# Physicians Bulletin

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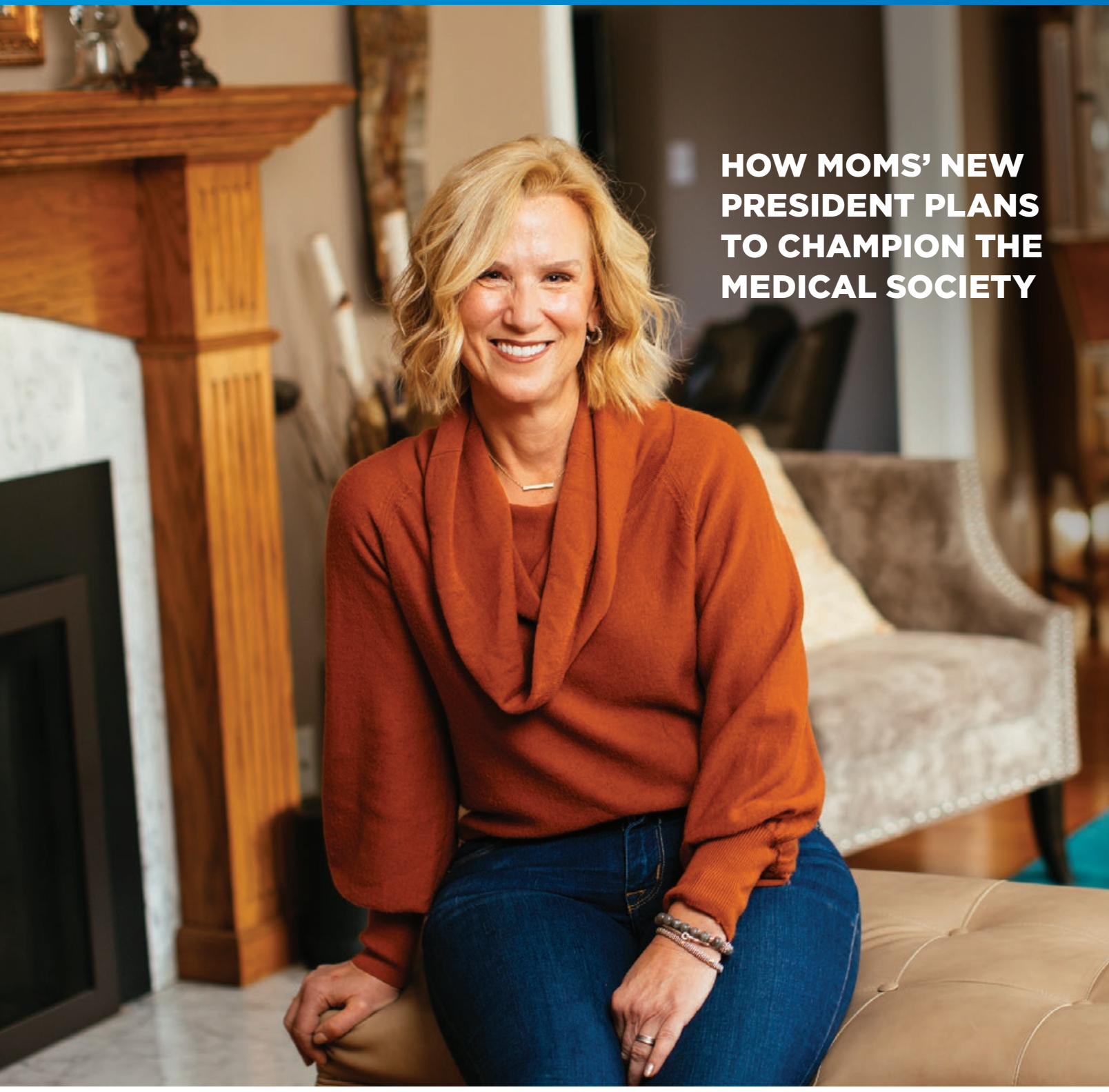

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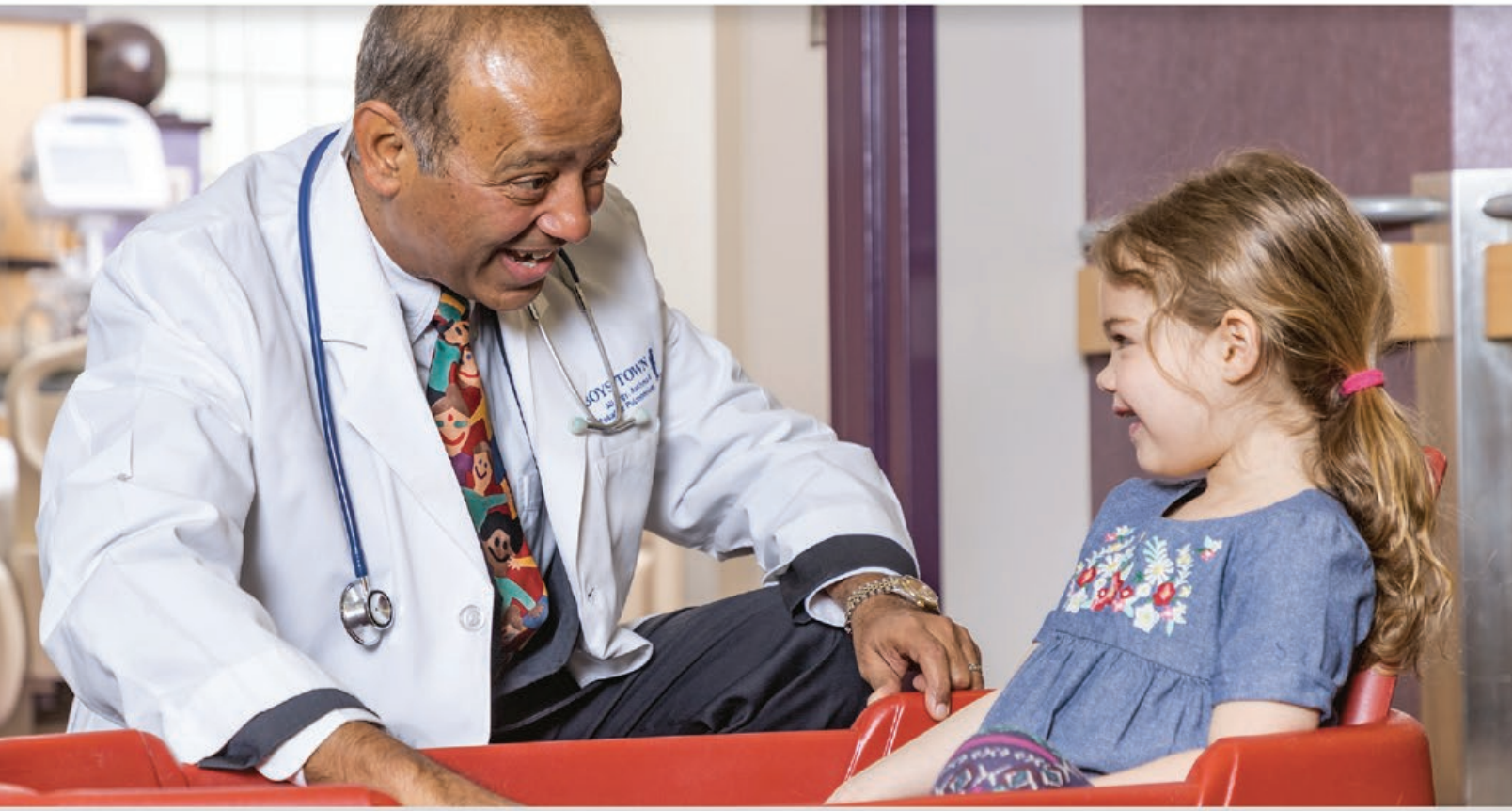

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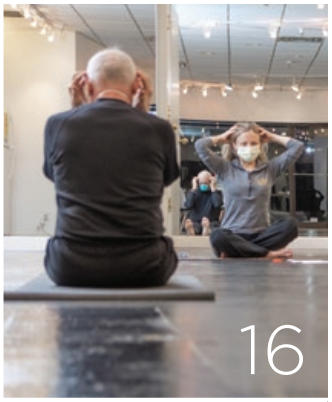



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# I THOUGHT IT, BUT SHOULD HAVE SAID IT

**AUDREY PAULMAN, M.D.**
Editor
*Physicians Bulletin*

"I can't join you for supper, there is a fire at my Iowa acreage. My neighbor thinks he got it out, but I need to go and check it out in person."

Our friend called last night with this news just as we were leaving home. We quickly decided that we should delay supper to go and see if we could help. My husband and I headed to the Iowa acreage. There were no flames at the moment. However, we found a large area of charred grass and wood, with some trees still smoldering red. We looked in our car for tools to help put out the embers. Our fire extinguisher, in the car as part of our emergency kit, was no match for the multiple hot spots. Our snow shovel, made of plastic, was of no help in a fire. We worked haphazardly to keep the fire from flaring up, concerned that a wind could send sparks flying, igniting another spot.

A call was made to 911. The volunteer fire department promptly came, bringing water, tools, manpower and expertise to the site. They assessed the situation and professionally went to work extinguishing the fire, preventing damage to the home and prairie. While the firefighters acted like it was all routine for them, for me, they were heroes. I just didn't tell them. They were just doing their job.

This fall and winter, my neighborhood experienced late-night break-ins. People were illegally entering houses, finding purses, taking keys and stealing cars. Even though this type of behavior happens all around the city, it is especially frightening when it happens nearby. As a result, we, the neighborhood residents, asked for, and received, additional patrolling and services by the police department for the neighborhood. We have been fortunate, as the police added their expertise and advice to help us make the neighborhood safer. And indeed, our neighborhood is safer. To me, they were heroes, making me safer in my own home at night. To them, it was just doing their job.

An elderly family member of mine needed medical care. It was not COVID-related, but it was an urgent medical need during the time of a COVID surge. The ambulance staff transported her, the emergency room staff and physician diagnosed and treated her, and she returned to her home after treatment. Watching the process as a physician, it all seemed so routine. Watching the process as a family member, it was all so incredible, as medical knowledge was added to compassionate care to provide my family member just the right treatment. They provided their time, knowledge, and compassion—all during a pandemic. I think the people who cared for my family member are heroes.

I thought it, but I should have said it.

You guys are my heroes. First responders, public safety officers and health care workers have all taken on additional responsibilities while still providing day-to-day services for everyday problems. Along with other essential workers, you keep us going. You are my heroes.

**"You guys are my heroes. First responders, public safety officers and health care workers have all taken on additional responsibilities while still providing day-to-day services for everyday problems."**
**— AUDREY PAULMAN, M.D.**

Physicians, I believe that you are everyone's heroes. The parades, signs and songs, common for health care workers during the beginning of the pandemic have gone away. That doesn't mean people aren't grateful. It just means everyone is tired, confused, and hopeful that each surge of COVID is the last.

I will say it here. Thanks to those physicians who work on the front line in COVID clinics and inpatient units. Thanks for the epidemiologists, public health physicians and physician scientists working on COVID. Thanks to those physicians who keep things going for those who need care for routine and urgent medical concerns. You are my heroes.

