

Physicians Bulletin

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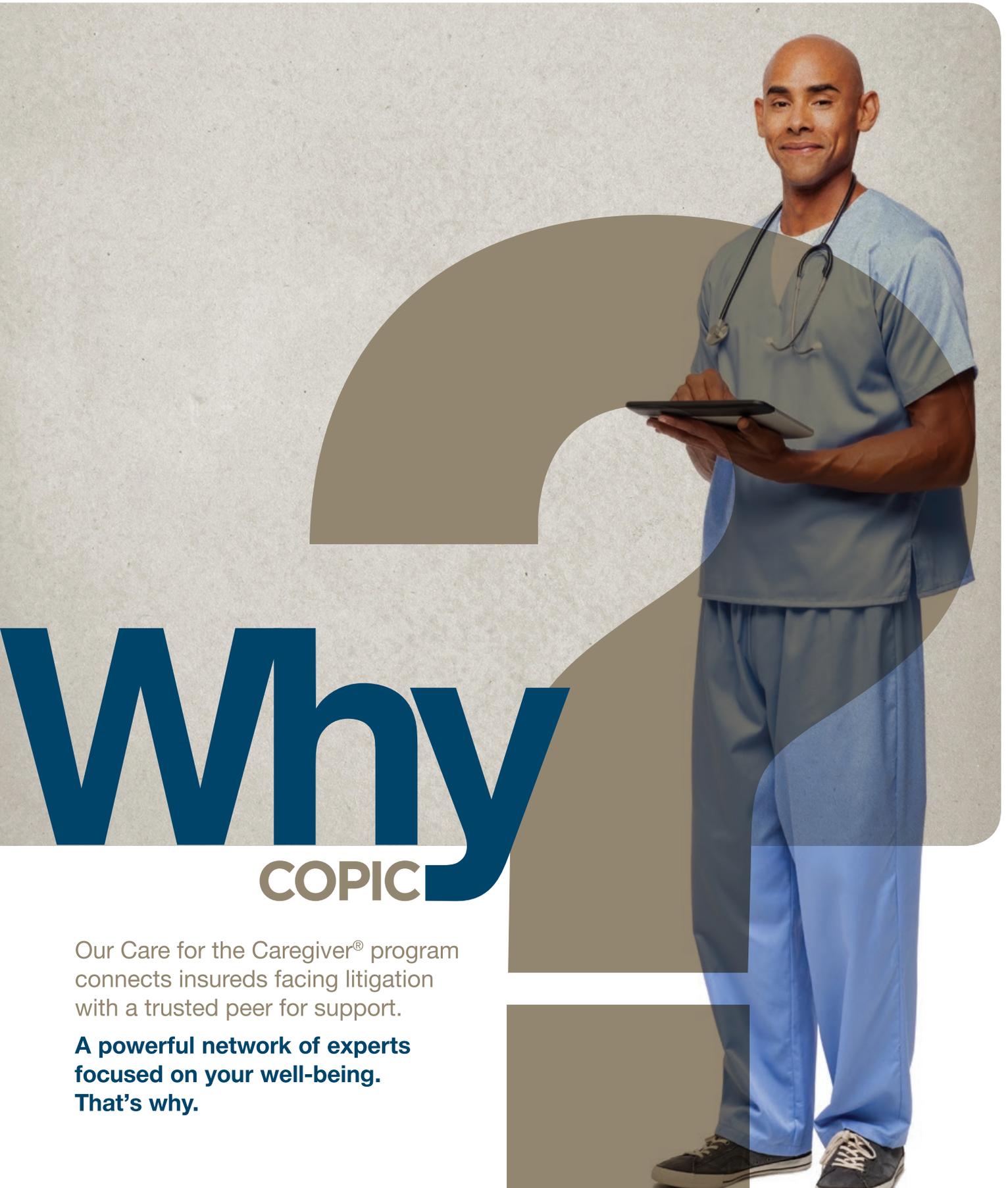
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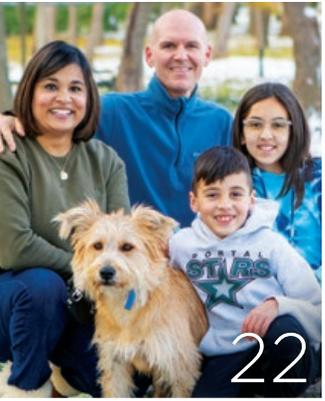
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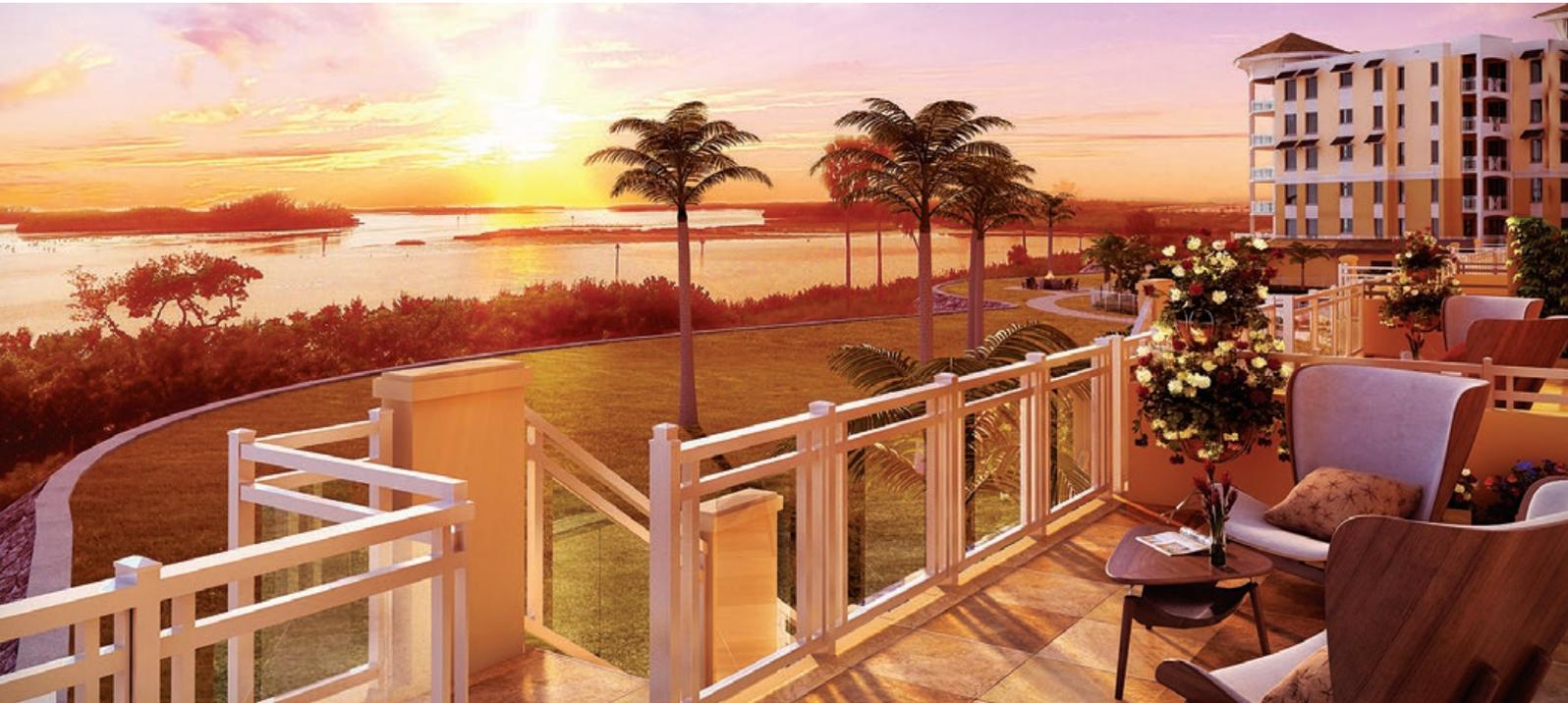
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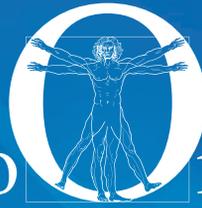
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DEC
03

MEMBER CHECK-IN (VIRTUAL PHYSICIAN'S LOUNGE)

THURSDAY, DEC. 3

6:00 - 6:30 PM - NETWORKING AND OPEN DISCUSSION

6:30 - 7:00 PM - NORTHSTAR, MOMS FOUNDATION GRANT RECIPIENT

Connect with MOMS leadership and your fellow members by Zoom. This meeting we will welcome Dr. Deb Esser, MOMS Foundation president, and NorthStar president Scott Hazelrigg to hear more about this year's MOMS Foundation Match Grant recipient and their founding vision to dramatically increase the proportion of male students in North Omaha who graduate high school on time.

