

Physicians Bulletin

VOL. 42
NO. 3

MAY/JUNE 2021

USA \$1.95

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ON THE DOUGLAS
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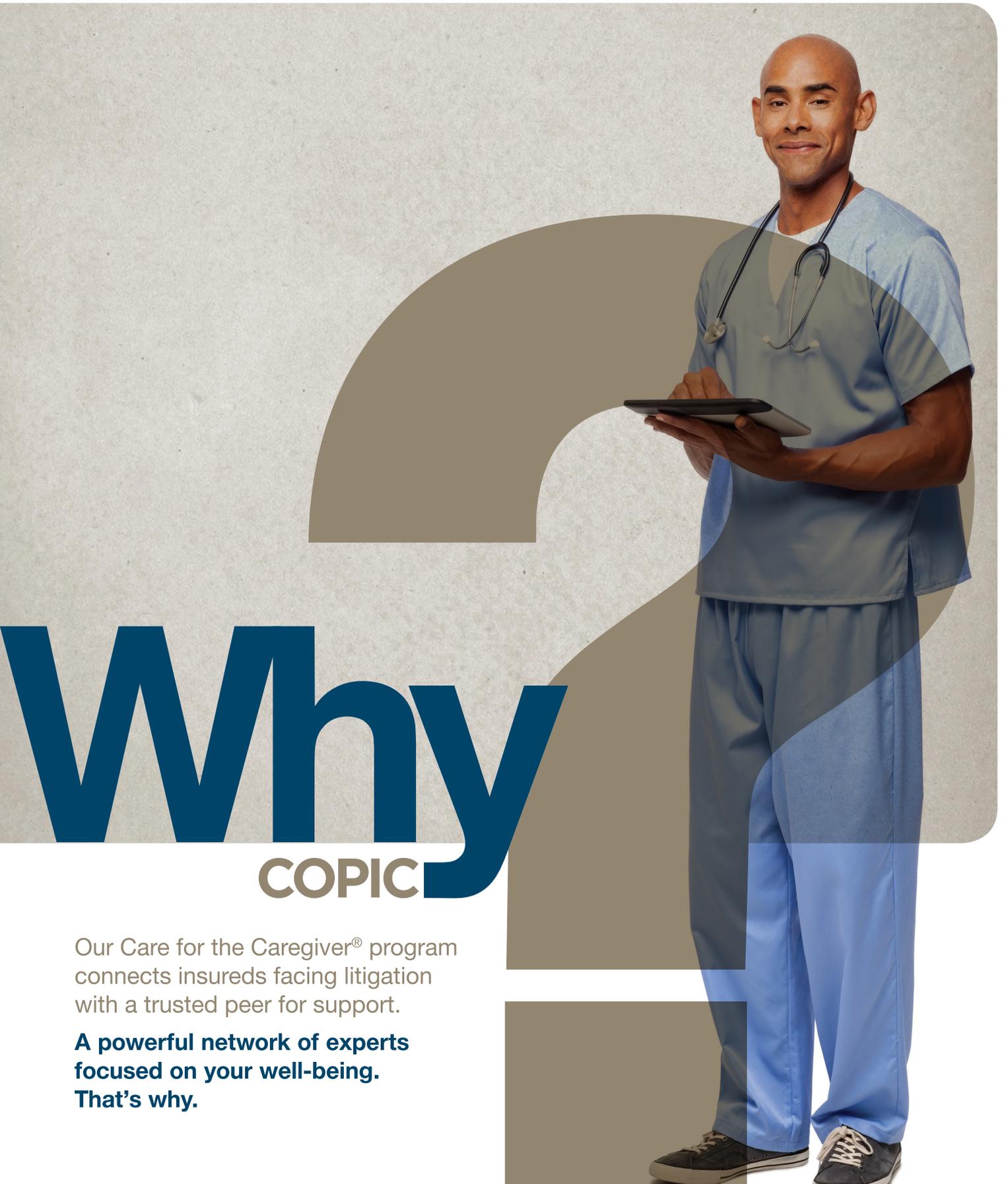
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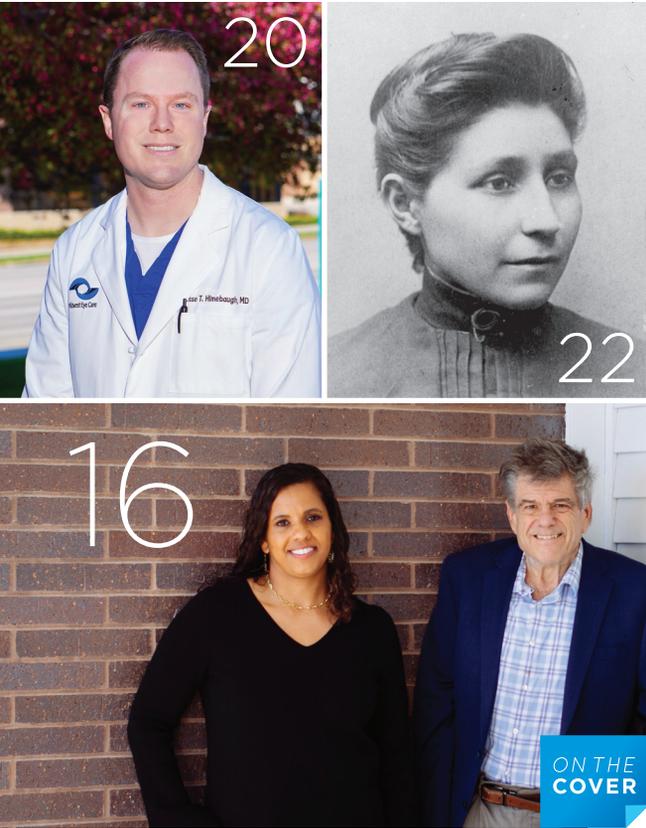
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FEATURES

- 13 HEALTHCARE'S ROLE AT OMAHA ATHLETIC EVENTS**
- 16 MAKING AN IMPACT ON THE DOUGLAS COUNTY HEALTH BOARD**
- 20 ON THE ROAD:**
Dr. Himebaugh Enjoys His Time at Outreach Clinics
- 22 'THE PHYSICIAN CAMPAIGN'**
for Dr. Susan La Flesche Picotte
- 11 EARLY CAREER PHYSICIAN**
2021 Looks to be a Good Year
- 12 RISK MANAGEMENT**
Handling Unsolicited Test Results
- 25 MEMBER NEWS/ IN MEMORIAM**
- 26 NEW MEMBERS/ MOMS EVENT RECAP**
- 27 CAMPUS & HEALTH SYSTEMS UPDATES**

DEPARTMENTS

- 7 COMING/VIRTUAL EVENTS**
- 9 EDITOR'S DESK**
The Important Work Physicians Do
- 10 NMA MESSAGE**
A Focus on Children's Welfare



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JUN
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RETIRED PHYSICIANS MEETING – CROSSROADS REDEVELOPMENT

WEDNESDAY, JUNE 9 | 10:00 - 11:00 A.M.
MOMS BOARDROOM
7906 DAVENPORT ST., OMAHA

Presented by Omaha City Councilmember, Brinker Harding

Social distancing and masking will be observed. Due to limited seating, please RSVP.

SEP
22

EARLY CAREER PHYSICIANS – TOPGOLF OUTING

WEDNESDAY, SEPTEMBER 22
NETWORKING: 5:30 – 6:30 P.M.
GOLF: 6:30 – 8:00 P.M.
TOP GOLF – 908 N. 102ND ST., OMAHA

Save the date! Join your fellow early career physicians (those in the first four years out of training) for a long-awaited opportunity to network. Hors d'oeuvres and first drink on MOMS. Registration now open.