Within the MOMS organization, we have heroes as well. Thanks to Dr. Tina Scott, for stepping up to be incoming president of Metro Omaha Medical Society, and thanks to Drs. David Watts and Sue Evans for physician leadership of physician wellness activities. All three are highlighted in this month's edition. And thanks to Joel, Matt, Russell, Kevin, Carol and Laura for your hard work on the Bulletin. I can't say it often enough.

You guys are my heroes.

# ARE WE BACK TO NORMAL YET?

**CAROL WANG**
Executive Director
*Metro Omaha Medical Society*

My household wakes up each morning taking inventory of how each person feels and what any symptoms, or perceived symptoms, might mean in the age of COVID. I imagine it is the same exercise that occurs all over, including in your homes. Fear, meet roommate, hypochondria. Everything that involves interacting with other people requires a risk assessment in the midst of this pandemic, now in its second year. It's not where we hoped we would be, but hope springs eternal that 2022 will be better.

As we review 2021, I want to applaud the adaptability I have seen from all of you. No one loves change, but all of you have made lemonade from lemons, embracing different ways to connect whether it be virtual or with outdoor activities. And in the words of Tim Gunn from "Project Runway," you have all "made it work." With masking and other precautions, you have soldiered on and met your patients where they are at and taken them where they need to be.

I know from conversations with so many of you, it hasn't been easy. Some of you have served on a COVID ward and had to see people suffer without being able to do anything. Others of you have had to face hostile and disheartening conversations about vaccines. Still more of you have worked under an overwhelming caseload to help patients who have put off care. Those conditions have brought on a new level of exhaustion, but you have all never wavered from your commitment to service. There are no words to express the gratitude owed to all of you, but thank you, nonetheless.

The R&R Wellness Center was born out of the recognition that our community physicians needed a safe place to be and we hope it is a refuge from the storm in your lives. We mean for it to be a constant visual reminder to take care of yourselves as you try to care for the rest of the world.

**"Our belief is that within those four walls, is a place of support and acceptance among others who are going through what you are. And if you need more help, that is always available."**
**— CAROL WANG**

You can imagine, to our delight, that Healthy Blue heard of our project and wanted to ensure that we had the funding to continue beyond our six-month budget. Thanks to its generosity, we will be keeping the Wellness Center open for at least a year and able to offer more programming to help you all rejuvenate, relax, and find activities to restore yourselves. Please make yourselves at home, use the space, and let us know what you would like to see and do there. Our belief is that within those four walls, is a place of support and acceptance among others who are going through what you are. And if you need more help, that is always available.

As we look ahead to 2022, I have so many wishes for you—good health, less stress and more kindness. I tell people I have purchased a paper planner for the year as an exercise in optimism. I hope it gets filled with memorable moments, laughter and good times—for all of us.

# ADVOCATING FOR PHYSICIANS SO THEY CAN FOCUS ON THEIR PATIENTS

**AMY REYNOLDSON**
Executive Vice President
*Nebraska Medical Association*

As we begin 2022 and a new legislative session, the NMA is aligned with strong state and national advocacy resources to assist with our legislative agenda and other advocacy efforts.

Our work is led by Dexter Schrodt, vice president of advocacy and regulation. Schrodt leads the NMA advocacy efforts by coordinating our strategy with our contracted lobbyist, Muller Robak. NMA members establish the legislative agenda through resolutions, priorities identified during the Commission of Legislative and Governmental Affairs meetings, and by identifying issues impacting the practice of medicine and patient safety. Once the legislative agenda is established by the membership and NMA staff begin to proceed, it is important to maintain membership engagement through the process to provide guidance on the details needed to effectively communicate the NMA's position. Physician testifiers are incredibly impactful and are able to deliver an expert opinion on a subject.

The NMA has stood strong on incredibly difficult issues by leveraging membership engagement, coordinated advocacy efforts that are membership driven, and the willingness of physicians to speak out and speak up about the topics.

Recently, the NMA has begun to leverage and strengthen our partnership with the American Medical Association Advocacy Resource Center, or AMA ARC. The AMA ARC provides resources to state medical associations to help influence state legislation and regulations related to the practice of medicine. The center works to improve patient care and physicians' rights at the state level.

The NMA has called upon the assistance of the AMA ARC throughout the APRN credentialing review process to expand scope and during the last two legislative sessions to address proposed scope expansion legislation. We also rely on the Advocacy Resource Center to access state specific data, track other state legislative efforts, and network with colleagues on advocacy related topics.

Another national resource that provides great benefit to the NMA is the AMA Scope of Practice Partnership (SOPP). For more than 15 years the AMA has partnered with national, state and specialty medical associations to form the SOPP. Currently there are 105 organizations partnering with the SOPP working to achieve the goal of bringing organized medicine together to protect the health and safety of patients whose well-being may be threatened by health care practitioners who lack the education, training, or experience to perform procedures for which they seek licensure and recognition.

The Nebraska Medical Association was recognized by the AMA for its leadership and dedication to supporting the important work of advocating for patient safety and was invited to serve on the AMA SOPP Steering Committee in late 2020.

The NMA is a founding member of the Physicians Advocacy Institute, or PAI. PAI was established in 2005 under the terms of a settlement from a multi-district litigation against the nation's large for-profit insurers for systematically failing to pay physicians appropriately. The PAI Board of Directors is made up of nine state medical association executive vice presidents and a physician plaintiff. The mission of PAI is to advance fair and transparent payment policies by payers and others to sustain the profession of medicine for the benefit of patients.

PAI is based in Washington D.C. and works with nearly 30 professionals from the media, policy, association and advocacy spheres to carry out the mission of the organization. PAI develops targeted media strategies to support its advocacy goals and supports PAI member communication efforts. Sandy Johnson, former NMA EVP, has served on this board since inception and represented the NMA throughout the progressive growth of the organization. Recently, Sandy decided it was time to step back from the PAI board so I have assumed her role and will do my best to represent the NMA in the same manner.

The PAI provides access to physician practice resources such as value-based arrangements and Medicare QPP; research on physician employment, site of service payment differentials, physician employment impact on Medicare spending, and provider consolidation increases on health care spending; and publications related to physician employment, practice acquisitions, and payment differentials.

Most recently, I have been working closely with PAI on the Interim Final Rule of the No Surprises Act. The specific provision that we are focusing on is the section that requires independent dispute resolution ("IDR") entities to presume that the reimbursement amount closest to the qualifying payment amount is appropriate. The details outlined in the IFR are inconsistent with the intentions Congress set forth and gives payors a windfall that they were not able to obtain through the legislative process.

It is worth mentioning that these resources are available for all of our advocacy efforts, not just legislative. If you have identified an issue that is impacting the practice of medicine and/or patient safety, please give me a call so that we can assist. One of the most valuable benefits of being a member of the NMA is having direct access to the knowledgeable staff members who have strong connections and ability to address issues that impact you. Let us work for you so that you can devote your time to your patients.

# TREATING FAMILY MEMBERS AND STAFF

**ERIC ZACHARIAS, M.D.**
*COPIC Department of Patient Safety and Risk Management*

**CASE STUDY 1:** *An ENT physician schedules his wife for a nasal reconstruction procedure that he will perform. Upon learning this, the surgery facility manager calls the physician to discuss concerns about the appropriateness of him performing this procedure. The physician says he is "the best at this surgery in town" and wants to ensure his wife receives top-notch care.*

**CASE STUDY 2:** *A rural family practice physician often treats her staff and their family members for free. She sees her medical assistant's 12-year-old son for an upper respiratory tract infection. The physician opts for conservative treatment and makes no record of the visit. Three days later, the patient presents to the ER with shaking chills and pneumonia. A prolonged hospitalization follows.*

## ANALYSIS

In the first case, the physician is unaware that his actions represent a concern outlined by the American Medical Association's (AMA) Code of Medical Ethics[1] that state "When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment."

**"If you decide to see family members or staff, you should complete the same documentation as you would for any patient. When possible, you should treat the person in the office."**
— ERIC ZACHARIAS, M.D.

In the second case, the patient survives, but has an expensive and extensive hospital stay. The physician struggles seeing the medical assistant every day and feels guilty. Six months later, the physician feels the medical assistant's performance is poor, but is hesitant to fire her as there may be a risk of litigation.

## BACKGROUND

A classic New England Journal of Medicine article[2] highlighted that 99% of physicians had requests for advice, diagnosis or treatment of family members or friends, and 83% prescribed medicine for a family member. Prominent medical organizations have released ethics statements that medical care can be complicated by pre-existing personal relationships. The AMA states that this kind of care should be avoided except in emergency situations or in short-term, minor problems. The American College of Physicians (ACP) Ethics Manual (7th Edition) notes that treating family members, friends and employees "adds another layer that may complicate what would become the professional patient–physician relationship." Instead of providing direct treatment in these situations, the ACP recommends that physicians "…could serve as an advisor or medical interpreter and suggest questions to ask, explain medical terminology, accompany the patient to appointments, and help advocate for the patient."

## CONCERNS AND RISKS

**1. CONFIDENTIALITY:** We recognize that in smaller communities, you might truly be the best provider for your staff. But be aware that office records might be easy for a coworker to peruse whether electronically or in a paper form. HIPAA violations might occur. If you are treating employees, then there should be a strong confidentiality policy in place. Your policy should be consistent and well communicated to the whole staff.

**2. DIAGNOSTIC REASONING:** We practice best in situations when we have the calm diagnostic decision making of a sage clinician. Professional relationships with your patients are usually fiduciary in nature. When you care deeply about someone, this might tilt your clinical acumen one way or the other. A small lymph node after a URI might lead to a lymph node biopsy because of an affection bias, whereas normally you might have waited three months. Personal feelings may compromise the objectivity of the clinician and make the delivery of sound care a challenge.

**3. DOCUMENTATION:** If you decide to see family members or staff, you should complete the same documentation as you would for any patient. When possible, you should treat the person in the office. If there is an emergency situation, then you should communicate any actions taken with the person's provider. The natural tendency to "curbside" treat and either not or insufficiently document can result in serious diagnostic oversights, medication and prescription errors borne out of informal and quick assessments, and a minimization of serious illness that could possibly lead to preventable harm.

**4. EMBARRASSING ILLNESSES:** Employees or family members might present with STDs, injuries from abuse or other ailments that they don't want others to know about. Would you have concerns in dealing with this? Will you be able to perform the complete physical exam necessary with someone you see every day? More importantly, will you ask the necessary questions to properly diagnose and treat the person?

[1] www.ama-assn.org/delivering-care/ethics/treating-self-or-family

[2] N Engl J Med. 1991 Oct 31;325(18):1290-4.

# DON'T FORGET THE PHYSICIAN-PARENT IN ALL THIS

**JORDAN M. WARCHOL, M.D.**
Assistant Professor
*Department of Emergency Medicine*
*University of Nebraska Medical Center*

The other day I was on shift when I received a call from my husband. He was home alone with our 4-month-old, so I knew there could be anything on the other end of the line. "Hey!" he said, "how's your day going?" He was calling to check in so we chatted briefly before he suddenly exclaimed "Woah, what is going on around there? Are you OK?" I quickly took stock of the environment around me to discover that one of the patients in the emergency department who was experiencing an episode of psychosis had started yelling loudly in the room next to my desk. I chuckled to myself at his alarm and my corresponding obliviousness to the same situation, reassured him that everyone was safe, and hung up to continue caring for my patients. That night after I arrived home and our son was in bed, he looked at me and said, "I think I know now why you're so much more patient than I am when the baby cries."