Mark your calendar and watch for zoom info to come.

JAN
27

MOMS ANNUAL VIRTUAL MEETING & INAGURATION

WEDNESDAY, JAN. 27 | 6:30 P.M.

Join us as we hear from keynote speaker Adi Pour, Ph.D., Health Director of Douglas County Health Department. We will bid farewell to outgoing president John Peters, M.D., and inaugurate Richard Lund, M.D., as the 2021 president. Visit MOMS events page for details and registration.



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Richard Lund, MD

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WHAT WE ARE MISSING, AND WHY



AUDREY PAULMAN, M.D.

Editor
Physicians Bulletin

Hey, thanks.

I don't know if you hear it often enough, or if you take the time to listen when you hear it. I don't know if you even have the time to listen.

But, hey, thanks.

If you are getting this magazine, you are one of Omaha's heroes, as this magazine is delivered to all of Metro Omaha's physicians.

Thanks to those of you who work so hard to keep us all safe, and to those who will help us if we get sick. It has been a long nine months since physicians, or their families, experienced "normal."

My son, a critical care physician, had only one request of my husband and me. Early on in the course of the pandemic, my son said, "Mom and Dad, just don't get this first."

He wanted us to not get sick at all, but his most urgent request is that we not get this until more was known about the disease. He wanted us stay home and stay safe. This would allow us to benefit from the knowledge learned in time about caring for patients with COVID-19.

"Thanks to those of you who work so hard to keep us all safe, and to those who will help us if we get sick. It has been a long nine months since physicians, or their families, experienced 'normal.'"

— AUDREY PAULMAN, M.D.

Following his suggestion, I have spent the last nine months wearing a mask, staying distanced and washing my hands. I have followed the governor's suggestions for Take-Out Tuesday, and I have not gone to any family gatherings. I have missed family weddings, a family funeral and holiday gatherings. I wish this pandemic would end.

Mainly, I miss my every Sunday lunches with my mother in long-term care. The predictable schedule has been replaced with outside visits, quarantines, Plexiglass shields and worry. The winter will be long. I am so thankful for those who care for her inside the walls of the building, from those who make the safety protocols to those who help her with her daily activities.

My grandchildren are growing up without visits from grandparents. We have had a brief, distanced visit, but we can't do the longer visits we had planned. We are dependent on Zoom chats, phone calls and photo-sharing instead of attending soccer games and first days of school. Like other families, we have struggled with trading safety for the joy of extended family gatherings. We eagerly are planning for the days we can be together again. In the meantime, I am thankful for electronic hugs.

The seats are empty in my favorite restaurants. With information available, it seems like indoor dining increases the infection rate, and so we stay away. The

fast-food chains have busy drive throughs, while the restaurants sit nearly empty. I am thankful for takeout and picnics in the park.

Our needs are fairly simple. Our dog passed away, and we have tried to not get another. It seem less chaotic that way. Instead of going to the movies, we take drives outside of town, reminding me of similar drives with my grandparents growing up. It changes the scenery, and we can see the seasons pass. I take online classes and have learned new ways to solve virtual escape rooms with friends and family.

Everything has changed. This pandemic has changed the way we gather, work, play and worship, impacting us all. It affects physicians more than most, though, as this is a contagious disease, making physicians concerned about they themselves unknowingly transmitting it to immediate families.

In March, there were signs and luncheons supporting physicians. There was a large public display of gratitude for health care workers and doctors who risked their own lives every day to care for others. But as the pandemic becomes part of our everyday life, those "thank you" events seem to be decreasing.

However, the work has not decreased, the disease has not become less contagious, and there is no end date.

This outbreak is stressful and long.

And so, to the readers of this magazine, I would like to say "Hey, thanks for working so hard to keep people well."

Stay connected, take care of yourself, and know that Omaha is so proud and thankful to you all.

In this edition, we highlight Omaha's contestant in the "Titan Games," provide information about the new VA clinic, give some social media hints, and share a story about one family's addition during the pandemic. I hope you enjoy the stories.

Stay well. 

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MOMS FOUNDATION MATCH GRANT PROGRAM



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"Coming to NorthStar has changed me because I have a better attitude. I keep my grades up, and when I do my homework it's easier because my teachers help explain it to me. I do all my work and get 100% on it, and I don't turn it in late."

-Calvin, 7th grade student



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MOMS ACTIONS DURING THE PANDEMIC WOULD HAVE MADE DARWIN PROUD



JOHN D. PETERS, M.D.

President

Metro Omaha Medical Society

Every now and then it is healthy to stop, look around, and gain some perspective on where you are—and where you have been. Upon the end of my term as president of MOMS, this is an opportunity to do just that. As I look back upon the oddity of 2020, and what the medical society and physicians have done, the words of a couple wise men come to mind.

“Change is the only constant in life.”
—Heraclitus

“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change.”
—Charles Darwin

This year brought unique challenges to us. The humility and sacrifice that accompanies the human experience during a pandemic is not to be forgotten. And with physicians having the unenviable task of being on the frontlines, we have been challenged directly and dramatically.

In addressing the alterations required by an enemy or an obstacle, it is imperative to remain objective, apply and execute solutions based upon facts, the advice of experts, and adapt based on the terms

exacted by your environment. As Darwin said, it is the individuals with the open, adaptable mindset that will remain. This requires discipline, sacrifice and persistence—lessons we were taught exhaustively during our medical training. This has been a conspicuously opportune year to apply that learning.

When presented with the unforeseen and potentially disastrous consequences from a pandemic to health, employment and general well-being, how did we as a medical community respond? Though there are lessons learned and improvements to be made by all of us, our local hospitals, administrators, surgical centers, hospital systems and the Nebraska Medical Association have performed (and continue to perform) admirably. And MOMS?

The Metropolitan Omaha Medical Society:

- 1 Coordinated with government and hospital officials to offer assistance with providing medical care and resources for clinics and local hospital systems.
- 2 Raised funds through the MOMS Foundation, purchasing and distributing crucial and limited PPE supplies for physicians in Omaha.
- 3 Organized and shared summaries of resources for loans, grants, PPE, etc. during the pandemic to keep practices afloat.
- 4 Worked with local strategic partners to assist physician practices regarding financial and business concerns to maintain operations.
- 5 Worked with medical students who assisted in distributing PPE, and providing child care and pet care services for physicians whose work demands and quarantine requirements demanded extended work days and isolation.
- 6 Organized a system for mental health services for physicians at no cost.
- 7 Testified before the City Council to successfully establish a mask mandate in Omaha (Thank you Drs. Northam and Gorby!)

8 Worked with local schools assisting with plans to protect students and teachers while returning to learning activities.

9 Organized donors, materials and volunteers in a massive mask production and distribution effort generating 45,000 masks for those in need at schools and other local facilities.

10 Organized a task force on telehealth, developing a resolution for potential legislation to assist physicians and patients.

11 Reorganized its workplace, schedules and staffing protocols to avoid interruption in its work while protecting employees.

12 Organized and completed its pre-caucus and caucus sessions to develop ideas from local physicians to assist the medical community and patients.

13 Continued advocacy via multiple Zoom meetings to engage with legislators and legislative candidates.

14 Continued to provide learning opportunities and CME virtually as physicians are unable to attend meetings in person.

The list goes on. This is accomplished with exceptional efforts from Carol Wang, Laura Polak, all the MOMS staff, and the physicians who serve on various committees and participate in this society. I sincerely appreciate each of you. Also, my thanks to the medical students, residents and young physicians. I extend my gratitude to each of you, and our members, for your consistent devotion to our mission supporting physicians and our community.

It has been an honor to serve as president and work with such wonderful people. I look forward to a day in the near future when we can stop, look around and see how we fared. Assessing our group's performance thus far, I think Darwin would be proud. And though we have been changed, together at MOMS we will continue to change our world—for the better. 🕒

WHY BOTHER? BECAUSE YOU MATTER



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

As 2020 continues to fly by us all at breakneck speed, I am certain the events that have occurred over the last eight months have left many of us wondering how we could have handled situations differently, perhaps we have unanswered questions, allowed doubt to creep into our thinking, or maybe this has us wondering “why bother?”

Over the past eight months, the NMA and MOMS have been tirelessly working with all of our members to ensure that we are providing each of you with the most accurate information and support for you to continue to practice medicine.

As we have all been faced with many questions or situations that we don’t have the answers to, it becomes more difficult to trust our path forward—especially when we continue to hear conflicting information about the pandemic or other worldly situations that are going on right before our eyes.

