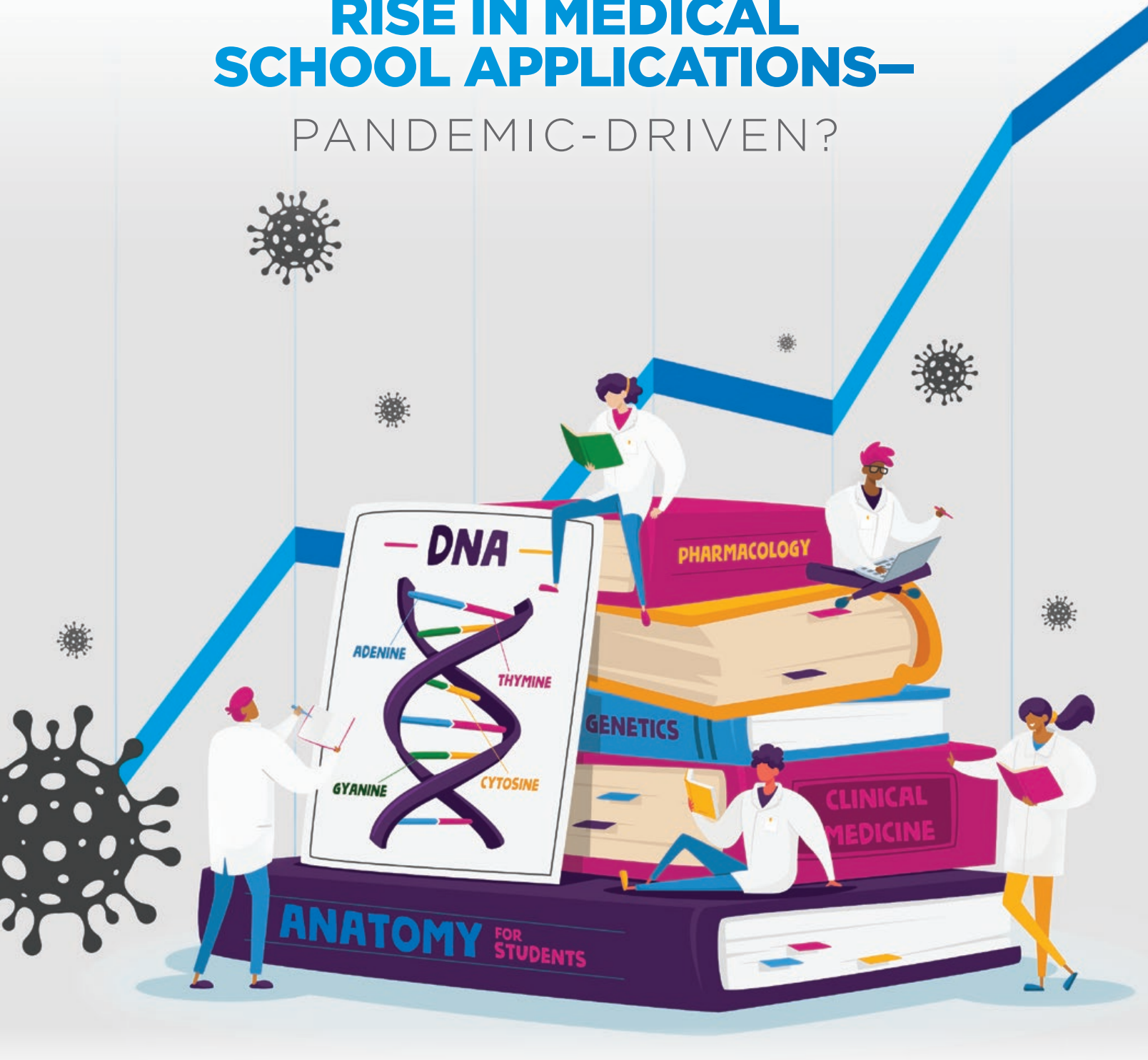


## RISE IN MEDICAL SCHOOL APPLICATIONS— PANDEMIC-DRIVEN?





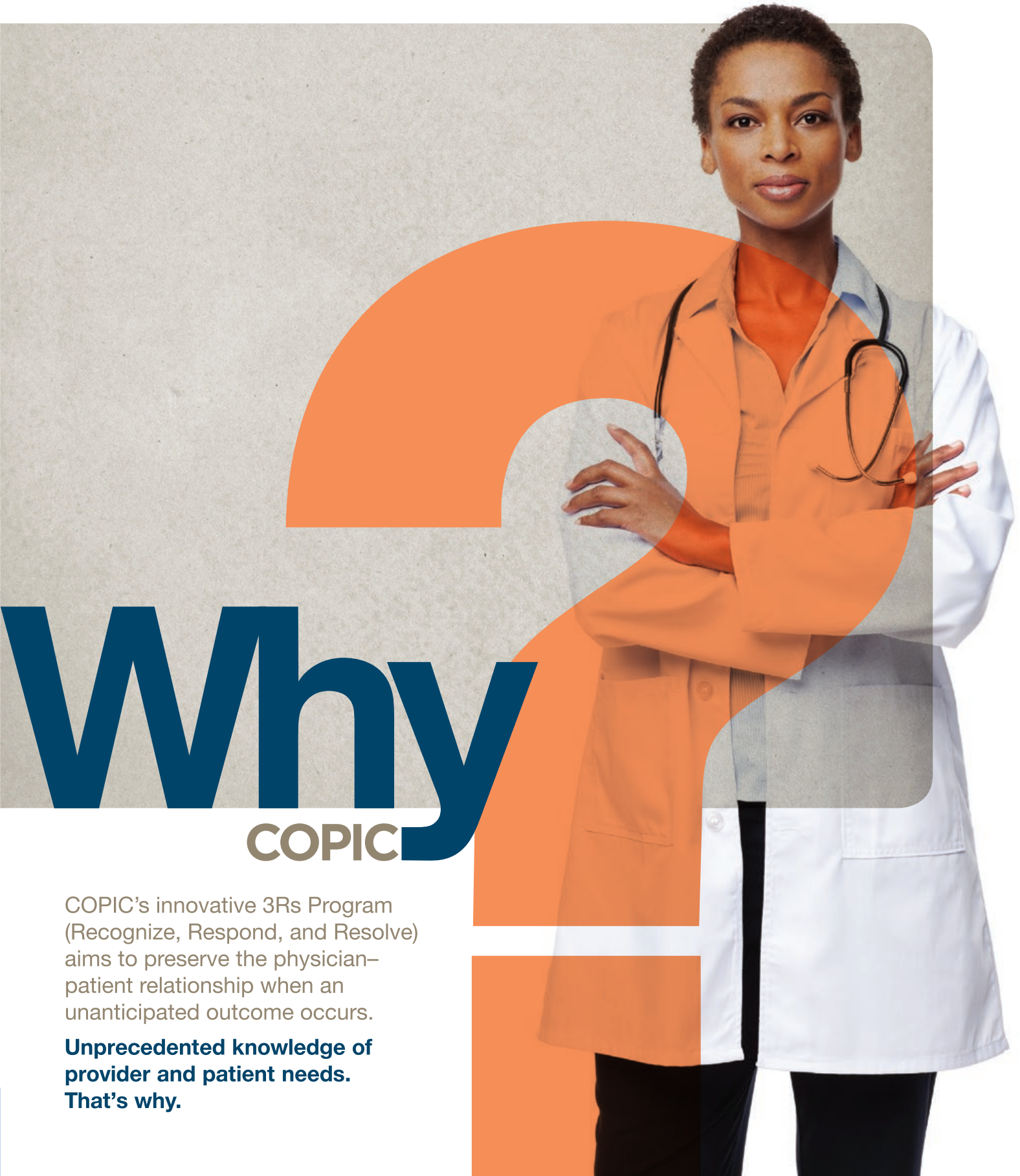
When one number connects you  
to the region's best neonatal and  
pediatric transport team,  
**Anything can be.**

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



Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834



# Why

## COPIC

COPIC's innovative 3Rs Program (Recognize, Respond, and Resolve) aims to preserve the physician-patient relationship when an unanticipated outcome occurs.

**Unprecedented knowledge of provider and patient needs. That's why.**



# Life-changing surgical care for kids.

When children need life-changing surgical care, you can find the same expert care you have come to know and trust at Boys Town National Research Hospital.

Boys Town Pediatric General and Thoracic Surgery is the largest, most experienced team of pediatric general surgeons in the state, providing specialized surgical care for your patients in:

- Bariatric
- Cancer
- Colorectal
- Genitourinary
- Pectus
- Thoracic
- Thyroid
- Tumors



Shahab Abdessalam, M.D.  
Pediatric Surgeon



Robert Cusick, M.D.  
Pediatric Surgeon



Megan Fuller, M.D.  
Pediatric Surgeon



Stephen Raynor, M.D.  
Pediatric Surgeon



Kathy Schall, M.D.  
Pediatric Surgeon

To refer your patient to Boys Town Pediatric General and Thoracic Surgery, contact us at **531-355-7400** or our 24-hour line at **531-355-1234**.

Physician consultations welcomed.