Being a physician has impacted my parenting more than just because I can tolerate a screaming baby. I joke with my pediatrician (herself a MOMS member) that my training taught me both too much and too little about children. I'm sure we have all held our breath at the 20-week anatomy scan or worried more than the average parent about the fifth day in a row of fever. Though we all try to leave work at work, there are some parts of our brains that we can never turn off no matter how hard we try. Often, I have to remind myself to think with my mom hat on instead of my physician hat. At other times, it is the opposite.

The challenges of parenting and being a physician are quite similar when you get to thinking about it. Delegating time is an essential skill, as is knowing the battles to pick and which to leave for another time. As my husband remarked, patience under fire is something most of us need to practice daily, though I will admit I fail more than I'd like both at work and home.

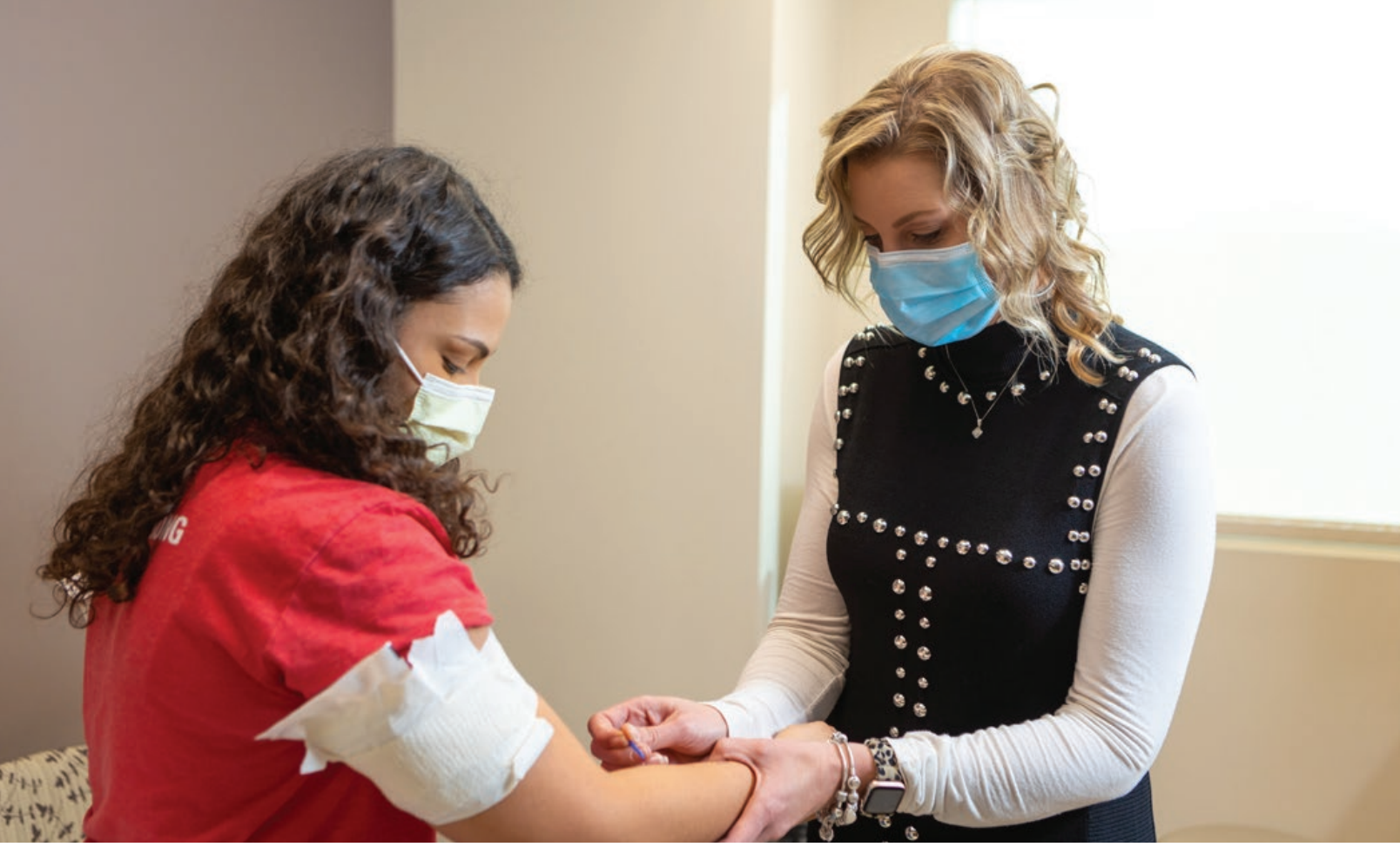
One of the great fears I had about becoming a mother was that my skills as a physician would somehow be neutered by my new maternal self. This was especially true when it came to being able to actively participate in organized medicine such as MOMS and the Nebraska Medical Association. Juggling the schedule of shift work is already difficult before needing to find child care at odd hours for work or leaving my husband alone with the baby for the fourth evening in a row so I could attend another meeting. In perhaps one of the few silver linings of the COVID-19 pandemic, many organizations have adopted greater flexibilities in how to attend such meetings. I have been happy to find that participating with a baby on my lap and on my Zoom screen has been a non-issue in my organized medicine groups.

As we work to increase involvement in such organizations, and especially to increase the diversity of voices within them, we must not only tolerate children in the background of a Zoom or babies sleeping in board rooms but encourage it. If we ask the current and future generations of young physicians to choose between family obligations and protecting the practice of medicine, there are not enough who will choose the latter. My 5-month-old has already attended more than a few meetings either in person or as an additional virtual participant (even adding in his two-cents a time or two). I know of other physicians who have run carpool, coached sports practice, or even watched a recital while participating in the important work of organized medicine.

> **"The future of medicine depends on the willingness of current and future generations of physicians to actively steward it through every challenge we will face."**
> — JORDAN M. WARCHOL, M.D.

Additionally, I would encourage leaders of such organizations to consider how meetings can be made more family friendly. Several years ago, the American Medical Association began offering free child care at its two largest meetings each year after hearing from young members that not having child care easily accessible was significantly hurting the ability for these members to be active participants.

The future of medicine depends on the willingness of current and future generations of physicians to actively steward it through every challenge we will face. To give the profession we have dedicated ourselves to the best chance, we must make sure those navigating the challenges of physician parenthood are equally engaged in this mission.



# TARGETING ALLERGIC REACTIONS TO THE COVID VACCINE

Sometimes people just need a little reassurance about the COVID-19 vaccinations.

That's one reason Sara May, M.D., and her colleagues at UNMC Allergy see patients hesitant to receive their COVID vaccinations. "We focus on reassuring patients about the vaccine. Our goal is to help physicians help their patients get the vaccine. We want to remove a reason not to get vaccination."

The specialists at Nebraska Medicine perform allergy evaluations for patients who have reactions to vaccines in their medical histories. They also conduct evaluations for patients who have had reactions to the first dose and are hesitant to have the second dose or booster, said Dr. May, associate professor of internal medicine at the University of Nebraska Medical Center.

First things first, Dr. May said: The chance of having an allergic reaction to a COVID-19 vaccination is only slightly higher than having a reaction to another type of vaccine. And the chances of either—1 in 1 million for other vaccines; 5 in 1 million for the COVID vaccine—are quite rare, she said.

"An allergic reaction can happen to any vaccine honestly, but it's rare. The COVID vaccination is quite safe," she said.

Still, the clinic is equipped to evaluate patients for a possible reaction and ready to treat patients who may experience one after receiving the vaccine at the clinic, she said.

The need for allergy evaluations stemmed from Nebraska Medicine employees who received their vaccinations early during the pandemic. "We rolled this out to health care providers first. We wanted to get the process in place and make sure it worked well. Now, we primarily see patients."

**"More likely for patients seen in the clinic is they previously experienced a reaction to the COVID vaccine that was not an allergic reaction and evaluation needs to confirm this suspicion."**

**— SARA MAY, M.D.**

The first step in an evaluation, Dr. May said, is to utilize history to try to determine if the patient could possibly have an allergy

to polyethylene glycol (PEG), an ingredient used to stabilize lipid nanoparticles in the Moderna and Pfizer-BioNTech's mRNA vaccines. Originally, they needed to skin test to various drugs to help sort this out prior to having access to the vaccines in the clinic. Now, they have access to the vaccines and more typically go straight to skin testing toward the vaccine if the history warrants it.

More likely for patients seen in the clinic, she said, is they previously experienced a reaction to the COVID vaccine that was not an allergic reaction and evaluation needs to confirm this suspicion. Some patients have a history of allergic reactions to other vaccines and, in theory, could have an allergic reaction to COVID vaccines, but most of the excipients found in other vaccines are not in the COVID vaccine.

The evaluation, which is grounded in their histories, is implemented as follows:

- Conducting a skin test to the vaccine, followed by the vaccine, if the test result is negative, in the options listed next.

- Updosing. Giving a patient .05 milliliters of the vaccine, monitoring the patient for 30 minutes, followed by the remainder if the patient experiences no reactions and final monitoring for another 30 minutes.

**"The reassurance for the hesitant sometimes comes by receiving the evaluation in a more contained environment, then, say, a larger setting, such as an arena where vaccines are provided in volume."** — SARA MAY, M.D.

- No updosing, but extending the monitoring time post-vaccination to 30 minutes or even 60.

The reassurance for the hesitant sometimes comes by receiving the evaluation in a more contained environment, she said, then, say, a larger setting, such as an arena where vaccines are provided in volume.

Because the efficacy of updosing has not been confirmed, Dr. May said, those who receive one are invited to participate in a Nebraska Medicine trial. The purpose for the trial is to compare the antibody formation pre-vaccination and post- for those who received an updose with those who received a normal dose. This updosing is standard practice for vaccine allergy evaluation, but its efficacy is not well-studied.

The most common reaction, Dr. May said, is the typical immune response—fever, muscle aches, joint pain and fatigue. "Feeling like you have a virus." The reality is, she said, that this response is actually a good one. "It's a good sign that the immune system is mounting an immune response."

Other reactions may be more random—atypical symptoms, such as migraine headaches—"that we can't associate necessarily with the vaccine."

Dr. May encouraged pediatricians, who may have been stretched thin in their efforts to have their young patients receive their flu shots and also COVID vaccinations—to refer them to the clinic, noting that her children were vaccinated at the clinic.

