Physicians Bulletin

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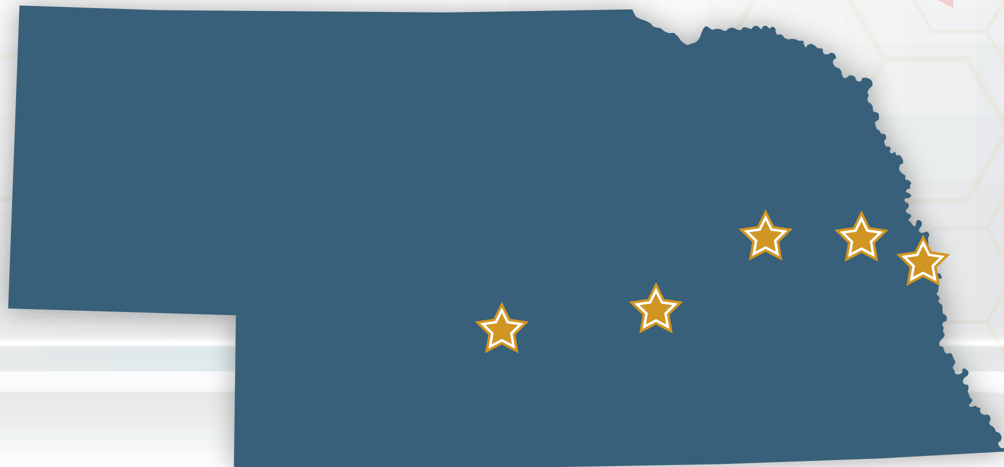

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AUG 25

BREWS & BINGO: MOMS MEMBER NETWORKING

WEDNESDAY, AUGUST 25
6:00 - 8:00 P.M. (BINGO STARTS AT 6:30 P.M.)
THUNDERHEAD BREWING TAPROOM
13304 W. CENTER ROAD #126, OMAHA

Let's get together for a relaxing night of networking, local brew and music bingo. Hors d'oeuvres and cash bar.

Registration is now open to members and guest.

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 for a long-awaited opportunity to network. Hors d'oeuvres and first drink on MOMS. Registration now open.

Physicians Bulletin

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WELCOME TO OMAHA: IT'S A GREAT PLACE TO LIVE

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

I know many of you are living in Metro Omaha for the first time this summer, and I would like to welcome you. You may be transferring for a job change, starting your first job, beginning your residency or just entering medical school. Welcome to you all. I think you will enjoy Omaha.

Maybe you are arriving from outstate Nebraska, the Midwest area, elsewhere in the United States or from another country. You are welcome in the Metro Omaha medical community, and you will find family at the Metro Omaha Medical Society.

As I welcome you, I encourage you to become a lifelong Omahan by choice.

Examples of "Omahans by choice" are everywhere. Consider the following life and career pathways of our members.

For example, there is Dr. Bruce, who came to Omaha for undergraduate school—and never left. Of course, for those of us who are Omahans, that isn't a surprise—until you learn that his home state was Hawaii. He arrived in Omaha—sight unseen—from Honolulu after graduation from high school and found it to be a good community to learn, live and work. He has never left. He is now the executive vice president of healthcare at Boys Town. Omaha is a great place to develop a meaningful career.

Dr. Blatchford started her career in her hometown of Omaha and has just become the chief medical officer and vice president of medical affairs at Methodist and Methodist Women's Hospital. Personally, I am proud to see a woman physician in that role, and I am glad Dr. Blatchford chose to have her career in Omaha.

Dr. Hanigan is a graduate of Creighton University, the University of Kansas College of Health Sciences and UNMC, and chooses to raise her family in Omaha. As a physician and a MOMS member, she is well-versed in the topic of physician wellness, and she shares that information for you in this magazine. Omaha physicians work together to solve problems.

Dr. Ronshaugen began her medical education in Nebraska, completed med-peds residency in Massachusetts and then a sports medicine fellowship in Colorado. Where does she work? Metro Omaha, of course. She started as a Nebraskan, and now is an Omahan by choice. The Omaha medical education system allows you to be competitive in securing residencies and fellowships.

Dr. Carnazzo's biographical information includes a hometown of Omaha, and education and training at both Creighton and UNMC. During regular work hours, she works at Children's. After hours, she serves as the team physician for athletes of all levels. Opportunities to be involved—inside and outside of medicine—exist in Omaha.

Dr. Porter's CV notes that she graduated from the University of Nebraska at Omaha, attended Creighton, did a fellowship in Michigan, was in a leadership position at the Nebraska Western Iowa Veteran's Administration and now is associate dean of graduate medical education at Creighton. Omaha has two medical schools and multiple health systems, ranging from large national systems to local systems. Omaha has opportunities for career growth and change without having to leave Omaha.

> **"Ours is a diverse, sharing and inclusive medical community with opportunities for career development across many systems."**
> — AUDREY PAULMAN, M.D.

Dr. Are attended medical school in India, completed a residency at Johns Hopkins, a fellowship at Sloan Kettering and, in his spare time, completed an MBA. He has chosen to develop his successful career in Omaha, serving clinically as the associate dean of graduate medical education at UNMC.

Currently, Dr. Are and Dr. Porter are welcoming incoming new residents to Omaha.

Some of these residents interviewed without a traditional on campus "preview month." They attended undergraduate or medical universities far away from the Omaha area. Their arrival in Omaha may be their first "in-person encounter" with the city and their medical career. In addition, new staff physicians and medical students are arriving in town, accepting their new roles in the medical community.

Omaha, for physicians, is a perfect place to call home.

Members of MOMS, I encourage you to reach out and identify some of the new Omahans. Welcome them and show some good Nebraska hospitality. Ours is a diverse, sharing and inclusive medical community with opportunities for career development across many systems. Opportunities for community involvement exist. I can think of no better place for a physician to spend a career.

Those of you who just moved to Omaha, I encourage you to reach out to the Metro Omaha Medical Society, where you will find an organization that can be supportive to your life and career.

Omaha is a great place to live.

Thanks for reading.

A NEW NORMAL

CAROL WANG
Executive Director
Metro Omaha Medical Society

"We're vaccinated, now what?" It is a common question that has been voiced out loud in groups and at home amongst family members. Followed by the thought streams, do we go back to life as normal, and what is normal going to be? There is so much unknown as we go forward, yet there is such great joy in the faces of people who are reunited and who have not seen each other for a year. It comes with having to dust off your social skills, conversation in both verbal and nonverbal forms. It is not unlike learning to ride a bike again or finding your sea legs again.

In the midst of this cautious re-emergence, this is a time for reflection of our shared experiences and to process our individual response to the pandemic. It can be so easy to just move forward as the pace of life quickens without a backward glance. But in speaking with our psychiatry members, they say we all need to acknowledge that there has been some level of trauma we have endured. Whether it's the distress of seeing patients die alone in the hospital, the fears of passing COVID-19 to loved ones, the stress of trying to homeschool children and work in less than ideal circumstances, or the isolation of not being with family and friends, each of our lives has been touched by the last year and a half.

That recognition of the need to take time to review, process and to recognize the mental health toll the pandemic has taken prompted us to devote the new season of our Health101 podcast to the topic. We talk to our physicians about tough topics like insomnia, social isolation and suicide. Hopefully, these conversations prompt you to have a discussion if you or someone you love show signs of needing help. Please know there are resources for anyone needing peer support, coaching or medical aid. Most of all: that you are not alone—while people have been shouldering the burdens individually, in many ways, we have shared a collective experience with universal themes.

And as we define for ourselves what the "new normal" or "next normal" is, be kind to yourself and know this is a period of adjustment so we may have different levels of comfort. I suspect Zoom meetings will be a permanent part of life for the convenience factor. At the same time, those in-person interactions will hold value for the ability to make eye contact and truly connect.

"Please know there are resources for anyone needing peer support, coaching or medical aid. Most of all: that you are not alone—while people have been shouldering the burdens individually, in many ways, we have shared a collective experience with universal themes."

— CAROL WANG

No one knows if 2020 will give way to another roaring '20s, but we at MOMS are celebrating the chance to reconnect with all of you. We're looking forward to seeing your smiling faces and catching up, not to mention engaging in discussions of policy, public health and philanthropy. And we're ready for laughter and levity and liveliness. We mark this next chapter with gratitude for all you have done and for all of our health. Now come and join us and let's walk into the unknown together.