Physicians Bulletin

VOLUME 42, NUMBER 3

A PUBLICATION OF THE



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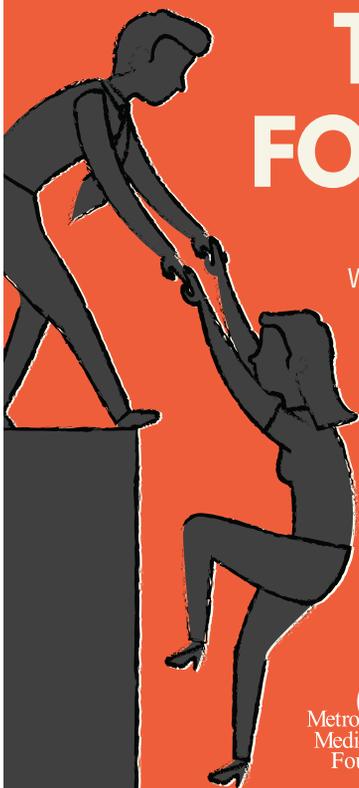


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THE IMPORTANT WORK PHYSICIANS DO



AUDREY PAULMAN, M.D.

Editor
Physicians Bulletin

Doctors do important work.

Often, the public views a physician's most important role as someone who cares for patients in the medical office or in the hospital. But the important work doctors do extends far beyond those locations.

If you look outside of the hospitals and clinics, you will find doctors working nearly everywhere.

Some of the work the doctors do is in the medical office, some is at a remote clinic, some is in the community, some is in industry or research and some with governmental agencies. It is all varied and important work.

In this edition we have highlighted five physicians and their important work, outside of their home office. Honestly, I am in awe of you all. I would like other members of the Omaha medical community to see you as well.

Susan La Flesche Picotte is the first Native American female physician. Inspired to care for people of her community, Dr. Picotte became a physician, and built a hospital in rural Nebraska. The significance of Dr. Picotte's work at this hospital allowed it to be placed upon the National Registry of Historical Places. The hospital, long a vacant building in

Walthill, Nebraska, is now being repaired and refurbished in order to respect its historical significance and to provide current medical infrastructure in the area. Dr. Britt Thedinger is on the Picotte Board of Directors, and he is working hard to help the restoration become completed. This is important work, from planning, to funding to restoration. Dr. Thedinger's work is highlighted in this edition, along with a request for you to get involved.

My own roots and my family's roots are in rural Nebraska. I was born in a small town, delivered by a general practitioner who built and owned the local hospital. I have a large place in my heart for those in rural Nebraska, for both the patients and the medical community. The rural hospitals, unable to independently support a full range of specialists, depend on visiting physicians to provide specialty care within the rural hospital system. We have interviewed Dr. Himebaugh and the important work he does supporting and caring for rural patients.

Many of us enjoy the wide array of national level sporting events that come to town. Large-scale events provide venues for athletic competition, entertainment for spectators, and needed tourism for the city of Omaha. Providing the medical perspective to the athletic events is always important, never so much as during the year of the pandemic. Dr. Kevin Garvin sits on the Omaha Sports Commission, the organization, not affiliated with any single hospital system, that provides logistical support for the many events that come to town. This is important work.

Dr. Andrea Jones has been appointed to the medical society designated seat on the Douglas County Board of Health. It would take courage and determination to join the Board of Health during a pandemic, and Dr. Jones has both. I congratulate her for committing to doing this important work. I also thank her predecessor: Dr. David Filipi, longtime member and faithful leader in the Metro Omaha Medical Society. Dr. Filipi is retiring from the Douglas County Board of Health,

“Outreach medical care, historical preservation and restoration, taking care of patients who are in Omaha as a team member, or taking care of our own at the county level—this is all important work.”

— AUDREY PAULMAN, M.D.

where he has given years of service in helping to insure the county's health. It is important work.

Outreach medical care, historical preservation and restoration, taking care of patients who are in Omaha as a team member, or taking care of our own at the county level—this is all important work.

Doctors doing important work naturally sort into “communities” of like-minded doctors, rather than based upon employment. It provides a space for mutual support, idea development, and mentorship. This can be found through the Metro Omaha Medical Society, and I would like to thank all those interviewed for being members.

You have a chance to be involved—in something outside of your office, but within your community. Networking activities are occurring at MOMS, with involvement opportunities for everyone, from new physicians to retired physicians.

It is important work.

Thanks for reading. 

A FOCUS ON CHILDREN'S WELFARE



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

Even though the NMA staff has been dedicating much of our time to the ongoing pandemic and legislative needs, we have spent a considerable amount of time working alongside Dr. Michelle Walsh as she focuses her presidency on improving the outcomes of children involved in the child welfare system.

Our efforts have centered on identifying partners to learn from and work more closely with, identifying partners to collaborate on a long-term basis, and recognizing ways that physicians can be more involved to improve the health outcomes of the children and families involved in the state system.

As our work continues to evolve with our new partners, it is important to bring to light that our new partners are just as eager to learn from Nebraska physicians as we are from them. We are all working to achieve the same goal and having a better understanding of how the system works, how one can assist a child or family in need, and ultimately advocate for their safety and wellbeing will only bring about positive change.

This particular line of work is something that has surfaced in all of my different positions throughout my professional career, so navigating the connection points and entities involved were easy to identify. What has not been obvious is how we can better align with the child protective system partners, but our conversations have presented an opportunity to see how we can be utilized as a resource to provide support to the work being done around the state.

I know that not all of you are interested in getting as involved with the effort on a state level, but perhaps you may be interested in or already engaged at a local level making a positive difference with the children in your community. There are many ways to support our youth across the state to promote wellness in addition to working directly with the state agencies. For some of you it may mean that you are a mentor for a local organization, volunteer at community events, coach youth sports teams, lead a children's Bible study at your church, teach a child a new skill, or spend time with your neighborhood children playing a game of basketball. These are all examples of building developmental assets.

Developmental Assets, (search-institute.org), is a framework that identifies a set of skills, experiences, relationships and behaviors that enable a young person to develop into a successful and contributing adult. The framework includes 40 different assets that have been identified as being important to help a child be successful and separated out by different age ranges and external and internal assets. (As you review the lists of assets you will quickly realize that there is nothing earth shattering about the items listed, but it truly does take a village to help a child learn all of these important skills.) The power of assets is quickly realized when we look at the profound research done by the Search Institute. For example, a youth with low asset levels (0-10 assets) engage in more high-risk behaviors such as substance misuse/use, violence, early sexual involvement, and committing crimes.

One of the top indicators of a child's trajectory in life is their developmental assets. Youths involved in the child protective system often have low asset levels which makes it very difficult to stop the repeated cycle of their children being involved in the system.

Not only will the NMA continue to be supportive at the state level by working with all of the different organizations involved in the child welfare system, but we all can be part of the solution by helping to increase the developmental assets of the children in our communities. 