Focused Exclusively on the Spine Since 1963

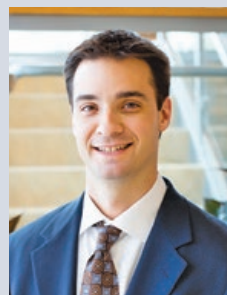
**ORTHOPEDIC SPINE SURGEONS**



Timothy A. Burd, MD



Jonathan E. Fuller, MD



J. Brian Gill, MD, MBA



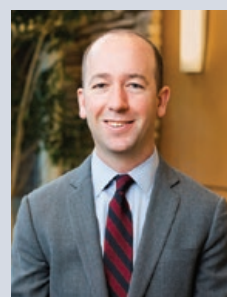
Michael C. Longley, MD



John W. McClellan III, MD



Eric D. Phillips, MD



Chase C. Woodward, MD, MPH

**PHYSIATRISTS (Physical Medicine & Rehabilitation)**



Jeremiah P. Ladd, MD



Scott A. Haughawout, DO



Matthew P. West, MD



John D. Hain, MD

**NEUROSURGEON**

**Our Services**

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

**NebraskaSpineandPain.com**

**Omaha:**

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

**Satellite Clinics:**

- + Columbus
- + Fremont
- + Grand Island
- + Lexington



**NEBRASKA  
SPINE + PAIN  
CENTER**



## FEATURES

- 15 THEIR TRAVELOGUE DURING COVID-19**
- 18 THEY GOT VACCINATED—**  
Without a Second Thought
- 20 RISE IN MEDICAL SCHOOL APPLICATIONS—**  
Pandemic-driven?
- 23 MIPPA:** Strengthening Independent Practices
- 12 NMA MESSAGE**  
Virtual Meetings Causing New Fatigue
- 13 LEGAL COLUMN**  
An Ever-Changing Regulatory Landscape: New and Proposed Health Care Legislation
- 14 RISK MANAGEMENT**  
Cybersecurity Resilience in Health Care

## DEPARTMENTS

- 9 COMING/VIRTUAL EVENTS**
- 10 EDITOR'S DESK**  
More to Admissions Increase Than 'Fauci Effect'
- 11 MOMS LEADERSHIP**  
It's Good to Have a Great Team

- 25 MEMBER NEWS/ MOMS EVENT RECAP**
- 26 NEW MEMBERS**
- 27 CAMPUS & HEALTH SYSTEMS UPDATES**



### A resource for Nebraskans who are ready to quit tobacco.

Refer your patients to the Quitline to support their successful quit.

- Available 24/7 to Nebraska residents, regardless of insurance.
- Can provide coaching, information, and a free NRT starter kit\* when available.



**NEBRASKA TOBACCO QUITLINE**

Start a referral at [QuitNow.ne.gov/providers](http://QuitNow.ne.gov/providers)

1-800-QUIT-NOW (784-8669) | 1-855-DÉJELO-YA (335-3569)

Nebraska Department of Health & Human Services | Division of Public Health | Tobacco Free Nebraska

\*To qualify for the over-the-counter nicotine replacement therapy (gum, patch or lozenge), the participant must be a Nebraska resident over the age of 19 who is ready to quit, register with the Quitline and complete one coaching session. Participants will be screened for medical eligibility.



**GUILT-FREE READING**

**28,755 TREES & COUNTING**

Omaha Magazine, by partnering with PrintReleaf, has reforested 28,755 standard trees since April 2015.



It is the *people* and  
the *process* that  
leads to successful  
investing.



Tom



Chad



Bruce



Patrick

Find out why the Lawson Kroeker  
four-step process and our patient,  
polished and humble style can lead  
you to success over time.



Focused long-term investing since 1986.

Read more at  
[lawsonkroeker.com](http://lawsonkroeker.com)

# Physicians Bulletin

VOLUME 42, NUMBER 2

A PUBLICATION OF THE



## METRO OMAHA MEDICAL SOCIETY

7906 Davenport St. | Omaha, NE 68114  
(402) 393-1415 | [www.omahamedical.com](http://www.omahamedical.com)

### OFFICERS

President | Richard Lund, M.D.  
President-Elect | Tina Scott-Mordhorst, M.D.  
Secretary-Treasurer | Travis Teeter, M.D.  
Past President | John Peters, M.D.  
Executive Director | Carol Wang

### EXECUTIVE BOARD

Richard Lund, M.D.  
Tina Scott-Mordhorst, M.D.  
Travis Teeter, M.D.  
John Peters, M.D.  
Alëna Balasanova, M.D.  
Kelly Caverzagie, M.D.  
Robert Cochran, M.D.  
Andrew Coughlin, M.D.  
Gina DiRenzo-Coffey, M.D.  
Gary Gorby, M.D.  
Courtney Hellman, M.D.  
William Lowndes, M.D.  
Sara May, M.D.  
Cori McBride, M.D.  
Kris McVea, M.D.  
Tiffany Tanner, M.D.  
Steven Wengel, M.D.  
Rowen Zetterman, M.D.  
Heather Zimmerman, M.D.

### EDITORIAL/ADVERTISING STAFF

Publisher | Omaha Magazine, LTD.  
Editor | Audrey Paulman, M.D.  
Writer | Kevin Warneke, Ph.D.  
Photographers | Justin Barnes, Bill Sitzmann  
Creative Director | Matt Wiczorek  
Senior Graphic Designer | Derek Joy  
Graphic Designer II | Mady Besch

### ADVERTISING SALES

Paul Bashus | Greg Bruns | Gil Cohen | Dawn Dennis  
Jillian Dunn | Mary Hiatt | Alicia Hollins  
George Idelman | Sandy Matson

### FOR ADVERTISING INFORMATION:

402-884-2000

*Physicians Bulletin* is published bi-monthly by Omaha Magazine, LTD, P.O. Box 461208, Omaha NE 68046-1208. © 2015. No whole or part of contents herein may be reproduced without prior permission of *Omaha Magazine* or the Metro Omaha Medical Society, excepting individually copyrighted articles and photographs. Unsolicited manuscripts are accepted, however, no responsibility will be assumed for such solicitations. *Omaha Magazine* and the Metro Omaha Medical Society in no way endorse any opinions or statements in this publication except those accurately reflecting official MOMS actions.

**Customized Financial Solutions.  
Extraordinary Service.**



## Private Banking

We provide comprehensive financial management for your life. Talk with a trusted private banker about attaining your financial goals today!

1120 S. 101st Street, Omaha  
(402) 344-7300 SNBconnect.com



## 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



### GOLD PARTNERS



Renaissance Financial

KIM MATNEY

### SILVER PARTNERS



### BRONZE PARTNER



For more information on our Strategic Partners visit [OMAHAMEDICAL.COM](http://OMAHAMEDICAL.COM)

# IT'S OKAY TO ASK FOR HELP



We offer free confidential online counseling and telepsychiatry sessions

Complete a short assessment to connect with a mental health professional at [providerwellness.org](http://providerwellness.org)







# COMING/VIRTUAL EVENTS

VISIT [OMAHAMEDICAL.COM/EVENTS](https://omahamedical.com/events) FOR  
ZOOM INFORMATION AND/OR REGISTRATION

APR  
18

## VIRTUAL ZOO EXPERIENCE SERIES - GIRAFFES

**SUNDAY, APRIL 18 | 2:00 - 3:00 P.M. | VIRTUALLY VIA ZOOM**

Join us on a VIP virtual backstage tour and see what it takes to run one of the best zoos in the world—ours! Omaha zoo staff will provide a live tour and answer your questions!

Get to know the zoo's herd of reticulated giraffes as you virtually tour the Syd and Betty Cate Family Giraffe Herd Rooms. Experience what it is like to care for animals who reach heights over 15 feet. Learn about how giraffes use their prehensile, purple tongues to reach and grab their food.

Zoom details will be sent to registrants via email prior to the event.

Online registration now open.

MAY  
7&8

## DOCBUILD: HABITAT FOR HUMANITY HOME BUILDING EVENT

**FRIDAY, MAY 7 & SATURDAY, MAY 8 | MORNING & AFTERNOON SHIFTS**

No prior experience necessary—something to do for all skill levels.

More details at <https://omahamedical.com/event/docbuild>.

## MORE TO ADMISSIONS INCREASE THAN 'FAUCI EFFECT'



**AUDREY PAULMAN, M.D.**

Editor  
*Physicians Bulletin*

Applications to medical school are up. They attribute it to the pandemic.

This is somewhat puzzling to me, as I thought it took years to complete a pre-med course. Becoming a medical school applicant is hard. How did the students do it so quickly? Typically, the AMA reports an overall increase in applicants by 3% each year. This year's numbers have increased by much more than that.

I ask, is it the pandemic or is it something else?

When I applied to medical school, there were obstacles and opportunities.

- 1) I wasn't male. In the class of 110, 100 were men. Women were the minority of medical students. It was hard to be in the minority.
- 2) I had to do well in the undergraduate "weed out class." My future medical school destiny was based on one class and one professor. The course was not in my major, and information learned not used in medical school. Yet, that professor stated he would "decide who could go to medical school."
- 3) It was expensive. Testing expenses, application fees and travel for interviews were limiting factors. I chose one medical school and I was accepted. I was lucky.

For me, there were opportunities that contributed to my "luck."

- 1) My parents were both college graduates and I knew the college system well. It made it easier to choose needed coursework.
- 2) My study group was awesome. While I had no military experience, I was fortunate enough to be included in a study group of "bootstrappers" who were attending college on the GI Bill. This group of veterans helped me focus my study habits and provided me support during my premed years.
- 3) I learned to enjoy standardized tests. I was a "standardized student" for my father's graduate students as they learned to administer educational testing and so I view testing as fun.

4) I come from middle America. This gave me the opportunity to read the tests in my first language and my culture of origin, as most standardized tests are written.

Today, there has been an unprecedented increase in applications to medical school. The students' reality is different than mine. Opportunities exist in the changes that have been made.

- 1) The incoming class is overall 53.6% female, according to the American Association of Medical Colleges. (UNMC is 51.9% and Creighton 53.3% female, according to AAMC 2020-2021 data).
- 2) While weed out courses still exist, the narrative is changing to put the responsibility on the professor to successfully educate the students. Professors are evaluated on helping students succeed, rather than fail. Committees, rather than a single professor, now review a student portfolio.
- 3) Pathways exist to help students become physicians. These pathways continue to strengthen through support of tuition, test preparation, and mentoring, beginning in primary grades and continuing through the pre-med coursework.