BEHIND THE SCENES AT THE NMA

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

There was a time when it was common for organizations to have a one-dimensional focus and rely heavily on the membership to provide connections to diversify the organization. It is interesting to see how the pendulum has swung to the other side over the last few decades. Diversifying, collaborating, partnering, aligning and maximizing tends to be more of a focus as membership organizations strive to become more effective and provide more for their members. A thriving and successful membership organization engages with other similar goal-oriented organizations to leverage opportunities for its members.

Over the last three years, I have been asked to serve on various national, statewide and local boards, and committees, and attend high-profile meetings with other organizations to discuss health care needs or ideas. It is imperative for the NMA to be at the table and a part of these conversations. It is also important that we demonstrate our willingness to be supportive of efforts that ultimately impact our members and your patients. The World Health Organization says, "There is a significant amount of research to show that patient outcomes, quality of care, and cost of care delivery are all optimized when disciplines work together toward a shared goal that focuses on the patient." Interprofessional collaboration assists in identifying common goals and paving the way to achieve these goals. The NMA is working to master interprofessional collaboration by being both an initiator as well as a partner.

I am excited about the partnerships and collaborations that the NMA has developed and cannot wait to see all of the great opportunities that will continue to unfold. I believe that the NMA is developing a broad foundation to build upon, thereby providing more support to our members.

I also want to share some updates on matters important to our members:

DATABASE MIGRATION: The Nebraska Medical Association has been preparing to transition to a new contact database platform. While this seems somewhat simple on the surface, it indeed is a complex process to make certain that we retain important and necessary information from past and current members and contacts.

We excited to begin using the new platform because it will be much more user friendly for our staff. This platform will also allow our members the ability to set up their account, which provides options on membership renewals including annual automatic renewals or quarterly payments. As with all transitions to new software platforms, there is a learning curve for both the staff and the end user, which is you, our members. Watch for more information to come on this so that you can get your account set up and ready to go.

As a side note, the new platform is much more cost-effective and provides additional options for us to maximize our ability to engage with members.

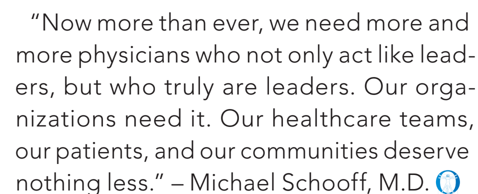
DEEP DIVE INTO NMA BYLAWS: At the March NMA Board of Directors (BOD) meeting the board members identified the need to review and update the bylaws of the organization to better align with the current functioning status of the organization. The BOD will meet in early August for a special board meeting at the request of the NMA President to discuss and vote on the drafted bylaws to bring forward for a vote from the membership, which will likely occur in early November at a special session. More details about this process will be made available and communicated to all members in the coming weeks.

PHYSICIAN LEADERSHIP ACADEMY RECEIVES FUNDING

The NMA Physician Leadership Academy was developed in 2017 and has been providing an incredible opportunity for physicians to grow as leaders. The program has been previously funded by a grant through the Physicians Foundation. Recently, the program was approved for additional funding that allows it to continue into its fifth year. The Nebraska Medical Foundation has granted funding for 10 physicians to participate in the program for 2021-2022. We are appreciative of the generous grant to continue to provide the wonderful resource for our members. To learn more about the program and review the details for the upcoming session and apply to participate, visit our website at www.nebmed.org/resources/physician-leadership-academy.

For those of you wondering how this program may benefit you, I have included a portion of a testimonial below from a physician currently in the academy:

"Since residency, I have attended many leadership classes and programs and read many articles and books that aimed to teach me and other physicians how to lead—how to look like a leader, talk like a leader, and run a meeting like a leader. But the Physician Leadership Academy sponsored by the Nebraska Medical Association is one of the very few opportunities I have had to help me become a leader. Through this adventure I learned so much about myself—my strengths, my tendencies, my worries, my fears, my misperceptions, and how I am seen by those I work with. Armed with that understanding and through the blessing of working with Pam and my fellow course participants over many months, I have been able to become more of the person those in my stewardship deserve as their leader. Like all true adventures, it has not been easy, but it has definitely been worth it."



"Now more than ever, we need more and more physicians who not only act like leaders, but who truly are leaders. Our organizations need it. Our healthcare teams, our patients, and our communities deserve nothing less." – Michael Schooff, M.D.

IT'S TIME TO TALK ABOUT YOUR GROUP COMPENSATION PLAN

JILL JENSEN, J.D.
Attorney
Cline Williams

JASON YUNGTUM, J.D
Attorney
Cline Williams

When was the last time your group practice reviewed how it pays its physicians? Specifically, when did your group last discuss how it divides profits from its ancillary services?

If your answer pre-dates December 2020, now is a good time to dust-off your group's physician compensation plan and consider how the new physician self-referral regulations may affect you and your colleagues.

The physician self-referral law, commonly referred to as "Stark," prohibits physicians from making referrals for "designated health services" or "DHS"[1] to an entity with which the physician (or a physician's "immediate family member") has a "financial relationship." A financial relationship can include compensation from employment or through ownership in an entity. The law prohibits DHS referrals by such physicians unless a statutory or regulatory exception applies. Without an exception, a DHS referral is prohibited, and the entity cannot be paid by Medicare for the referred service.

One major exception many physician group practices rely upon is the in-office ancillary services exception,[2] which permits physicians to make DHS referrals within their group practice. Examples of DHS include lab tests, X-rays, etc. To rely upon this exception, many requirements must be met, and the practice must be a "group practice" as defined by the regulations.

Effective Jan. 1, 2022, the revised Stark regulations will change how a group practice can legally divide the proceeds from its DHS referrals. What must your group do to comply with the revised regulations? What are the key "take-aways?"

First, dividing DHS revenues (e.g., gross revenues) within a group will no longer be permitted after Jan. 1, 2022. After that date, physicians in a group may be paid a share of the group's overall profits from DHS if those profits are not directly related to the volume or value of the physician's DHS referrals.

"Overall profits" in this context means profits (revenues minus expenses) from all the designated health services of any component of the group comprised of at least five physicians and may include all physicians in the group. If there are fewer than five physicians in the group, overall profits refers to the profits from all the DHS referrals of the group. Also, rather than dividing the profits from one type of DHS, a group must determine its DHS profits from all DHS performed by the group.

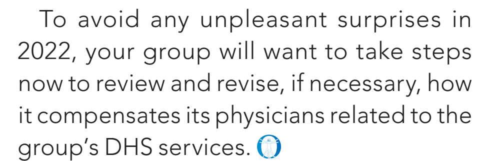
As before, groups will want to divide their overall DHS profits "in a reasonable and verifiable manner." A share of overall profits will be deemed to be in compliance and not directly related to the physician's referrals if divided on a per capita basis, or by distributing the DHS profits based upon revenues from other, non-DHS services.

The new requirements can also be met where DHS profits comprise a small part of the group's revenues and, when distributed, represent a small portion of the physician's total compensation. If the overall profits from DHS are less than 5% of the group's total revenues, and if each physician's portion of those revenues is 5% or less of the physician's total compensation from the group, that distribution arrangement would also be permitted.

To encourage group practices to participate in value-based enterprises, profits from DHS directly attributable to a physician's participation in a value-based enterprise, as defined at § 42 C.F.R. § 411.351, may be distributed to participating and referring physicians.

Physicians in a group practice can still be paid productivity bonuses based upon their personally performed services or services "incident to" such personally performed services. The revised regulations made no significant changes to Stark's treatment of productivity bonuses.

As always, group practices will want to prepare supporting documentation that verifies the method the group used to calculate the profit shares or productivity bonuses, including DHS profits distributed within a value-based enterprise. That documentation must be made available to the Secretary of DHHS upon request.



To avoid any unpleasant surprises in 2022, your group will want to take steps now to review and revise, if necessary, how it compensates its physicians related to the group's DHS services.

[1]Designated health services (DHS) means
(1)(i) Clinical laboratory services.
(ii) Physical therapy, occupational therapy, and outpatient speech-language pathology services.
(iii) Radiology and certain other imaging services.
(iv) Radiation therapy services and supplies.
(v) DME and supplies.
(vi) Parenteral and enteral nutrients, equipment, and supplies.
(vii) Prosthetics, orthotics, and prosthetic devices and supplies.
(viii) Home health services.
(ix) Outpatient prescription drugs.
(x) Inpatient and outpatient hospital services.