EXTERNAL ASSETS

Support:

1. Family Support
2. Positive Family Communication
3. Other Adult Relationships
4. Caring Neighborhood
5. Caring School Climate
6. Parent Involvement in Schooling

Empowerment:

7. Community Values Youth
8. Youth as Resources
9. Service to Others
10. Safety

Boundaries & Expectations:

11. Family Boundaries
12. School Boundaries
13. Neighborhood Boundaries
14. Adult Role Models
15. Positive Peer Influence
16. High Expectations

Constructive Use of Time

17. Creative Activities
18. Youth Programs
19. Religious Community
20. Time at Home

INTERNAL ASSETS

Commitment to Learning:

21. Achievement Motivation
22. School Engagement
23. Homework
24. Bonding to School
25. Reading for Pleasure

Positive Values:

26. Caring
27. Equality & Social Justice
28. Integrity
29. Honesty
30. Responsibility
31. Restraint

Social Competencies:

32. Planning & Decision Making
33. Interpersonal Competence
34. Cultural Competence
35. Resistance Skills
36. Peaceful Conflict Resolution

Positive Identity:

37. Personal Power
38. Self-esteem
39. Sense of Purpose
40. Positive View of Personal Future

2021 LOOKS TO BE A GOOD YEAR



ALËNA BALASANOVA, M.D.
Chair
MOMS Early Career Physicians

Like for most, 2020 was a whirlwind year for us early career physicians (ECPs). In our initial few post-residency years, we did not expect to be confronted with a deadly pandemic in our very own backyard. Of course, we were, and we all rose to the challenge. Whether it was caring for critically ill patients in the intensive care unit, seeing entire families for primary care via telehealth, or helping individuals cope with the emotional toll of the times, ECPs, like all physicians, spent 2020 in the throes of unique and unprecedented patient care. Understandably, with dining and entertainment establishments appropriately shut down and distancing requirements in place, we were unable to collectively gather for our typical social and networking ECP events last year. Fortunately, with some creativity, last fall we did get to enjoy a special outdoor drive-in movie night with our fellow MOMS members from the safety of our personal vehicles.

With a new year comes new hope, and so far 2021 has not disappointed. By now, many ECPs have received their vaccinations, dining and entertainment establishments have resumed operations (albeit with some modifications to allow for distancing and safety), and community vaccination rates continue to rise. Many health care facilities have begun relaxing restrictions around in-person gatherings and this has allowed us to begin excitedly planning our next ECP get-together. In March, we conducted a follow-up survey of our ECP membership regarding members' reasons for participating in ECP events, types of events members would be interested in attending, and preferred scheduling (frequency and day of the week most likely to attend).

Once again, the overwhelming majority (>80%) of surveyed ECP members identified social connection and professional networking as their primary motivations for attending an ECP event. Networking Happy Hour, which has been the format for all of our ECP events over the past several years, remains the most popular format for gatherings with over 90% of respondents identifying they would attend such an event. The majority also noted that meeting twice per year would be the ideal frequency of gatherings. The survey found that Saturday and Wednesday evenings were the most likely days/times ECP members would attend an event, followed closely by Monday, Tuesday, and Friday evenings.

To my fellow ECP members: your ECP Committee has taken all of your feedback to heart. We are thrilled to announce that our next (in-person!) meeting will be a social/networking event at Topgolf. On its website, Topgolf describes itself as "a sports entertainment complex that features an inclusive, high-tech golf game that everyone can enjoy." (This inclusivity is good news, because some of us have barely even mastered the art of mini golf.)

"We learned that we are not immune to the challenges of being a physician and caring for patients in a pandemic. We also discovered that we are not strangers to the occasional feelings of isolation that may come from our day-to-day work."

— ALËNA BALASANOVA, M.D.

This event is scheduled for Wednesday, September 22nd at 5:30 p.m. We will begin with a networking happy hour then separate into small groups in the safely spaced hitting bays and golf the night away! Please look out for more details coming soon including how to register for the event.

For those of us early in our medical careers, the lessons of the past year cannot be overstated. We learned that we are not immune to the challenges of being a physician and caring for patients in a pandemic. We also discovered that we are not strangers to the occasional feelings of isolation that may come from our day-to-day work. Most of all, we have recognized the importance of camaraderie with our peers. In these times of physical distancing, perhaps now more than ever, we must maintain and enhance our social connections. Your ECP Committee is eager to reconnect in person and looks forward to seeing you at Topgolf in a few short months. 🏌️

HANDLING UNSOLICITED TEST RESULTS



ERIC ZACHARIAS, M.D.

COPIC Department of
Patient Safety and Risk Management

SCENARIO A: PRE-EXISTING PHYSICIAN-PATIENT RELATIONSHIPS

CASE 1: A national testing organization sets up a health fair at the church of your 63-year-old patient. After review of the tests offered, she opted to have a cholesterol blood panel as well as an ultrasound to assess her carotid artery intima media thickness. The study results were remarkable for a CIMT of 1.1mm (highest risk category). Your office received the results by mail from the testing organization.

CASE 2: Your 47-year-old patient self-referred for a heart scan after his older brother had a myocardial infarction. You have taken care of this patient for at least 20 years and you last saw him three years ago for a routine physical exam that was unremarkable including normal labs. He also saw a cardiologist approximately five years prior to evaluate palpitations. The heart scan results revealed an Agatston score of over 300, placing the patient in the highest risk category for coronary heart disease and future myocardial infarction. Your office received a fax with the results from the walk-in heart scan clinic.

In both cases, because there is an existing physician-patient relationship, you should assume responsibility for contacting the patient to discuss the meaning of the results and a plan of action. This could be an office appointment, a telehealth visit or a phone conversation. Alternatively, you could refer the patient to the appropriate specialist for interpretation of the test result and determination of a course of action, regardless of whether the patient self-referred for the test.

Additionally, in the second case, you should not assume that the cardiologist who the patient saw before has either received the heart scan results or is acting upon them (even if the report explicitly states a copy is being sent there). Since you have direct knowledge of the at-risk test result, the best practice would be to follow up with the patient directly and not assume some other physician is following up.

Although neither of the preceding scenarios would warrant urgent evaluation, the test results do reveal potential risk factors for major adverse events such as heart attacks or strokes. Arranging for communication with the patients regarding results and next steps, even though you did not request the tests, ensures appropriate follow-up occurs.

You may be in a physician-patient relationship that is not necessarily obvious. For example, accepting a capitated payment from a health plan on behalf of a patient may establish a physician-patient relationship regardless of whether you have actually seen that patient. You should be aware of this potential issue in your practice setting.

SCENARIO B: NO ESTABLISHED PHYSICIAN-PATIENT RELATIONSHIP

If no relationship exists, you may choose whether to accept the patient into your practice:

- If you accept the patient, first contact the patient and assume all the obligations of interpretation, monitoring and follow-up of the diagnostic test.
- If you choose not to enter into a physician-patient relationship, return the original test to its source or the diagnostic center responsible for it. If you do this, use a statement such as "This is not a patient in our practice. Please use your data to inform the patient for appropriate physician referral or follow-up."

This action would also be appropriate if you receive tests results in error (e.g., by fax or mail). Calling the sender directly to notify him or her of the misdirected result has the best chance of getting the information to the patient and the proper provider for appropriate treatment and follow-up. Critical test results may require more diligence to ensure the information gets to the appropriate provider in a timely manner.

What should you do for documentation in this scenario? Although there is no legal duty, but in the interest of patient safety, there are some suggested steps you should take in returning an unsolicited diagnostic test:

- You should keep a log that documents the date the test was received, the patient's name, the action taken in returning the test to the sender, and who the sender is.
- It is recommended that you fax the test information back so you will have documentation that the information was faxed to the appropriate test source and received. 

HEALTHCARE'S ROLE IN OMAHA ATHLETIC EVENTS

OMAHA SPORTS COMMISSION

Kevin Garvin, M.D., doesn't hesitate to admit it. Serving on the Omaha Sports Commission has its advantages and its moments. So does helping out at the athletic events the sports commission coordinates.

Dr. Garvin, who joined the commission about 15 years ago at the request of some friends, said being a part of the process that brings many of Omaha's signature athletic events is exciting. Being at the events, he said, is even more exciting. "The commission looked to have a broad cross section of the community—and asked me to join. I was glad to serve."