There are still obstacles and questions.

1) There is data looking at standardized testing and the impact on students from diverse backgrounds. The pandemic has made the standardized ACT and SAT optional for many undergraduate universities. USMLE Step 2 CS has been permanently discontinued. The question must be asked if high MCATs predict the best future physicians.


2) Study groups—are they the best model? A study, "The Impact of Study Groups and Roommates on Academic Performance," done at Harvard in 2015 noted that "the informal social interaction with roommates has a significant positive impact on academic achievement, while study group peers have no discernible impact on grades." It may be the combination of social interactions and study that are key to success, rather than study groups alone.

3) The pandemic, with the impact on minority health, has caused another look at diversity in medicine. According to the AAMC data, "Matriculants to U.S. Medical Schools by Race, Selected Combinations of Race/Ethnicity and Sex, 2017-2018 through 2020-2021" underrepresented minorities have not increased their presence in current medical school classes. Are there potential students being overlooked?

I celebrate the increase in applicants to medical school. Is it the "Fauci effect"? I don't think so. I believe it is years of hard work that led to the increase in applicants. Hard work from the students—hard work from the teachers.

If you want to be involved in increasing interest in medicine—SHAREOmaha, [www.shareomaha.org](http://www.shareomaha.org), lists nonprofits in Omaha with opportunities for you to volunteer in existing educational programs. Also, in this magazine, there is an interview of the admission deans at Omaha's two medical universities who offer ways to get involved.

We have included in this edition thoughts on "getting the shot," independent physicians and vacations during the pandemic. I hope that by the time the next edition goes to print, we all will have been vaccinated or cures developed for COVID-19.

I hope you stay well. 

## IT'S GOOD TO HAVE A GREAT TEAM



**DEBRA ESSER, M.D.**

Chairwoman  
MOMS Foundation

**“In times like these, it is good to have a great team. Whether this is your office team, your family team or just someone you can rely on. That’s the way I feel with our foundation team.”**

— DEBRA ESSER, M.D.

physicians in this way. MOMS was also able to support the community by supplying masks to many organizations in need of just general fabric masks. The need was overwhelming.

This year, we had several good opportunities for funding, and one exceptional one. The foundation was particularly influenced by NorthStar, an incredible organization serving boys grades 3-12 in North Omaha. African-American males have a reduced high school graduation rate in normal times. In a pandemic, this populations disparity is accentuated. Remote learning makes it particularly difficult to get that extra help needed when you don’t quite understand that math problem. NorthStar works with boys in North Omaha to increase high school graduation rates and finding success after graduation either in entering the workforce or furthering their education in college. They have tutors at their afterschool program who assist the boys, one on one, in school topics and assignments, but they are so much more.

Under the direction of Scott Hazelrigg, the organization has become a mentor for these young men, encouraging them to remain in school and get the assistance they need to be successful. Their mission is building opportunities out of adversity for young men to realize their potential and demonstrate leadership, confidence and a commitment to family and community. They service 600 young men, providing an average of 1,600 program hours per student, per calendar year.

We all know and try to weave solutions for health care disparities and know social determinants of health have a lot to do with these. Achieving better education, better work skills and income can help with housing and food insecurities. NorthStar helps with these basic building blocks. Leadership skills are learned in their Outward-Bound programs. Participation in team sports allows the boys to develop responsibility, respect, and character, while learning how to be a team member. NorthStar’s career readiness program provides young men with valuable experience including summer internships, building a strong work ethic.

The MOMS Foundation was able to present NorthStar with a check for \$23,300 through the generosity of our MOMS membership. This donation will address social determinants of health for an at-risk population and improve their health and wellbeing over their lifetime. This is a team that young men in our Omaha community can rely on and become a part of. A team that supports them and encourages them in their journey. Just as our teams help us.

Thank you for your continued and generous support. [🔗](#)

What a year. I don’t think I am alone in saying I can’t wait until things get back to normal, whatever that is. I think we may have a new normal from now on. We had been lulled into a sense of complacency with no pandemic for 100 years. We thought we were beyond it. We are not.

In times like these, it is good to have a great team. Whether this is your office team, your family team or just someone you can rely on. That’s the way I feel with our foundation team. When the pandemic started, they saw a need to mobilize for personal protective equipment (PPE). We decided not to offer smaller grant amounts this year and instead to use the foundation grant money early in the year to purchase PPE for our provider community. It makes us proud to be able to support our own

## VIRTUAL MEETINGS CAUSING NEW FATIGUE



**AMY REYNOLDSON**

Executive Vice President  
Nebraska Medical Association

Virtual meeting fatigue, zoomed-out, work-from-home burnout, Zoom fatigue, and video conference fatigue are some new words added to our vocabulary since early 2020 (and also new to Urban Dictionary). Now that our lives are consumed by spending time on our devices to stay connected with family and friends, attend trainings, participate in meetings and even provide care to patients, many of us have used similar words to describe our current situation as it relates to our virtual communication.

Many of us are faced with an increased workload due to the pandemic and trying to squeeze more work into one day than humanly possible. Because it is so easy to get connected to the virtual meetings and webinars now, there seems to be an unrealistic expectation that all the other work can get done at the same pace while participating in scheduled meetings. There is only one way to do that—sharpen your multitasking and time management skills. Unfortunately, when we continue to do this for a period of time, we get burned out and start to become ineffective or grow stagnant with any progress with our work because we are trying to do too much at once.

I am the first to admit that I want to maximize my time to make certain that the work gets done, emails are responded

to, and I stay up to date with everything going on while tuned in to all the scheduled virtual meetings and webinars. I can hear what they are saying, and for the most part it makes sense or resonates, but I am not engaging in the meetings like I did early on when we initially shifted to virtual platforms. Is this what some are calling virtual meeting fatigue? At times I feel like I am going through the motions, hoping to retain the content, so I have started to question my approach. Am I only hearing the information, or am I truly listening and engaging?

There is no doubt that the switch to virtual platforms has allowed many of us to continue to perform our work and stay connected. However, this same opportunity has brought on a new challenge and serves as a wakeup call to focus more on listening rather than allowing myself to become distracted with other tasks while having the meeting play out on the computer in the background. Recently, I have found it is more difficult to stay dialed in while multi-tasking during virtual webinars and meetings, and I often log off and wonder if that was really good use of my time. I, like many of you, am trying to accomplish more throughout the day to keep up with the work demands and realizing that other areas may not be as on point. I miss relationship building and feel even though I have met so many professionals from across the country in meetings that I would not have been able to attend in person, I did not connect with them like I would, had we met in person.

*Forbes* suggests several tips to beat Zoom fatigue, and include:

- Set and follow an agenda
- Schedule breaks
- Avoid multitasking during virtual meetings
- Pick up the phone when video is not necessary
- Switch up the screen view—speaker view may reduce distractions


I have also reverted to taking more notes during the virtual meetings and webinars to engage more and refine my listening skills. It has been helpful to close programs that distract me by displaying notifications. This refocus has not reduced my virtual meeting fatigue, but it has allowed me to engage at a higher level and retain more content.

Is there any correlation between virtual meeting fatigue and a decrease in effective listening? I am not exactly sure, but “The Art of Listening in Virtual Teams” by Kate Lindsay discusses how we need to spend more time focusing on effective (also known as active) listening to make virtual meetings successful.

Effective listening is more than just hearing the words. It is a skill that must be learned and practiced for it to become routine. Effective listening moves beyond listening for facts, listening while multitasking, thinking about your response while the person is still speaking, and prejudging the person you are listening to.

Effective listening is setting aside any distractions, such as cell phones, and giving your full attention to the person speaking, making eye contact, and listening with not only your ears, but also your brain and heart. Effective listening is when we listen for meaning, intent, feelings, values, and content.

Virtual communication is not going away. Rather, I believe it is going to become a routine way of doing business for many organizations. Not only have virtual communication platforms changed how health-care is delivered, but it has also shifted how organizations and businesses conduct business. Because it seems that virtual meetings are here to stay, this may be the time to assess how to make the virtual meetings more meaningful to keep our effective listening skills sharp.

I know I am not alone in the excitement I have when thinking about getting back to in-person meetings and the opportunity to see new faces and have human interaction again. Until then, this is the time to lean into and embrace the virtual communication platforms and find balance to stay connected. 

## AN EVER-CHANGING REGULATORY LANDSCAPE: NEW AND PROPOSED HEALTH CARE LEGISLATION



**JOSEPH E. HUIGENS, J.D.**

Member of the Health Law Practice Group  
Koley Jessen

At the outset of this new federal administration, which may bring with it new regulatory enforcement priorities, it is worthwhile for physicians and other health care providers to be aware of recent changes to federal health care regulations and new legislation proposed at the state level.

For starters, numerous changes to the Stark Law recently went into effect. Although the law itself is fundamentally unchanged, several of the revisions, including some new exceptions, open up new paths that were previously unavailable to physicians and their group practices. For example, CMS clarified the definition of “exclusive use” for purposes of the space and equipment lease exceptions to allow for multiple lessees to use office space or equipment so long as the lessor is excluded from using the space or equipment.

Further, CMS clarified the definitions of terms found in many of the Stark Law exceptions, such as “commercially reasonable” and “fair market value.” CMS also added an exception that allows for limited remuneration up to an aggregate amount of \$5,000 per year. These changes went into effect on Jan. 19 and may provide physicians with greater flexibility when structuring joint ventures or engaging in other transactions.

Changes to HIPAA have also been proposed, with the apparent aim of increasing patients’ rights to access their health information. Some of the proposed changes include: shortening the time frame for responding to requests for records from 30 days to 15 days; requiring providers to let patients take photos or handwritten notes of their medical records; and describing circumstances in which electronic information must be provided at no charge. But, the Proposed Rule would also remove an administrative burden by eliminating the need for providers to obtain patients’ written acknowledgment of receipt of the provider’s Notice of Privacy Practices.