"Designated health services" or DHS means only DHS payable, in whole or in part, by Medicare, but excludes services paid by Medicare as part of a composite rate (SNF Part A payments, services in ASCs), unless the DHS services are themselves payable under a composite rate, (e.g., home health services, inpatient and outpatient hospital services). 42 C.F.R. § 411.351.
[2]42 C.F.R. § 411.355(b).

INFLATION AND YOUR INVESTMENTS

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There has been a lot of discussion in the news recently about inflation. There has even been some speculation whether the United States could face high levels of inflation like we saw in the 1970s. Seasoned market analysts disagree on whether an increasing rate of inflation will continue or whether it will be a short-term blip.

For three decades, inflation has been largely absent from developed markets.[1] For many investors these are uncharted waters, so they may have difficulty deciding how to react.

CAUSE AND EFFECT

If you've recently purchased a car, booked travel or priced out a home improvement project, you may have noticed that prices are up. As COVID restrictions ease around the country, Americans are starting to spend money again. Unfortunately, the increase in spending is happening at a time when there are also shortages, causing price spikes in certain areas of the economy.[2]

Economists are concerned because of recent key inflation measures:

- The 0.9% month-over-month increase in April's Core Consumer Price Index (CPI) is the highest reading since 2000, and almost double the previous monthly reading of 0.54%.[3]
- April's core CPI also represents the highest month-over-month increase since 1981 and ranks as the 26th largest month-over-month jump in core CPI since 1959, placing it in the 97th percentile over that period.[3]
- All months with a month-over-month increases higher than April 2021 occurred in the 1970s or 1980s.[3]

Higher prices erode purchasing power, not only for household goods but also for investments. When inflation rates are higher, investors realize a lower gain when they sell. For example, if an investor sold some of their portfolio at a 5% gain, if the inflation rate was 3% then he or she effectively only earned 2% on those investments.

The bond markets are especially impacted because of the inverse relationship between bond yields and prices. Inflation causes yields to rise, effectively eroding the capital of bonds. Rising yields mean prices will fall and future interest payments bondholders receive are also worth less.

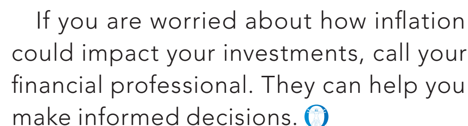
WHAT'S NEXT?

The Fed has forecast the Consumer Price Index to rise to 2.6% this year. Market expectations are for U.S. inflation to rise in the near term but come down in the longer term. What's less clear is whether the Fed's forecast accounts for supply shortages and upward price pressures on many areas of the U.S. economy, including freight, semiconductors, housing, raw materials and labor.[4]

WHAT CAN YOU DO IN THE FACE OF UNCERTAINTY?

Market conditions are always changing. It's impossible to predict how the markets will react to heightened inflation risk or any other pressure. The average investor is usually better off sticking to their long-term investment strategy, and this is no different.

If you are worried about how inflation could impact your investments, call your financial professional. They can help you make informed decisions.



"It's impossible to predict how the markets will react to heightened inflation risk or any other pressure. The average investor is usually better off sticking to their long-term investment strategy, and this is no different."

[1] What Works When Inflation Hits?, Man Institute, accessed May 28, 2021, https://www.man.com/maninstitute/when-inflation-hits
[2] Suffering from sticker shock? Here are 3 things you shouldn't buy now while prices are high, CNBC, Jessica Dickler, accessed May 28, 2021, https://www.cnbc.com/2021/05/27/inflation-proof-your-spending-by-avoiding-these-purchases.html
[3] Macro Minute, Special Inflation Edition, Federated Hermes, May 12, 2021
[4] How "Sticky" Will Higher Inflation Be?, Hartford Funds, accessed May 28, 2021, https://www.hartfordfunds.com/market-perspectives/nanette-abuhoff-jacobson/how-sticky-will-higher-inflation-be.html

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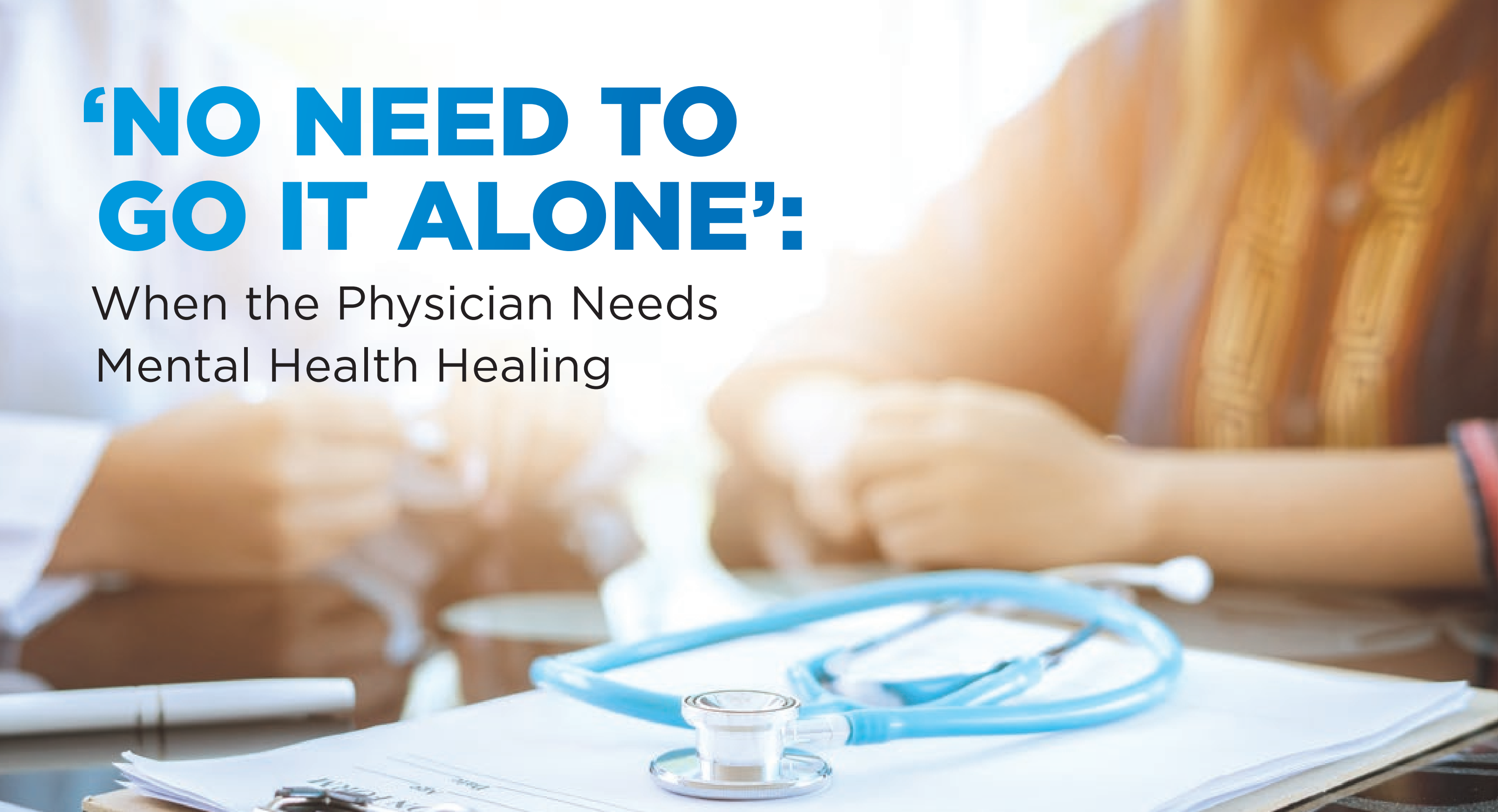


'NO NEED TO GO IT ALONE':

When the Physician Needs Mental Health Healing

MARY JO HANIGAN, M.D., Board-certified Psychiatrist

As physicians, we all pledged the Hippocratic Oath. We vowed understanding that medicine is an art as well as a science, and that "warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug." As it pertains to mental health, most of us value high social functioning and provide empathy for our patients in mental distress; but too often that compassion and understanding are difficult to transcend to ourselves or our colleagues. As physician healers, we set the expectation among ourselves that we are somewhat immune to adversity or weakness. We see emotional stress and psychiatric symptoms within ourselves as a failure or somehow shameful, possibly signaling the inability to provide expert care to our patients. We subvert our own mental health needs and ignore those of our colleagues. Mental illness in physicians remains underrecognized and undertreated.