CONT. PAGE 14





The Garvin File

Hometown
Akron, Iowa

Undergraduate Degree
University of South Dakota in chemistry

Medical Degree
Medical College of Wisconsin

Residency
University of Arkansas in orthopaedic surgery

Fellowship
Hospital for Special Surgery, Weill Cornell Medical College in adult reconstruction and hip disease

Specialty
Adult reconstruction

Titles
L. Thomas Hood, M.D., Professor of Orthopaedic Surgery and Rehabilitation, chair of the Department of Orthopaedic Surgery

Institution
University of Nebraska Medical Center

Hobbies
Exercise, golf and travel

Family
Wife, Janette; three grown children, Robbie, Elisabeth and Charlotte; and three grandchildren

Why He Joined MOMS
“I joined to be part of the community of physicians because together we have a stronger voice.”

FROM PAGE 13

Dr. Garvin continues to enjoy serving on the Omaha Sports Commission and equates the OSC work to serving his community, he said. Dr. Garvin has heard from the athletes who compete in the events sponsored by the commission that they appreciate how well they are treated while in Omaha. “Hosting these events brings out the civic pride in me and so many others. It’s not uncommon to hear gratitude from those who experience Omaha’s support of its visiting athletes.”

That reputation for hosting quality events and treating visiting athletes well may be what’s behind Omaha’s success in locking in top-drawer events, often after facing stiff competition from other communities. Here’s a list of events coordinated by the Omaha Sports Commission—this list doesn’t include NCAA events, including Big Ten and Big East tournaments, just in recent years:

- USA BMX Mid-America Nationals (Oct. 2020)
- USA Wrestling U23 Nationals (Nov. 2020)
- NAIA National Basketball tournament
- Valley ONE Marathon (April & Paralympic Marathon selection event for Tokyo)
- The OSCAS-Omaha Sports Commission Awards (May)
- Olympic Swim Trials (June)
- Capitol District Pole Vault (July)
- Olympic Curling Trials (November)

“Omaha was the only community to host trials for the Summer Olympics—and the Winter Olympics. That’s no small distinction.”

Volunteering at events such as the U.S. Swim Trials, the U.S. Senior Golf Open and the College World Series can be exciting. Dr. Garvin encouraged his peers to sign up to assist at these events. It could be to assist in a medical capacity, he said, or it could be helping out in the many other ways volunteers assist at these events.

Dr. Garvin said Omaha is known as a sports events kind of community—and these events always draw a crowd. The volunteers who work behind the scenes at these contests make it that way, he said.

Volunteering is simple, he said. Simply contact the coordinating organization—in the case of the swim trials it is the sports commission, and in the case of the College World Series, it’s CWS, Inc.—to offer your services, in whatever capacity is of interest to you and what is needed.

Those who provide volunteer medical assistance often are tied to the sponsoring or hosting organizations, Dr. Garvin said. Creighton or CHI Health may, for example, provide the volunteer medical assistance at events at the arena, while University of Nebraska-affiliated physicians may be called to assist at Big Ten events.

“That might be the best way to assist—when you’re affiliated with an institution with a tie to the event,” Dr. Garvin said.

Dr. Garvin said he quickly learned to give the athletes competing at events, such as the swim trials, protected privacy and space. The distance, he said, is not because the athletes are unapproachable, rather “they may be in the heat of the moment and their routine requires respect.”

He noted that elite athletes likely have their own training staff, but additional medical care sometimes is requested or needed. Local health care professionals are ready to assist.

Despite the self-imposed social distancing he gives, Dr. Garvin said, he still encountered elite swimmers—think Michael Phelps, Ryan Lochte, Amanda Beard and Natalie Coughlin—and watched them warm up and compete from a close-up vantage point.

And then there’s Dara Torres, who qualified for the 2008 Summer Olympics by placing first in the 50- and 100-meter freestyle in Omaha. Torres provided Dr. Garvin with a memorable sports moment. *For those who need a reminder, Torres is a 12-time Olympic medalist*

and former world record-holder in three events. She was the first swimmer to represent the United States in five Olympic Games (1984, 1988, 1992, 2000 and 2008) and, at age 41, the oldest swimmer to earn a place on the U.S. Olympic team.

Dr. Garvin said her backstory is even more incredible. Torres set her first world record at age 14. Twenty-seven years later, she earned a place on the U.S. Olympic team. No one does that, Dr. Garvin said, at age 41. “Think of the sacrifice she made throughout this time to compete at such an incredibly high level.”

Following the 2008 Olympics, Torres underwent surgery on her shoulder. During her rehabilitation, she focused her training on core and lower body strength. As a result, the mild arthritis she had in her knees worsened dramatically. Torres later underwent a procedure, called autologous chondrocyte implantation in the fall of 2009.

Dr. Garvin said he had known her surgeon, Dr. Tom Minas, who is also her husband, was with him at a conference in Boston. Dr. Garvin invited Dr. Minas to come to Omaha to speak for the resident graduation. One of the featured speakers is sponsored by Harold and Marian Anderson, and Dr. Garvin asked if Torres would be available to be the Anderson Lecturer.

She did, and both—but especially Torres—were well-received during their presentations. “She obviously drew the larger crowd.”

On a side note, Dr. Garvin said he has previously volunteered at The British Open at the Old Course at St. Andrews, which is considered the oldest golf course in the world and commonly known as “The Home of Golf.” He served as a marshal. “It was a great opportunity to watch the British Open—and some great golf.” 

“Hosting these events brings out the civic pride in me and so many others. It’s not uncommon to hear gratitude from those who experience Omaha’s support of its visiting athletes.”

— KEVIN GARVIN, M.D.



(left to right): Josh Todd OSC executive director/president, Kevin Garvin, M.D., OSC board member and Lindsay Toussant, OSC director of events.

MAKING AN IMPACT

ON THE DOUGLAS COUNTY HEALTH BOARD





Andrea Jones, M.D., was selected for the board just as COVID-19 vaccinations were being made available to the public. The timing, she said, couldn't have been more appropriate.

Dr. Jones, welcome to the Douglas County Board of Health.

Dr. Jones, who specializes in family medicine, followed in the footsteps David Filipi, M.D., who served on the county health board for fifteen years. During his tenure, the board tackled such issues as sexually transmitted diseases, smoking and, of course, COVID-19.

Dr. Filipi, thank you for your service on the board.

"Dr. Filipi has represented the medical community and the Metro Omaha Medical Society well," said Carol Wang, MOMS executive director. "The leadership he showed and expertise he shared will continue to impact the health of all Douglas County for years to come. Thank you, Dr. Filipi, for stepping up and being willing to serve."

Wang said she is grateful to Dr. Jones, who agreed to follow Dr. Filipi's leadership on the board. "We know Dr. Jones will have a similar impact as Dr. Filipi during her time on the board."

The Douglas County Board of Health, by state statute, includes a Douglas County commissioner, a dentist, a physician and six other members with an interest in the health of the community. Members of the health board must be approved by the Douglas County Board of Commissioners.

Dr. Filipi, who is semi-retired, said cutting back on his work responsibilities meant it was time to step down from the health board. "To be effective, you need to be close to the physicians who are practicing in our community. (Dr. Filipi retired as medical director for Blue Cross and Blue Shield of Nebraska in 2017.)

Dr. Filipi said ensuring that decisions made by the board were based on science, not emotion, was his priority during his tenure. "I worked to make sure our decisions were not based on popular view, but had a firm base in science." He said he also touted the role physicians serve in the community. "Sometimes, it might be easy to skip the physicians in our community and only pay attention to the health systems."

