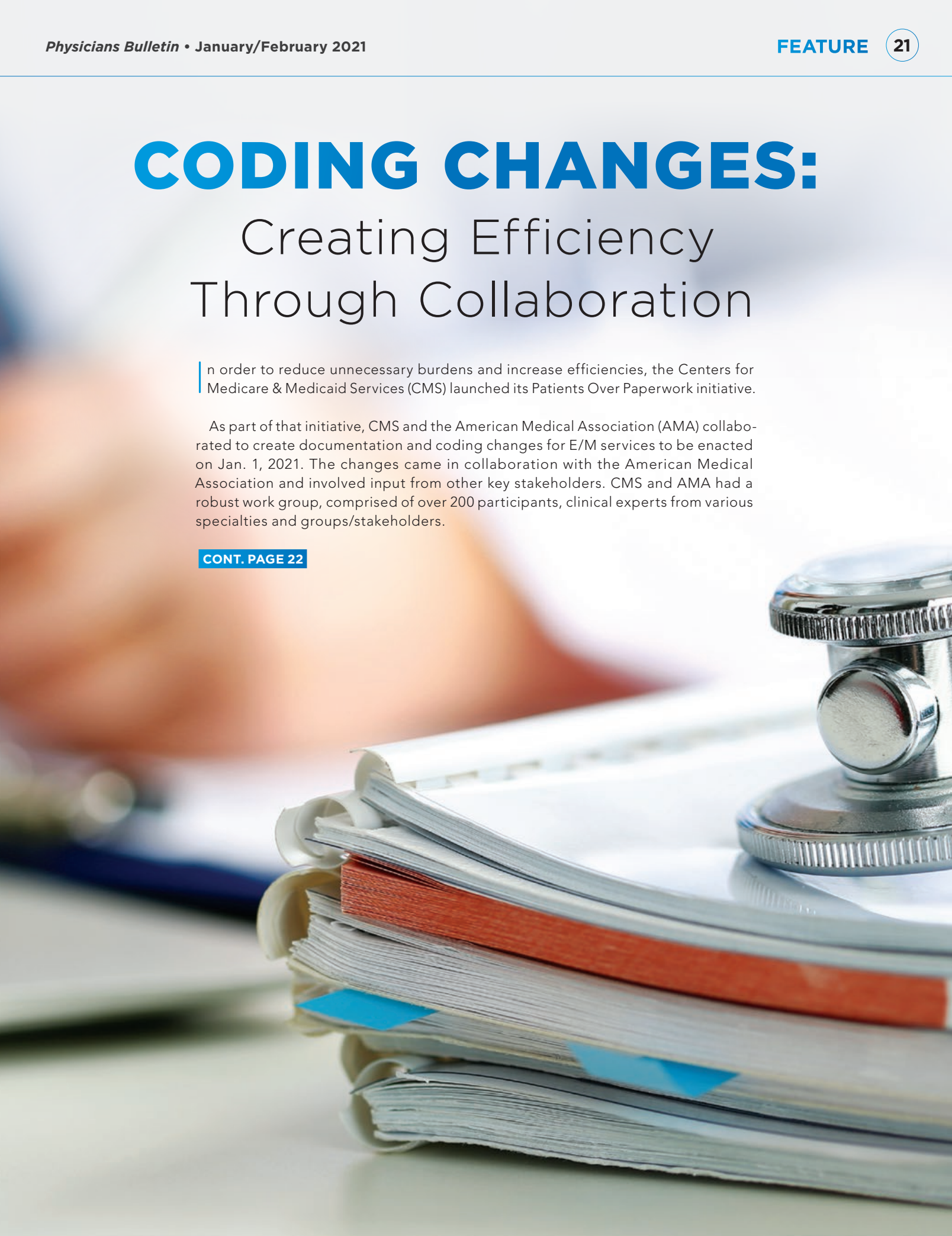
CODING CHANGES:

Creating Efficiency Through Collaboration

In order to reduce unnecessary burdens and increase efficiencies, the Centers for Medicare & Medicaid Services (CMS) launched its Patients Over Paperwork initiative.