There is no evidence that physicians should have any lower prevalence of mental illness than the general population, and some literature suggests that doctors are predisposed to a higher likelihood for psychiatric symptoms. The most common diagnoses for this group are mood disorders (such as depression and bipolar disorder) followed by anxiety disorders (such as generalized anxiety, obsessiveness and even PTSD related to workplace trauma). Substance misuse disorders, adjustment disorders, sleep impairments and personality disorders can also occur in response to stressors. Untreated, mental health issues frequently lead to more profound impairments. The National Institute for Occupational Safety and Health (2020) reported the three highest professions for suicidal behavior were doctors, dentists and police officers, all professions built on "aptitude, sacrifice and education."

We are all aware that physicians experience various levels of burnout throughout their career. While there are many precipitating causes of depression, such as genetic predisposition, physical health issues and lifestyle stressors, burnout is a prominent and specific precursor of depression among doctors. The National Physician Burnout and Suicide Report 2020 reported that 48% of female physicians and 37% of male physicians reported being burned out. The highest degree of burnout was noted among urologists, neurologists and nephrologists while the lowest burnout was identified among preventative medicine specialists, ophthalmologists and orthopedic specialists. The most common stressors were excessive documentation, long hours, lack of respect or support from administration and peers, and the increased requirements related to use of an EHR. The highest amounts of physician burnout were seen in healthcare systems compared to outpatient private practices.

Mental illness and burnout present in a wide variety of ways. Commonly, the physician may complain of physical problems, including chronic fatigue, headaches, chronic muscle pain, or digestive problems, to name a few. With insight, they might recognize more emotional equivalents such as apathy, irritability, distractibility, insomnia, depression and anxiety. Others may be concerned that their uses of substances, food or sexual acting out may be a maladaptive response to their mental health stressors. Yet, seeking mental health treatment is still a stigma for most doctors.

The Physician Workload Survey (G. Carpenter, 2018) reported that only 17% of physicians who identified mental health needs sought professional help. Over one-half of those surveyed felt getting mental health care was "taboo" and two-thirds of those queried reported they would not seek help. This is truly alarming when 22% of physicians reported having suicidal thoughts in

the past year and nearly 2% attempted to harm themselves (National Physician Burnout and Suicide Survey, 2020). Clearly, self-reporting bias affects the true scope of the issue, but the magnitude of underreporting is the more significant worry. What is more substantiated is that between 300 to 400 physicians die annually from suicide. The completion rate among physicians is nearly four times that of the general population.

So how do we live up to the obligation of our Hippocratic Oath to protect the mental health needs of ourselves and our peers? The solutions are complex and made difficult by our incomplete understanding of all the negative influences on the mental well-being of doctors. Certainly, our understanding is currently evolving with issues related to the pandemic. A 2020 national survey found 60% of all doctors reported being more anxious related to the pandemic (physicians foundation.org). This was especially true for emergency department physicians.

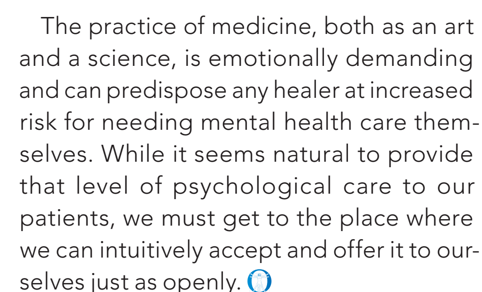
First and foremost, the problems must be addressed within our own selves. This isn't to say physicians should treat themselves, which is fraught with clinical problems. Instead, doctors need to be brave and pragmatic about identifying and taking care of their own needs, despite their fears of stigma. Of concern, 45% of doctors identified with depression reported isolating from others and 25% admitted to misuse of alcohol and illicit drugs. Far better, reaching out to friends and family is powerful and may engage much needed support. Being able to talk to a direct supervisor or mentor may be helpful, but continues to be a barrier for many. Many doctors seek professional care (psychotherapy or psychiatric intervention) outside of their own health care system to protect privacy, even if it means paying out-of-pocket for services. Most important, the doctor should have the safe place to talk about their struggles and mental health needs without the fear of judgement or punishment. Doing so in a protected, professional environment can be empowering and help the doctor understand that their overwhelming concerns are not so unique.

Second, we must all find ways to reach out to colleagues in distress. Just asking them how they are doing "in general" is the first step when we suspect a colleague is struggling. The 2018 Physician Workload Survey noted that 40% of burnout was related to job dissatisfaction while 25% was related to family life. We might be surprised to learn why a colleague has been more isolative, or making unusual work related mistakes or having more absenteeism. Asking about their well-being in a respectful way doesn't have to be intrusive, and in fact can be the best opportunity for that colleague to get validation.

Third, hospitals and health care organizations need to be proactive in meeting the mental health care needs of their providers. Carpenter (2018) noted that only 30% of current health care systems offer wellness opportunities beyond EAPs to their doctors, and yet nearly 60% of doctors indicate they would utilize them if available. While adequate compensation is obviously imperative, nearly one-half of all physicians in one national survey would accept less pay for more free time. That speaks loudly that professional dissatisfaction is bred from unreasonable work hours, lack of flexible scheduling and an overall perception of inadequate time for self and family. Some programs allow self-scheduling or job sharing among doctors. Other organizations provide childcare and on-site workout centers with training coaches. Such organizational opportunities may go further to motivate staff, improve retention and enhance overall patient care. Many programs offer distance/virtual counseling sessions for their medical staff or will make mental health referrals outside of their organization to facilitate additional treatment opportunities.

Last, physicians need to lobby as a group to reform regulatory intervention for doctors seeking psychiatric help. The majority of doctors (60%, Carpenter, 2018) keep their mental health needs secret as they fear retribution from medical licensure boards, fear losing malpractice coverage, lack trust in mental health providers, or worry that disclosure will negatively impact their reputation. Many state licensure boards, including Nebraska's board, have decreased the broad inclusivity of reporting mental health history in their application process. Currently, the Nebraska application seeks to identify current mental health conditions that are not appropriately treated and impair the physician from the "ability to practice medicine in a competent, ethical and professional manner." The Federation of State Medical Boards (FSMB) contends that mental health inquiries for licensure have been too broad and have overly scrutinized mental health compared to physical health. The mindset should focus on current functioning of the provider and any necessary treatment undertaken.

When all else seems too overwhelming, doctors should know there are national resources that can provide guidance, such as the National Suicide Prevention Lifeline, (800) 273-8255, or the AAMC information resource bank (www.aamc.org/nes-insights/wellbeing/faculty). Locally, physicians can reach out to the MOMS office to obtain information or to seek help at (402) 393-1415. There is no need to "go it alone."



The practice of medicine, both as an art and a science, is emotionally demanding and can predispose any healer at increased risk for needing mental health care themselves. While it seems natural to provide that level of psychological care to our patients, we must get to the place where we can intuitively accept and offer it to ourselves just as openly.

The practice of medicine, both as an art and a science, is emotionally demanding and can predispose any healer at increased risk for needing mental health care themselves. While it seems natural to provide that level of psychological care to our patients, we must get to the place where we can intuitively accept and offer it to ourselves just as openly.

THEY WATCH HIGH SCHOOL FOOTBALL WITH A PURPOSE

Jane Carnazzo, M.D.

If it's a Friday night in autumn, Jane Carnazzo, M.D., knows where she'll be: watching Gross High School compete in football. And on that same Friday fall evening, Natalie Ronshaugen, M.D., may be doing the same thing, but in Bennington.

Both serve as team physicians for the respective teams. Both enjoy the experience.

Dr. Carnazzo, a pediatrician, likely will be joined in the bleachers at Gross by her husband, Bob Stutzman. She attends for reasons other than the obvious one, while admitting she's not much of a football fan. Dr. Ronshaugen confesses that she, too, isn't an avid football fan, but admits she sometimes finds herself caught up in the action.

"I find myself trying to be impartial, but sometimes it's hard," Dr. Ronshaugen said, "especially if there's a person who's clearly going to play in college. It's hard not to get excited when you see someone doing well."

DR. CARNAZZO FILLS A NEED

As the Gross High team physician, Dr. Carnazzo could watch the action from the sidelines. She prefers the view from the grandstand, she said, because the vantage point allows her to see the action on the field and in the bleachers.