It is a normal response for all of us to navigate this a little differently. It is normal for us to move at our own pace to identify with information that makes sense before moving forward with decisions or a certain mindset or belief. It is also normal for us to reach out to those that we trust and rely on for support to check in to see how our current perceptions and beliefs align. It is normal to use our resources to help navigate scenarios or situations that are unfamiliar or ever changing. It is even

normal for each of us to respond differently to situations. Maybe we become frustrated easier with challenges, feel let down by decision makers, watch situations unfold that you would have approached differently, and eventually start to wonder “why bother” putting energy into making a change because it won’t matter. Feeling as if nothing is going to change their mind or the situation at this point... almost as though it is too far gone, out of our control, or the situation is much bigger than us and we can’t imagine moving the needle.

On a personal note, I struggled with all of the above emotions as I was attempting to provide leadership, support, and guidance to NMA members and staff as we attempted to get our footing with COVID-19. Specifically, I became extremely frustrated and discouraged after advocating tirelessly for telehealth reimbursement rate parity and felt that it was so far out of our reach that there was no hope in sight. I could not imagine the thought of not being able to make a difference on this one particular issue that has such a vast impact on our members and access to healthcare for Nebraskans. I kept replaying the conversations I had with several physicians who were struggling to keep their clinics open, were concerned for their staff that they needed to let go or furlough, and those who were struggling personally given all of the difficult decisions that needed to be made as they saw a drastic decrease in revenue and the overall impact on their clinics.

After working on this issue for several days and after many failed attempts, a few pieces of the puzzle seemed to come together. A great display of maximizing resources helped move the lever on this issue when I organized a multi-state effort with other state executives to address this collectively. Our state physician advocates also organized quickly and produced several very effective conversations with key contacts, ACOs, health systems, and payers. Collectively, these efforts resulted in us seeing some movement with this particular issue. This is one of many examples that underscores the reasons why it is important to move beyond the “why bother” and lean into

“Now is the time for all of us to identify how to best utilize resources and leverage relationships and opportunities to position ourselves so that we can collectively address what appear to be ‘out of reach’ issues or situations with success.”

— AMY REYNOLDSON

the challenges and difficult conversations and explore areas of opportunities with complicated situations.

Now is the time for all of us to identify how to best utilize resources and leverage relationships and opportunities to position ourselves so that we can collectively address what appear to be “out of reach” issues or situations with success.

In recent months, I have had several conversations with physicians expressing concern about a variety of issues and they would often preface the conversation with, “I am not certain we can do anything about (fill in the blank), but I just wanted you to know this.” Any issue or request raised by a member is worth exploring. I encourage all of you to continue to reach out to NMA and MOMS staff and have the conversation about what matters most to you, no matter how complicated or difficult it may be.

Why bother? Your questions and out-reach serve as a great beacon for us to know how to support our members best. Our efforts and focus are often guided by what we hear from our members. If something is on your mind, if it is impacting you as a physician, causing disruption on your ability to provide care to patients—reach out to us and make us aware.

Why bother? Whatever matters to you, matters to us! 

A DISCUSSION ABOUT THE END OF THE WORLD AND DISASTER RECOVERY



JAMES S. BOWEN

CEO/Founder

Five Nines Technology Group

If you do not know right now where your disaster recovery plan is and what it says, please stop what you are doing and read the rest of this short article. 2020 is not over yet, after all.

There is a reality today, let us call it the Disaster Recovery Reality, which represents how long your business would be down if someone clicked on a ransomware email. If you do not know how long this timeframe is, then it is likely longer than you would accept. Scarier yet, without a disaster recovery plan, you may not have an adequate disaster recovery solution. Do you know for sure that your backups worked last night? I ask that because developing a Disaster Recovery Plan (which is the document, solution and set of procedures required to recover from a disaster) is something you need a say in.

The time it takes to recover from a disaster is a direct result of your investment in the solution. Thus, if no one has asked you about how long you can afford to be down and discussed how much it would cost to achieve that, then you owe it to your business to find out what the cur-

“The time it takes to recover from a disaster is a direct result of your investment in the solution. Thus, if no one has asked you about how long you can afford to be down and discussed how much it would cost to achieve that, then you owe it to your business to find out what the current reality is.”

— JAMES S. BOWEN

rent reality is. This is all about making the “worst case scenario” somewhat tolerable, rather than something that puts the future of your business at risk.

The Disaster Recovery Plan has an equally important, but far less popular peer, the Business Continuity Plan. Business continuity planning is what a clinic does while the core systems are down. What are your paper procedures? Are they good enough? Do you still have access to today’s schedule of patients if the EMR is offline? Do you know what patients would be in today so they can be called to reschedule? Business Continuity procedures cannot be made “in the moment,” they must be planned, trained and tested ahead of multiple possible disaster scenarios in order to be effective.

Most businesses do not give enough attention to Business Continuity planning because unlike a Disaster Recovery Plan, the IT Department cannot do this for you. Business Continuity Plans need to be developed by individual departments in collaboration with the IT Department. The result should be determining the minimum information required from the

core systems, by department within the business, to continue to provide service (or patient care) while the IT systems are down.

The following is an example of the importance of having the Business Continuity aspect of your overall Disaster Recovery/Business Continuity strategy. Leadership at one hospital we work with determined the most crucial information needed if the systems were to go down is a list of medications the patients staying in the hospital need, (and when they need them). This makes perfect sense and is a patient safety issue. So, as a solution, scripts were written to routinely query the EMR and export a report of patients and medications for all patients scheduled to be in the hospital at a given time. This report is then encrypted and stored in a cloud service. In the event of a systemwide outage of any kind, even just loss of electrical power, a laptop can be used with a cell phone as a hotspot to download the latest copy of this report from the cloud, then plugged in to a printer (with an attached UPS) to print out several copies of the report.

This makes for an effective Business Continuity Plan for a very critical need for this hospital, lessens liability in a disaster and provides for better, nearly uninterrupted patient care. This plan is easy to develop, train and test, and is the sort of planning that each of your department heads should be doing with the support of your IT Department or outsourced IT Partner.

In a paperless world, needing well-documented paper procedures may not seem to make sense, but the reality is, with businesses today completely relying on technology, there are new and different sorts of threats around the corner. Without proper planning, those risks could take your entire business down for significant lengths of time. Disaster Recovery and Business Continuity planning are now more important than ever and a very healthy and important discussion to have with your team. 

A STUDY IN PRE-EMPLOYMENT SCREENING:

The Abridged and
Anonymized True Story
of MedDevice Co.



JOSEPH E. HUIGENS

Attorney
Koley Jessen

Employers in the health care industry are uniquely susceptible to bad actors due to the complexity of regulations that increase the potential for noncompliance. Among other things, a bad actor employed by a health care provider can intentionally orchestrate noncompliance within the organization in order to later bring a whistleblower claim for personal economic gain. Simple pre-employment screening and continuous monitoring protocols can help employers identify potential bad actors and avoid complex problems down the road.

“MedDevice Co.” hired “Pam” to be its director of Healthcare Compliance. At first glance, Pam’s resume showed her to be a promising candidate. She had 15 years of experience in the industry, previously served as a compliance director for a well-respected health system, and held two doctoral degrees from an esteemed university. But, after only two months, Pam abruptly left MedDevice Co. without notice. A few weeks later, MedDevice Co. received a demand letter and draft complaint from Pam’s attorney, naming the company as a defendant in a False Claims Act retaliation claim. The basis

of the complaint was that Pam had been fired after voicing compliance concerns to leadership.

While trying to piece together Pam’s activities during her short employment, MedDevice Co. found a letter to Pam, purporting to be from a federal agency, regarding a supposed upcoming compliance audit of the company. When MedDevice Co. reached out to Pam for the author’s contact information, which was suspiciously absent from the letter, she refused, claiming it was a “personal” contact. Further investigation led MedDevice Co. to realize that either the purported author of the letter had misspelled his own name and incorrectly listed his job title, or (more likely) that Pam had plainly fabricated the letter.

A week later, MedDevice Co. received an email at Pam’s company email account from a woman who claimed to be “following up” on behalf of a physician interested in MedDevice Co.’s device. When MedDevice Co. replied that Pam no longer worked at the company, the woman strangely responded that the physician would nevertheless follow up directly with Pam. She later emailed back to inform MedDevice Co. that, after talking with Pam, the physician was no longer interested in a demonstration, because it was “clear that the company had big compliance issues.”

At that point, MedDevice Co. sought to verify the identity of this suspicious emailer using Internet searches and a TLO report. Remarkably, the only person matching the emailer’s supposed name had been deceased several years. When asked, the physician confirmed that he had never been contacted by anyone using the dead woman’s name. Clearly, the emails were faked, and Pam was almost certainly the culprit.