As part of that initiative, CMS and the American Medical Association (AMA) collaborated to create documentation and coding changes for E/M services to be enacted on Jan. 1, 2021. The changes came in collaboration with the American Medical Association and involved input from other key stakeholders. CMS and AMA had a robust work group, comprised of over 200 participants, clinical experts from various specialties and groups/stakeholders.

CONT. PAGE 22



FROM PAGE 21

Many of the major decisions by the workgroup including, the definition of time and key definitions of Medical Decision Making (MDM) criteria, were based on these stakeholder-surveys results.

"These changes are intended to decrease administrative burden by eliminating unnecessary documentation not necessary to a particular patient visit," said Lauren Duren, healthcare manager for Lutz in Omaha.

The changes reflect the AMA's desire to reduce physician burnout, a major component of which is documentation, Duren said. "This initiative has a focus on eliminating overly burdensome and unnecessary regulations and guidance to allow providers to focus on their primary mission—improving their patients' health."

Technically, these changes only pertain to office or other outpatient E/M codes (99202-99215) and the deletion of code 99201. All other evaluation and management services remain unchanged.

Duren, a certified public accountant, explained the main points of what has changed:

- Code selection is now established by the total time on the date of the encounter or MDM, rather than the standard History, Exam and MDM, or time.

- While the medically appropriate history and the examination will not be part of the basis for code selection, the history and exam findings that are pertinent to the visit still must be documented.

- A shorter 15-minute prolonged service code also has been added.

When billing time, Duren said, the main difference is the requirement for calculation and documentation. When used as the basis for code selection, she said, the total time must be documented in the medical record versus a range of time. You also get to include more activities in "total time" as the new guidelines state you can include face to face and non-face-to-face time. The requirement for having over 50% of the visit being face to face goes away.

Total visit time, she said, includes both the face-to-face and non-face-to-face time on the date of the encounter. Activities in time may include:

- Preparing to see the patient
- Obtaining and/or reviewing the history
- Examination and/or evaluation
- Counseling and education
- Ordering tests, medications or procedures
- Charting
- Referring and communication with other health care professionals that are not separately reported
- Independently interpreting results
- Communicating results
- Care coordination that is not reported separately

The time requirement for each code is higher, but you get to count more things in the total time. Before it was solely face to face.

Activities not counted as time include:
- Tests and procedures reported separately
- Staff time
- Slow charting
- Any activity performed on a date different than the encounter

The guidelines for using the prolonged services code—99417 or G2212–are established to report with codes 99205 and 99215 are:

- Can only be used after the high-level service has been exceeded (for example, 99205 and 99215) and only when the office or other outpatient service has been selected using time alone.

- 15 minutes of additional time must have been attainted. Do not report prolonged services for an additional time of less than 15 minutes.

- Time spent performing separately reported services is not counted in the E/M of prolonged services time.

- Prolonged total time may include combined time with or without direct patient contact on the date of the encounter.

When billing based on MDM, the level of service selected—when using MDM—is still based on meeting the requirements for the level of service for two of the three elements inthe MDM risk table. MDM has the following three elements to the risk table:

- The number and complexity of problems addressed.

- The amount and complexity of data to be reviewed and analyzed.

- The risk of complication and/or morbidity or mortality of patient management.

Understanding the various definitions that appear in the MDM Risk table is critical, Duren said. The table, along with additional information about the changes can be found on the American Medical Association's website at ama-assn.org

WHY HE PRACTICES MEDICINE, WHY HE SERVES MOMS

Richard Lund, M.D., has a few things to say about what he likes about Nebraska's weather, why he chose his specialty, and how he hopes to impact MOMS and its membership during his term as the organization's president.

CONT. PAGE 24

FROM PAGE 23

First things first. Dr. Lund would rather not talk about himself and his work. He'll deflect and redirect the conversation, but eventually settles in on topics important to him.