In Nebraska, a number of bills have been introduced in 2021, which, if enacted, may affect physicians and physician practices. Several of these bills aim to protect physicians working on the frontlines of the COVID-19 pandemic. One bill provides immunity to physicians for treatment rendered during the COVID-19 state of emergency when the act or omission giving rise to the claim was a result of insufficient medical resources (e.g., rationing hospital beds, ventilators, or oxygen) and the care provided was in accordance with the crisis standard of care. Another bill provides immunity for treatment rendered during the COVID-19 state of emergency when the act or omission giving rise to the claim was made in compliance with a federal or state law, regulation, order, or public health guidance.

Other proposed legislation reforms a variety of health care laws affecting physicians, patients, and payers. One

**“...numerous changes to the Stark Law recently went into effect. Although the law itself is fundamentally unchanged, several of the revisions, including some new exceptions, open up new paths that were previously unavailable to physicians and their group practices.”**

— JOSEPH E. HUIGENS, J.D.

bill lowers the age of consent for medical treatment from 19 to 18 years old, which means physicians would no longer need to obtain parental consent to treat 18-year-old patients. A few bills specifically address telehealth services, with one requiring insurance companies to reimburse telehealth services at the same rate as comparable in-person visits. Another bill would require all physicians to register for Nebraska’s prescription drug monitoring program. Another bill streamlines the licensure application process for physicians who are licensed in other states and seeking to practice in Nebraska. This may make it easier for group practices to recruit out-of-state physicians by shortening the amount of time between when the physician is hired and when he or she can begin treating patients in Nebraska.

This article is by no means a comprehensive or in-depth review of recent and proposed changes to laws affecting healthcare providers. Physician practices are encouraged to reach out to an experienced health law attorney with any compliance concerns and to determine whether their practices may benefit from any of these changes. [i](#)

# CYBERSECURITY RESILIENCE IN HEALTH CARE



**JARROD DAAKE**

Director of Operations  
Five Nines

No matter the industry, cybersecurity resilience is critical to the organization's long-term success. With a growing number of cybersecurity instances occurring in healthcare, it is important to understand the most common causes of breaches, the lifecycle stage of ransomware breaches, and tips to mitigate the risk associated with these breaches before they happen. Here are the key takeaways:

## **MOST COMMON CAUSES FOR BREACH:**

The most common cause of a breach is phishing emails. By definition, a phishing email is a fraudulent practice of sending emails purporting to be from reputable companies in order to induce individuals to reveal personal information, such as passwords and credit card numbers. The popularity of this option to try to gain access is due to the ability to do it on a large scale. Hackers are potentially able to send thousands of phishing emails a day and only need one end-user in your organization to take the bait and put your environment at risk. Employees are your weakest link, and properly training them to spot these emails is the best way to mitigate that risk.

Some common causes of breaches in health care-specific settings such as hospitals or clinics are insecure PHI transmissions and not encrypting the PHI on the servers. PHI or patient health information is the reason most health care systems

are targeted with these phishing emails due to the vast amount of data housed in the system. Typically, the insecure transmission of data happens through fax or email. Other human errors such as leaving a device unmanned and unlocked can leave your organization at risk.

Other common causes of breaches include insecure remote access, weak password policy and enforcement, and device theft. While weak password policy and device theft are typically human errors, Five Nines suggests creating strict company-wide policies for password and device management that must be followed by all employees.

Here are the common steps in a ransomware event:

**STEP 1:** Phishing email is sent. This is the easiest form of deployment and casts a wide net for the highest probability of success.

**STEP 2:** User clicks a link, downloads a file, or enters credentials on a compromised site. Once this happens, a remote access tool is installed and the hacker can start to exploit the network.

**STEP 3:** Attacker begins scraping for usernames and passwords. Typically, attackers will listen to network traffic that connects with domain controller accounts

**STEP 4:** Attackers begin cracking encrypted passwords focusing on domain administrator accounts. This step can be performed from 6 to 8 months to decrypt even the most complex passwords.

**STEP 5:** Attackers begin making their way laterally across the network. This step allows them to get the lay of the land per se. Here they are able to see what kind of data is in their hands and gauge what they can get away with stealing.

**STEP 6:** Attackers begin targeting antivirus and backups. Typically, this is the step where they get caught if proper monitoring tools are in place.


**STEP 7:** The attacker executes the ransomware and often utilizes a PowerShell script for maximum speed and damage. PowerShell connects all PCs and servers across the network that executes the script all as one.

## **IS YOUR ORGANIZATION PREPARED?**

Here are some questions to ask your internal IT. Trust, but verify with your internal IT team that you're prepared for the worst. Internal IT teams are doing their best, but attackers are typically better than anyone out there defending them. These are the questions you should be asking:

1. Do we require multi-factor authentication on all remote access and email?
2. What are our recovery options in the event of a disaster?
3. Do we have a documented disaster recovery plan?
4. If disaster strikes, how quickly can we recover?
5. When was the last time our disaster recovery plan was tested?

## **HERE ARE SOME TIPS TO LIMIT RISK:**

- Ask your IT team the uncomfortable questions above.
- Require multi-factor authentication on remote access and email.
- Train users to identify phishing emails. We use a product called KnowB4, a training platform to educate on what to look for in phishing emails—return address, sender address, language.
- Disable PowerShell and limit scripts with antivirus.
- Have multiple documented recovery options and disaster plans. 

# THEIR TRAVELOGUE DURING COVID-19

Cynthia Paul, M.D., is eager to boondock.

For those not familiar with motor homes, recreational vehicles and camping, boondocking is camping in isolated places without electrical hookups or access to water—and no neighbors. Boondocking and campgrounds do not go hand-in-hand, Dr. Paul said.

“When we decided to RV, this was our point—to disconnect. To get away,” she said. Literally.

Dr. Paul’s desire to journey to places less-traveled is part of her story about navigating the pandemic. She said she

and her husband, Greyson Smith, had planned to buy a travel trailer prior to COVID-19 and purchased one in May. Their next six months were full of adventure—and some misadventure.


Timothy Huyck, M.D., said he’s looking forward to a return visit to Italy with his family—but is not ready to commit. “The current answer is we don’t know if we’ll go. There’s too many unknowns.”

For now, the Huyck family is planning a trip by car to visit Yosemite, Redwood and Kings Canyon national parks in 2021. They may also revisit Utah’s five national parks.

The Huyck family spent the COVID-dominated 2020 traveling throughout Nebraska and realizing the state has much to offer those who are willing to explore it.

Drs. Paul and Huyck said their desires to travel didn’t have to be shut down by COVID-19 as long as they used a little common sense and followed some basic rules. Here are their stories. Their travels also helped them distance themselves from the stress caused by the pandemic.

**CONT. PAGE 16**



*Dr. Huyck and his wife Alexa at Black Canyon of the Gunnison in Colorado this past October.*



## The Paul File

**Hometown**  
Lincoln

**Undergraduate Degree**  
Nebraska Wesleyan  
in social work

**Law Degree**  
University of Utah  
College of Law

**Medical Degree**  
Creighton University  
Medical Center

**Residency**  
Creighton/UNMC  
in psychiatry

**Specialty**  
Substance abuse treatment

**Title**  
Founder and owner

**Location**  
The Coeur Group

**Hobbies**  
Snorkeling, traveling  
throughout the United  
States, and creating  
large pieces of art, using  
clay, glass and beads

**Family**  
Husband, Greyson Smith;  
and two adult sons

**Why She  
Joined MOMS**  
“I wanted to be a part of  
physicians’ collective  
voice in Nebraska.”



Dr. Paul and her husband Greyson Smith enjoy the outdoors.



The Paul's accommodations during their adventures.

### FROM PAGE 15

#### DR. PAUL'S ADVENTURES

Dr. Paul and her husband had traveled to New Orleans the week before COVID-19 hit the United States with full force. By May, their cabin fever was high and they decided to buy a travel trailer ahead of schedule.

A motorhome was not an option. They wanted a travel trailer that their Jeep Cherokee could pull. They saw one offered on Craig's List at a reasonable price—and jumped on it. Dr. Paul said the 20-foot Forest River R-Pod looks like a giant Tylenol capsule on the outside. On the inside, the travel trailer features a bathroom, kitchen, lounge and a bedroom that holds a queen-size bed. Although cozy, she said, the R-Pod provides enough space for two or three—and even their dog, Cricket.

They picked up their purchase in Council Bluffs, received a quick tutorial from the previous owner and headed back to their home in Omaha. “No mishaps. My husband even backed it into the driveway.”

No trial run for this couple. They headed to Kilgore, Idaho, where Dr. Paul's in-laws live on a ranch next door to the Caribou-Targhee

National Forest. They figured they could socially distance by staying in the trailer at night while her in-laws remained in their home. Their interactions would all be outdoors.

They intended to stay at Lake McConaughy the first night, but the campground was first-come, first-served and full by 11 p.m. On to a second campground where they arrived just as the site had received a cancellation.

A highlight of their stay in Idaho was a five-mile-in hike to a pristine lake tucked in the national forest. “No one else was there. It was ours to enjoy. It was totally stunning.”

Other trips followed into the summer, including one to Indian Cave State Park in Nebraska and to Horsetooth Reservoir in Colorado.

During their trips, Dr. Paul said, she and her husband learned through research and learned by doing. Her advice: Do your research—there's much to learn—how to stabilize the hitch adapters, how to dump the dirty water from your trailer.

“It took us a whole season to feel like we know what we're doing.”

And Travel Season 2 will include a return trip to Idaho, and ones to the Ozarks, Custer State Park in South Dakota and to the Niobrara River in Nebraska.