CONT. PAGE 18



The Filipi File

Hometown
Omaha

Undergraduate Degree
University of Nebraska-Lincoln in philosophy

Master's Degree
University of Nebraska Omaha, MBA

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in family medicine

Specialty
Family medicine

Title
Director, Physician Assistant Program

Institution
College of Saint Mary

Hobbies
Traveling, reading and playing with his two grandchildren

Family
Wife, Jody, two grown children, James Filipi and Krys Marsh

Why He Joined MOMS
"It was to reinforce my network with fellow physicians and to maintain professional contact."



"Make sure the policies enacted are science-driven. Defend your position from a scientific perspective."

"Never forget the physician's perspective in deference of the health institutions and systems."

— DAVID FILIPI, M.D.

FROM PAGE 17

His priorities encompassed the advice he offered Dr. Jones as she finds her voice on the board:

- "Make sure the policies enacted are science-driven. Defend your position from a scientific perspective."
- "Never forget the physician's perspective in deference of the health institutions and systems."

Dr. Filipi said he was privileged to serve on the county health board. He enjoyed working with city, county and health leaders who came together to promote the health of Omaha and Douglas County.

Still, his time on the board, he said, wasn't without controversy. About 10 years ago, he recalled, the local school board was asked to allow students to be surveyed about their sexual practices and drug use. "They were afraid to point out there was a problem in the school. We needed that information

to develop programs to counter these problems." MOMS advocated for the survey to the county board, Dr. Filipi said. "Physicians can advocate for issues important to community health. They can provide some cover on these issues."

Wang approached Dr. Jones to gauge her interest in serving on the board. Dr. Jones' first response: "Thank you for thinking of me. This is a wonderful opportunity." Dr. Jones reflected on the gravity of serving on the Board of Health of Nebraska's largest county, in the middle of a pandemic. Then, she did her homework.

She researched the responsibilities of the board and the time commitment involved. She inquired if she could speak freely and advocate for residents of Douglas County without a conflict of interest as UNMC faculty. She checked with the chairman of her department about the time commitment.

She considered balancing her responsibilities: primary care practice in North Omaha, medical director at Girls Inc, inpatient and out-



The Jones File

Hometown

Austin, Texas, then Omaha, Nebraska

Undergraduate Degree

University of Nebraska-Lincoln in biology

Medical Degree

University of Nebraska Medical Center

Residency

UNMC family medicine

Specialty

Family medicine

Title

Assistant Professor

Location

UNMC Department of Family Medicine

Hobbies

Yoga, traveling and music

Family

Two daughters, Zora and Mavis

Why She Joined MOMS

"I love interacting with a variety of physicians across Omaha, from different institutions, specialties, and practices. I enjoy MOMS' Women in Medicine activities."

patient supervision of medical students and residents, and faculty advisor for underrepresented minority students from high school to medical residency. Finally, she asked herself whether she could add this responsibility without compromising her other involvement.

"I felt my background in medicine and my interest in health equity would be extremely valuable during the pandemic. I realized the timing couldn't be more perfect."

"At the end of the day I reminded myself: 'I am doing the right thing for people.'"

She quickly realized her ability to advocate when COVID vaccines became available to Douglas County residents, but access in North Omaha was limited and barriers existed. She took action and organized weekend vaccination clinics at Girls Inc. Nearly 900 people were vaccinated the first day, and subsequent clinics have been equally successful.

"I look forward to collaborating with the board to achieve health equity, in fulfillment of the board's recent declaration of racism as a public health crisis."

— ANDREA JONES, M.D.

COVID-19, she suspects, will continue to be a pressing issue for the health board for some time. In addition, the board will advocate for relevant policies that improve health in communities of color, for example, lead screening and contamination cleanup. Finally, the board is prioritizing the crucial search for the successor to our Douglas County Health Director, Adi Pour, Ph.D., who plans to retire this summer.

Dr. Jones said Dr. Filipi served Douglas County well and provided a pathway for her to follow. "He's been a lifelong advocate for health care. I want to make sure I

can serve our community as effectively as he did. I look forward to collaborating with the board to achieve health equity, in fulfillment of the board's recent declaration of racism as a public health crisis." 

ON THE ROAD:

Dr. Himebaugh Enjoys His Time at Outreach Clinics



Jesse T. Himebaugh, MD

If it's early morning Wednesday, Jesse Himebaugh, M.D., is traveling Interstate 80 to Atlantic, Iowa. While there, he'll spend one-half of his day performing cataract and other surgeries related to his subspecialty of external eye and corneal disease. He'll spend the remainder of the day seeing patients in one of several Atlantic clinics. Home by 6:30 p.m. after a 12-hour day.

Seven days later, Dr. Himebaugh, an ophthalmologist with Midwest Eye Care in Omaha, will do it all over again. And at some point during the month, he will include a day in Kearney, Nebraska, where he'll treat patients with more serious eye conditions.

And, Dr. Himebaugh said, he enjoys every aspect of his outreach clinics—and has grown to appreciate what they mean to people in rural areas who might otherwise go without specialty and subspecialty care. During his time away from his

Omaha patients, he said, he's seen and heard of physicians in other specialties—and he's glad to be among this group of traveling band.

"Rural communities don't have the population to support specialists and subspecialists full-time," he said, "but there certainly is a need—which is why we go."

"It may not be the most efficient use of my time or the most profitable, but I recognize the need."

Dr. Himebaugh said he inherited the outreach clinics from partners at Midwest Eye when he joined the practice. He said he realized this was a way for him to build his practice while providing a needed service. Yes, it makes for longer days, which includes travel time, but, over time, he's come to appreciate it.

The travel time, he said, allows him to listen to podcasts or audiobooks as he travels the interstate. Without the outreach clinic duties, he said, he'd never have or make time to listen. And for the record, he's currently listening to "The Count of Monte Cristo" by French author Alexandre Dumas. "It's a really fun read."

Dr. Himebaugh said, over time, he's gotten to know some of the patients he sees while in Kearney. These are people, he said, who have more serious eye issues and would have to travel to Lincoln or Denver to receive care. "I've developed several friendships with his patients who have challenges. I look forward to seeing them in-person. These are people I'm on a first-name basis with."

He said he always comes away with a good feeling—and some good produce—following his days in Kearney. He explains:



“Rural communities don’t have the population to support specialists and subspecialists full-time, but there certainly is a need—which is why we go.”

— JESSE HIMEBAUGH, M.D.



The Himebaugh File

Hometown
Sandy, Utah

Undergraduate Degree
Brigham Young University in Provo, Utah

Medical Degree
University of Texas Southwestern Medical School

Residency
West Virginia University School of Medicine in ophthalmology

Fellowship
Washington University in St. Louis in cornea, external disease and refractive surgery

Specialty
Cornea and external disease

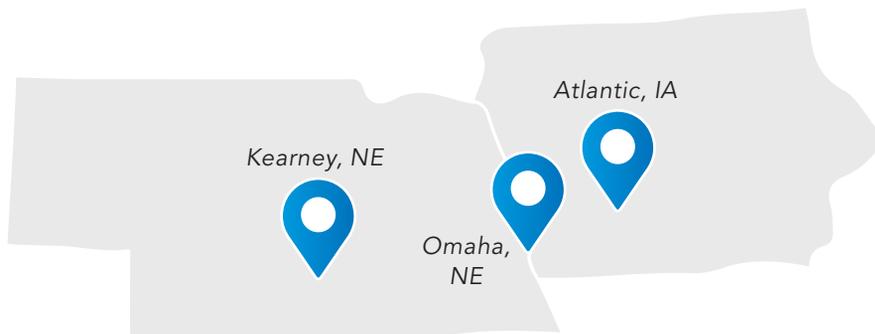
Institution
Midwest Eye Care

Hobbies
Running, spending time with his children and traveling

Family
Wife, Amber; children, Arthur and Violet

Why He Joined MOMS
“I joined just to better connect and collaborate with my colleagues in Omaha.”