And that begins with the Metro Omaha Medical Society. His introduction to the organization came during his residency at Creighton University School of medicine in 2000. He served as a student representative.

"It was interesting seeing a different side of medicine—physicians supporting medicine and one another. I saw how MOMS served as an outlet for physicians."

"It was interesting seeing a different side of medicine—physicians supporting medicine and one another. I saw how MOMS served as an outlet for physicians."

— RICHARD LUND, M.D.

Dr. Lund was away from Omaha and MOMS while he completed his fellowship in St. Louis. His return to Omaha after accepting an academic appointment at Creighton led to his return to MOMS, and his eventual leadership service with the organization.

He hopes, during his term as president, to address the unresolved issue of creating collegiality among physicians. How can MOMS better advocate for its members, in particular, and physicians in general? How can MOMS create opportunities for physicians to interact with one another away—at work and away?

"I'm a little worried about how we do that in a new era where we can't even meet in a room together. We must find some unique ways of spreading cheer."

A top priority, he said, will be to promote collegiality among physicians from competing organizations.

He remembers Lindsay Northam, M.D., (during her term as MOMS president) talking about creating a new physician's lounge. That concept, he said, will serve as a starting point for conversation and action during 2021.

Where that conversation goes, he said, is difficult to predict. "We're facing a brave, new world—where things are certainly different in how we support physicians."

Step back a bit. Dr. Lund said he has no compelling moment to describe when he decided he wanted to pursue medicine. The main factor was his mother, who strongly encouraged him to pursue a medical career.

Similarly, he doesn't have a compelling story to tell how he ended up in Nebraska for his medical residency after earning his medical degree from the University of Witwatersrand in Johannesburg, South Africa. (South Africa's medical training process follows the British model where a student goes directly from high school to medical school)

A family friend, Ronald Hinder, M.D., was on Creighton's faculty and encouraged Dr. Lund to come to the United States for his medical residency. He knew little of Nebraska. "I knew it was in the middle America."

He also heard plenty about Nebraska's winters. Funny thing, he said, he doesn't mind them. "I actually like the cold."

Next came his fellowship. He decided to remain in the United States and chose nephrology. He said he was drawn to this specialty because he felt compassion for patients on dialysis. "I felt the patients on dialysis I met during residency needed extra care. It was a good decision."

The next decision was whether to return from St. Louis to Omaha to practice medicine. Creighton offered a faculty appointment. He said he enjoyed working with students and he enjoyed the camaraderie he felt among his peers.

After a dozen years at Creighton and rising to chief of nephrology, Dr. Lund said he decided to move into private practice at Omaha Nephrology, where he is a partner. He said he loves the new focus to practicing medicine. He also appreciates being able to still work with students while on rounds at Nebraska Medicine.

"Teaching is not what you learn in textbooks. You learn from the experience of physicians talking with patients and how they deal with them. As a student, you have to see how physicians interact with patients. It's not in textbooks."

— RICHARD LUND, M.D.

"Teaching is not what you learn in textbooks. You learn from the experience of physicians talking with patients and how they deal with them. As a student, you have to see how physicians interact with patients. It's not in textbooks."

Through the past two decades, Nebraska has become home. His one objection, he said, are Nebraska summers, which he dislikes. "No one warned me how Nebraska would be hotter than in South Africa. It's hot and it can be miserable. Everyone warned me about the winter—and I was prepared for it."

Nebraska summers are a lot more tolerable, he said, when he's on the golf course. Golfing is his one passion—the one distraction he allows himself—outside of medicine.

"I'm terrible. Probably the worst golfer you've met. But there's something about golf that keeps me coming back."

Which leads to a declaration that he's not likely to remain in Nebraska when he retires. At 50, he said, he's not circling a retirement date on his calendar. But when he does, no offense to Nebraskans, but he's looking for a place—perhaps Florida, Texas or Southern California—where he can play golf year-round. "Nebraska's weather just doesn't allow for me to play all year long."