Their trips will be in a new travel trailer—this one two-feet longer and sporting solar panels, which will provide heat and cooling when boondocking. And the extra two feet makes all the difference, Dr. Paul said.

It means a little space on both sides of the bed. “Two feet in a travel trailer is like an extra 10 feet in your home.”

Dr. Huyck on his visit to Copper Mountain in Colorado in January.



## DR. HUYCK'S ADVENTURES

Like Dr. Paul and her family, Dr. Huyck and his family were also on a trip—they were in Hawaii—as COVID-19 brought the country to a standstill. Quarantines hit and the family flew home. Dr. Huyck said he knew he wouldn't be flying anywhere anytime soon, which meant their trip to France with several other families was cancelled.

So the family pivoted and looked to take trips by car. The mode of transportation was one rule they set for themselves, along with avoiding hotels and restaurants where people congregate. Instead, they stayed at Airbnbs and cooked their meals.

They turned their focus to Nebraska and headed west. Dr. Huyck said he hadn't visited Chimney Rock and Scotts Bluff national monuments. The trip also took them through the Nebraska Sandhills. “They were spectacular. My eyes were opened to our state and this part of the country.”

The Huycks also met up with the families from the abandoned France trip at Smith Falls State for a camping trip. These families were the parents of classmates of their twin sixth-grade sons. Their camping trip reinforced that Nebraska has much to discover. “The beauty that Nebraska has to offer is second to none,” Dr. Huyck said.

Dr. Huyck and his wife, Alexa, also took a driving trip to Colorado, where they visited Black Canyon of the Gunnison National Park, Telluride, a former Victorian mining town in the Rocky Mountains, and Durango, a small city in southwestern Colorado, near the New Mexico border.

“We made a conscience effort to expose ourselves and our boys to the natural beauty and the science in our country. We wanted them to have experiences that are natural and not fabricated. And I got to check off another national park.”

He explained that he has visited 41 of the 58 national parks in the United States and its territories. While he'd like to someday visit them all, he said, he's not sure he'll accomplish this feat.

“They keep adding national parks,” he said. “I'm getting old. I told my boys they might have to finish off the list for me.”

In addition to the Nebraska and Colorado outings, the family skied—at Breckenridge and Copper Mountain. As they did on their other trips, the family practiced social distancing, Dr. Huyck said, and avoided crowds.

Dr. Huyck said his patients often ask him for advice about whether it is wise to travel these days. His response centers on risk versus reward. “Identify how much risk you are comfortable exposing yourselves to. Do it (traveling) intelligently and play by the rules. If you do, you can do it safely.”



## The Huyck File

**Hometown**  
Omaha

**Undergraduate Degree**  
Creighton University  
in physics

**Medical Degree**  
Creighton University  
Medical Center

**Residency**  
CUMC in internal medicine

**Fellowship**  
Northwestern University  
in Chicago in hematology  
and oncology

**Specialty**  
Hematology and oncology

**Institution**  
Nebraska Cancer Specialists

**Hobbies**  
Skiing, hiking, camping—  
anything outdoors,  
and visiting National  
Parks with his family

**Family**  
Wife, Alexa; and twin sons,  
Maxwell and Declan

**Why He Joined MOMS**  
“The more I have practiced  
medicine, the more I  
realize how important it is  
to know the physicians in  
your community. MOMS  
makes that happen.”



I GOT  
MY COVID-19  
VACCINE!



# THEY GOT VACCINATED—

## WITHOUT A SECOND THOUGHT

### The Bittner File

**Hometown**  
Peoria, Illinois

**Undergraduate Degree**  
University of Chicago  
in chemistry

**Medical Degree**  
Harvard University

**Residency**  
University of Michigan  
in internal medicine

**Fellowship**  
University of Minnesota  
in infectious disease

**Specialty**  
Infectious disease

**Titles**  
Chief, Infectious Diseases,  
and Deputy Chief of Staff,  
Veterans Affairs Nebraska-  
Western Iowa Health  
Care System; Professor,  
Creighton University  
School of Medicine

**Hobbies**  
Getting in touch with  
distant relatives in distant  
places; spending too much  
time and money on his Tesla  
(partly understandable as a  
compensatory action after  
driving a Chevy Cavalier for  
more than two decades)

**Why He  
Joined MOMS**  
"I thought membership  
in MOMS was a sign of  
respectability in the  
medical community."

The call to Marvin Bittner, M.D., came with a deadline.

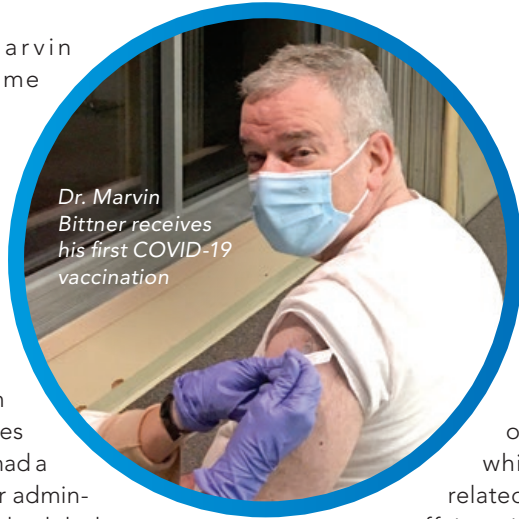
It was 5 p.m., Dec. 15. The message was from Renuga Vivekanandan, M.D., chief of Adult Infectious Diseases at Creighton, asking Dr. Bittner if he could get to CHI Health Bergan within 30 minutes to be vaccinated. They had a dose that was ready for administration but no one scheduled to receive it, she explained in the phone message, and didn't want the dose to go to waste.

"I was ready." Dr. Bittner had previously registered at both the VA and Creighton where he has appointments. "I hedged my bets." He arrived at CHI Creighton University Medical Center—Bergan Mercy in the allotted time. "It seemed like it took 5 to 10 minutes since I arrived in the auditorium (at Bergan) until I had a needle in my arm."

For Lindsay Northam, M.D., the experience was less harried. She knew she would be receiving her vaccination through Methodist Health System—because she sees post-acute care patients there—and wasn't surprised when she received an email inviting her to sign up.

Dr. Northam said she did so without hesitation and within minutes of receiving the email. She showed up for her appointment 15 minutes early on Dec. 16 at the designated spot at Methodist Women's Hospital—and received her injection within 20 minutes. No pain, she said, and no worries.

Then, it was photo time for Dr. Northam and everyone else getting vaccinated.



Dr. Marvin Bittner receives his first COVID-19 vaccination

### DR. BITTNER'S EXPERIENCE

The injection wasn't painful. He experienced a bit of soreness at the injection site, but no other immediate side-effects.

He noticed the next few days that he was experiencing off-and-on headaches, which could be vaccine-related or, he said, because of caffeine withdrawal.

The headaches made him recall a 1997 study conducted at Mayo Clinic that found prophylactic intravenous administration of caffeine was beneficial for patients at risk for symptoms of caffeine withdrawal. But he digresses, he said.

He received his second vaccination almost to the hour three weeks later. It took a little longer as the syringes were being prepared at another location.

Again, a bit of soreness at the injection site. "It did not compare with the vaccine for shingles or the headaches associated with caffeine withdrawal."

Dr. Bittner posted on Facebook after receiving his first injection. The photo was at an angle, and showed his rolled up sleeve and someone with a gloved hand holding a syringe. The caption: "Guess what I was getting?"

He admitted he was trying to be clever with the post, and pointed out that this one received more comments than he usually receives. Point taken.

Receiving his vaccination caused Dr. Bittner to reminisce. He recalls receiving a flu vaccination in the 1950s at a time when it wasn't readily available. "I remember that definitely hurt more." He also recalled receiving an oral polio vaccine that was developed by Dr. Albert Sabin, a researcher at Cincinnati Children's Hospital. The vaccine was given to children on a sugar cube.

The process inspired songwriter Robert Sherman, after talking with his son about the experience, to write the classic Disney song "A Spoonful of Sugar."

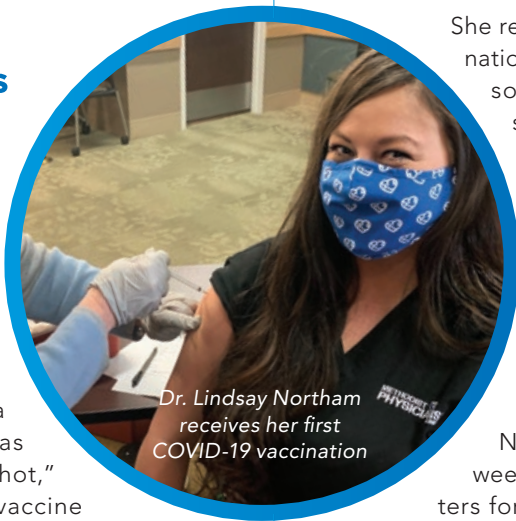
Dr. Bittner said he's been asked several times if the vaccine felt cold during injection. The question, he said, is reasonable because the Pfizer vaccine must be stored at -70c. "They have to let the vaccine warm up. It wasn't cold."

Dr. Bittner said he's glad the vaccination process is behind him and views it as one step in the eventual return to some normalcy. And his advice for anyone who asks about his experience: "I tell them it was no big deal and just go ahead and get it."

### DR. NORTHAM'S EXPERIENCE

Like Dr. Bittner, Dr. Northam recalled she experienced no side-effects, other than a bit of soreness at the injection site. Each time. She compared the experience to receiving a tetanus shot. "It was sore like a tetanus shot," explaining that the vaccine didn't hurt, but a few days later she experience some soreness, similar to receiving a tetanus shot.

Dr. Northam said declining to be vaccinated was never an option. "I think it was really exciting. I could feel the adrenaline. I didn't have it in me to be nervous. I knew 'It's time to save the world.'"