A quick Internet search of Pam’s full name turned up some troubling results. First, an FBI press release reporting that someone with a nearly identical name as Pam, and whom had held a compliance-related position at a hospital, had pled

guilty to multiples counts of mail fraud involving fake documents. Second, a DOJ press release noting that a woman with Pam’s exact name had been charged with multiple counts of fraud for using an assumed (false) identity in a separate incident unrelated to the FBI press release!

The “red flags” in Pam’s resume had been there all along. Several of the companies she claimed to have worked for either had no ascertainable Internet presence or were no longer in existence. Most notably (and flagrantly), Pam’s resume listed her as the director of Compliance for a large, East-coast health system during the same four years it listed her as earning two doctorate degrees (one in STEM) from a prestigious West Coast university. MedDevice Co. even found the online CV of another person with the same name as Pam who held the same STEM degree, from the same university, conferred in the same year as shown on Pam’s resume. Pam’s resume was patently (and rather poorly) fabricated. All you had to do was look.

Suffice it to say, a diligent review of Pam’s resume, a background check and perhaps even a few Internet queries might have prevented MedDevice Co. from needing to engage counsel to dispense with the threatened litigation and startling (but fabricated) allegations. Importantly, MedDevice Co. could just as easily have been a physician practice, an imaging center, a diagnostic lab, an ambulatory surgery center or a specialty hospital. The bad acts may have related to any area of the business where personal gain might be obtained (e.g., privacy and identity theft issues, billing and upcoding, discrimination and harassment, or wage issues). A proper and thorough background check, conducted in accordance with applicable law, can be critical in the healthcare industry. It doesn’t take a lot of time or resources for a health care provider to better protect itself from these sorts of bad actors. [🔍](#)

FIVE DO'S AND DON'TS FOR INVESTING DURING A PRESIDENTIAL ELECTION



CHAD RUTAR
Financial Adviser
Renaissance Financial

zero-interest rate environment for approximately three years. If history repeats itself, this may bode well for the stock market. Market returns between 2010 and 2013 (Source Macrotrends.net):

Year	S&P Return
2010	15.06%
2011	2.11%
2012	16.00%

Average three-year return of 11.05% per year. As we know, past performance is no guarantee of future results. Please consult your financial professional for proper investment allocation given your risk tolerance.

3 Don't pay attention to presidential approval ratings.

Too many times we get concerned with the approval rating of our commander-in-chief. Dating back to 1961, you will see below that some of the best returns in the market have come with an approval rating between 30% to 50%:

Presidential Approval Rating	Gain/Annual	% of Time
>65	5.4%	13.9%
50-65	4.2%	36.2%
30-50	15.3%	36.8%
<35	-19.7%	6.6%

Source: Bloomberg L.P. 12/31/19

4 Do stay invested.

It's been said many times, try not to time the market. It sounds very cliché, but the numbers don't lie. If we could go back in time and invest money in the amount of \$10,000 as of Dec. 31, 2004, in the S&P 500 and stay invested through Dec. 31, 2019, you will see the results below of staying invested versus missing the best days:

	Annual Return	Ending Balance
Stayed Fully Invested	9%	\$36,418
Missed 10 Best Days	4.13%	\$18,385
Missed 20 Best Days	1.17%	\$11,908
Missed 30 Best Days	-1.35%	\$8,150
Missed 40 Best Days	-3.51%	\$5,847

Once again, past performance is no guarantee of future results. Please consult your financial professional for proper investment allocation given your risk tolerance. (Source Putnam Investments)

5 Don't forget to consider rebalancing your portfolio on an annual basis.

We've seen a pretty large discrepancy between growth and value since the market low of March 2009. As an example, Large Cap Growth has returned 653.8% versus Large Cap Value of 341.9% as of March 1, 2009 to Sept. 30, 2020. (Source JP Morgan Guide to the Markets 9/30/20). If one does not rebalance their portfolio, you may be taking on unwanted risk that does not align up with your investment goals. A good habit to get into, is at least on an annual mode, whether it be at the end of the year, your birthday, etc., is to consider rebalancing your portfolio. By doing so, you get in the practice of selling high and buying low, which is one key to long-term investing. Finally, if you are enrolled in a company sponsored retirement plan, many of these plans have this as an optional feature. Visit with your human resources contact to see if this option is available.

Please Note: The S&P 500 Index is an unmanaged index of 500 stocks that is generally representative of the performance of larger companies in the U.S. Please note an investor cannot invest directly in an index.

This material represents an assessment of the market environment at a specific point in time and is not intended to be a forecast of future events, or a guarantee of future results. This information should not be relied upon by the reader as research or investment advice regarding any funds or stocks in particular, nor should it be construed as a recommendation to purchase or sell a security. Past performance is no guarantee of future results. Investments will fluctuate and when redeemed may be worth more or less than when originally invested. Neither asset allocation nor diversification guarantee against loss. They are methods used to manage risk.

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1 Don't base your overall portfolio on which party is in office. Historically, the market doesn't care which side of the aisle the president is. Below are six examples of what history has told us:

President	Political Affiliation	Cumulative Market Return
Harry S. Truman	Democrat	76.4%
Ronald Reagan	Republican	147.3%
Dwight D. Eisenhower	Republican	123.7%
Bill Clinton	Democrat	288.9%
Barrack Obama	Democrat	148.3%
Calvin Coolidge	Republican	239.6%

As you can see by the above examples, Republican and Democrats have both had successes in the Oval Office and Wall Street, so don't get too caught up in the political affiliation of the presidency. (Source Macrotrends.net)

2 Do pay attention to what the Federal Reserve is doing.

There's an old saying in the business; don't fight the Fed. In dealing with COVID-19, the Federal Reserve dropped the interest rates to zero again this spring. This is very similar to when the Fed cut rates to zero in December of 2008 during the Great Recession. As of September, the Fed has given us guidance that it will not increase rates until 2023, putting us in a

RESISTING THE URGE:

What to Consider
Before Responding
to Comments
on Social Media

.....

Some advice for when the discussion on social media is daring you to weigh in: Pause.

"If your goal is to stir the pot, run away," said Joseph Brown, director of marketing operations for Five Nines, a Lincoln-based IT management solutions company. "But if it's your hope to raise awareness, think it through. It's your brand that could be at risk."

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“Consider a post similar to shouting a message in front of a large audience using a megaphone. If you’re comfortable with one, then feel comfortable doing the other.”

— KELLY CAWCUTT, M.D.



The Cawcutt File

Hometown

Cloquet, Minnesota

Undergraduate Degree

University of Wisconsin-River Falls in biology

Medical Degree

University of Minnesota

Residency

University of Minnesota in internal medicine

Fellowships

Mayo Clinic in Rochester, Minnesota, in critical care and infectious diseases

Titles

Assistant professor, Division of Infectious Diseases, and Pulmonary and Critical Care Medicine; Associate medical director for Infection Control and Hospital Epidemiology for Nebraska Medicine; and co-director of Digital Innovation and Social Media Strategy for the Division of Infectious Diseases

Institution

University of Nebraska Medical Center

Hobbies

Reading and spending time outdoors with her family

Family

Husband, Michael Cawcutt; son, Caydin; and daughter, Olivia

Why She Joined MOMS

"I joined to be more involved with the greater medical community in Omaha."

FROM PAGE 18

Brown offered suggestions for physicians to consider when using social media as part of their practice and personally. Either way, he said, his best advice is to pause before joining the fray.

"The first question to ask is 'why' respond, then move backward to the 'how' and 'when,'" he said.

Kelly Cawcutt, M.D., takes this approach to posting on social media: Consider a post similar to shouting a message in front of a large audience using a megaphone. If you're comfortable with one, she said, then feel comfortable doing the other.

Dr. Cawcutt, who serves as co-director of digital innovation and social media strategy for UNMC's Division of Infectious Diseases, said she's on social media nearly daily. It's time well-spent, she added.

She said social media is a means to provide quality information to colleagues, students and the public. But arguments that play out on social media, she said, are rarely fruitful.

Practice, she said, makes perfect. For those just entering the social media arena, get advice

from colleagues who are seasoned at posting. Medical conferences typically include sessions on social media. Realize that tone and intent may not be as obvious in social media posts as they are in personal conversations.

Dr. Cawcutt said communicating through social media can be rewarding. She said her recent Facebook Live presentations on COVID-19 received comments from grateful participants who appreciated the "information from a reliable resource given in a way that's understandable."

Responding to comments is another matter. Brown advised health care institutions, medical clinics and private practice groups to have social media policies in place regarding who responds, when and how. "The question is not will we get a negative comment on social media, the question is when."

Any health care organization—no matter its size—should have policies in place as to who will decide whether a response is needed, who will create the content and when will it be delivered.