OUTREACH CLINICS



Grateful patients often send produce home with him—definitely sweet corn, but sometimes tomatoes or possibly a watermelon. Those end up in the backseat of the Honda Accord he drives on his outreach adventures. “It’s a nice touch—and I appreciate the gesture.”

Dr. Himebaugh said his outreach clinics continued during the pandemic, but slowed for several months at the outset of the pandemic as many of the conditions were not considered emergent. However, outreach picked up again quickly, he said, as patient care for these conditions could not be delayed for long.

When he first started the outreach clinics, Dr. Himebaugh said, he benefited from the quality care his predecessors provided there. Still, he said, he may have been on probation while the local primary care physicians got to know him—and trust him. His busy schedule, he said, serves as feedback that he is doing a good job. “We have a good relationship with the local physicians. I trust them to know when they need help and they trust me to care for their patients.”

Dr. Himebaugh said he has no plans to stop his outreach efforts. “It’s been fulfilling. I see a lot of sick eyes out there. I feel like I make a difference.”

'THE PHYSICIAN CAMPAIGN'

FOR DR. SUSAN LA FLESCHÉ PICOTTE

Susan La Flesche Picotte, M.D., deserves her rightful place among Nebraska's notables. And Britt Thedinger, M.D., is calling on physicians throughout Nebraska to support the effort to preserve her legacy—and the hospital she built.

After all, Dr. Picotte—the first Native American to earn a medical degree in the United States—campaigns for public health and for the formal, legal allotment of land to members of the Omaha tribe. She was a Nebraska physician, who in the 1890s and early 1900s, treated more than 1,300 patients in a 450-square-mile area in northeast Nebraska. She made house calls that extended beyond the borders of the Omaha Indian Reservation, often by horseback or horse-drawn wagon. She cared for patients sick with tuberculosis, influenza, cholera, dysentery and trachoma.

Dr. Susan La Flesche Picotte



"She is one of us. We need to honor her," said Britt Thedinger, M.D., who is part of the Picotte Center Board, which is championing Dr. Picotte's work and calling attention to her story. Dr. Thedinger is encouraging members of medical societies throughout the state to support the effort.

The Picotte Center Board is working to restore the hospital where Dr. Picotte practiced in Walthill, Nebraska. "She is a hero many of us don't know about," Dr. Thedinger said. "She is a fellow physician who should be recognized for her sacrifice and service."

Her impact on Nebraska is as great as other Nebraska notables, such as Fr. Flanagan, Standing Bear, William Jennings Bryan and Buffalo Bill Cody, Dr. Thedinger said.

The first step to recognize her accomplishments is to fully restore the hospital in Walthill where Dr. Picotte treated patients in the final years of her life. The hospital, which was declared a National Historic Building in 1993, had previously fallen into disrepair. It operated as a hospital for three decades after Dr. Picotte's death in 1915, then as a private residence and a nursing home. Local residents, including several of Dr. Picotte's descendants, purchased the building in the early 1990s during a tax sale, hoping to restore it. A nonprofit foundation, which includes representatives of the Omaha Tribe, now owns it.

The effort to restore the three-story, 33-room building to honor Dr. Picotte's legacy began several years ago. Dr. Thedinger said he joined the Picotte Center Board after reading Joe Starita's book, "A Warrior of the People: How Susan La Flesche Overcame Racial and Gender Inequality to Become America's First Indian Doctor."

Starita's book tells the story of Dr. Picotte—the daughter of Joe La Flesche, the last traditional chief of the Omaha Tribe—earned her medical degree before women could vote and Native Americans were recognized as citizens. She could have practiced elsewhere and earned high salaries but chose to serve her people instead.

"[The book] was a great chronicle of this amazing woman's life," Dr. Thedinger said. "My thought is the medical community needs to rally around this groundbreaking physician so her story continues to be told."

Back to the effort to restore the hospital in Walthill. In 1913, Dr. Picotte fulfilled a lifelong dream to build a hospital so people

in the area wouldn't have to travel to Omaha or Sioux City, Iowa, for care. The hospital included a general ward with 12 beds, five private wards, a maternity ward and an operating room. It was the first hospital built on an Indian reservation without federal funding.

The restored building will feature four areas:

- A clinic, which will provide treatment for those suffering from medical, behavioral health and substance misuse.
- An arts and culture center.
- Youth programming.
- An exhibit dedicated to Dr. Picotte, which will tell her story and chronicle the impact she had on Native Americans and non-natives in that era.

CONT. PAGE 24



The Thedinger File

Hometown

Kansas City, Kansas

Undergraduate Degree

Vanderbilt University
in molecular biology

Medical Degree

University of Kansas

Residency

Harvard University in
otolaryngology

Fellowship

The Otology Group/The
Ear Foundation in Nashville
in otology/neurotology

Specialty

Ear physician and surgeon

Institution

Ear Specialists of
Omaha & Bellevue

Hobbies

Working on the Susan La
Flesche Picotte hospital
restoration project

Family

Wife, Kelly; three children,
and three grandchildren

Why He Joined MOMS

"Because it's the
right thing to do."



FROM PAGE 23

Under the direction of BVH Architecture, the Picotte board and the hospital restoration committee, the project features three phases:

PHASE 1: Installing a new roof, which was completed in 2019 thanks to a \$50,000 grant from the Shakopee Foundation.

PHASE 2: Restoration of the exterior, foundation and windows was complete early this year thanks to a \$600,000 USDA grant and private donations.

PHASE 3, with a nearly \$2.5 million price tag, focuses on restoring the interior of the building and readying it for use. To date, \$500,000 has been raised in Phase 3.

A CALL FOR ACTION

Dr. Thedinger called on physicians throughout Nebraska to join him in support of the restoration project. The restored hospital will impact the extended community, he said, while drawing attention to a great Nebraskan. Ironically, he said, he considers Dr. Picotte a heroic figure—who wasn't even recognized by her country as a citizen.

“She is a source of pride for physicians and a source of pride for the Omaha Tribe. This is a cause that unifies physicians throughout the Nebraska. This project also recognizes the tribe’s history and what it’s people went through.”

— BRITT THEDINGER, M.D.

He called on physicians—members of MOMS, the Lancaster County Medical Society and the Nebraska Medical Association—to donate a minimum of \$132 to the effort—a commemorate the 132 years since Dr. Picotte graduated from medical school.

“She is a source of pride for physicians and a source of pride for the Omaha Tribe. This is a cause that unifies physicians throughout the Nebraska. This project also recognizes the tribe’s history and what it’s people went through.”

To donate, go to nebmed.org/drsusan.

AN INJUSTICE

Dr. Thedinger said he doesn't understand why Dr. Picotte hasn't been inducted into the Nebraska State Hall of Fame. She deserves to have a bust of her in the Nebraska capitol building. Father Flanagan was inducted, as was Buffalo Bill Cody, Standing Bear and William Jennings Bryan. Other lesser known Nebraskans such as Alvin Saunders Johnson and Thomas R. Kimball are included. Then there's Dr. Picotte's sister, Susette La Flesche Tibbles, the author, writer, lecturer, interpreter, and artist who is better known as “Bright Eyes.”

“Dr. Picotte belongs next to her sister,” Dr. Thedinger said. “Her impact on the state is no less great.” 