Dr. Lindsay Northam receives her first COVID-19 vaccination


She explained: Receiving the vaccination was just her part in helping move the country back to some normalcy. Physicians, when they are vaccinated, send a message to the public: "Have faith and have trust. Millions of health care workers are getting vaccinated. That should be a powerful message."

Once she received her injection, she noticed everyone was taking photos—of themselves and one another. "No matter who you were—the 65-year-old cardiologist, the internist, the nurse—every single person was taking a selfie to commemorate the "joyous chaos" she and the others in the room were experiencing. You could feel the excitement. Everyone was giggling. Everyone was talking to each other."

The excitement continued as those in the large conference room (which served as the vaccination site) left. Dr. Northam said she posted on Instagram, Facebook and Twitter. Her message: Absolutely get vaccinated. I can think of no reason—outside of the possibility of experiencing a severe allergic reaction, not to get vaccinated.

She received her second vaccination on Jan. 4. Again, a little soreness at the injection site, but no other side-effects. The only difference—little fanfare from the others in the room as they also receive their injections.

Now, it's time to ease herself back into some normalcy, she said. Dr. Northam said she fills out weekly surveys from the Centers for Disease Control about her health and reaction to the injections. The surveys, she said, are easy to fill out and require little time to complete. She now considers herself part of "the data" as the nation tracks the effectiveness of the vaccines.

"It's our responsible to protect those who can't protect themselves," she said. "It's my civic duty to be part of this moment." 



## The Northam File

**Hometown**  
Norfolk, Nebraska

**Undergraduate Degree**  
Nebraska Wesleyan University in biochemistry and molecular biology

**Medical Degree**  
University of Nebraska Medical Center

**Residency**  
Creighton University Medical Center in internal medicine

**Specialty**  
Internal medicine

**Institution**  
Methodist Physicians Clinic

**Hobbies**  
Baking, photography and everything Disney

**Family**  
Husband, Matthew

**Why She Joined MOMS**  
"I joined Moms to be part of the physician advocacy for change—and I do enjoy a good social event."

# RISE IN MEDICAL SCHOOL APPLICATIONS— PANDEMIC-DRIVEN?

The medical student explained to UNMC's top admissions officer his take on someday becoming a physician: "He told me 'I can't believe I get to do this,'" recalled Wendy Grant M.D., associate dean for admissions and student affairs in the UNMC College of Medicine.

These feelings toward the medical profession may shed some light behind the reasons aspiring physicians are applying to medical schools in unprecedented numbers. Call it a feeling of admiration toward physicians in a most difficult 2020. Or, call it a confirmation that medicine continues to be viewed as a valued profession.

Whatever the cause, admissions administrators from Omaha's two academic medical centers—Creighton University Medical Center and the University of Nebraska Medical Center—are receiving higher-than-normal application numbers from aspiring physicians, which coincides with the national trend. More applications, they said, mean stronger classes.

The impetus for this conversation stems from a report by the Association of American Medical Colleges (AAMC) that revealed, in a Dec. 16 release, that the number of students applying to enter medical school in 2021 is up 18%

from this time last year. An increase in applicants from minority students is even higher. The bump is unprecedented, and the reasons behind it are not entirely clear.

So here's a starting point. Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases, told the nation's student body that "now more than ever we need your talent, your energy, your resolve and your character." Some attribute this increase in admissions to the "Fauci Effect." Are there other factors to consider?

While the decision to apply for medical school is usually a well thought-out, very direct and planned multi-year process, the medical school administrators said, the pandemic and its impact on the admission process and the spotlight it put on physicians may be a reason for a portion of the increase in applications received.

"A generalization is to say people see health care—medicine in particular—as a noble profession and a calling because of the pandemic. They see the sacrifices physicians have made, and this is appealing to them," said Robert Dunlay, M.D., dean of Creighton University's School of Medicine.

**CONT. PAGE 22**





**Call it a feeling of admiration toward physicians in a most difficult 2020. Or, call it a confirmation that medicine continues to be viewed as a valued profession.**

## FROM PAGE 20

Added UNMC's Dr. Grant: "I would say some people who were on the fence or had waited a year, decided to apply."

So, first the numbers from CUMC and UNMC:

Creighton reports an increase of 5 percent over the prior year in number of applications who have completed a secondary application. Stephen Cavalieri, Ph.D., assistant dean for admissions, noted that Creighton draws students from an extended region, which may have limited the increased number of applications received this year compared to national trends. Candidates, he explained, may be looking to study closer to home because of the pandemic.

Dr. Cavalieri said applications from Under-Represented in Medicine students (URMs)—applicants, as defined by AAMC as "those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."—are up more than 10 percent (those completing the application) from last year. When asked to what he attributes this increase he suggested that in part Creighton's community service requirements (working with the poor and underserved) may be particularly attractive to URM applicants.

Creighton's application requests that the applicant state their preference for either the Omaha campus or, for the first time, its Phoenix campus. Creighton will be accepting 230 students for the class matriculating in August 2021—130 students for Omaha campus and 100 for the Phoenix campus—up from 167 total students that matriculated in August of 2020. Applicants fill out the same application and are evaluated by the same admissions committee regardless of campus preference. Applicants who are accepted are offered their campus preference on a first-come, first-served basis, Dr. Cavalieri said, and when one campus fills, they are offered spot on the other campus.

UNMC reports an increase of 15 percent in applications for the coming academic year, when compared to last year. UNMC received about 1,900 applications for 132 spots. Dr. Grant said statistics weren't yet available regarding applications from URMs.

Dr. Grant said UNMC's uptick may also be connected to the national spotlight placed on the medical center because of the biocontainment unit and the physicians who staffed it.

Drs. Grant and Dunlay noted this year was conducive for students to apply to multiple institutions—which relates directly to the pandemic and how it forced people to remain at home. Applicants had more time to study for their MCATs, more time to polish their applications and more time to apply—especially because academic health care institutions did not conduct in-person interviews, they said.

Drs. Grant, Dunlay and Cavalieri said they are eager to see how their perspective M-1 classes fill out at deadline time. For now, they said, their classes could be stronger than past ones—based on the MCAT scores, grade-point averages and history of volunteer service exhibited by their candidates.

They speculated that some applicants who may have been considering a gap year ended up applying because of the growing fervor toward medicine because of the pandemic. They said they didn't get the sense that COVID-19 discouraged students from applying. They also noted that their next classes could include students who enrolled without visiting campus.

One benefit from the pandemic, they said, is the lack of in-person contact that prompted their admissions offices to improve at virtual recruiting, advising and enrollment.

"We're getting better at it," Dr. Grant said.

## THEIR CALL FOR ASSISTANCE

No matter whether their medical school years are just behind them or further in their rearview mirrors, local physicians can help Omaha's two medical schools attract top-notch applicants.


Dr. Dunlay said Creighton always welcomes physicians who want to be part of the admissions process. Second, he suggested, physicians are needed to have undergraduate students shadow them and then serve as their mentors.

Dr. Grant said: "The way to continue to make medicine the most noble profession is to have students come hang out with you. A day. A month. An afternoon."

**"The way to continue to make medicine the most noble profession is to have students come hang out with you. A day. A month. An afternoon."**

— WENDY GRANT, M.D.

Shadowing, she said, has become a bit more challenging with HIPPA regulations and now COVID-19. "We're looking for physicians who are open to other ways of sharing their insight and expertise."


Finally, Dr. Grant said, physicians can help fund scholarships through the NU Foundation. "Every little bit makes a difference." 

### Physicians interested in getting involved with medical students by providing shadowing or mentoring opportunities:

#### Creighton:

Contact its admissions office at (402) 280-2799 or contact Dr. Cavalieri at [StephenCavalieri@creighton.edu](mailto:StephenCavalieri@creighton.edu).

#### UNMC:

Contact its admissions office at [COMAdmissions@unmc.com](mailto:COMAdmissions@unmc.com) or Dr. Grant at [WGrant@unmc.edu](mailto:WGrant@unmc.edu). 

# MIPPA: STRENGTHENING INDEPENDENT PRACTICES

It started with a handful of physicians who looked to strengthen their independent practices.

Twelve years later, the Midwest Independent Physicians Practice Association, or MIPPA, includes 900 members from 170 independent practices throughout Nebraska and western Iowa.

Driven by trends back then of Omaha area independent practices being acquired by health systems, Dr. Stephen H. Williams, a family practice physician who serves as president of MIPPA's Board of Directors, explained the need for independent physicians to collaborate: "Our question was 'How could we stay independent and maintain hospital privileges?'"

That was then. Now, the benefits MIPPA provides its members go further, Dr. Williams said. "MIPPA benefits its members by helping them maintain their independence through value programs to keep operational costs down. We provide our members with options, which they can use to benefit their practices—purchasing plans, credit card processing plans, executive banking plans. Practices are free to pick and choose."

Primary care physicians, especially those with a patient-centered medical home, found consistently significant reductions in expenditures for Medicare beneficiaries.<sup>1</sup> In one study, hospital and health care systems who employ primary care physicians have documented costs up to 30 percent (average of 10-14%) greater than independent primary care practices with no significant difference in quality.<sup>2</sup> "Each of us independent primary care physicians has the freedom to practice good medicine while controlling its costs," Dr. Williams said.

About 65 percent of the MIPPA membership is from Douglas County, with Lancaster County providing an estimated 10 percent.

Other members come from throughout the state, including Norfolk, Grand Island and Kearney, and Council Bluffs in Iowa.

Now for some additional backstory to how MIPPA came to be: Gamini Soori, M.D., who now practices in Florida, started the conversation. At first, that conversation involved just a handful of physicians, including Dr. Williams. "It was just discussion at first. 'Is there something we can do, and can we band together?'"