"It's actually easier to see from the stands. I'm rather short so I have a better view in the stands."

Dr. Carnazzo said she enjoys being at these high school games. "A lot of the young men playing on the team are my patients. I enjoy watching them play."

She adds: "It's a way to get involved and help a local school. Besides, most schools don't have the funds to pay physicians to be at their games."

Dr. Carnazzo has served as volunteer team physician at Gross High home football games for more than 10 years. In many ways, she said, her involvement is in the family—her uncle, Jim Ryder, M.D., served as Gross High's volunteer team physician in the 1970s and '80s.

First, more of Dr. Carnazzo's backstory: She is a 1978 Gross High alum. In 2015, Gross named her its alumni of the year.

Yet, that's not why she volunteers. She started attending Gross High's football games in the early 2000s because her son, Michael, played on the team. Now, he's one of the assistant coaches, as is a nephew—and she enjoys watching them coach.

She volunteers because during her son's playing days, the team's volunteer physician occasionally asked her to fill in when he had Friday night conflicts.

Why not, she thought, because she would be attending anyway. He kept asking and Dr. Carnazzo kept saying yes. "Pretty soon, I was filling in more often than not."

About 10 years ago, when her predecessor was looking to step down, she took over.

Most home games, she said, she never leaves her seat in the bleachers. If a player suffers an injury, she said, a coach—possibly her son—will wave her down to assist. Sometimes, the school's athletic trainer helps the players and, she noted, a rescue squad is always stationed nearby at high school football games in case an injured player needs hospital care.

She's been called to action when players have suffered broken bones, but mostly, she said, when they have sustained neck stingers or had a concussion. She's also checked on a cheerleader who fell, a member of the band who had a seizure, and a fan who fell over the grandstand railing.

Dr. Carnazzo said serving as a volunteer physician at high school sporting events is a great way to get involved in your community—and it may just help you build your practice. For now, look for Dr. Carnazzo in the stands at Gross High games. "It's always fun. Gross is a family community and you always see people you know. I've enjoyed it."

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The Carnazzo File

Hometown
Omaha

Undergraduate Degree
Creighton University in chemistry

Medical Degree
Creighton University School of Medicine

Residency
University of Nebraska Medical Center in pediatrics

Specialty
Pediatrics

Institution
Children's Hospital and Medical Center

Hobbies
Cooking, gardening, traveling and exploring new places

Family
Husband, Bob Stutzman; three grown children, Michael, Anne and Mary, and one granddaughter

Why She Joined MOMS
"I joined MOMS to be more involved within the local community."

The Ronshaugen File

Hometown
McCook, Nebraska

Undergraduate Degree
Nebraska Wesleyan University in biology

Medical Degree
University of Nebraska Medical Center

Residency
Baystate Medical Center – University of Massachusetts in internal medicine and pediatrics

Fellowship
University of Colorado-Colorado Children's Hospital in primary care sports medicine

Specialty
Sports Medicine

Institutions
Children's Hospital & Medical Center, Nebraska Medicine

Hobbies
Running, her book club and playing with her dog

Family
Scott Ronshaugen, and two children

Why She Joined MOMS
"I joined because I wanted a connection to the medical community."

Natalie Ronshaugen, M.D.

FROM PAGE 17

DR. RONSHAUGEN WAITS FOR PLAYERS TO GET BACK UP

For Dr. Ronshaugen, her service as one of Bennington's rotating team physicians comes through her role with the Sports Medicine Department at Children's Hospital & Medical Center. Children's serves as Bennington's medical team.

The partnership allows Bennington's students to access care through Children's, from primary care, to sports medicine and nutrition services, she said. Athletes get the flu, they contract COVID, they suffer from anxiety, she said. "We find that accessibility makes for healthier, happier kids."

Now, some backstory to Dr. Ronshaugen's story. This season will be her second helping to cover Bennington's home games. She rotates duties with two colleagues.

She finds herself watching the action—but in a different way. She said she is quick to watch as players fall—and will continue to observe until that player gets up. She also finds herself watching players' ankles and knees.

"If someone dives to make a tackle and misses, I make sure he gets up before I move on," she said.

Ronshaugen said, she has treated a fan who suffered a heart attack and a cheerleader who suffered a concussion while attempting a back handspring. "She missed her hands."

With sports medicine as her specialty, Dr. Ronshaugen said, comes a variety of experiences helping at sporting events. She has provided care at a ski basin at Winter Park in Colorado. "ACLs all day long," she recalled. One skier broke his tibia and the bone pierced the skin. "We had to set that before he was flighted out. That was a rough one."

She's also covered state high school championships, which are exciting because of the quality of competition, and a WWE match. She could tell stories about that experience, but promised to keep it private.

Dr. Ronshaugen can tell this story—although she considers it much tamer—about her time providing medical care during the U.S. Olympic Curling Trials, which were held in Omaha. All went well, except for the curler who pulled a groin muscle.

"We gave him a bag of ice and he was good to go."

ON THE JOB:

Drs. Blatchford and Bruce Talk About Their New Roles

Although their motivation to pursue careers in health care came from different sources and they took different paths to leadership roles at their respective institutions, Garnet Blatchford, M.D., and Jason Bruce, M.D., said they can't help but be optimistic about what lies ahead.

Dr. Blatchford is the new vice president of medical affairs and chief medical officer for Methodist Hospital and Methodist Women's Hospital, while Dr. Bruce is the new executive vice president of healthcare and director of Boys Town National Research Hospital and Clinics.

Both said they are proud of the way the health-care team at their institutions remained focused on patient care during the pandemic. And both said their organizations are stronger for having persevered during the past 18 months.

This is their story: Why they chose medicine and what comes next for the health care institutions they help lead.

DR. BLATCHFORD: KEEP PATIENTS 'FIRST AND FOREMOST'

She was in high school, working as a candy striper at the former Bergan Mercy Hospital, when a physician asked for her assistance. His patient's stitches were due to be removed, and the physician asked for help: Pull the patient's ear forward so he could remove the stitches.

"I enjoyed helping patients. Talking with them. The elderly patients thought it was cute to have a teenager bopping from room to room."

Yes, Dr. Blatchford recalled, she wore the standard uniform of candy stripers in that day: A seersucker pinafore. And yes, this experience influenced her decision to pursue medicine—during a time when women still were somewhat of a minority in medical school classes.

The other determining factor was a fascination she developed for microbiology. "I discovered that bacteria and related diseases were fascinating. I had an outstanding chemistry teacher in high school, who also had an influence on me."

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"My philosophy is that it's all about the patients. I have to maintain a clinical role to keep patients first and foremost."

— GARNET BLATCHFORD, M.D.

The Blatchford File

Hometown
Omaha

Undergraduate Degree
University of Nebraska-Lincoln in microbiology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in general surgery

Fellowship
Creighton University Medical Center in colon and rectal surgery

Specialty
Colon and rectal surgery

Title
Vice president of medical affairs and chief medical officer

Institution
Methodist Hospital and Methodist Women's Hospital

Hobbies
Driving horse-drawn carriages

Family
David Arington; twins, Hannah and Thomas

Why She Joined MOMS
"My entire group was active in MOMS and I joined them."

FROM PAGE 19

Fast forward to today, and Dr. Blatchford, who recently succeeded Bill Lydiatt, M.D., is the first woman to serve in this role at Methodist. When Josie Abboud (Methodist's CEO and the first woman to hold such a role at an Omaha health care institution) asks you to serve, Dr. Blatchford said, you can't turn it down.

She said she appreciated Dr. Lydiatt's willingness to help her transition into the role. "I think he did an incredibly impressive job. I hope I can do as good of a job as he has done."

Dr. Blatchford said serving as chair of Methodist's Department of Surgery for the past 18 months helped prepare her for the new role. Her time as chief of surgery provided her with an opportunity to understand the complexity of scheduling. "Hundreds of pieces are involved—being part of this is one advantage of having a surgeon as CMO." Her preparation, she said, also includes serving on hospital committees throughout her career and her experience treating patients, at some point, at every health care institution in Omaha.

Dr. Blatchford said she plans to initially divide her time between her administrative duties and seeing patients. Eventually, she said, she will reduce her patient load. "My philosophy is that it's all about the patients. I have to maintain a clinical role to keep patients first and foremost."