The **Lund** File

Hometown
Johannesburg

Medical Degree
University of Witwatersrand in Johannesburg, South Africa

Residency
Creighton University School of Medicine in internal medicine

Fellowship
Washington University-Barnes Jewish Hospital in St. Louis in nephrology

Specialty
Nephrology

Location
Omaha Nephrology, P.C.

Hobbies
To find out, please read the story

Why He Joined MOMS
Please keep reading

NEW MEMBERS

Chandrakanth Are, M.B.B.S., J.D.
Oncology, Surgical
UNMC/Nebraska Medical Center

Tricia Fredericks, M.D.
Obstetrics & Gynecology
UNMC/Nebraska Medical Center

Elizabeth Hartman, M.D.
Neurology
UNMC/Nebraska Medical Center

Andrew Holcomb, M.D.
Otolaryngology, Plastic Surgery Head & Neck
Methodist Estabrook Cancer Center

Ernesto Martinez Duarte, M.D.
Pathology, Anatomic & Clinical
UNMC/Nebraska Medical Center

Jayesh Thakker, M.B.B.S.
Pediatrics, Critical Care
Children's Hospital & Medical Center

Roma Vora, D.O.
Obstetrics & Gynecology
Mid-City Ob-Gyn, P.C.

Michael Weaver, D.O.
Physical Medicine & Rehabilitation,
Sports Medicine
UNMC/Nebraska Medical Center

ELIZABETH HARTMAN, M.D.

Medical School
UNMC

Residency in Neurology
Cleveland Clinic

Fellowship in Multiple Sclerosis /NeuroImmunology
University of Chicago

Office/Clinic Name
Nebraska Medicine

Dr. Hartman is happy with where she is in life in many dimensions. She is happy to be back home in Nebraska after 15 years of training and starting practice elsewhere. She's happy to be back at Nebraska Medicine/UNMC working with great people. She enjoys seeing her cardiologist husband thriving in his work, and to enjoy talks, adventures and giggles with their children when they get home. She is excited about the challenge of growing a wonderful Neurology Department that values her experience, especially caring for MS and headaches.

MEMBER NEWS

DR. WARCHOL HONORED BY NATIONAL ASSOCIATION

Jordan Warchol, M.D., recently was named one of the Emergency Medicine Residents' Association "25 Under 45."

The Emergency Medicine Residents' Association is a professional organization that represents more than 90% of resident physicians training in emergency medicine in the United States. Its award recognizes young emergency medicine physicians who are changing the world and whose contributions embody the spirit of the specialty.

Dr. Warchol called the honor humbling. "Emergency medicine has a lot of people who do a lot of incredible work outside of their general clinical duties, and to be recognized as one of those people is inspiring—not only to be recognized for what I'm doing but to be placed along such other incredible influencers in my specialty."

Dr. Warchol is an assistant professor in the UNMC Department of Emergency Medicine. As the director of the health systems sciences coil, which was introduced as part of the new medical school curriculum, Dr. Warchol helps lead students through what is known as the third pillar of medical education and includes physician advocacy, how to lead a team, different insurance processes, informatics, quality, patient safety and other areas.

"It's a lot of things that we want students to know, but there's never been formal curriculum on it previously," she said. "I love teaching this more than teaching the bedside stuff—although I do love that as well."

"Jordan is an absolute superstar in the UNMC Department of Emergency Medicine as well as for the entire College of Medicine," said Kelly Caverzagie, M.D., professor in the UNMC Department of Internal Medicine and associate dean for educational strategy in the College of Medicine.

IN MEMORIAM

S. PATRICK ADLEY, M.D.
July 5, 1938 – Nov. 8, 2020

DENNIS E. DALEY, M.D.
Sept. 12, 1946 – Nov. 28, 2020

JOHN Y. DONALDSON, M.D.
March 26, 1940 – Oct. 30, 2020

BENJAMIN GRABER, M.D.
Oct. 2, 1944 – Oct. 31, 2020

JOSEPH A. JARZOBSKI, M.D.
April 3, 1940 – Nov. 19, 2020

FREDERICK W. KARRER, M.D.
March 9, 1931 – Nov. 28, 2020

THOMAS C. NILSSON, M.D.
Feb. 2, 1947 – Oct. 24, 2020

APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I understand that my membership will not be activated until this application is approved by the MOMS Membership Committee and I have submitted my membership dues.

PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____

Birthdate:_____Gender: ☐ Male ☐ Female

Clinic/Group:_____

Office Address:_____Zip:_____

Office Phone:_____ Office Fax:_____Email:_____

Office Manager:_____Office Mgr. Email:_____

Home Address:_____Zip:_____

Home Phone:_____Name of Spouse:_____

Preferred Mailing Address:

Annual Dues Invoice: ☐ Office ☐ Home ☐ Other:_____

Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other:_____

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:_____

Medical School Graduation Date:_____Official Medical Degree: (*M.D., D.O., M.B.B.S, etc.*)_____

Residency Location:_____Inclusive Dates:_____

Fellowship Location:_____Inclusive Dates:_____

Primary Specialty:_____

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

_____ _____

Signature *Date*

FAX APPLICATION TO:
402-393-3216

MAIL APPLICATION TO:
Metro Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

APPLY ONLINE:
www.omahamedical.com

MAPPING AGING BRAIN NETWORKS WITH THE GROUNDBREAKING ATLAS55+

Atlas55+ is the first age-adapted brain atlas for late adulthood. Mapped by the Boys Town Brain Architecture, Imaging and Cognition Lab, this new atlas provides scientists researching brain and cognition changes in later adulthood a reliable atlas of the brain networks that has been created using functional MRIs of healthy individuals between the ages of 55 and 95.

"This work has the potential to reveal how dysfunction of the brain networks contributes to neurodegenerative conditions like dementia," reported Gaelle Doucet, Ph.D., director of the Brain Architecture, Imaging and Cognition Lab at Boys Town National Research Hospital.

Atlas55+ identified five major brain networks, three of which are particularly vulnerable to losing functional integrity with age. They are the default-mode network (DMN), which is involved in internal-related functions such as thought generation and memory; the executive central network (ECN), which supports working memory, and the salience network (SAL), which helps the transition between different cognitive activities.

This research suggests that interventions to prevent or attempt to reverse cognition loss should focus on the DMN, the ECN and the SAL. With further research, this new atlas may help explain why some aging adults struggle with cognitive decline.

Atlas55+ was published in the journal Cerebral Cortex and is available for other researchers to consult and use. The Atlas55+ research study was funded by the National Institute on Aging.

The end goal for Atlas55+ is that it can be used as a reference for any population above age 55 and that it will be able to aid in the diagnosis of neurodegenerative disorders such as mild cognitive impairment (MCI) or Alzheimer's disease by providing a comparative baseline for what a healthy aging brain networks look like.

METHODIST AWARDED HPV VACCINATION GRANT

An estimated 44,000 cases of cancer are diagnosed in the United States each year in parts of the body where human papillomavirus (HPV) is often found. And HPV causes about 34,800 of those cancers. However, more than 90% of cancers caused by HPV can be prevented through vaccination.

In an effort to raise awareness and improve vaccination rates, Methodist Health System has been selected to be a part of the American Cancer Society's (ACS) Hospital System Capacity Building Initiative as a Communities of Practice (COP) site.

Methodist is one of six HPV vaccination COP sites, and its participation is funded by a grant from the Centers for Disease Control and Prevention through 2023.

Methodist's selection grew out of a previous cooperative effort with the cancer society championed by Aru Panwar, M.D., a surgeon at the Head and Neck Surgical Oncology Clinic at Methodist Estabrook Cancer Center; and Matthew Gibson, M.D., a Methodist Physicians Clinic pediatrician. That partnership sought to standardize HPV vaccination education across Methodist Health System.