Within a year, the group was organized and had a name. Early on, Dr. Williams recalled, the association relied solely on membership dues.

A partnership with Coventry Health Care on the exchange formed. "We got our feet wet in value-based care. Our members surpassed quality measures, which saved them money."

The association now features two Accountable Care Organizations, or ACOs, which help keep costs below benchmarks and return savings to participants. One ACO was formed with Blue Cross-Blue Shield, the other with Medicare CMS.

**CONT. PAGE 24**

*Dr. Stephen H. Williams, current MIPPA president*

**"It was just discussion at first. 'Is there something we can do, and can we band together?'"**

**— STEPHEN H. WILLIAMS, M.D.**





## The Williams File

**Hometown**  
Omaha

**Undergraduate Degree**  
Regis College in  
Denver in biology

**Medical Degree**  
University of Nebraska  
Medical Center

**Residency**  
Sioux Falls Family Medicine  
Residency Program  
in family medicine

**Specialty**  
Family medicine

**Location**  
Williams Family Medicine

**Hobbies**  
Motorsports—driving  
his Formula Atlantic  
open-wheel race car

**Family**  
Wife, Lori, and three  
grown children

**Why He  
Joined MOMS**  
“To help support the local  
medical community.”

### FROM PAGE 23

“We have value. We meet the same quality parameters that health systems meet (for their patients) and, in doing so, save in costs,” Dr. Williams said.

Primary care physicians are the backbone of all ACOs, Dr. Williams said. If they meet quality parameters and keep costs below benchmarks, the cost-share is 50-50 (percent). “We can distribute to the primary care physicians those savings,” he said. With subspecialists also part of the association, Dr. Williams said, primary care physicians can refer within the organization.

Dr. Williams explained that other benefits of membership in MIPPA include a semi-annual membership meeting which features national and local speakers and regular education sessions, featuring such topics as how to properly code patient visits and how to report quality parameters.

In response to the pandemic, MIPPA instituted member check-in calls that focus on latest news on COVID-19, and such topics as how to apply for PPP loans and where to find personal protective equipment. The check-in call sessions were held weekly during the heat of the pandemic, then transitioned to monthly in July.

More recently, MIPPA teamed with Douglas County Health Department to identify the health care workers and staff within independent practices who did not have access to the COVID-19 vaccination at the same time health care systems were receiving the first distributions. Through the collaboration, most individuals who wanted the vaccine have had at least their first dose.

MIPPA’s leadership continues to look for added member benefits and, Dr. Williams said, the association currently has a couple of new opportunities they are pursuing. More to come, he said.

Kristen Allison,  
MIPPA executive  
director



### MIPPA DETAILS

Dr. Williams serves as part of MIPPA’s nine-member board of directors. David Filipi, M.D., serves as medical director for MIPPA and the ACOs, while Kirsten Allison serves as compliance officer, and quality assurance and improvement officer. To join, physicians must have an unrestricted license to practice medicine, must be licensed to practice in Nebraska or Iowa, and must practice within an independently owned and operated health care entity. Practice administrators, business managers and office managers are also eligible for membership.

**Sources:** 1) Burton, R. A., Zuckerman, S., Haber, S. G., & Keyes, V. (2020). Patient-centered medical home activities associated with low Medicare spending and utilization. *The Annals of Family Medicine*, 18(6), 503-510. DOI: <https://doi.org/10.1370/afm.2589>

(2) Rossiter, L. F. (2018). Expenditures and quality: Hospital- and health system-affiliated versus independent physicians in Virginia. *Southern Medical Journal*, 111(10), 597-600. DOI: <https://doi.org/10.14423/SMJ.0000000000000876>



# MEMBER NEWS



## DR. BALASANOVA HONORED BY AMA FOUNDATION

The American Medical Association Foundation honored Alëna A. Balasanova, M.D., with the AMA Foundation Award for Health Education, made possible through the generous support of the John P. McGovern Foundation. Dr. Balasanova has spent her career as a physician, educator and innovator, contributing to the development of addiction and psychiatric clinical service.

Recognized by the American Medical Association and the foundation for her substantial contribution to medical education, Dr. Balasanova has demonstrated leadership in addiction medicine and built a legacy at the University of Nebraska. While there, she has developed an outpatient addiction psychiatric clinic, an inpatient addiction psychiatric program, and wrote the curriculum for clinical rotations for medical students, residents and fellows in addiction medicine.

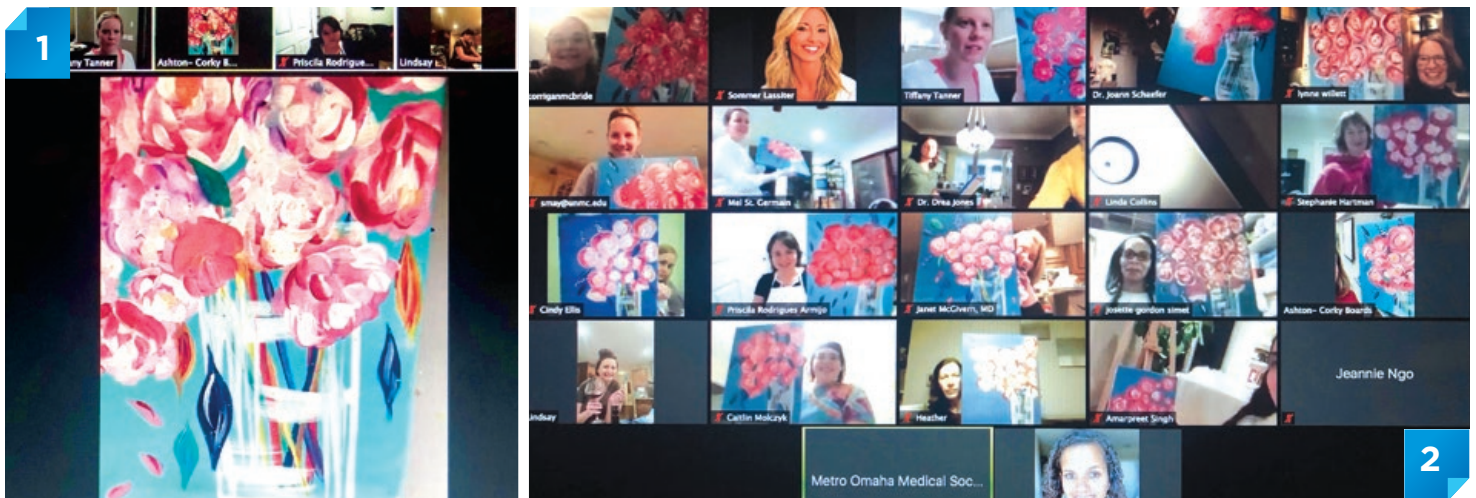
In addition, Dr. Balasanova has advanced the education and training of fellow clinicians by developing a virtual training office of addiction psychiatry materials for residency programs and as senior trainer for the state of Nebraska in the Opioid Response Network.

Last year, Dr. Balasanova created resolutions destigmatizing addiction language, which were adopted by the Nebraska Medical Association and presented and adopted at the 2019 AMA Interim House of Delegates Meeting.

“Never did I imagine in my wildest dreams being recognized for doing something that I love,” Dr. Balasanova said. “For educating students, trainees, colleagues, patients, and the public on viewing substance use disorders as the medical conditions that they are, and for destigmatizing the language of addiction.”

Dr. Balasanova serves on the Metro Omaha Board of Directors as chair of the Early Career Physicians Committee. She is also active in the AMA Your Physicians Section. [🔗](#)

# MOMS EVENT RECAP



## MOMS WOMEN IN MEDICINE 2021 KICKOFF EVENT: THE CORKY CANVAS OF OMAHA

Metro Omaha Medical Society’s Women in Medicine Group held its Kickoff Event for 2021 by gathering for a Virtual Paint Night via Zoom. Ashton, an artist from The Corky Canvas of Omaha, guided participants step-by-step in painting “Modern Flowers.” Supplies and snack boxes were provided courtesy of COPIC.

1. Participants were provided step-by-step instructions to paint “Modern Flowers.”
2. Virtual Night of Painting with The Corky Canvas of Omaha. [🔗](#)



# NEW MEMBERS

**Brian Bambara, D.O.**  
Anesthesiology  
*Anesthesia West, P.C.*

**Danish Bhatti, M.B.B.S.**  
Neurology  
*UNMC/Nebraska Medicine*

**Kevin Deinema, M.D.**  
Anesthesiology  
*Anesthesia West, P.C.*

**Megan Fuller, M.D.**  
Pediatric Surgery  
*Boys Town National Research Hospital*

**Kayvon Izadi, M.D.**  
Orthopedic Sports Medicine  
*MD West ONE*

**Natraj Katta, M.B.B.S.**  
Internal Medicine  
*Bryan Heart*

**Darren Keiser, M.D.**  
Orthopedic Surgery  
*MD West ONE*

**Jeb List, M.D.**  
Radiology  
*Radiology Consultants of the Midwest*

**Thomas Lockhart, M.D.**  
Pediatric Anesthesiology  
*Children's Hospital & Medical Center*

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

**Lisa Poole, M.D.**  
Surgical Oncology  
*Methodist Estabrook Cancer Center*

**Kathy Schall, M.D.**  
Pediatric Surgery  
*Boys Town National Research Hospital*

**Shane Schutt, M.D.**  
Orthopedic Surgery  
*MD West ONE*

**David Stern, D.O.**  
Anesthesiology  
*Anesthesia West, P.C.*

**Ronald Sulewski, M.D.**  
Dermatology  
*UNMC/Nebraska Medicine*

## IN MEMORIAM



**PAUL M. FINE, M.D.**  
June 18, 1933 – Jan. 15, 2021

**JOHN L. GORDON, M.D.**  
May 24, 1933 – Jan. 8, 2021

**JOHN F. "JACK" LATENSER, III, M.D.**  
May 22, 1922 – Dec. 31, 2020

**EDWARD M. MALASHOCK, M.D.**  
March 27, 1923 – Jan. 29, 2021

**DANIEL N. MERGENS, M.D.**  
Aug. 6, 1926 – Dec. 27, 2020

**JOSEPH C. STOTHERT, M.D.**  
Dec. 8, 1948 – Mar. 5, 2021



Imagine better health.<sup>SM</sup>

## CHI HEALTH ENROLLS FIRST PATIENT IN CHAMPION-AF TRIAL

Enrolling its first patient in the CHAMPION-AF clinical trial of the WATCHMAN FLX is another landmark for CHI Health Creighton University Medical Center-Bergan Mercy.