Her top charge is to be a voice for physicians to administration. She said she plans to meet individually with each staff physician who comes on staff. "I want to talk about our philosophy of collegial practice and point out that things are sometimes different in a residency program compared to actual practice."

She said she believes it is her responsibility to carry suggestions, comments, compliments and criticism voiced by physicians to administration. "The best thing I can do is be their voice."

Dr. Blatchford said she was impressed to see Methodist's health care team pull together during the pandemic. When elective surgeries, for example, had to be cancelled, she said, physicians communicated the decision with professionalism and compassion with their patients. "People stepped to the plate with a willingness to do what was needed."

Still, Dr. Blatchford would rather not go through another pandemic. "I only agreed to be CMO if we don't have another pandemic," she said jokingly.

DR. BRUCE: 'EXCITED' TO CARRY ON FATHER FLANAGAN'S LEGACY

For Dr. Bruce, his desire to become a physician never wavered, even when he was at the age when he wasn't exactly sure what one did. In high school, he understood what caring for patients meant. Then, in college, he developed a fascination with the science of medicine.

Now, what led him to leave Hawaii for Omaha is another story. He credits the outstanding reputation for Creighton University among the medical community in Hawaii for helping bring him to Nebraska.

So he arrived in Nebraska eager to earn his undergraduate degree at Creighton—sight unseen. That first winter, he said, he asked himself the age-old question: "What am I doing here?"

But he stayed and remained in Nebraska for medical school. While at a conference, Dr. Bruce met Tom Tonniges, M.D., who was returning to Omaha to serve as director of the Boys Town Institute for Child Health Improvement. Dr. Bruce said Boys Town's mission and culture drew him there.

And he's been there ever since. He first served as a pediatrician, but later held such leadership roles within Boys Town National Research Hospital as medical director of Same Day Pediatrics, pediatric practice leader for Boys Town Pediatrics, associate medical director for Primary Care and, most recently, as chief medical officer and interim executive vice president and director of the research hospital.

Serving in those various roles, he said, will help him in his new one. "Getting to know both Boys Town and Boys Town National Research Hospital inside and out has been a benefit in forming relationships with physicians and staff and is so important in managing effectively."

The **Bruce** File

Hometown
Honolulu, Hawaii

Bachelor's Degree
Creighton University in biology and philosophy

Medical Degree
Creighton University School of Medicine

Residency
Medical College of Wisconsin, Children's Hospital of Wisconsin, in Milwaukee in pediatrics

Specialty
Pediatrics

Title
Executive vice president of healthcare and director of Boys Town National Research Hospital and Clinics

Institution
Boys Town National Research Hospital

Hobbies
Cooking, cycling, coaching his daughter's sports teams and spending time with family

Family
Wife, Lisa Bruce; and three daughters

Why He Joined MOMS
"Camaraderie and local representation."

"I was proud how Boys Town cared for its employees during the pandemic and ensured the dual role of caring for patients and the community, as well as caring for employees and staff."

— JASON BRUCE, M.D.

Dr. Bruce said he saw his peers respond with compassion during the pandemic. "I was proud how Boys Town cared for its employees during the pandemic and ensured the dual role of caring for patients and the community, as well as caring for employees and staff."

Boys Town staff responded to the pandemic by looking out for one another. Examples, he said, included donating vacation time and being conscious of costs. Hospital executives also took temporary pay reductions, he said.

"I sense we are in a better spot today than just several months ago. Stress levels are down. We see the light at the end of the tunnel."

Which means hospital priorities—neuroscience, pediatric surgical care and behavioral health services—can once again be a focus. "With research being an underlying principle for all three."

Dr. Bruce said he is grateful and excited to be following Patrick Brookhouser, M.D., (the hospital's founding director) in his new role. "I am excited to continue his legacy and thrilled to lead Boys Town National Research Hospital and the excellent physicians and health care workers. I also love it that the hospital is part of Boys Town, and we continue Father Flanagan's legacy of caring for children."

He's grown to love living in Omaha. He met his wife here and it is the place they chose to raise their family and create a life for themselves.

"Except for that first snowstorm."

INCOMING HOUSE OFFICERS:

Their First Time on Campus

Although the process for recruiting their contingency of house officers (residents and fellows) for the coming year was greatly altered by COVID-19, Omaha's two medical schools report a stronger—possibly even stronger than usual—class of residents for 2021-22.

And representatives from each academic institution indicated that the process may forever be changed—and there may be some good aspects to that.

For now, however, their focus is on acclimating their residents to Omaha—and even Nebraska—as many arrived having never stepped foot in the state before, let alone on the campus where they will continue their medical education.

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First year Creighton Univerisity School of Medicine residents (left to right) Steven Davie (radiology), Febi Oyelana (family medicine), and Sudeshna Dutta (family medicine).

FROM PAGE 23

"Each new resident will come in with a different impact on their medical knowledge and skills depending on where they were training during the pandemic," said Joann Porter, M.D., associate dean for graduate medical education at Creighton University Medical Center. "Our programs will be doing more frequent evaluations with focus on feedback and individual learning plans to help our residents reach their full potential."

House officers will spend potentially up to seven years—depending on their residency or fellowship—at a place that they may never have seen in person.

"Our programs will be doing more frequent evaluations with focus on feedback and individual learning plans to help our residents reach their full potential." — JOANN PORTER, M.D.

Since even their orientation is going to be virtual, it did not make it easy for the house officers to get a feel of the campus before starting residency or fellowship, said Chandrakanth Are, M.B.B.S., M.B.A., associate dean of graduate medical education at UNMC.

"Having said that, everyone is doing their best to make these new house officers feel comfortable and it is hoped that their transition to the next phase of their professional lives will go as well as the interview process," Are said.

Step back into the throes of the pandemic for a recap on how we got to this point: The Association of American Medical Colleges halted online away-rotation application and scheduling these rotations. The AAMC also encouraged medical schools to develop local substitutes for traditional away rotations. In late spring 2020, the Coalition of Physicians Accountability stated that all interviews for residency and fellowship positions should be virtual. Medical deans agreed and started the process of transitioning from in-person interviews to virtual ones.

This meant that medical education staffs at the University of Nebraska Medical Center and the Creighton University School of Medicine pivoted and revised their recruitment practices and procedures. In spite of that, they now report that they are expecting a strong incoming class of house officers. And this strong showing came without the ability to rely on the away rotations that often help medical students securing a residency slot with the hosting institution.

"We didn't see any change in the quality of candidates as measured by their test scores," Dr. Porter reports. "From our program directors, I have heard the outcomes were excellent. We have an excellent group of residents and fellows coming to Creighton."

UNMC formed a committee consisting of program directors, program coordinators and house officers to obtain input about the best approach to conducting the virtual interviews. UNMC also sought feedback from final year medical students that would be going through the virtual interview process, Are said "Overall, all program interview cycles seemed to have gone well. We had one of the best match results in several years. We didn't know what to expect, but this was a pleasant surprise. Our results are much better than we expected."

Now, a refresher about the process and why the pandemic threw it a twist.

Consider this scenario: A medical student seeking a residency in general surgery applies to 30-50 of the 350 programs nationwide. Twenty-five programs may respond and invite the candidate to interview. He or she may then select a dozen to pursue.

During each visit, candidates meet with program directors and current residents. During social events, candidates will first visit with faculty and residents—but eventually faculty excuse themselves so the current residents can visit with the candidates.

By doing so, the medical student likely will incur $10,000 to $20,000 in costs to travel to these dozen locations. Keep in mind that this student may leave medical school with anywhere from $150,000 to $450,000 in debt. Following the visits, the candidate and program leaders create their rankings.

> **"We are still not completely out of the pandemic and we need to be prepared for any further jolts to our decades-long established norms and practices."**
>
> **— CHANDRAKANTH ARE, MBBS, MBA**

The interview process starts in November and ends in February, meaning fourth-year medical students often are gone for several days from the start to finish of recruitment time.

The coalition, in June, released nearly four dozen recommendations for medicals schools and the coming year. They included that schools continue to limit extramural electives and focus on virtual interviews.

The overarching questions, Are and Dr. Porter said, include whether the process was better with virtual interviews, did it even the playing field, and should the process be permanently adapted to be partially or fully virtual.

Are and Dr. Porter (along with Michael Kavan, Ph.D., associate dean for Student Affairs at Creighton) further recapped how their respective academic institutions reacted when the pandemic changed the way they recruited residents—and shared their perspectives about moving forward in a post-pandemic era:

ARE AND UNMC

- Applicants seemed to apply to institutions closer to where they live than in pre-pandemic years. In addition, UNMC thought the number of applicants from international candidates would be higher.