## The **May** File

**Hometown**
Waverly, Nebraska

**Bachelor's Degree**
Nebraska Wesleyan University in biology

**Medical Degree**
University of Nebraska Medical Center

**Residency**
UNMC in internal medicine

**Fellowship**
Mayo Clinic in Rochester, Minnesota, in allergy and immunology

**Specialty**
Allergy and immunology

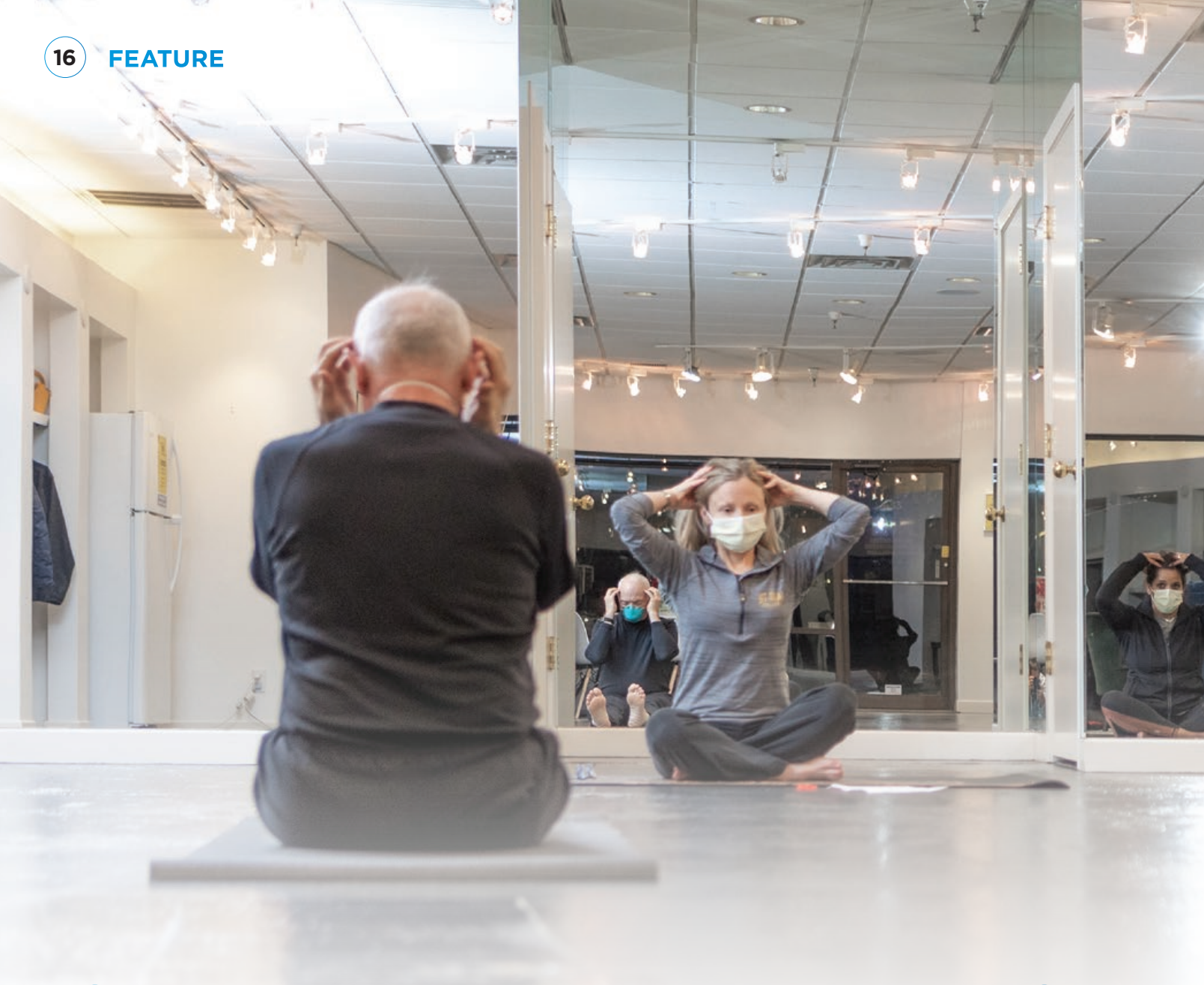
**Title**
Associate professor

**Institution**
Division of Allergy and Immunology, UNMC

**Hobbies**
Spending time with family, watching Husker football and volleyball, and Jazzercise.

**Family**
Spouse, Joel Michalski, M.D., Ph.D.; three sons, twins Henry and Ethan, and William

**Why She Joined MOMS**
To work with an entity that actually puts physicians first.



# CLASSES ARE IN SESSION

Susan Evans, M.D., is confident those who participate in her yoga classes will leave feeling less stressed.

David Watts, M.D., knows meditation helps people navigate stressful social situations. He knows, he said, because meditation helped him.

The two are sharing their expertise in these areas with physicians at MOMS' recently opened wellness center. All physicians are welcome, they said.

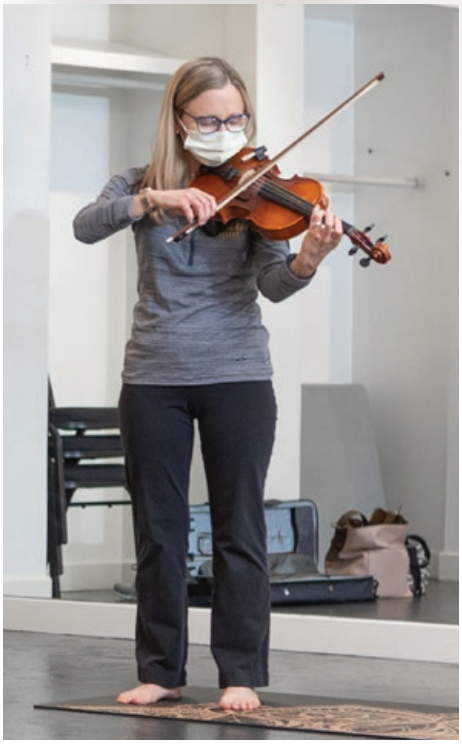
The R+R Wellness Center is a busy place—and that's by design, said Carol Wang, MOMS executive director. "Our reason for opening the center is to give physicians a chance to relax, but also to engage in activities that are important to them.

The lineup of activities at the center, which opened in November at 633 N. 114th St. in Omaha, includes the sessions led by Drs. Evans and Watts. Use of the center is available to all physicians. MOMS members, however, can reserve space for private group meetings and social gatherings.

"We want to provide our physician members and their guests with programs and classes that help them navigate their busy, often hectic, days," Wang said. "We're grateful that Susan and David were willing to share their passion and their knowledge."

**"I tell people at the beginning of class we have been through a stressful couple of years. Yoga will help you feel a little better and a little less stressed—in a stressful time."**

— SUSAN EVANS, M.D.



## DR. EVANS TEACHES YOGA

Dr. Evans, who practices family medicine at Nebraska Medicine, said she took her first yoga class as a teenager attending a summer camp at UNL. "I don't remember what the camp was called, but I remember that I really liked the yoga class."

She continued taking classes and after completing her residency took a class for instructors. Since then, she has taught classes for colleagues at work and for friends at home. The pandemic brought those classes to an abrupt halt.

Now, she said, participants can be assured they are sharing a class with physicians who are vaccinated and wearing masks. The 8 p.m. start time on Wednesdays is by design. "If you're a parent, you can get your child ready for bed. You don't have to miss dinner."

She also assured newcomers that her class isn't designed to be difficult." Most people are very capable of doing the class." The benefits, she said, stem from being more centered and comfortable in your body, which leads to a more relaxed parasympathetic nervous system.

She encouraged participants to bring their own mats, but three are available for those without.

And as a kicker to the evening, Dr. Evans adds some music to the class by playing her fiddle.

"I tell people at the beginning of class we have been through a stressful couple of years. Yoga will help you feel a little better and a little less stressed—in a stressful time."

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## DR. WATTS PRACTICES MEDITATION

Dr. Watts knows the power of meditation. His dentist, back in the day, encouraged him to pay attention to his breathing during a procedure. "My anxiety went way down when I learned to do that," said the retired skin cancer surgeon. "I've been known to doze off in the dental chair."

He later offered similar suggestions to his patients before procedures and discovered they helped. He took yoga classes and later joined a meditation group.

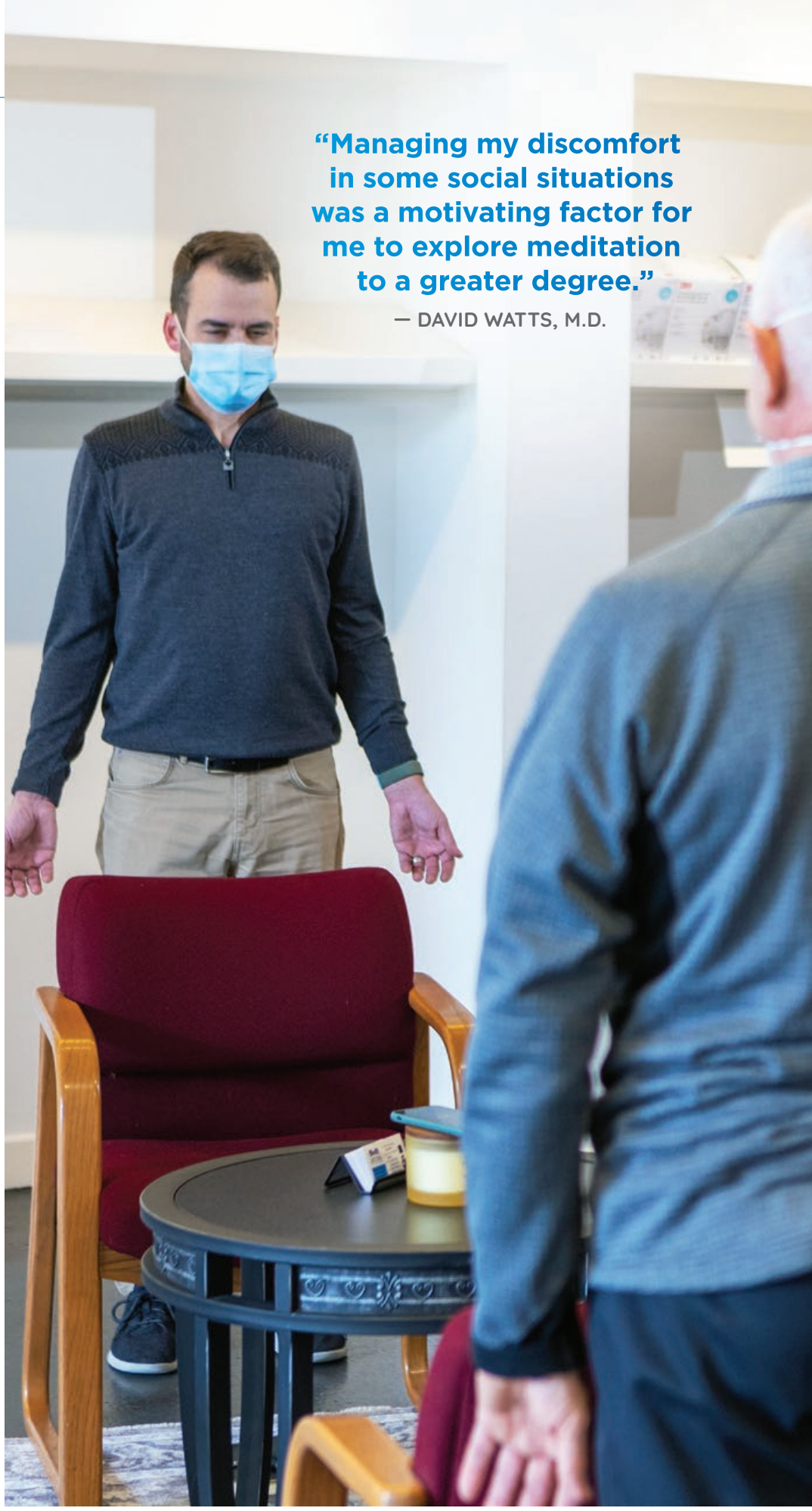
Practicing meditation, he explained, is somewhat of a generic descriptor—similar to telling someone you practice sports. Bottom line, he said, is meditation involves a variety of types and practices.