Methodist will work with the ACS and community partners over the next three years to:

- Increase HPV vaccination rates.
- Partner with local health partners to carry out evidence-based interventions.
- Secure leadership support for practice changes aimed at increasing cancer screenings and/or vaccinations.
- Assess and share data relating to screening and/or vaccination rates.
- Create a comprehensive, collaborative action plan with input from ACS hospital system staff and community partners.
- Create a culture of team-based quality improvement.
- Assist staff in prioritizing cancer screening and prevention.
- Execute sustainable and meaningful process improvements.

NEW PSYCHIATRIC EMERGENCY SERVICES UNIT KEEPS BUSY

In its first two months of operation, staff members at Nebraska Medicine's Adult Psychiatric Emergency Services (PES) saw more than 220 patients, offering specialized care for those in crisis for issues related to mental health or substance abuse.

"We've seen a huge increase in mental health and substance use visits to our emergency department over the past four years," says Howard Liu, M.D., chair of the UNMC Department of Psychiatry. "From 2015 to 2019, we saw nearly an 80% increase in people with a psychiatric crisis coming to our emergency department, and had more than 3,000 visits for this reason last year alone."

It is for this very reason that Nebraska Medicine opened the Adult Psychiatric Emergency Services unit in October to address these problems. The facility is located on the ground floor of Clarkson Tower on the Nebraska Medical Center campus.

The unit features a calm, compassionate environment away from the main emergency department. The goal: to stabilize patients and swiftly refer them to community partners for appropriate treatment while avoiding unnecessary inpatient admissions.

Patients can be transitioned to a number of settings: inpatient care, partial hospitalization, intensive outpatient services, or ambulatory care. The unit is staffed by psychiatrists, advanced practice professionals, psychiatrically trained nurses, licensed mental health practitioners, certified peer support specialists and mental health technicians. Peer support specialists were instrumental in the design of the unit and continue to have an important role in advocating for patients.

"The Adult PES has been an outstanding and timely resource for patients in crisis who needed access to a caring team," Dr. Liu said. "We know this is a tough time for everyone. I've appreciated the outstanding coordination with our Emergency Department, first responders and with community partners on treatment planning."

Now open at 133rd & Dodge.

YOUR AMBITIONS

From 100% Financed Mortgages to Practice Financing, we've got you covered.

A member of our team is here and ready for you. Contact one of our Private Bankers for more information today!

BRIAN LEIFERMAN
Executive Vice President - Private Banking
402.210.4557

COLE GROTELUSCHEN
Senior Vice President - Private Banking
402.517.1983

CHARLIE VAUGHAN
Vice President - Residential Lending
402.212.9677

frontierprivate
Banking Refined.

FrontierPrivate.com

Member FDIC EQUAL HOUSING LENDER

Terms and conditions apply. Contact a Private Banker for more details. All mortgage loans are subject to credit review, underwriting and approval. Must establish a relationship with Frontier Bank, including primary personal checking account and set-up mortgage payments to be auto-draft from account monthly. 100% physician mortgage loans are restricted to primary, owner-occupied residences only. Investment properties and second homes are not eligible. 100% mortgage financing will result in no property equity until the borrower pays down the loan principal through regular mortgage payments and/or the property value appreciates. If property values decline, you could owe more than your property's value. Additional LTV restrictions may apply. Frontier Bank, 13333 California St, Suite 100, Omaha, Nebraska 68154. NMLS #514398

CREATE YOUR OWN ENVIRONMENT

In nature, evolution can require a process of thousands of years. At Curt Hofer & Associates, helping you to create your environment is second nature to us.

Bring your designs, your inspiration, your preferences, pictures and even pins. Together we'll move through a process that lets you ease into a flawless execution of your ideal surroundings.

Contact us today to see why Curt Hofer & Associates has earned top awards for our iconic design and inspired living spaces for more than 26 years.

CURT HOFER
& ASSOCIATES

16820 Frances Street, Ste. 102 | Omaha, NE 68130 | Phone: 402.758.0440 | www.curthofer.com

Please contact Curt Hofer & Associates today! For an appointment, visit curthofer.com or see our Ideabook at houzz.com/curthofer.

Metropolitan Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

ADDRESS SERVICE REQUESTED