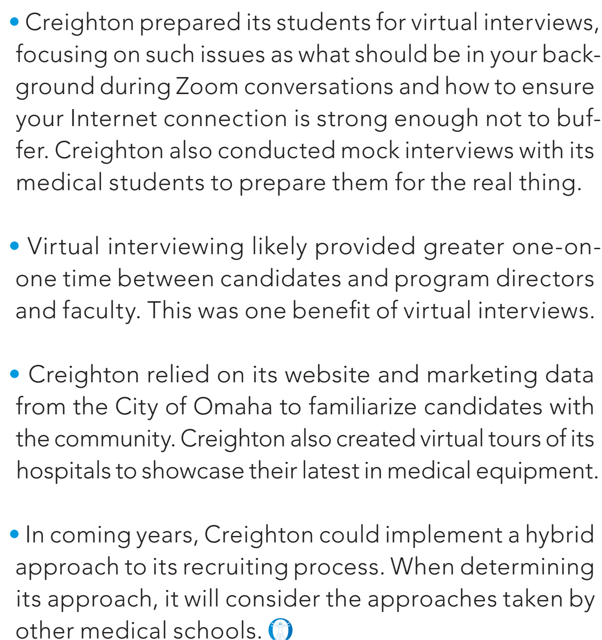
- For an indication of how the pandemic will permanently affect how medical schools recruit candidates, look to the after-effects of 9/11. "80 percent reverted back to normal...These are such times when people are living through history—and may not realize the significance of the times we are living in."

- One possible approach for interviewing candidates in coming years will be a two-tier one—giving them the option of being interviewed in-person or virtually.

- Medical schools must be careful to not assume they are free and clear from the after-effects of the pandemic. "We are still not completely out of the pandemic and we need to be prepared for any further jolts to our decades-long established norms and practices."

- As for the future of residency interviews: "The stone has been thrown and now we just have to wait and see where it might land." It is too early to say with confidence of what the ultimate end point will be but being prepared can be the best approach.

DR. PORTER, KAVAN AND CREIGHTON UNIVERSITY SCHOOL OF MEDICINE



- Creighton prepared its students for virtual interviews, focusing on such issues as what should be in your background during Zoom conversations and how to ensure your Internet connection is strong enough not to buffer. Creighton also conducted mock interviews with its medical students to prepare them for the real thing.

- Virtual interviewing likely provided greater one-on-one time between candidates and program directors and faculty. This was one benefit of virtual interviews.

- Creighton relied on its website and marketing data from the City of Omaha to familiarize candidates with the community. Creighton also created virtual tours of its hospitals to showcase their latest in medical equipment.

- In coming years, Creighton could implement a hybrid approach to its recruiting process. When determining its approach, it will consider the approaches taken by other medical schools.

MEMBER NEWS

DR. MCBRIDE NAMED TO ASMBS COUNCIL

Corrigan McBride, M.D., has been elected to the executive council of the American Society for Metabolic and Bariatric Surgery (ASMBS). Dr. McBride will serve a three-year term.

Dr. McBride said the election to the executive council is an honor. "This really recognizes the work I've done for the society to improve fellow education in the realm of bariatric surgery and moving it to a competency-based curriculum that incorporates Entrustable Professional Activities (EPA) as an evaluation tool," she said.

Since 2015, Dr. McBride, professor and chief of minimally invasive and bariatric surgery at the University of Nebraska Medical Center, has been working toward a clear designation of bariatric surgery as a general surgery subspecialty and a focused practice designation with the American Board of Surgery.

Dr. McBride began looking at how competency is measured at the medical school, resident and fellowship levels. Traditionally, it is measured by the number of times a student, fellow or resident has performed a particular procedure.

"UNMC's minimally invasive bariatrics fellowship has been an active participant in several pilots to make this curriculum change," Dr. McBride said.

Dr. McBride established EPA measurements that evaluate whether a trainee is considered proficient enough to be trusted to perform the procedure without direct supervision. "It's been proven as a superior tool in assessing the competency and proficiency of the trainee," Dr. McBride said.

Because of her foundational work in designing new EPAs for competency evaluation, the American Board of Surgery is working in partnership with the ASMBS to establish bariatric surgery as the first focused practice sub-designation.

Dr. McBride also is an examination consultant for the new focused practice designation for bariatric surgery. She will formulate questions used on the national exam, which is expected to roll out in February 2022.

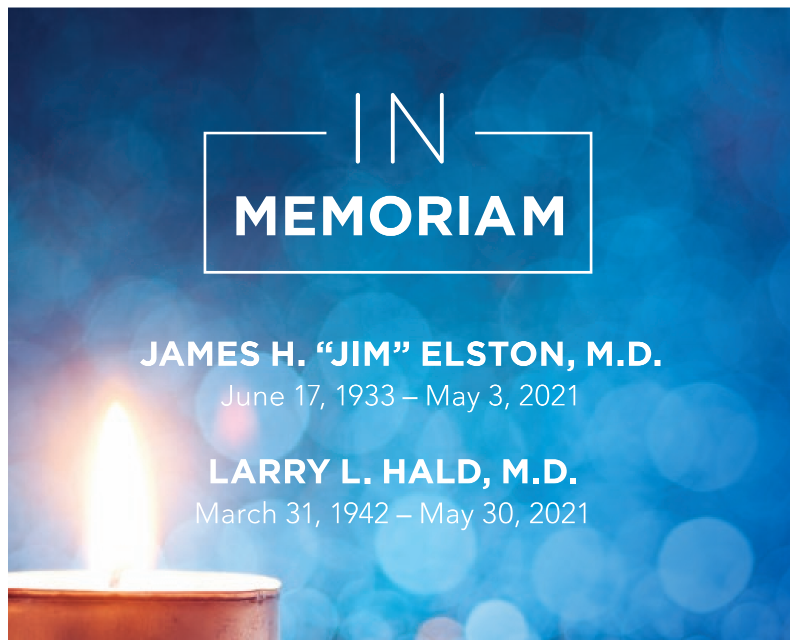
DR. MOFFATT APPOINTED TO NATIONAL SPORTS MEDICINE ADVISORY COMMITTEE

Kody Moffatt, M.D., FAAP was appointed to serve a four-year term on the National Federation of State High School Associations Sports Medicine Advisory Committee beginning in August 2021.

Dr. Moffatt is the Division Chief of Sports Medicine at Children's Hospital & Medical Center and Professor at the University of Nebraska Medical Center. He was nominated for the role by the Nebraska School Activities Association where he has served as chair of the sports medicine advisory committee (SMAC) since 2006.

The mission of the SMAC is to provide information, vision, guidance and best practices to the National Federation of State High School Associations (NFHS), which focus on the health and safety of students participating in interscholastic sports and activities. The committee advises on medical and safety issues and conditions as they relate to interscholastic sports and activities, rules writing and guidelines, as well as assists in identifying, prioritizing and researching sports medicine issues. The committee will proactively address health and risk management issues of general and specific concern to the NFHS, member associations and participating students.

Dr. Moffatt received his medical degree from the University of Nebraska School of Medicine and completed residency in pediatrics with the University of Nebraska Medical Center and Creighton University School of Medicine.



IN MEMORIAM

JAMES H. "JIM" ELSTON, M.D.
June 17, 1933 – May 3, 2021

LARRY L. HALD, M.D.
March 31, 1942 – May 30, 2021

NEW MEMBERS

Maureen Boyle-Manganaro, M.D.
Obstetrics & Gynecology
Methodist Jennie Edmundson Hospital

Erica Carlsson, M.D.
Emergency Medicine
UNMC

Michael Sullivan, M.D.
Obstetrics & Gynecology
BAART Programs

Lei Yu, M.D.*
Radiology
UNMC

**Resident*

MOMS EVENT RECAP

MOMS RETIRED PHYSICIANS MEETING RECAP

MOMS Retired Physicians group held its first event since the pandemic on June 9 at the UNO Community Engagement Center with over 20 members in attendance. The featured topic was "Crossroads Redevelopment" presented by Omaha City Council member, Brinker Harding. The next meeting will feature Jack Stark, sports psychologist, as the guest speaker.