He first became interested in the science of meditation when he found himself wondering why his mind "short-circuited" in some social situations, particularly when he found himself with a crowd. "Managing my discomfort in some social situations was a motivating factor for me to explore meditation to a greater degree."

Through his research about meditation, he said, he learned that specific mental training molds specific pathways and structures in the brain. "Neuroplasticity is how we learn new skills."

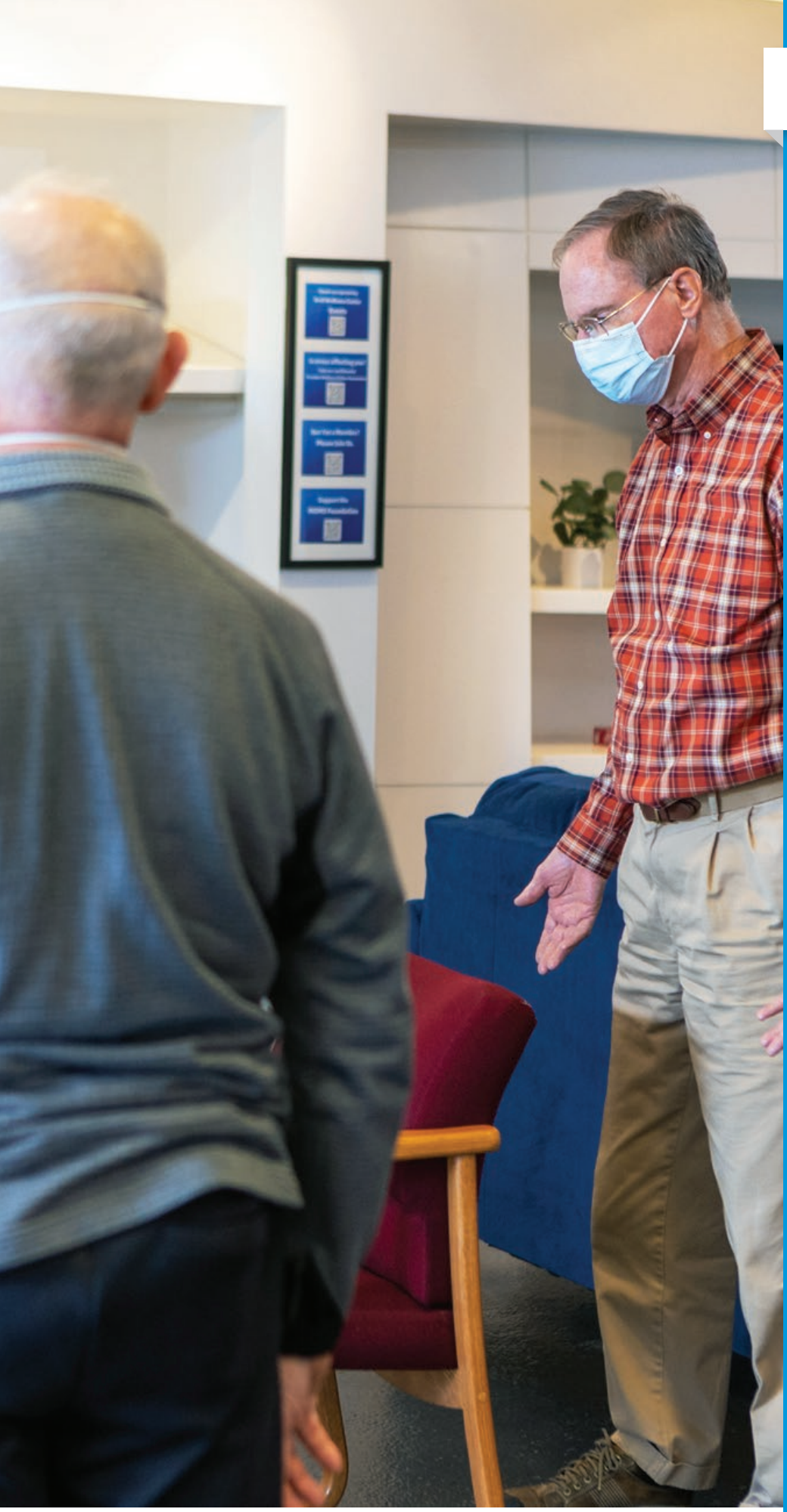
Now, he shares his experience and knowledge about meditation during classes each Wednesday from 7 p.m. to 7:45 p.m. He chose the time, just before the yoga class, because these two practices compliment each other and this allows physicians to attend meditation or yoga or both.

Dr. Watts said the classes will be fluid. "We will learn together."



**"Managing my discomfort in some social situations was a motivating factor for me to explore meditation to a greater degree."**

— DAVID WATTS, M.D.



Healthy Blue

# A PARTNERSHIP WITH PHYSICIANS IN MIND

For Healthy Blue Nebraska, supporting health care providers means supporting communities and, ultimately, the people it serves.

When Healthy Blue's leadership heard about MOMS plans to create a wellness center for physicians, the organization was all in. Healthy Blue Nebraska—Blue Cross of Blue Shield of Nebraska's health plan for Medicaid and Children's Health Insurance Program—is providing funding for the center that will allow it to continue well beyond the initial six-month pilot program.

"We are most grateful for the support," said Carol Wang, MOMS executive director. "We know and our friends at Healthy Blue know that practicing medicine is a stressful profession. We are proud to partner with Healthy Blue to provide a refuge for physicians where they can relax, where they can support one another, where they can just be."

Rob Rhodes, M.D., Healthy Blue's interim president and chief medical officer, compared the wellness center to the doctors' lounge in hospitals of days gone by. "Physicians need a place where they can seek an opinion from a colleague, seek support or even refuge after surgery or a difficult conversation with a patient." The R+R Wellness Center can be that place, he said.

Martin Wetzel, M.D., Healthy Blue of Nebraska's medical director of behavioral health, said stress levels among physicians already were high before the pandemic. Supporting the wellness center aligns with Healthy Blue's goals to support health care providers. "We feel that it is providers who ultimately support our members. The healthier our providers are, the better off our members will be."

# CHANGES ADD TO STARK LAW COMPLEXITY

The federal physician self-referral law, more commonly known as the "Stark law," prohibits a physician group practice from allocating profits from "designated health services" (DHS) in a manner that takes into account, directly or indirectly, a physician's referrals for such DHS. DHS includes a variety of ancillary services, including but not limited to laboratory services, radiology and other imaging, physical therapy, and outpatient prescription drug services.

New regulations interpreting the Stark law became effective Jan. 1. The Stark law is "an important health care law that required consideration by physicians and hospitals to ensure compliance," an Omaha attorney said. Hospitals and health care organizations that violate the Stark law can find themselves facing fines, penalties and public scrutiny, she said.

Stephanie Sharp, who specializes in helping physicians and group practices, hospital systems and other service providers in the health care industry navigate state and federal legal and compliance regulations, said Stark law is complex even for someone who has been practicing law for years. "As you walk through the analysis of a given situation, it's not cut and dried. The key is looking at facts of the particular situation, performing the analysis and understanding the exceptions to the Stark law, which was recently amended."

Hospitals, practice groups and individual practitioners face not only Stark law compliance, but also must comply with the federal anti-kickback statute (also recently reformed), said Sharp, an attorney with 16 years of corporate, health law and regulatory experience and who is presently working at the Omaha-based law firm Vandenack Weaver.

Adding to the complexity, she said, is that the Stark law and anti-kickback statute have distinct and separate regulations, and can impact health care operations, transactions, contracting and reimbursements.

The motivation behind the Stark law, Sharp said, was that it was aimed at limiting physician referrals to reduce government (including Medicaid and Medicare) costs. Especially targeted were referrals from a physician to a family member with a financial interest at stake.

Because of the amount of money the government contributes to the health care industry, she said, the government wants to eliminate unnecessary tests and waste in the system. Arguably, referral patterns that financially benefit family members, for example, drive up utilization and potentially create waste. "The purpose is to limit referrals that don't—or shouldn't—be made."

Changes to Stark II add to the complexity of its regulations. Those changes, she said, were designed to modernize the regulations and allow for activity designed to promote technology advancements, including for example the greater use of telehealth and telemedicine, partially prompted by COVID-19.

Those changes, she said, were driven by an attempt to make charges more value-driven and further refine the allowed exceptions.

Time for some examples, she said, noting that exceptions exist for certain referral patterns, for example referrals to family members in rural areas.

**"Some statutes intending to limit referrals are intent-based. An evaluation can go a long way to mitigating your exposure. It's worth it."**

**— STEPHANIE SHARP**

- "I'm a doctor and my husband is a radiologist. Can I send patients to his group?" It depends. You may be able to refer but must meet certain requirements. As noted above, radiology services are Designated Health Service, or DHS.

- "What if I refer a patient to the emergency room and my wife works there. Is that permissible?" Likely. Emergency medicine is not a DHS, she said. Other regulations may be implicated, however.

In rural areas, distance is a factor, which may allow for referral that would otherwise be deemed impermissible, Sharp said. In these situations, the physician will want to provide the patient with options while disclosing that one option may be a referral to his or her relative.

The best course for hospitals and practice groups of all sizes is to have an attorney or specialist in health care regulation evaluate the proposed relationship or transaction. Conducting a comprehensive practice evaluation would provide even greater assurance against violations of federal or other laws, Sharp said. To contain costs, she said, an option may be to have the practice evaluation focus just on high-risk areas.

Cyber-security may be one of those areas. Ten years ago, hospitals and practice groups didn't have cybersecurity policies. "Now they all do. The problem is that very few comply with their own policies. I view this as an area of risk."