“Our structural heart team, including Nebraska Heart, has performed more than 400 WATCHMAN procedures since 2018,” said Jeffrey Carstens, M.D., executive medical director of the CHI Health Heart Institute. “We have been participating in the clinical trials, which have led to its FDA approval since 2005.”

The WATCHMAN is the only FDA-approved Left Atrial Appendage Closure (LAAC) device that effectively reduces stroke risk from thromboembolism from the left atrial appendage in patients with atrial fibrillation.


The procedure involves using a catheter to place an umbrella-like device in the appendage of the heart’s top chamber. It closes off the small chamber where clots can collect.

The current CHAMPION-AF trial evaluates the safety and efficacy of the WATCHMAN FLX. It was designed to advance performance and safety of the device and broaden the population of patients eligible for the procedure to include those with non-valvular atrial fibrillation who are at low-to-moderate risk of bleeding from the use of blood thinners.

“Millions of people in the U.S. live with atrial fibrillation and take blood thinners,” Dr. Carstens said. “The side-effects, including bruising and bleeding, can be troublesome for people with high-risk professions or hobbies.”

Last year, CHI Health interventional cardiologists successfully implanted a WATCHMAN device, in reverse, for a patient with dextrocardia with situs inversus—a rare condition in which the heart and other internal organs are reversed.

Preparations took weeks for the first-of-its-kind procedure, including “shadow practicing” and using a mirror to retrain muscle memory for performing maneuvers in reverse.

“Participating in these trials helps advance the technology and techniques while bringing this life-saving and lifestyle-improving device to more people with AFib,” Dr. Carstens said. 



## SCHOOL OF MEDICINE TO HAVE NEW HOME— THANKS TO WERNER GIFT


A transformational gift from CL and Rachel Werner will change the face of campus and expand Creighton University’s national reputation as a leader in preparing students for interprofessional, team-based health care.

The Werners’ investment represents the lead gift for an innovative health sciences facility that will bear their name. The CL Werner Center for Health Sciences Education will serve as the new home of the School of Medicine and will include shared spaces for each of the University’s health sciences schools and colleges.

Expected to open in fall 2023, the \$75 million building will stand near the Interstate 480 and Highway 75 interchange at Cuming Street, providing a new front door to the west side of campus. A \$10 million renovation of the adjacent Criss Complex will bring the total project cost to \$85 million.

Soon to be the nation’s largest Catholic health sciences educator, Creighton continues to focus on interdisciplinary education. The new facility will feature a centralized interdisciplinary simulation center and active group classrooms, bringing together medical, nursing, physician assistant, pharmacy, occupational therapy, physical therapy, behavioral health and other students to train and learn with—and from—each other.

“This cutting-edge facility will offer Creighton health sciences students an ideal place to work and learn as one,” said Robert Dunlay, M.D., dean of the School of Medicine. “The challenges of health care require teamwork. Our students will graduate as the clinic-ready health care leaders we need to improve the quality and efficiency of patient care.”

Approximately 5,900 students, faculty and staff will use the building each year. The new facility will provide health sciences with more efficient space, resulting in an annual cost savings of \$700,000. 



METHODIST

## HOSPITAL RENOVATION WILL EXPAND WOMEN’S SERVICES IN WESTERN IOWA


Methodist Health System is working to expand women’s services from Fremont to Western Iowa. The recently completed women and newborns floor at Methodist Jennie Edmundson Hospital in Council Bluffs is an example of that commitment.

The 18,000 square-foot renovation and expansion was announced on Jan. 22, 2020 and opened its doors to patients on Dec. 15, 2020.

“This was a \$10.75 million commitment from the Jennie Board and Methodist Health System and I want to thank them for that commitment,” said Steve Baumert, president and CEO of Methodist Jennie Edmundson Hospital. “The past five years there has been a commitment by both boards to improve access to care and to enhance women’s services in the area. Council Bluffs and southwest Iowa deserve this level of care and this type of facility. We want to be the place of choice for families in this area.”

The 18,000-square-foot women and newborns floor features:

- Six private rooms where moms can labor in a comfortable and soothing environment.
- Three Jacuzzi tubs available for pain control.
- Twelve postpartum rooms for bonding with your baby after delivery.
- A cesarean-section suite that offers moms the ability to do skin-to-skin immediately after surgery.
- Four Level II NICU bays with a dedicated space for consults.
- Expanded space for childbirth education and prenatal breastfeeding education as well as postpartum breastfeeding support.
- Safe Place infant security system.
- A larger waiting room area for family and friends.

This project partners with the new Methodist Jennie Edmundson Medical Plaza, which opened this summer. It is home to the seven Methodist Physicians Clinic OB/GYN providers who will be delivering babies on the women and newborns floor. The Medical Plaza also offers primary care physicians, imaging and urgent care. 



### HEALTH CENTER TO OPEN IN OLD MILLARD


Nebraska Medicine continues to expand its primary care clinic locations in the Omaha metro area with plans for the newest location in the Old Millard area's lumberyard district.

The newest facility will be located on the site of the former Millard Roadhouse building at 13325 Millard Ave., which will be demolished. The restaurant building had been vacant for nearly two years. Nebraska Medicine considered refurbishing all or part of the building but found that it required significant work to make it safe for health care. The refurbishing cost far outweighed the cost of building a new clinic.

The Old Millard location is the sixth new primary care clinic Nebraska Medicine has opened in the last four years. Aside from the Old Market location, all are architecturally identical. The other recently opened health centers are Brentwood, Chalco, Elkhorn and Fontenelle.

"Nebraska Medicine wants to continue to provide serious medicine and extraordinary care in convenient locations," said Tom Macy, vice president of operations. "We are eager to play a part in the continued redevelopment of the Old Millard district. The health center will be an excellent complement to other recent residential construction in this area, which continues to experience a rebirth."

All of Nebraska Medicine centers follow a patient-centered medical home model of care. "This is a team-based approach to care," said Andrew Vasey, M.D., physician leader for the Primary Care Clinical Program. "A primary care team works in partnership with patients and family members to provide quality medical care for acute illnesses, chronic disease management and preventive health."


Construction of the new facility is expected to be finished this fall. 



### DR. JONES NAMED TO COUNTY HEALTH BOARD

Andrea Jones, M.D., assistant professor in the UNMC Department of Family Medicine, began serving a three-year term in January on the nine-member board of the Douglas County Health Department.

The board is the official governmental agency bound to enforce laws, ordinances, rules and regulations relating to public health within the City of Omaha, rural Douglas County, and the various incorporated villages within the county.

Part of Dr. Jones' duties will include overseeing sanitary and health investigations and inspections, and overseeing the investigation of any contagious or infectious diseases. The board also is responsible for adopting measures to arrest the progress, distribute vaccines, drugs, serums and other preparations obtained from the Department of Health or purchased by the County Board for public health purposes. The board gives professional advice and information to city, village and school authorities on all matters pertinent to sanitation and public health. 

— OMAHA'S —

# B2B

## MAGAZINE



— THE —

# FUTURE

# OF BUSINESS

—

[OMAHAMAGAZINE.COM/PAGES/SUBSCRIBE](http://OMAHAMAGAZINE.COM/PAGES/SUBSCRIBE)



# APPLICATION FOR MEMBERSHIP



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

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male  Female  
 Clinic/Group: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Office Manager: \_\_\_\_\_ Office Mgr. Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
 Preferred Mailing Address:  
 Annual Dues Invoice:  Office  Home  Other: \_\_\_\_\_  
 Event Notices & Bulletin Magazine:  Office  Home  Other: \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From: \_\_\_\_\_  
 Medical School Graduation Date: \_\_\_\_\_ Official Medical Degree: (M.D., D.O., M.B.B.S, etc.) \_\_\_\_\_  
 Residency Location: \_\_\_\_\_ Inclusive Dates: \_\_\_\_\_  
 Fellowship Location: \_\_\_\_\_ Inclusive Dates: \_\_\_\_\_  
 Primary Specialty: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAX APPLICATION TO:**  
402-393-3216

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

**APPLY ONLINE:**  
[www.omahamedical.com](http://www.omahamedical.com)

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



Banking Refined.

[FrontierPrivate.com](http://FrontierPrivate.com)



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.



C U R T H O F E R  
& A S S O C I A T E S

16820 Frances Street, Ste. 102 | Omaha, NE 68130 | Phone: 402.758.0440 | [www.curthofer.com](http://www.curthofer.com)

Please contact Curt Hofer & Associates today! For an appointment, visit [curthofer.com](http://curthofer.com) or see our Ideabook at [houzz.com/curthofer](http://houzz.com/curthofer).





Metropolitan Omaha Medical Society  
7906 Davenport Street  
Omaha, NE 68114

**ADDRESS SERVICE REQUESTED**

**Where  
Physicians  
Send Their  
Friends and  
Family.**



**NEBRASKA  
CANCER  
SPECIALISTS**

Diagnosis | Treatment | Research

Phone (402) 334-4773 • Fax (402) 330-7463

**NebraskaCancer.com**