"Sometimes the best practice is not to respond," he said, "or at least to wait until calmer minds prevail."

"Social media is a means to provide quality information to colleagues, students and the public. But arguments that play out on social media are rarely fruitful."

— KELLY CAWCUTT, M.D.

In a politically charged society—made even more emotional because of COVID-19—comments made purely to provide information can be taken out of context and become volatile, he said.

Brown called Twitter a potential “mine field. It’s a place where a lot of brands can get in trouble. Twitter is where you should be hesitant to respond and cautious.” He explained that LinkedIn is mostly used for professional networking, while Facebook draws an older, less politically active crowd.

Larger health care institutions will have an employee responsible for monitoring social media content. Smaller organizations may outsource this responsibility or assign it to the marketing specialist.

Regardless, Brown said, the institution’s leader or the practice’s senior member should be consulted when social media comments turn negative. This doesn’t necessarily mean the leader or the senior member will be the person to respond, he said. A committee should be in place to review comments and make decisions about responses, he added.

During the pandemic and times of social unrest, some companies pondered whether to issue public statements about what they stand for, he said. Some issued public statements, he said, while others chose to pass. “The mature question to ask is should we engage and what’s our role?”

Brown likened a medical practice to a bank: Both should have policies regarding to what and how they will respond to issues relating to their purpose.

Health care organizations should be careful with their social media accounts. He’s heard stories of passwords to these accounts being listed on Post-it Notes found on employees’ cubicles.

Hacked accounts can carry false—even deadly information. He recommends a two-part authentication process for access to these accounts.

When employees who have knowledge of passwords and access to accounts leave the company, he said, change the

passwords. “Protect your accounts above all else,” he said, “because you want to protect your brand.”

Physicians should also be careful to distinguish between professional social media accounts and their personal ones, Brown said. He has a friend who is a reporter for a news agency. She engages on social media as a journalist, and share her opinion through her personal accounts. The difference—and it is an important distinction—is that she is careful who she allows access to her personal accounts, he said.

“It’s OK to have opinions about controversial topics,” he said. “But physicians are seen as authority figures in medicine. If the topic is related to medicine, be hesitant about crossing the line into personal conversations if they’re online.”

When debating whether to respond personally or professionally to social media comments, Brown suggested physicians question their motivation: Negative reviews will happen. The question is what is to be gained by responding. If it’s to correct misinformation, consider responding.

“If you’re just trying to get in the last word, that a very different reason.”

If it is, he said, pause. 🗣️

“It’s OK to have opinions about controversial topics, but physicians are seen as authority figures in medicine. If the topic is related to medicine, be hesitant about crossing the line into personal conversations if they’re online.”

— JOSEPH BROWN



“This dog had so much personality. Lots of energy. His energy is infectious.”

— JYOTI MAHAPATRA, M.D.



ALL IN

One Family's Tale of Bringing a Pet into Their Home

This is a story about an Omaha couple who wanted to help their children through the doldrums of COVID-19. They decided to add a pet to the family. Please know that while this story takes a temporary tragic turn, it has a happy ending—thanks to a mixed terrier named Wasabi.

When the pandemic hit, Jyoti Mahapatra, M.D., and her husband, Jeff Burlington, found themselves looking for a way to help their children—daughter, Surina, and son, Devan—adapt to their new reality of school at home, absent their friends.

"The kids were begging for a pet. We were looking at the next year or so," Dr. Mahapatra said.

The family previously had a dog but had gotten used to not having to care for one. Then, COVID-19 meant Surina and Devan would be spending countless hours at home. The school year ended, but the children were still mostly sequestered at home.

"We thought let's do this," Dr. Mahapatra said, "but instead of another dog, we got a hamster. We thought it would be easier to care for and maybe we'd get a dog next."

In May, Dr. Mahapatra went to a local pet store in search of a hamster. "I fell in love with the fattest one there. It was cute and adorable."

It was also pregnant—something the family did not realize until later.

The family quickly fell in love with their new pet, which they named Maya. Several days later, Devan reported that something was happening to the hamster. It was in labor.

Looking back, Dr. Mahapatra said, the hamster had, the day before giving birth, turned surly. It had even bitten Surina.

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Maya had 10 pups that day—and Dr. Mahapatra found herself turning to the pet store for advice. The pet store would take the pups back once they were four weeks old and weaned. New mothers, she was warned, are easily agitated. Don't touch them. Seclude them with their litter away from noise and distractions.

They tried. But, one by one, the hamster ate her pups. "It was horrifying for the kids!" Dr. Mahapatra said. "We kept hoping she would stop so there would still be at least a few babies left."

She didn't. She ate them all. The family still hoped for the best—at least they might have their cuddly hamster back.

Maya died one day later. Dr. Mahapatra returned to the pet store, only to learn that a type of flu or virus had wiped out the hamster population in the store. "It was kind of ironic. There is a virus taking over our country," Dr. Mahapatra said, "and now one was taking over the hamster population too."

Their children were heartbroken, but Dr. Mahapatra and her husband tried to turn it into a teaching moment—"when we actually didn't need another"—about coping when sad things happen.

Wouldn't you know it—a few months later Dr. Mahapatra saw a photo on Facebook of a dog up for adoption at the Lincoln Humane Society. The family discussed what to do. Dr. Mahapatra, when she moved from emergency to concierge medicine, saw her work schedule become a bit more structured. They knew the dog wouldn't be by itself for countless hours at a time, she would not be disturbed by barking while trying to sleep after a night shift, and her children were not young enough to need quiet afternoons for napping.

"Our lives were in a more stable, consistent place. Let's bring this creature into our lives. We can love it and bring joy into our family."

"Our lives were in a more stable, consistent place. Let's bring this creature into our lives. We can love it and bring joy into our family."

— JYOTI MAHAPATRA, M.D.

By the next day, the dog at the Lincoln Humane Society had been adopted. Disappointed, but not discouraged, the family continued its search for the right dog.

They later were introduced to a happy, playful dog at the Town & Country Humane Society (Sarpy County). "This dog had so much personality. Lots of energy. His energy is infectious."

Wasabi (a terrier mix named by the humane society for the spice. "He's kind of spicy.")—went home with the family that day.

"We didn't know what to expect. Wasabi had spent his whole life chained to a tree. We didn't know if he was house trained."

But after a few accidents, Wasabi has been a model member of the family. He's even had a positive effect on Surina and Devan.

"I see this moody, pre-teen 11-year-old giggling with Wasabi and baby-talking with him. My son went to a birthday party and wanted to take the dog along."

And the two children have stepped in being responsible for Wasabi. "Are they perfect? No. I'll come home and ask if they've checked Wasabi's water dish. No. Have they taken him for a walk. Not always. But they are getting better at it."

And the dog has worked its way into Dr. Mahapatra and her husband's lives. "It has surprised me how much me and my husband have gotten out of this. We thought we were doing this for the kids." 🐾



The Mahapatra File

Hometown

Lincoln, Nebraska

Undergraduate Degree

Boston College in psychology

Medical Degree

Creighton University School of Medicine

Residency

William Beaumont Hospital in Royal Oak, Michigan, in emergency medicine

Specialty

Concierge medicine

Company

MembersMD

Hobbies

Travel, photography and reading

Family

Husband, Jeff Burlington; daughter, Surina; son, Devan

Why She Joined MOMS

"I joined because, after switching professions and knowing I would need to be referring physicians in our community, it was a way to get to know the physicians who would be caring for my patients."

A RETURN TO FITNESS

Dr. Seeman Talks About
How She Came Back to a
Healthy Lifestyle

Jaime Seeman, M.D., admits she felt like a fraud.

She found herself encouraging her patients to live healthier lives, yet she wasn't following her own advice.

She found herself in the same mode many of her peers became caught in after they received their undergraduate degrees and began medical school: Little time to exercise, little time and few opportunities to eat healthy foods, and too much time sitting during class and while studying.

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Dr. Seeman had just given birth to her third daughter in 58 months, and had lost a close friend at age 29. She was diagnosed with pre-diabetes and hypothyroidism. She was a former collegiate athlete who had fallen away from a lifestyle of health and fitness.

"Here I am a physician feeling this sense of mortality," she recalled.

That was five years ago—when Dr. Seeman decided it was time to get fit. It was time to start eating better and it was time to incorporate regular exercise into her daily routine. She also revived her interest in preventative medicine—something she preached to her patients but didn't always practice herself.

She realized she needed to bypass the break room where she practices (Mid-City OB-GYN). The break room always had too many temptations for her to cheat on her healthy diet. Over time, she said, she could stop by without giving in to the urge to eat the snacks and treats she found there.