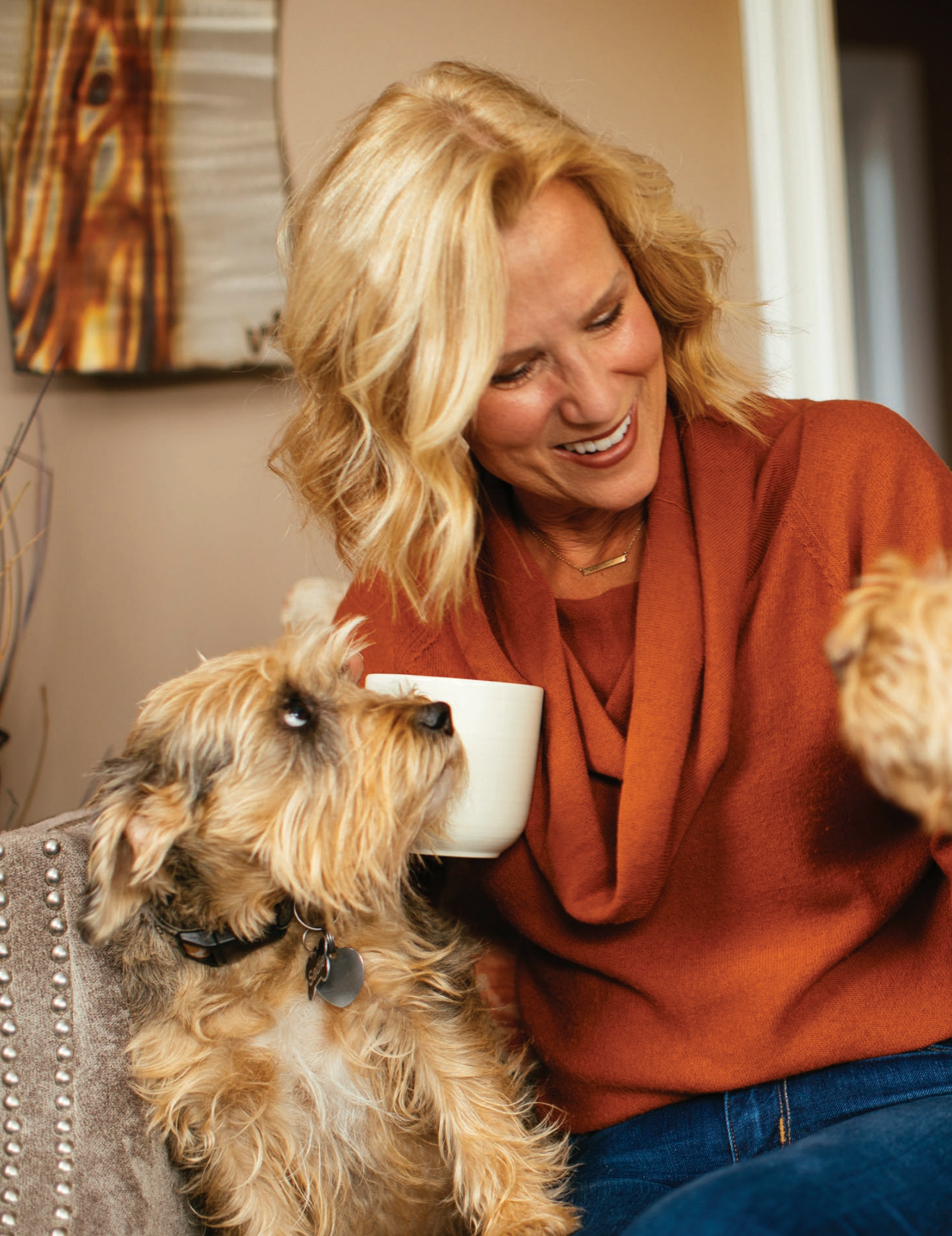
"If you have a practice evaluation and there is a finding, it can go a long way to show an intent to comply with the regulations," Sharp said. "Some statutes intending to limit referrals are intent-based (the anti-kickback statute, for example). An evaluation can go a long way to mitigating your exposure. It's worth it."

The evaluation also can include HIPAA compliance, evaluation of compensation arrangements, and assistance in identifying areas of opportunities for growth or expansion in light of the changes to the statutes, she said.

The alternative to paying for an evaluation is being found in violation by the U.S. Dept of Justice, the Department of Health and Human Services or the Centers for Medicare & Medicaid Services, all of which enforce health care laws and regulations.

The Dept. of Justice lists hospitals and practice groups found in violation on its website. Penalties for single violations can be up to $15,000, she said.

"One rule violation can trickle into others," she said. "The penalties can put you out of business."



# HOW MOMS' NEW PRESIDENT PLANS TO CHAMPION THE MEDICAL SOCIETY

Tina Scott, M.D., admits she is still learning about all the Metro Omaha Medical Society does to serve its members, including the institutions where MOMS' members practice and the extended communities they serve.

During her term as MOMS president, she aims to share her willingness to learn as she plans to build awareness about the medical society and encourage her peers to join.

"What got me here is wanting to learn more about MOMS."

She wants to carry that forward and show the medical community everything that is available to MOMS members. And Dr. Scott believes the new R+R Wellness Center that opened in November is the perfect venue to start conversations about what MOMS can offer.

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She said: "The Wellness Center is the perfect venue for people in our organization to share their talents (see story, page 16). We're all physicians, but that's not all we are. We can teach each other and share with each other."

With the Wellness Center as the entry into conversations about MOMS and why physicians should join, Dr. Scott maintains that the key to the discussion is that membership can mean different things. Some members may just want to attend the Annual Meeting and Inaugural Dinner, others may want to join for networking and socialization, and other members may want to get involved with advocating for their profession—and all of these are great reasons to join MOMS.

Dr. Scott said that she "wants people to see the breadth of what MOMS is and to explore everything that it can be."

Like her commitment to medicine while at UNO, from her first day at the University of Nebraska Medical Center, nothing caused her to question her desire to be a pediatrician. During her clinical rotations, Dr. Scott said, she always asked her clinical instructors: "Teach me everything about your specialty you can because it makes me appreciate what you do" but nothing she heard or learned was enough for her to switch from pediatrics.

Dr. Scott initially practiced in general pediatrics at UNMC. It was during this time that she was encouraged to join MOMS, and she was glad she did. Being part of the medical society helped fill in some gaps in learning that medical school could not—she knew she wanted to advocate for her patients but wasn't sure how.

**"They don't teach advocacy in medical school. You need information and you need support. I learned through MOMS how to be an advocate. I learned how to build and form relationships outside of pediatrics. You can't just do things on your own."** — TINA SCOTT, M.D.

Dr. Scott, normally at her pediatric clinic in Plattsmouth, shared her story on a recent Friday about how Mrs. Barrett, her honors biology teacher at Omaha Northwest High School, initially sparked her interest in medicine. Dr. Scott already knew she enjoyed Mrs. Barrett's biology classes and assisted Mrs. Barrett with a genetics research project that involved mice, but it never occurred to her that she would be well-suited for medicine—until Mrs. Barrett suggested it to her.

After graduating from high school, Dr. Scott headed to the University of Nebraska Omaha to major in biology. From the first conversation with an academic adviser about career paths, the discussion turned to medicine and, from that day, she planned to enroll in medical school.

During her undergraduate years, Dr. Scott recalls that nothing caused her to waver from her commitment to medicine, except for the occasional calculus or organic chemistry class.

"They don't teach advocacy in medical school. You need information and you need support," Dr. Scott said. "I learned through MOMS how to be an advocate. I learned how to build and form relationships outside of pediatrics. You can't just do things on your own."

With the help of MOMS, she now understands the importance of the connections and relationships outside of work that allow her to advocate more effectively for her patients, including knowing when she can help and when she should refer to another provider.

As a MOMS member, Dr. Scott joined MOMS Public Health Committee and served on it for decades. During her tenure on the committee, its activity ebbed and flowed. As the committee's activity was increasing, the pandemic hit. Dr. Scott recalled previous conversations with Carol Wang, MOMS executive director,

## The **Scott** File

**Hometown**
Omaha

**Bachelor's Degree**
University of Nebraska Omaha in biology

**Medical Degree**
University of Nebraska Medical Center

**Residency**
UNMC/Creighton University Joint Pediatrics Program

**Internship**
UNMC/Creighton University Joint Pediatrics Program

**Specialty**
Pediatrics

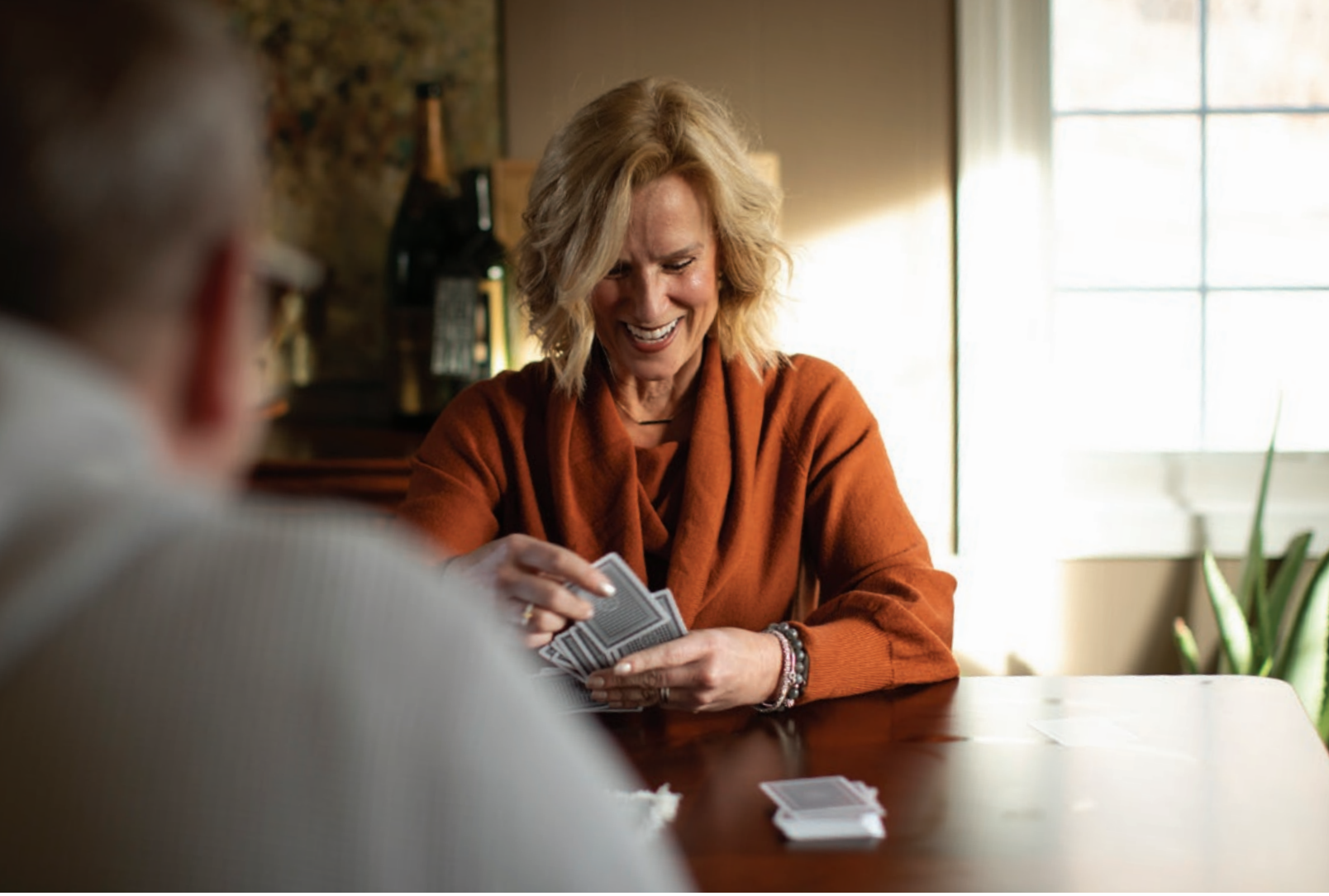
**Practice Location**
Children's Physicians in Plattsmouth

**Academic Appointment**
Clinical Professor in pediatrics at UNMC

**Hobbies**
Cooking, reading, traveling, and researching and enjoying wine

**Family**
Husband, Ron Mordhorst; two sons, Jacob and Benjamin

**Why She Joined MOMS**
Read her story to find out



**With the help of MOMS, she now understands the importance of the connections and relationships outside of work that allow her to advocate more effectively for her patients, including knowing when she can help and when she should refer to another provider.**

and Lindsay Northam, M.D., president of MOMS in 2019, who both encouraged her to join the organization's leadership ranks. After her long involvement with MOMS, she decided that it was time to take it to the next step and see if she could succeed in one of these leadership positions and ran for president.