1. MOMS Retired Physicians Chair, Dr. Robert Cochran, and Omaha City Council member, Brinker Harding
2. MOMS Retired Physicians members engage in "Crossroads Redevelopment" presentation from Omaha City Council member, Brinker Harding

NEUROGENETICS PROVIDES RARE DISEASE CARE FOR CHILDREN

Boys Town National Research Hospital announced recently the Neurogenetics and Rare Disease Clinic, part of Boys Town's growing pediatric neuroscience program, to help patients, physicians and providers searching for answers to rare medical conditions.

The Clinic is led by Dinesh Lulla, M.D., pediatric neurologist and neurogeneticist, who specializes in the diagnosis and treatment of rare diseases including genetic epilepsies, leukodystrophy (white matter disorders of the brain), ataxia and a variety of different movement disorders, in addition to complicated genetic diseases and disorders that cause neurodevelopmental delays and regression in children.

Prior to the recent founding of Boys Town Pediatric Neuroscience, Nebraska and the region have been historically underserved in this specialty.

"We want families to know that we do see rare diseases here," Dr. Lulla said. "They don't have to travel to Colorado or Kansas City to look for an answer. We have the support team available here to help our patients go through that diagnostic journey."

With each new patient, Dr. Lulla and a genetic counselor conduct a comprehensive assessment that includes a thorough physical examination, any necessary lab work and a detailed three-generation family history.

Because rare diseases are conditions affecting 1 in 1,500 individuals, they are often difficult to recognize, making it challenging to know when to refer.

Boys Town Neurogenetics and Rare Disease Clinic is open at the Downtown Medical Campus at 555 N. 30th St. Patients have access to a comprehensive team of pediatric neurologists and genetic specialists, as well as the neurology, neurosurgery and neurodevelopment programs that make up Boys Town Pediatric Neuroscience.

Imagine better health.℠

NEW VETERANS COMMUNITY LIVING CENTER AT CHI HEALTH MIDLANDS

A landmark agreement between CHI Health and the VA Nebraska-Western Iowa Health Care System will turn existing space into a new medical facility for area veterans.

The Veterans Community Living Center (CLC) at CHI Health Midlands will be a 30,000-square-foot, 34-bed facility designed to provide short-stay rehabilitation, skilled-nursing care and memory care to eastern Nebraska and western Iowa veterans.

"CHI Health and Midlands are honored to be partnering with the Department of Veterans Affairs on this project to provide greater access to essential care for our Veterans," said Kevin Miller, M.B.A., president of CHI Health Midlands.

It's believed to mark one of the first times the VA has partnered with a local medical health care system to lease space within a private hospital to develop and operate a Veterans CLC.

"By partnering with CHI Health, area veterans will now be able to receive this needed care much closer to their homes, while also opening up additional spaces for veterans from central and western Nebraska in our current CLC in Grand Island," said B. Don Burman, director of VA Nebraska-Western Iowa Health Care System.

The agreement calls for approximately $11 million in improvements to the fifth and sixth floors of CHI Health Midlands followed by a 10-year lease between the U.S. Department of Veterans Affairs and CHI Health. In addition to the living space, CHI Health Midlands is adding an outdoor healing pavilion for veterans and patients.

The new CLC is anticipated to begin accepting patients in late 2021 or early 2022.

"It is part of CHI Health's mission to improve the health of the people we serve, and through this project, we are able to help provide necessary care for the brave men and women who served our country," Miller said.

METHODIST

HOSPITAL EARNS FIVE-STAR CMS RATING

Methodist Hospital in Omaha recently received a five-star Overall Hospital Quality Star Rating from the Centers for Medicare & Medicaid Services (CMS). It was one of four hospitals in Nebraska and the only one in Omaha to earn the designation. A total of 455 hospitals across the country obtained five stars.

CMS's star rating system, launched in 2016, assigns stars based on 48 measures in five categories: mortality, safety of care, readmission, patient experience, and timely and effective care.

"To be in the company of such outstanding hospitals across the country speaks volumes to the hard work being done by the teams at Methodist Hospital and Methodist Women's Hospital," said Josie Abboud, president and CEO of Methodist Hospital and Methodist Women's Hospital. "To be just one of four five-star hospitals in the state of Nebraska is also worth noting. Our focus on these measures has been intentional. We pride ourselves on all but certainly believe we provide an exceptional patient experience and an unmatched level of care."

The overall star rating summarizes a variety of measures across five areas of quality into a single star rating for each hospital. Once reporting thresholds are met, a hospital's overall star rating is calculated using only those measures for which data are available.

In the recent CMS report, Methodist Jennie Edmundson Hospital in Council Bluffs and Methodist Fremont Health both received a four-star rating from CMS.

Hospitals report data to CMS through the Hospital Inpatient Quality Reporting Program, Hospital Outpatient Quality Reporting Program, Hospital Readmission Reduction Program, Hospital-Acquired Condition Reduction Program, and Hospital Value-Based Purchasing Program.

Overall star ratings aren't calculated for Veterans Health Administration or Department of Defense hospitals.

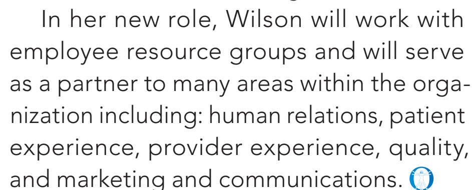
WILSON IS ORGANIZATION'S FIRST DIVERSITY VP

Ada Wilson, J.D., joined Nebraska Medicine Monday in June as the organization's first ever vice president - chief inclusion and diversity officer.

"Nebraska Medicine is at the center of innovation for academic medicine," she said. "From housing the largest biocontainment unit in our nation to serving as a leader from the beginning of the COVID-19 pandemic, it is quite clear that there is a critical balance of expertise and action that exists here."

Wilson said that expertise and action will be instrumental in the battle against another global health crisis: health equity. "The fight for health equity deserves our best thinking and an unapologetic willingness to reckon with our torrid past as a nation, reform policies and practices and build an equity-based system of care for every colleague, patient and member of our community."

Previously, Wilson worked for Auburn University, where she was assistant vice president for access and inclusive excellence. She has also served as the director of inclusive student excellence and program coordinator at the Gillings School of Global Public Health at the University of North Carolina, where she earned her bachelor's degree in journalism and her law degree. Prior to UNC, Wilson was an associate at the law firm of Williams Mullen in Raleigh, North Carolina, and a legal consultant with Huron Consulting.



In her new role, Wilson will work with employee resource groups and will serve as a partner to many areas within the organization including: human relations, patient experience, provider experience, quality, and marketing and communications.

University of Nebraska Medical Center

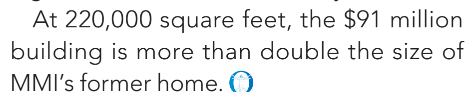
MUNROE-MEYER INSTITUTE CELEBRATES ITS NEW HOME

The UNMC Munroe-Meyer Institute celebrated its new home in June with a ribbon-cutting event that showcased the innovation, care and commitment that went into creating the building at 6902 Pine St., near the University of Nebraska at Omaha Scott campus.

Noted autism advocates John and Traci Schneider, chair of Special Olympics International; Timothy Shriver, Ph.D.; Omaha Mayor Jean Stothert; University of Nebraska President Ted Carter; and the parent of an MMI client joined MMI, UNMC and University of Nebraska Foundation speakers to welcome a small group to MMI's new home.

UNMC Chancellor Jeffrey P. Gold, M.D., called the new building the result of an unprecedented collaboration between patients, families, faculty and staff, architects, designers and builders who worked to create a place for research, clinical care and other services.

"We built the world's most advanced treatment, diagnostic and community engagement facility for individuals with intellectual and developmental disabilities and their families," said MMI Director Karoly Mirnics, M.D., Ph.D. "The vision of leaders, love of parents, passion of providers, thoughtfulness of fundraisers, skills of the architects, wisdom of elected officials, sweat of the builders and resources and love of our amazing philanthropists glued this building together. My heart is overflowing with gratitude. With these ingredients, this is more than a building. This is the future and a promise. And we are caretakers of this amazing dream that became a reality."



At 220,000 square feet, the $91 million building is more than double the size of MMI's former home.

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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*

FAX APPLICATION TO:
402-393-3216

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

APPLY ONLINE:
www.omahamedical.com

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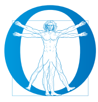

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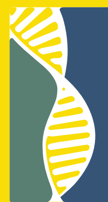

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