This is now. Dr. Seeman is a participant on the television show, "The Titan Games." She's the reigning Mrs. Nebraska and promotes health through her Doctor Fit and Fabulous platform, which focuses on nutrition, fitness and wellness (website: doctorfitandfabulous.com)

"Changing my diet changed my world. I have more energy. I'm a better physician, better wife and better mom."

— JAIME SEEMAN, M.D.

She cut carbohydrates from her diet and started taking barre classes. She later added a resistance weightlifting program to her regimen. And her neighbors often notice her walking by throughout the week.

The change worked. She's no longer taking thyroid medicines and reversed her pre-diabetes diagnosis. "Changing my diet changed my world. I have more energy. I'm a better physician, better wife and better mom."

This is her regular weekday routine: Up at 4:30 a.m. and at the gym by 5. Work out for an hour, then return home for a quick shower. When 7 a.m. surgeries are scheduled, she heads to the hospital. When they're not, she takes more time getting ready for the workday and makes her daughters breakfast before they head to school. Weekends she is a busy mom and always available when the hospital calls.

The routine doesn't work, she said, without a good and understanding partner. Her husband Ben, a Lincoln police sergeant, works nights and weekends. "We have completely opposite schedules but it works for our children. Our priority for our family is that health comes first. Everything else is second."

Dr. Seeman admits her workout routine may not be for everyone, but everyone can do more to improve their health. She offered some advice:

- Start with your nutrition. Prioritize protein in your diet, eat nutrient dense animal foods and limit sugar, flour and vegetable oils.
- Schedule exercise into your day. Leaving exercise for the evening means it likely will be pushed aside for something else that takes precedence. For her, this means starting her day with exercise so she doesn't have to worry about fitting it in later.
- Get good sleep, which is when your body rests and repairs itself and readies you for the coming day. Statistically, most people require seven hours a day. For Dr. Seeman, that means she's often in bed by 9 p.m.

Dr. Seeman said she follows a "carnivore diet," which emphasizes beef, chicken, salmon and eggs—with small amounts of fruit and vegetables. Diet is critical because eating unhealthy foods, she said, can negate everything gained through a strong workout routine.

She said she prepares food on weekends to serve as meals during the week. She said she's fortunate that her husband takes the same approach to diet, which makes meal preparation much more efficient. "We think alike," she said.

Here are some other things to know about Dr. Seeman:

She's the daughter of a former Husker football standout: Randy Borg played cornerback for the Huskers from 1970-73, including the two National Championship teams. He returned a punt 77 yards for a touchdown in the Husker opener against UCLA, which was Tom Osborne's first game as head coach. Borg was drafted in the 28th round by the Philadelphia Bell in the World Football League. "Playing for Nebraska was a dream, which allowed me to carry on my father's legacy as a Cornhusker," Dr. Seeman said.

She's a former collegiate athlete: Then Jaime Borg, she played for the Husker softball team from 2004-2007. She joined the program as a pitcher, converted to the outfield for her freshman season, returned to the mound her sophomore and junior seasons before finishing her career in the outfield.

She was a regular on the Big 12 Commissioner's Honor Roll. "In college, I quickly realized I had to manage my time, which I rely on today."

She made the final six of this year's "Titan Games": A colleague suggested that Dr. Seeman apply to participate in the "Titan Games," a series on NBC that pits people with inspiring

stories against one another in athletic competition. So, she did—and her video earned her an invitation to try out among 100 others to earn a spot on the television show hosted by actor

Dwayne "The Rock" Johnson. She made the finals, which included 18 female and 18 male competitors—placed in the top 6. She fared better than two former Olympians. Part of her motivation was seeing whether she could compete after being away from competition for 13 years. She also wanted her daughters to see her tackle a challenge that was mentally and physically taxing. She's often asked what she received for placing in the top six: nothing. The male and female champions received \$100,000 in a winner-take-all competition. Finally, she's asked about the Rock: He was nice—and he's in great shape. "His biceps are as big as my legs."

She's the reigning Mrs. Nebraska: Participating in this competition, she said, took her out of her comfort zone. The judging for the competition was 50 per-

cent interview, 25 percent bathing suit (one-piece) and 25 percent evening gown. No talent portion. She'll compete in Las Vegas in January for the national title of Mrs. America. "I really wanted to attempt something new and show the world you can have anything if you're willing to work for

it. I had never been in a pageant before. Maybe I can help redefine what it means to be a beauty queen. It would be amazing for Mrs. America to be a physician. America has a lot of healing to do." 

"I really wanted to attempt something new and show the world you can have anything if you're willing to work for it... It would be amazing for Mrs. America to be a physician. America has a lot of healing to do."

— JAIME SEEMAN, M.D.



The Seeman File

Hometown

Lincoln, Nebraska

Undergraduate Degree

University of Nebraska-Lincoln in exercise, nutrition and health sciences

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in obstetrics and gynecology

Fellowship

University of Arizona in integrative medicine (in progress)

Specialty

Obstetrics and gynecology

Institution

Mid-City OB-GYN

Hobbies

Fitness, traveling, music, crafting and spending time with family and friends

Family

Husband, Ben Seeman, and three daughters

Why She Joined MOMS

"I think it's important for physicians to stay connected with their colleagues, and MOMS is an easy way to do that."

VA'S NEW AMBULATORY CARE CENTER WORTH A LOOK



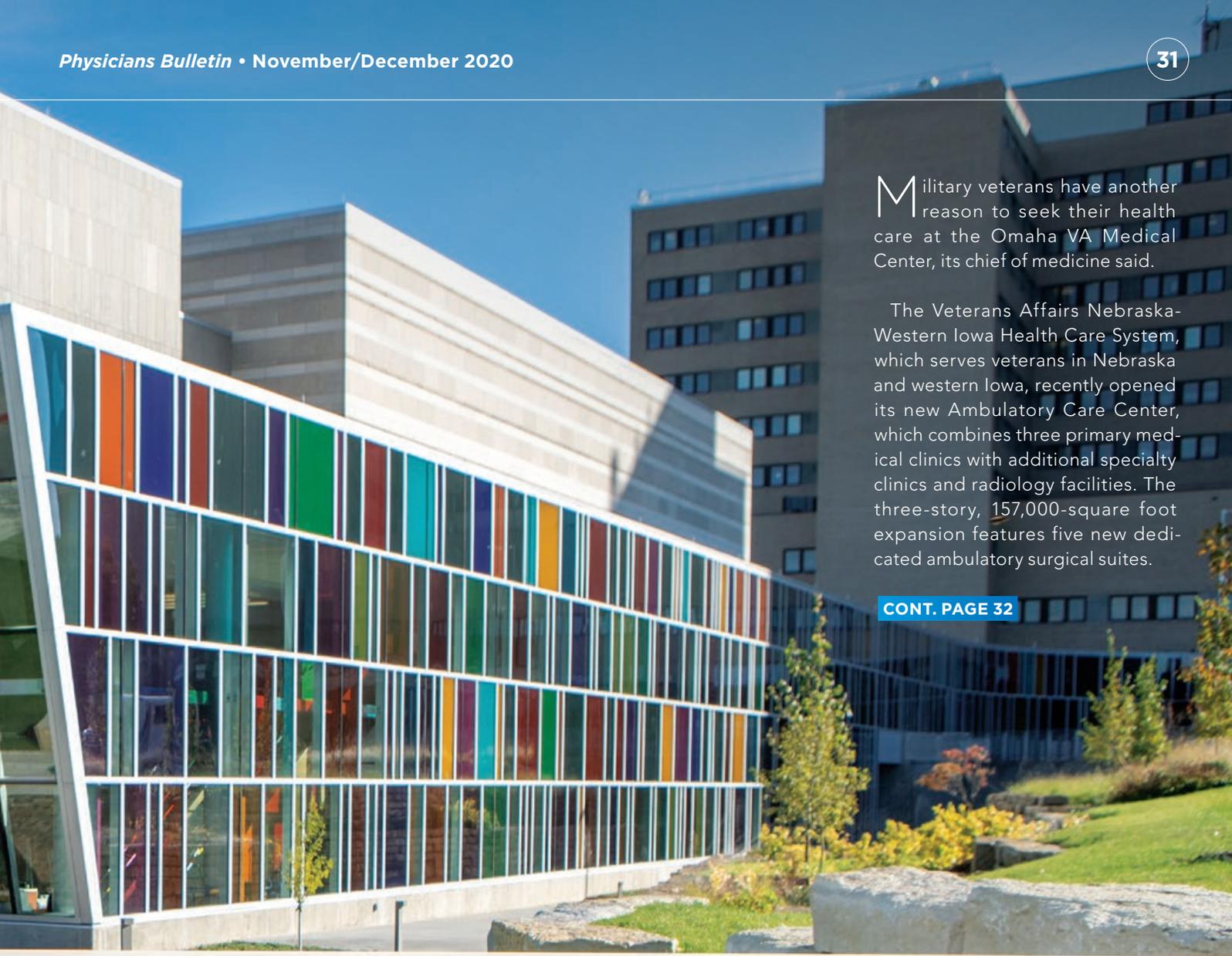
“Everything included in the center was done with our veterans in mind—to create a place they would want to come to and receive care.”