And here she is. As for her experiences on the professional side, Dr. Scott said, access to care for children continues to be a challenge as always but she also never expected so much of her work would be devoted to addressing her patients' mental health issues. At her Plattsmouth clinic, she sees a higher volume of patients eligible for Medicaid.

When talking with her peers in Omaha, the conversation always turns to how to help patients and their parents receive care when so many lack the resources even to get to the clinic. "Some don't have a car or even $10 in gas."

When she began her medical training with pediatrics in mind, she anticipated treating pediatric patients for strep throat, ear infections, and cuts and bruises. She never imagined so many of her young patients would need mental health care, which COVID has only made more prominent.

Dr. Scott recognizes that the medical community is working through the impact COVID can have on children and adolescents, including their mental health, but has to admit that it breaks her heart that children are dealing with such anxiety and depression. Even with all the nuances to her day, Dr. Scott said she still loves what she does: "I am so blessed because I get to do this every day. I love it."

In addition to her practice, Dr. Scott also loves working with medical students and residents. She enjoys the time she spends teaching in clinics. Serving as a clinical professor for UNMC's Department of Pediatrics is fulfilling—and Dr. Scott is just as passionate about helping residents and medical students learn in her clinics as she is about teaching the medical community about MOMS: "I don't know why anyone would say 'No.' Someone taught us."

# NEW MEMBERS

**Natalie Manley, M.D., MPH**
Internal Medicine, Medical Genetics
*UNMC/Nebraska Medicine*

**James Mantone, M.D.**
Orthopedic Surgery
*MD West One, PC*


**STANLEY M. TRUHLSEN, M.D.**
Nov. 13, 1920 – Dec. 23, 2021

## IMPROVING THE DIAGNOSIS OF OTITIS MEDIA IN PEDIATRIC PATIENTS

Boys Town National Research Hospital is researching new techniques to help physicians deliver the most accurate diagnosis and care for patients with otitis media.

"We want to better understand ear infections and differentiate between causes more effectively," said Gabrielle Merchant, Au.D., Ph.D., director of the Translational Auditory Physiology and Perception Laboratory. "Our goal is to find objective ways to say 'yes, there's an ear infection' or 'no, there is not bacteria present' or 'it is caused by a virus.'"

The Center for Hearing Research at Boys Town Hospital recently published three papers on improving diagnostic testing for otitis media.

- "Audiologic Profiles of Children with Otitis Media with Effusion" illustrates research done with children who were having tubes placed. Researchers performed standard hearing tests, followed up by FDA-approved experimental tests. After the tubes were placed, the effusion was studied for the type and amount of fluid present, which was then compared to the results from testing. Studies found that effusion volume is an important determinant of the impact an episode of otitis media has on a child's hearing.
- "Improving the Differential Diagnosis of Otitis Media with Effusion Using Wideband Acoustic Immittance (WAI)," found that WAI (a diagnostic tool that measures how the eardrum moves in an affected ear) can determine the volume of effusion in a child's ear. The advantage of WAI is that it takes the subjectivity out of assessing eardrum and middle-ear status.
- "The Influence of Otitis Media with Effusion on Middle-Ear Impedance Estimated from Wideband Acoustic Immittance Measurements," takes WAI testing further, applying computational models to existing findings to improve the diagnostic utility of WAI. The models estimate characteristics of the ear canal and help isolate the influence of the effusion and ear infection on the eardrum motion to drive and maximize precision and accuracy.

## REDEFINING ANEURYSM TREATMENT WITH CHI HEALTH

The next generation of intracranial aneurysm treatment is happening at CHI Health. Vishal Jani, M.D., is the only neurointerventional surgeon in Nebraska, and one of few in the Midwest certified to offer minimally invasive treatment with a new technology called Woven EndoBridge System, known as 'WEB device.'

First-of-its-kind-technology recently was approved by the FDA to treat some of the most complex cases, cerebral wide neck aneurysms. Wide neck aneurysms are estimated to be 35% of all intracranial aneurysms and are challenging to treat with existing options. Traditionally, they were either left untreated, or required more invasive measures like open surgical clipping or stent-assisted coiling.

The WEB Device Implant is done with minimally invasive trans-femoral endovascular technique. Following 3D acquisition of angiography under a 3D navigation roadmap, a small microcatheter is advanced into the aneurysm. Then, a custom-sized WEB device is fed through a microcatheter into the aneurysm sac where the proprietary microbraid technology self-expands and conforms to the aneurysm shape. It bridges the aneurysm neck, disrupting blood flow, creating a scaffold for long-lasting treatment.

This technology is a single-device solution, which translates into shorter operating times, requiring less anesthesia, resulting in fewer complications. On average, the total procedure from device insertion to withdrawal is less than 21 minutes.

Patients are typically discharged from the hospital the very next day without any need for any antiplatelet or anticoagulation. Dr. Jani will do a six-month follow-up angiography to assess the device and healing of the aneurysm.

Dr. Jani serves as the system stroke and neuro-intervention medical director for CHI Health Hospitals in Nebraska. In the past few months, Dr. Jani has performed six successful surgical WEB implants in patients ranging from 38 to 92 years old.

## DR. DELANEY NAMED DIVISION CHIEF OF PEDIATRIC CARDIOLOGY

Jeff Delaney, M.D., has been named division chief of Pediatric Cardiology at Children's Hospital & Medical Center. In addition, Dr. Delaney has been named the Theodore F. Hubbard, M.D., Endowed Chair in Pediatric Cardiology. The appointment was effective Dec. 1, 2021.

"I'm thrilled to announce that, after a national search with interest from multiple exceptional candidates, Jeff Delaney, M.D., accepted our offer to serve as Children's and UNMC's division chief of Pediatric Cardiology," said Kari Simonsen, M.D., chair of the UNMC Department of Pediatrics, pediatrician-in-chief and senior vice president of pediatric services for Children's.

"Dr. Delaney has been a faculty member since 2008 and has risen through the ranks in progressive leadership and academic accomplishment. He is a talented physician who has the depth of knowledge of our history and a vision for our future—making him the right leader at the right time to continue the trajectory of growth and cultivate a successful, academic division of Pediatric Cardiology."

Prior to this appointment, Dr. Delaney was director of interventional cardiology and medical director of pediatric cardiology. He was instrumental in planning Children's state-of-the-art heart catheterization lab.

"We are pleased that Dr. Jeff Delaney will serve as the next clinical service chief and inaugural holder of the Theodore F. Hubbard, M.D., Endowed Chair in Pediatric Cardiology," said Alan Tingley, M.D., president of Children's Specialty Physicians. "He is a respected clinician and colleague. We look forward to the contributions his leadership will provide in advancing the mission of Children's and the Dr. C.C. and Mabel L. Criss Heart Center."

Thanks Omaha for over 35 Years!

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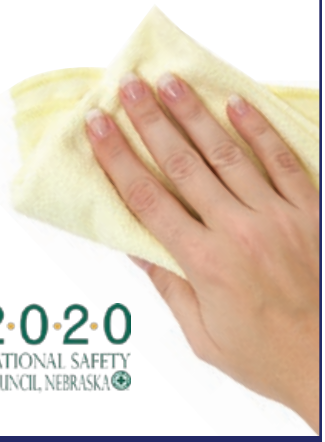

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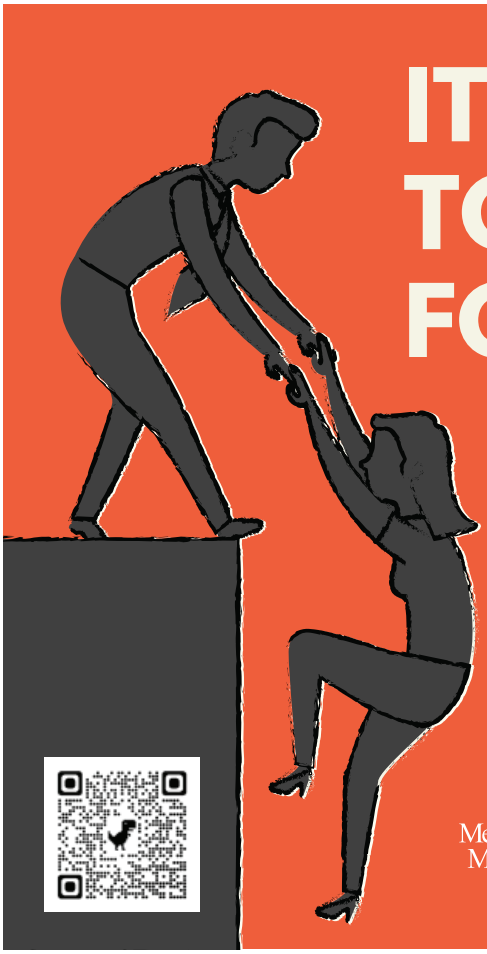

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We offer free confidential online counseling and telepsychiatry sessions

Complete a short assessment to connect with a mental health professional at providerwellness.org

Metro Omaha Medical Society Foundation

THE PHYSICIANS FOUNDATION
Empowering Physicians Improving Healthcare

Creighton UNIVERSITY Medical Center

## INAUGURAL PHYSICIAN ASSISTANT CLASS AWARDED DEGREES

The 23 students in Creighton University School of Medicine's inaugural Physician Assistant (PA) program were awarded their Master of Physician Assistant Studies (MPAS) degree during a commencement ceremony Dec. 11 at the Lied Education Center for the Arts.

"These professionals are graduating at a time when the health care system needs them the most," said program director Stephane VanderMeulen." They are compassionate physician assistants dedicated to impacting the lives of patients and providing service to the communities they will serve. They have received an exceptional education at Creighton and are poised to enter the workforce with the highest level of knowledge, skills and preparation."

A PA is a nationally certified and state-licensed medical professional who practices medicine as a member of a health care team with physicians and other health professionals. Graduates of the program, which is one of six programs offered at Jesuit institutions in the United States, receive a master of physician assistant studies degree in just over two years.

Individuals pursuing opportunities in the PA field are joining a pool of prospective employees in an in-demand career field. According to US News & World Report, the physician assistant profession ranks first on the 2021 list of Best Jobs in America and first on the list of Best Health Care Jobs. The field is expected to grow by over 30% through 2030.

METHODIST

## AIMING TO IMPROVE OUTCOMES FOR MOTHERS, BABIES

Methodist Women's Hospital and Methodist Fremont Health have joined in the U.S. Department of Health and Human Services (HHS) Perinatal Improvement Collaborative, a large-scale, data-driven effort that includes over 200 leading hospitals caring for diverse populations in all 50 states.