MEMBER NEWS

DR. BLATCHFORD NAMED CHIEF MEDICAL OFFICER



Garnet Blatchford, M.D., is the new vice president of medical affairs and chief medical officer of Methodist Hospital and Methodist Women's Hospital.

Dr. Blatchford received her medical degree from UNMC and completed a fellowship in colon and rectal surgery. She is board-certified and has been a member of the Methodist Hospital medical staff since 1988 and held a variety of leadership roles, including Champion of the

member of the Methodist Hospital medical staff since 1988 and held a variety of leadership roles, including Champion of the

American College of Surgeons National Surgical Quality Improvement Project and the current chairman of the Department of Surgery.

She has dedicated her career to teaching and mentoring others, while growing the colon and rectal surgery resident and fellow program. She is passionate about patient-centered care and the community, serving as a volunteer for Hope Medical Outreach and the 4H Council.

President and CEO of Methodist, Josie Abboud, said, "With her experience, dedication, and leadership, Dr. Blatchford will do an excellent job in this role." 

DR. BRUCE NAMED VICE PRESIDENT OF HEALTHCARE & DIRECTOR



Jason Bruce, M.D., is the new executive vice president of healthcare and director of Boys Town National Research Hospital and Clinics.

"Dr. Bruce is a trusted and compassionate physician with a long-standing commitment to service in our community," said Rod Kempkes, CEO at Boys Town. "His

leadership and heart will help guide our efforts in shaping the way America cares for children, families and patients."

As interim executive vice president of healthcare, Dr. Bruce was instrumental in helping the organization navigate a global pandemic while also ensuring hospital operations continued to thrive through many changes.

Dr. Bruce joined Boys Town in 2006 as a pediatrician. Throughout the past 15 years, he has held various leadership roles within Boys Town National Research Hospital, including medical director of Same Day Pediatrics, pediatric practice leader for Boys Town Pediatrics, associate medical director for primary care and, most recently, serving as chief medical officer and interim executive vice president and director of Boys Town National Research Hospital.

Dr. Bruce earned his Doctor of Medicine from Creighton University in 2003. He is a current participant in the Certified Physician Executive (CPE) Program with the American Association for Physician Leadership.

He continues to be involved in the Omaha community as an active member of Metro Omaha Medical Society and volunteer for his church and his children's school and youth athletic teams. In addition, he volunteered at several professional organizations, including volunteer physician for the Institute for Latin American Concern (ILAC), volunteer parenting class teacher for Essential Pregnancy Services, and committee member for Building Bright Futures – Omaha. 

IN MEMORIAM

**JOSEPH C.
SCOTT JR., M.D.**

Oct. 14, 1931 – March 6, 2021

LEE F. MCNAMARA, M.D.

June 11, 1932 – May 12, 2021

NEW MEMBERS

Allison Ashford, M.D.

Pediatric Internal Medicine
UNMC/Nebraska Medical Center

Erica Lee, M.D.**

Dermatology
UNMC/Nebraska Medical Center

Jason Ourada, M.D.

Psychiatry
UNMC/Nebraska Medical Center

James Schwarz, M.D.

Internal Medicine
Oncology Associates, P.C.

Ritu Swali, M.D.*

Dermatology
UNMC/Nebraska Medical Center

Matthew Tao, M.D.

Orthopedics - Sports Medicine
UNMC/Nebraska Medical Center

*Resident | **Fellow



JOSHUA MATTHEW VARGHISE MAMMEN, M.D., PH.D.

Medical School

Boston University

Residency Program

University of Cincinnati

Residency Specialty

Surgery

Fellowship Location

The University of Texas MD
Anderson Cancer Center

Fellowship Specialty

Complex General
Surgical Oncology

Office/Clinic

University of Nebraska Medical
Center/Nebraska Medicine

About Dr. Mammen

I grew up in southern Louisiana and am partial to Cajun cuisine. Julie and I have five children: one son and four daughters.

We enjoy spending time as a family, particularly traveling to new places.

MOMS EVENT RECAP



DOCBUILD 2021

After cancelling the 2020 event due to the pandemic, the annual DocBuild event returned this year on May 7 & 8 sponsored by COPIC & the COPIC Foundation. Volunteers helped build healthy homes for Habitat for Humanity families.

1. The Saturday morning volunteers (left to right): (back) Dr. Kari Krenzer, Dermatology Specialists staff member Alyssa Pierson, Dr. Orlyn Wingert, medical students David Fu, Alex Tu, Seif Nasir and Paul Witt. (front) Dr. Marin Broucek, Dr. Melissa St. Germain and Dermatology Specialists staff member Jaime Pithan.
2. Dr. Maureen Fleming and husband Ed Fleming.



GROUNDBREAKING INSTITUTE TO FOCUS ON CHILD AND TEEN BRAIN RESEARCH

Boys Town National Research Hospital has opened the Institute for Human Neuroscience, a 15,000-square-foot, state-of-the-art research facility. The institute will revolutionize child and teen brain research and is one of the most cutting-edge research facilities in the nation. It includes a high-performance research-grade Siemens Prisma MRI and two next-generation MEG (magnetoencephalography) systems.

Tony Wilson, Ph.D., tapped to lead the new Institute, has also been named the Patrick E. Brookhouser Endowed Chair in Cognitive Neuroscience.

“One of the main reasons we came to Boys Town was the opportunity to build an incredible institute in an amazing environment. As the only site in the world with two next-generation MEG Neo systems, we’ll have twice the capacity for major discoveries in pediatric neuroscience and neurotherapeutics and be able to impact the lives of children and families directly,” Dr. Wilson said.

Dr. Wilson brings almost 50 research scientists and staff who will work to understand how the brain changes as children move into adulthood. The group will also study the impact of traumatic experiences on brain development and the changes associated with psychiatric conditions such as anxiety disorders, depression or schizophrenia.

The Institute of Human Neuroscience aligns directly with Boys Town’s mission and growth of its Pediatric Neuroscience program. The emphasis on pediatric brain health contributes directly to improved outcomes in children receiving neurological care at Boys Town.

The Institute has six labs and will grow to nine or 10 with up to 120 researchers, all under one roof. Each lab will focus on different sub-areas of human neuroscience using MRI, MEG, and other state-of-the-art methods, all while functioning independently. **📍**



GRANT BRINGS BEHAVIORAL TELEHEALTH TO RURAL NEBRASKA

When it comes to behavioral health care, availability when a patient in crisis seeks help is vital.

CHI Health will soon bring 24/7 behavioral telehealth consultations to some rural clinics and emergency rooms, an on-demand service made possible by a \$1.2 million federal grant.

“This couldn’t come at a better time as we’re seeing an increase in demand for behavioral health services,” said Cliff Robertson, M.D., CHI Health’s chief executive officer. “It’s particularly challenging in rural areas which struggle with shortages of behavioral health providers.”

In clinics, the grant will make it possible for care providers to connect for immediate access to a behavioral health provider. It is no-appointment-needed availability that meets patients, virtually, in the moment.

In emergency rooms, local providers can use the behavioral telehealth consult to determine if a patient in crisis should be transferred to a facility that offers a higher level of care. In the past, that decision required a physical transfer.

“Having a real-time behavioral telehealth consult can help ER physicians and primary care providers dealing with a crisis make decisions and possibly avoid an unnecessary transfer,” Dr. Robertson said.

The funding, which runs for four years, will cover the expanded staffing needed to bring behavioral telehealth services to 12 clinics and five hospitals in rural Nebraska, all within the CHI Health system. The hope is that other systems will be interested in bringing the service to their communities.