— GARY GORBY, M.D.

Military veterans have another reason to seek their health care at the Omaha VA Medical Center, its chief of medicine said.

The Veterans Affairs Nebraska-Western Iowa Health Care System, which serves veterans in Nebraska and western Iowa, recently opened its new Ambulatory Care Center, which combines three primary medical clinics with additional specialty clinics and radiology facilities. The three-story, 157,000-square foot expansion features five new dedicated ambulatory surgical suites.

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U.S. Department of Veterans Affairs

Ambulatory Care Center

FROM PAGE 31

It also includes a fully dedicated women's health clinic. The women's clinic is situated directly through the main door of the new center in a separate space, including a separate entrance and waiting room.

"This expansion was truly a community and government effort to build something our veterans truly deserve so they receive the health care they deserve for their service to our country," said Gary Gorby, M.D., who has served as medical director Chief of Medicine since 2010.

Dr. Gorby urged physicians who treat military veterans to encourage these patients to use the VA facility. Referring physicians can be assured, he said, that their

patients will receive the best of care. Facilities such as these are for veterans to use in gratitude for their service to their country, Dr. Gorby said.

"We want referring physicians to know their patients are in good, caring hands when they receive care at their VA," he said.

"The entire project kept the care and comfort of those served—our veterans—in mind during design and construction," Dr. Gorby said.

First some background. The Ambulatory Care Center was built with a combination of public and private funds made possible by the CHIP-In for Veterans Act of 2016, which allowed for the U.S. Department of veterans Affairs to provide \$56 million to the project while local donors provided the remaining \$30 million.

"This expansion was truly a community and government effort to build something our veterans truly deserve so they receive the health care they deserve for their service to our country."

— GARY GORBY, M.D.

"This private portion illustrates that Nebraskans and Iowans believe veterans deserve quality care as a thank you for their service," Dr. Gorby said. "We are grateful for our community partners, who stepped up to support this project." U.S. Sen. Deb Fischer noted, in a World-Herald opinion piece, that veterans make up 10 percent of Nebraska's population. "These veterans fought for our country in conflicts across the world, from the Pacific to Europe to the Middle East. While we can never fully repay them for their sacrifice, we can

provide them with the high-quality medical care promised to them in exchange for their service."

Dr. Gorby said the new center's design and features give a nod to the veterans the VA serves

and focuses on providing ease in care. Of special note, he said, are the larger patient waiting rooms. "Our patients used to be packed in," he said. "Now, the center's design allows for better patient flow. Patients enter examinations rooms through one door, while their attending physician enters through another from a central work area that facilitates collaboration between the healthcare team."

A soon-to-be-completed parking deck will mean a shorter walk or wheelchair ride to the center, he added, and should alleviate a long-standing parking issue at the center.

The center's design follows a military theme, he said. Some examples:

- The connector hallway to the main hospital features multi-colored glass panes that represent the ribbons worn by members of the military branches.

- The center's front (facing north) features angled glasswork that resembles an unfurled flag.

- Historic photos of the VA's history in Omaha adorn hallways.

- A healing garden on the building's south side features tables and benches where patients and their families can relax, enjoy lunch or enjoy being outdoors.

"Everything included in the center was done with our veterans in mind—to create a place they would want to come to and receive care."

Dr. Gorby noted that the new women's clinic is especially important as more women serve in the military. This center provides specialty gynecological services while also providing female patients with access to mental health, social work, whole health, maternity care coordination and pharmacy services.

Dr. Gorby also noted the significance that the area is served by two medical schools. Multitudes of Creighton and UNMC students, residents and fellows received training at the VA, and may remember the center as an aging, cramped facility. He encouraged them to take another look.

Creighton and UNMC faculty serve at the VA. Dr. Gorby is one of them. He serves as a professor of medicine for Creighton's School of Medicine and as co-director for the Center of Preparedness Education at UNMC's College of Public Health.

"The physicians who serve the VA—all our care staff—are among the best in their respective areas of specialty. They are routinely named in peer surveys among the 'Best Doctors' in the state and they are dedicated to providing the best care for our veterans," he said. ○

MEMBER NEWS



DR. CAVERZAGIE SELECTED TO ACGME BOARD OF DIRECTORS

Kelly Caverzagie, M.D., has been elected to the Accreditation Council for Medical Education Board of Directors. His three-year term began Sept. 30 for the national organization.

“Being selected to the ACGME Board of Directors is a great honor and I’m proud to continue UNMC’s strong legacy on this board,” Dr. Caverzagie said. “Residency and fellowship training is the lynchpin of physician training and the ACGME plays an important role by ensuring that institutions and programs provide an optimal learning environment for these trainees.”

Dr. Caverzagie has expertise in the assessment and evaluation of learners, with a focus on competency-based medical education and transformative change. As part of the implementation

of the ACGME Next Accreditation System, Dr. Caverzagie co-led the development and implementation of the Internal Medicine Milestones and has served as a faculty member for the ACGME’s national faculty development program for the past decade.

He has served in many leadership roles for national and state medical education organizations and is currently a co-chair of the International Conference on Residency Education. In 2019, he was elected to the AMA Council on Medical Education.

Dr. Caverzagie, who is UNMC’s associate dean for educational strategy and vice president for education at Nebraska Medicine, also led the UNMC implementation of the College of Medicine’s Training the Physicians of Tomorrow curriculum which launched in August 2017. [O](#)

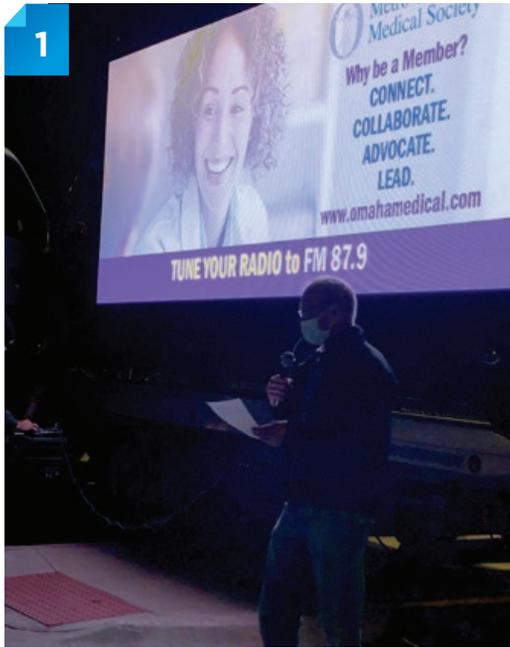


NEW MEMBERS

Ryan Biga, D.O.

Family Medicine

Midwest Regional Health Services



MOMS OUTDOOR MOVIE NIGHT

Thank you to the members who came out to watch the '80s classic "The Breakfast Club" at MOMS Outdoor Movie night on Saturday, Oct. 3 in the parking lot of Core Bank in Village Pointe. The movie was made possible through a grant from the COPIC Medical Foundations and goodie popcorn buckets were made possible by MOMS Strategic Partners. Special thanks to Laurie Cradick of Access Bank and Kim Matney of Berkshire Hathaway Commercial Real Estate for volunteering.

1. Dr. John Peters welcomes attendees at the start of the movie.
2. Members were able to park on both sides of the movie truck allowing everyone to have a great view. 🎬

VIRTUAL STAND-UP COMEDY

MOMS was pleased to welcome internal medicine physician and acclaimed stand-up comedian Priyanka Wali. Dr. Wali's virtually comedy brought much needed laughter to MOMS members.

1. Dr. Priyanka Wali performs her comedy routine in a whole new way—virtually from her kitchen with a whisk instead of a microphone. 🎤





EARN CMES THROUGH BOYS TOWN HOSPITAL'S FREE PHYSICIAN EDUCATION SERIES

The Boys Town Physician Education Series is a series of free CME-accredited medical and clinical presentations covering various aspects of pediatric specialties, including screenings, diagnosis and treatments, co-occurring conditions and differential diagnosis. The one-hour presentations are presented by medical, clinical and research staff at Boys Town National Research Hospital.

Classes will be offered virtually, with both live and on-demand options available.