Methodist Fremont Health has been participating in the collaborative since 2017. This is the first year for Methodist Women's Hospital.

The collaborative is overseen by the HHS Office on Women's Health, or OWH, and uses real-time data, analytics and performance improvement methodologies from Premier Inc.

The HHS Perinatal Improvement Collaborative will test interventions and protocols to reduce preventable deaths and complications among mothers and their babies. Using Premier's comprehensive and timely PINC AI™ Healthcare Database, the program will be able to quickly generate solutions for safer obstetric and neonatal care that can be implemented nationwide.

"As a regional leader in perinatal care, we're constantly striving to improve outcomes for our moms and babies," said Patty Bauer, vice president of Methodist Women's Hospital. "To be part of and have access to this level of data will be imperative to us as we continue providing the highest level of care to moms, babies and families in our communities."

At its core, the initiative is a health equity effort that strives to address troubling disparities in birth outcomes and examine how care might be reliably tailored to mothers. The effort will be guided by an external advisory panel of more than 20 expert clinicians and thought leaders, as well as patient partners from MoMMA's Voices, a coalition of advocacy organizations.

"Maternal health is an important indicator for infant health," said Dorothy Fink, M.D., deputy assistant secretary for Women's Health and OWH director. "When mothers have better health, we create better opportunities for infants and the larger community to have better health."

Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

## DR. HINGORANI RECEIVES PANCREATIC CANCER AWARD

Sunil Hingorani, M.D., Ph.D., an internationally recognized pancreas cancer researcher and clinician, has been named the inaugural recipient of the Nancy Armitage Pancreas Cancer Presidential Chair and the first director of the Pancreatic Cancer Center of Excellence at UNMC and Nebraska Medicine.

Dr. Hingorani, currently a professor and endowed research chair at Fred Hutchinson Cancer Research Center in Seattle, Washington, will begin at UNMC and Nebraska Medicine in May.

"We want to continue to excel among the world leaders in pancreas cancer research and treatment, and Dr. Hingorani is someone with proven results who can lead our team's efforts," said Chancellor Jeffrey P. Gold, M.D. "Through our center of excellence and now with Dr. Hingorani, we will continue to discover new and better ways to prevent and earlier diagnose this terrible disease, and then provide patients with better treatment options. We will not stop until we have stopped pancreas cancer."

Dr. Hingorani's research success is well-documented. He helped develop the first mouse models to accurately mimic human pancreas cancer from its precancerous inception to its advanced stages. Dr. Hingorani has used these models to identify genetic events, signaling pathways, and collaborating cell types that contribute to the aggressiveness of ductal adenocarcinoma, the most common and deadly form of pancreas cancer. Dr. Hingorani has made multiple breakthroughs in his lab that have informed the course of his latest phase of research, as well as that of others, and his lab is testing these ideas in a novel Murine Clinical Trials Program to identify those strategies most likely to succeed in patients.

University of Nebraska Medical Center

## NEW APPROACH TO AID INPATIENTS SUFFERING FROM OPIOID MISUSE

The Centers for Disease Control recently announced that for the first time ever, the number of Americans who died from a drug overdose in the past year has surpassed 100,000.

"The opioid epidemic is raging," said Alëna Balasanova, M.D., director of addiction psychiatry education and an assistant professor in the UNMC Department of Psychiatry. "The rate of overdose in Nebraska may be lower than other states, but it has increased, too."

Treating patients suffering from addiction is a passion for Dr. Balasanova. After her arrival at the med center in 2016, she worked with stakeholders across Nebraska Medicine and UNMC to implement several important initiatives aimed at better serving patients suffering from addiction, including the creation of the addiction services clinical program and inpatient consult service in 2019 at Nebraska Medical Center.

"We set our sights on the inpatient environment to provide a more reliable continuum of care to patients who are experiencing opioid withdrawal," she said.

Dr. Balasanova's latest passion project launched in December at Nebraska Medical Center. It's a new order set in One Chart called the "Opioid Withdrawal Order Set," which can be ordered by the patient's primary team.

"It's designed to provide a systematic way to assess a patient's opioid withdrawal and provide evidence-based treatment options," she said.

The order set involves various disciplines, including nursing, addiction psychiatry, pharmacy and the primary care team.

It also incorporates the Clinical Opioid Withdrawal Scale (COWS), which allows a nurse to perform an assessment on a patient who has either indicated opioid use or is showing symptoms of withdrawal.

Upon completion of the assessment, a score is calculated in the system. An appropriate medication treatment option is presented to the primary team to initiate based on a patient's score.

# APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

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

## PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____

Birthdate:_____Gender: ☐ Male ☐ Female

Clinic/Group:_____

Office Address:_____Zip:_____

Office Phone:_____ Office Fax:_____Email:_____

Office Manager:_____Office Mgr. Email:_____

Home Address:_____Zip:_____

Home Phone:_____Name of Spouse:_____

Preferred Mailing Address:

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

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

## EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:_____

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

Residency Location:_____Inclusive Dates:_____

Fellowship Location:_____Inclusive Dates:_____

Primary Specialty:_____

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

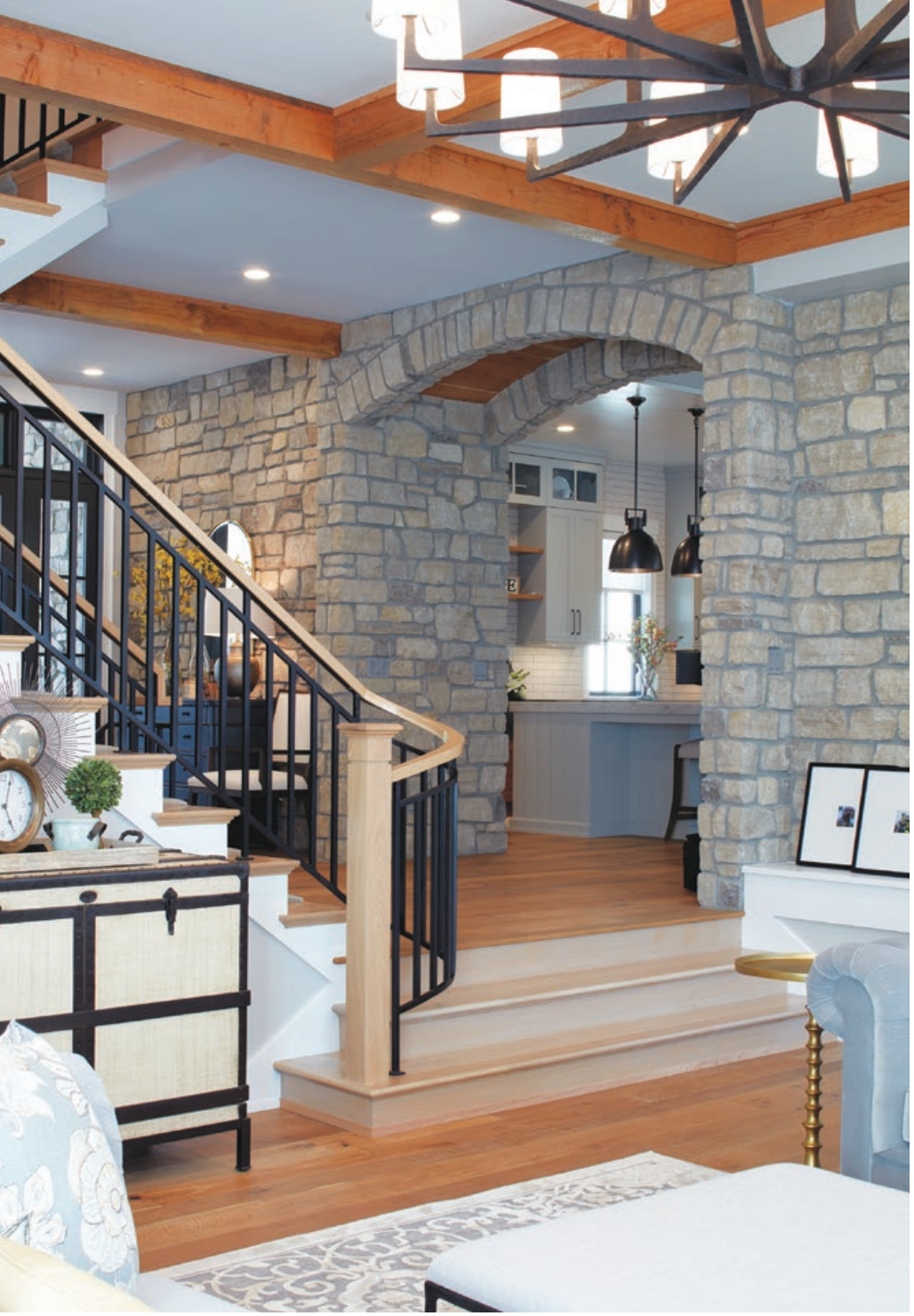
_____ _____

*Signature* *Date*

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

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

**APPLY ONLINE:**
www.omahamedical.com



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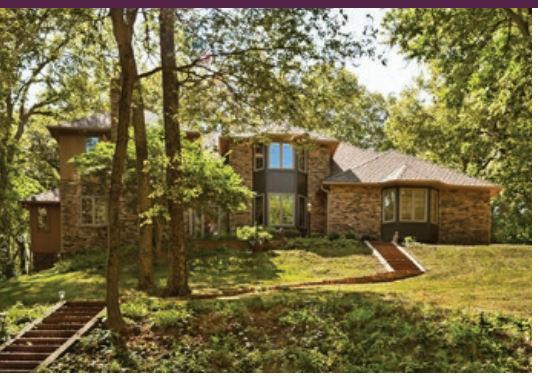
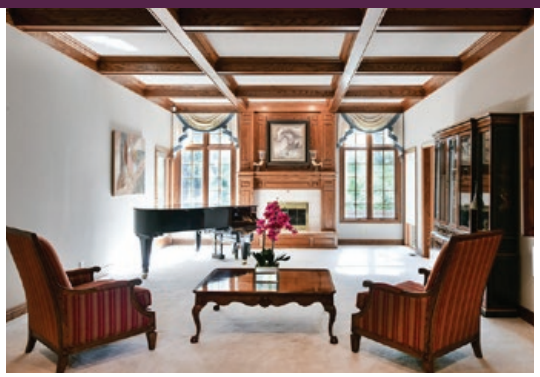
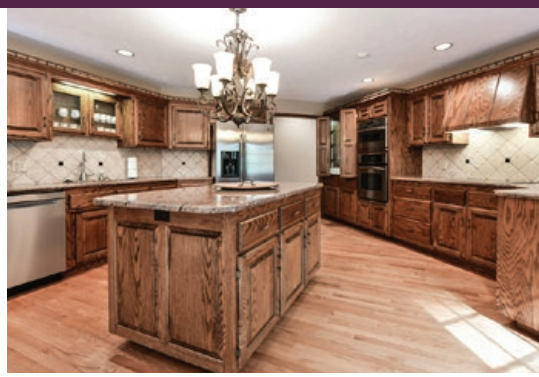
# Magnificent 1.5 Story Estate Nestled in the Trees in the Premier Country Club Oaks!

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