Telehealth isn’t just a rural solution. Currently 50 percent of CHI Health’s behavioral outpatient services are delivered via telehealth. “The pandemic saw rapid expansion of telehealth services, in part thanks to the removal of some legislative and regulatory barriers,” Dr. Robertson said. “Going forward, telehealth will make it possible to continue extending our resources into rural areas.” **📍**



METHODIST

VASCULAR PROGRAM EARNS VASCULAR TESTING REACCREDITATION

Cardiovascular diseases are the No. 1 cause of death in the United States. On average, one American dies every 36 seconds of cardiovascular disease—disorders of the heart and blood vessels. Stroke, a disorder of the blood supply to the brain, is the fifth leading cause of death and a leading cause of disability in the country, with over 795,000 new strokes occurring annually.

Early detection of life-threatening heart disorders, stroke and other diseases is possible through the use of vascular testing procedures performed within hospitals, outpatient centers and physicians’ offices.

Methodist Health System’s vascular and vein program has been granted a three-year term of accreditation by the Intersocietal Accreditation Commission (IAC) in vascular testing in the areas of extracranial cerebrovascular testing, peripheral arterial testing and peripheral venous testing.

This latest accreditation awarded to Methodist demonstrates our ongoing commitment to providing quality patient care in vascular testing.

Vascular testing through the accredited program is available to patients at four locations: West Dodge Medical Plaza, Methodist Physicians Clinic at Westroads Office Park, Methodist Hospital and Methodist Women’s Hospital.

“I’m very proud of the vascular program and the team that has been developed at Methodist,” said Methodist vascular surgeon John Park, M.D. “Early detection of potential health conditions related to the heart and blood vessels is critical for our patients. Having the equipment, technology and expertise to perform such vascular testing can literally be the difference between life and death for our patients. This accreditation solidifies the high level of care we offer in the region.”

There are many factors that contribute to an accurate diagnosis based on vascular testing. The training and experience of the technologist performing the procedure, the type of equipment used and the quality assessment metrics each facility is required to measure all contribute to a positive patient outcome. **📍**



DISASTER RESPONSE CENTER PARTNERSHIP CALLED 'TRANSFORMATIONAL'

Omaha Mayor Jean Stothert and UNMC Chancellor Jeffrey P. Gold, M.D., have signed a memorandum of understanding to provide financial support for Project NExT, described as "transformational" for Omaha.

The memorandum identifies \$93 million in city funds to support Project NExT and the UNMC expansion west of Saddle Creek Road over the next decade.

Project NExT is the proposed multibillion-dollar federal disaster response center and state-of-the-art medical research and training facility planned for the UNMC and Nebraska Medicine campus. Project NExT will be funded through a public-private partnership between local, state and federal governments, and private and philanthropic support.

Estimates show Project NExT will create more than 8,700 permanent jobs and 41,000 construction jobs. The economic impact to the city is projected to be approximately \$1.9 billion annually during construction and \$1.3 billion annually after the opening.

"This investment and partnership will provide enormous opportunities for Omaha and advance UNMC and Nebraska Medicine's role as a global leader in research, training, treatment and prevention of disease," Stothert said. "The medical center is already uniquely qualified to respond to public health crises and other types of national threats - we have seen that firsthand with the treatment of Ebola patients and now COVID-19. Project NExT places Omaha in a competitive position to attract and retain the best and brightest talent."

Said Dr. Gold: "We are thankful to Mayor Stothert and the City of Omaha for its commitment to Project NExT and the development of the surrounding area. Project NExT will provide a world-class home for an academic medical center, health security for our nation, as well as provide an economic injection that drives development and prosperity in Omaha for decades."

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



**University of Nebraska
Medical Center**

DR. SIMONSEN LEADS COVID-19 VACCINE TRIALS FOCUSING ON PREGNANT WOMEN, CHILDREN

Physician-scientists in Omaha are launching two national clinical research studies to ensure a safe, effective COVID-19 vaccine for pregnant women and children.

Kari Simonsen, M.D., chair of the UNMC Department of Pediatrics and pediatrician-in-chief at Children's, will serve as the site primary investigator for the studies sponsored by Pfizer.

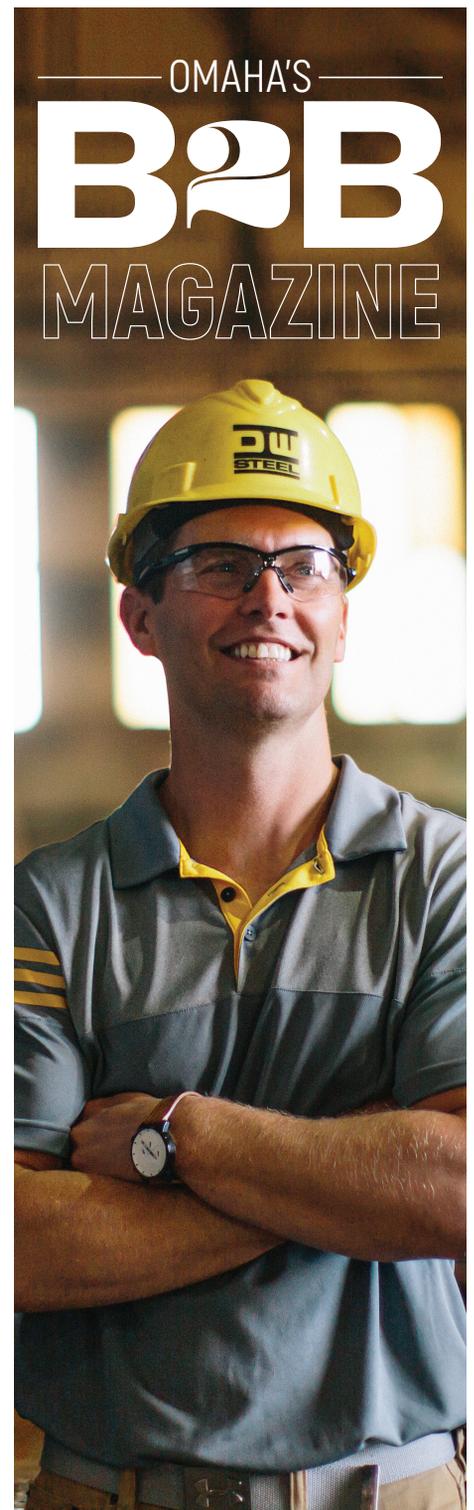
The Child Health Research Institute (CHRI), a pediatric research partnership between University of Nebraska Medical Center and Children's Hospital & Medical Center, will be leading the trials.

"COVID-19 vaccine studies for pregnant women and children build on the adult studies. These important trials provide necessary safety and effectiveness information to expand implementation of COVID-19 vaccines to these groups. We are proud to contribute to these global efforts," Dr. Simonsen said.

The first trial will evaluate the safety, tolerability and effectiveness of the vaccine candidate in pregnant women and their newborns. Dr. Simonsen will serve as the site primary investigator and Teresa Berg., M.D., associate professor of obstetrics and gynecology at UNMC and director of maternal-fetal medicine, will be the lead co-investigator.

Study participants will be about 50 patients from the Olson Center for Women's Health who intend to deliver their baby at Nebraska Medicine. The vaccinated mothers and their babies will be followed until the baby is 6 months old. After a child's birth, maternal participants who received the placebo will be unblinded and able to receive the vaccine.

The second trial will evaluate vaccine safety and efficacy in about 50 healthy children ages 5 to 18. CHRI will partner closely with Children's Physicians primary care offices to recruit study participants starting in late spring or early summer. However, children not cared for at these locations may also be enrolled. Vaccine administration will take place at Children's Specialty Pediatric Center, led by Children's Pediatric Infectious Disease specialists. 



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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

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