"We are pleased to host this educational series to support ongoing education for physicians," said Jason Bruce, M.D., Chief Medical Officer of Boys Town National Research Hospital and Medical Clinics. "Our goal is to provide information that physicians can directly apply to their practices to help more children and families across our state and region. We see this as an opportunity for providers to connect and network, because we know we can provide better care when we work together."

Upcoming presentations include "Vaccine Update in Pediatric Care," presented by Dr. Meera Varman; "Pediatric Chest Wall Defects," presented by Dr. Steve Raynor; and "Update in Pediatric Peanut Allergy," presented by Dr. Brian Kelly. Registration and a full list of scheduled presentations can be found at boystownhospital.org/CME.

Presentations include AMA Category 1 Credit.

Survey completion is required to obtain credit. Surveys will be sent to all live participants following the lecture. On-demand viewers will receive an email link with survey. 



'A NEW NORM' HELPS STUDENTS TACKLE MENTAL HEALTH STRESSORS

The stress of living in a pandemic and the toll it's taking on children's mental health is raising red flags among behavioral health professionals.

While the scope of this issue is not yet known, it is known that stressors can make it challenging to keep a child's education on track, and educators are often the first adults to notice when children are struggling.

"Supporting our schools is an important part of our mission to better the health of the communities we serve," said Cliff Robertson, CHI Health CEO. "At times like these, it's important to reach out for help. It's also imperative to reach out with help."

In August, CHI Health sent 3,000 free books, "A New Norm," to elementary and middle schools in Nebraska and southwest Iowa. The book tells the story of a boy named Norm who explores the confusing feelings of fear, anger and shame experienced during times of crisis and, through that journey, realizes there is hope.

The books were accompanied by teaching tools and a discussion guide with coping strategies and information on when and how to seek help from mental health professionals.

"A New Norm" was also shared during a first-of-its-kind virtual assembly hosted by CHI Health in July. The half-day webinar was designed to support teachers as they worked toward a safe return to the classroom.

More than 450 educators from across the state tuned in as CHI Health mental health and infectious disease experts addressed everything from masking and social distancing to managing stress and anxiety in the classroom.

"We believe in the difference teachers make in the lives of their students. We hope these resources will support the teaching moments that happen in classrooms every day," Robertson said. "Together is how we'll make it through." 



DR. TIERNEY RECEIVES MCKNIGHT PRIZE

The successful containment by a Creighton University physician epidemiologist of an antibiotic-resistant pathogen in a hospital specialty unit, and her rapid response to life-threatening infections from administration of unapproved biologic products, has earned the 2020 McKnight Prize for Healthcare Outbreak Heroes.

Maureen Tierney, M.D., chair of the new Department of Clinical Research, assistant dean for clinical research and public health at the Creighton University School of Medicine and medical director for clinical research at CHI Health, received the award in late October.

Dr. Tierney is the inaugural recipient of the McKnight Prize. It is awarded by the CDC Foundation, an independent nonprofit formed by Congress to work with philanthropic organizations and other private-sector entities to support the U.S. Centers for Disease Control and Prevention.

A letter announcing Tierney's selection praised her work: "You received a number of compelling nominations for your recent leadership in healthcare outbreak investigations, including containing the spread of a novel and highly resistant NDM carbapenemase after it emerged in a hospital specialty unit and, perhaps most notably, your rapid and effective response to life-threatening infections stemming from injections of unapproved biologic products, which prompted warnings to healthcare consumers in Nebraska and across the U.S.," the letter said.

Tierney led the health care-associated infections and antimicrobial resistance program in the Nebraska Department of Health and Human Services at the time of her interventions, where, during seven years of service, she led efforts to control several multidrug resistant outbreaks.

The McKnight Prize is funded by the Evelyn and Thomas McKnight Family Fund for Patient Safety. Evelyn McKnight, an audiologist, and Thomas McKnight, a family physician, founded the prize after Evelyn, who was battling breast cancer, contracted hepatitis C through injections performed with used needles. 



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



NEW URGENT CARE, PRIMARY CARE CLINIC LOCATIONS OPEN IN METRO

Methodist Health System recently announced the opening of a new urgent care clinic in Aksarben Village and Methodist Physicians Clinic announced the opening of a new clinic in Elkhorn.

Methodist Urgent Care (6700 Mercy Road, Suite 109) is staffed with physicians and health care professionals who treat such minor injuries and illnesses as:

- Cuts and bruises.
- Cold and flu symptoms.
- Earaches.
- Minor skin infections and rashes.
- Pink eye.
- Sinus infections.
- Sore throats.
- Sprains and strains.

This 2,300-square-foot facility was designed to accommodate patients with convenient hours in a centralized location.

"We understand the stress that an injury or illness not quite serious enough for the emergency department can create for families," said Michael Ortmeier, senior director of clinic operations. "For patients in and around central Omaha, this new urgent care location helps take the guesswork out of where to turn for accessible quality care."

Located at 20021 Manderson St., the new Methodist Physicians Clinic's Elkhorn location will offer:

- Primary care for patients of all ages from family medicine and pediatric providers.
- Urgent care for minor medical problems, such as coughs, cuts, sprains and strains.
- Diagnostic X-ray services.

The clinic's medical staff includes family medicine providers Margaret Ingemansen, M.D.; and Jared Pehrson, M.D.; and pediatricians Priscilla LaCroix, D.O.; and Jennifer Reiser, M.D. The \$8.2 million, 16,000-square-foot facility will feature 24 exam rooms and three treatment rooms. 



'MASKNE' AND ITS IMPLICATIONS FOR THOSE WEARING FACE MASKS

If you wear a face mask for extended periods of time and have noticed changes in the health of your skin, you are not alone. Many are wondering how to deal with skin issues that can arise from wearing a mask all day. It's known that stress plays a role in the development of skin conditions, therefore making it even more difficult to determine what may be causing our breakouts, rashes or bumps.

"'Maskne' is a catch-all term for a few different real dermatologic conditions which can affect the face especially in the setting of heat, humidity, occlusion and friction," said Jennifer Adams, M.D., a dermatologist for Nebraska Medicine. "The conditions most often dubbed as 'maskne' right now are periorificial dermatitis, irritant contact dermatitis, and acne mechanica." These skin conditions can lead to red rashes, acne-like bumps and flaking or scaling on the face where the mask is worn.

If you wear masks for prolonged periods of time, there are steps you can take to help keep your skin healthy and protected.

- Skip the makeup. It can clog your pores and irritate your skin further. If you need to wear makeup, look for the terms "noncomedogenic" and "oil free" on the product to reduce the chances of an outbreak.
- Don't skip moisturizer and sunscreen. Layer them lightly.
- If you know you'll be wearing a mask for long periods, gently wash your face before and after wear.
- Avoid harsh scrubs and exfoliation. For oily skin, salicylic acid wash may be better tolerated than benzoyl peroxide washes. For sensitive skin, use a gentle nonsoap cleanser instead.
- Leave pimples alone—resist the urge to pick at them.
- Retinol/retinoid products may irritate the skin even more under a mask. While dermatologists would normally recommend these, combining them with masks can be too irritating for some people.
- If you wear a fabric mask, wash regularly and rotate it daily. 



University of Nebraska
Medical Center

DR. O'DELL TO RECEIVE AMERICAN COLLEGE OF RHEUMATOLOGY'S HIGHEST AWARD

Donny Suh, M.D., has been named the John & Irene Graether Endowed Chair in Pediatric Ophthalmology.

UNMC's James O'Dell, M.D., received the American College of Rheumatology's (ACR) highest award—the Presidential Gold Medal—in November during its annual meeting.

"This is certainly well-deserved and is one more way Dr. O'Dell brings recognition to UNMC for scholarly and clinical work in rheumatology," said Deb Romberger, M.D., chair of the UNMC Department of Internal Medicine.

"The award is another of the many accolades that Dr. O'Dell has received over the course of his outstanding career," said Bradley Britigan, M.D., dean of the UNMC College of Medicine. "It is wonderful to see that the American College of Rheumatology recognizes the outstanding clinician, educator and investigator that Jim O'Dell is."

Nominations written on his behalf call him a person who is highly esteemed, a major figure and contributor to the field of rheumatology with personality, commitment, intelligence, personal integrity and skill with people and with science.

Over the past 35 years, Dr. O'Dell has overseen the training of more than 600 internists and 1,000 residents. He served as president of the ACR and of the Rheumatology Research Foundation, its research branch, which Dr. O'Dell calls some of the biggest highlights of his career.

"This award is a wonderful surprise, a huge honor and extremely humbling," Dr. O'Dell, Stokes Shackelford professor, vice chair of education in the UNMC Department of Internal Medicine, and chief of the UNMC Division of Rheumatology. "The award importantly recognizes our whole UNMC rheumatology team and what we have been able to accomplish here over the last quarter century." 

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