

# Physicians Bulletin

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NO. 2

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# COMING EVENTS

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## **MOMS R+R WEEKLY WEDNESDAY CLASSES**

Meditation: 7:00 to 8:00 P.M.

Yoga for Relaxation: 8:00 to 9:00 P.M.

R+R Wellness Center, 633 N. 114th St.

## **RETIRED PHYSICIANS – COFFEE & CONVERSATION**

Wednesday, April 13 | 10:00 to 11:00 A.M.

R+R Wellness Center, 633 N. 114th St.

## **RETIRED PHYSICIANS MEETING – SPEAKER TBD**

Wednesday, May 11 | 10:00 to 11:00 A.M.

UNO Community Engagement Center – 6400 University Drive South

## **R+R WELLNESS CENTER PRESENTS: BURNOUT & SECONDARY TRAUMATIC STRESS: CARING FOR THE CLINICIAN TOO**

Presented by Heather Forkey, M.D.

UMass Memorial Children's Medical Center

Wednesday, May 11 | 6:00 P.M. Networking and Dinner; 6:30 P.M. Presentation

R+R Wellness Center, 633 N. 114th St.

(Alt location if Wellness Center space exceeded: Core Bank Village Pointe)

## **DOCBUILD: HABITAT FOR HUMANITY HOME BUILDING EVENT**

Saturday, May 14 | 8:00 A.M. - 3:00 P.M.

Location Announced Week of Event



## FEATURES

- 16 EXPLORING ALL OPTIONS FOR BATTLING STAFFING SHORTAGES**
- 20 MAKING MUSIC THEIR WAY**
- 24 ORTHOPEDICS AND COVID-19—CHALLENGES FACED AND OPPORTUNITIES TO IMPROVE CARE**

## DEPARTMENTS

- 5 COMING EVENTS**
- 9 EDITOR'S DESK**  
Breaking a Taboo to Talk About Compensation
- 10 MOMS LEADERSHIP**  
How Your Support to MOMS Foundation Bears Fruit

- 11 NMA MESSAGE**  
Focusing on Legislative Priorities
- 13 LEGAL COLUMN**  
Legal Trends and Practice Management: Be Ahead of the Curve of Pandemic Induced Trends in Health Care
- 15 EARLY CAREER PHYSICIAN**  
Bending the Algorithm
- 27 2022 DUALITY OF INTEREST DISCLOSURES**
- 28 CAMPUS & HEALTH SYSTEMS UPDATES**



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# Physicians Bulletin

VOLUME 43, NUMBER 2

A PUBLICATION OF THE



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# BREAKING A TABOO TO TALK ABOUT COMPENSATION



**AUDREY PAULMAN, M.D.**

Editor

*Physicians Bulletin*

## WHAT IS A PHYSICIAN WORTH?

For perspective, there are several thoughts that I personally have in writing this editorial. The pandemic has been hard on everyone, whether they are a health care worker or not.

Health care professionals include physicians, nurses, allied health, advance practice practitioners, researchers, educators, public health experts, medical and nursing aides, administrative staff, administrators and others. Overall, this is about 20% of the U.S. workforce.

There are no unnecessary roles in health care. Each person plays a critical part in caring for others. Health care professionals work very, very hard to save the people of the world.

I understand. I see your faces, I hear your stories. It has been hard. It is time to get up, look around and assess how the environment has changed. Physicians need to be actively involved and included as the world returns to a new normal.

Yesterday, I read the headlines in the Omaha World-Herald: "Bonus pay for front-line nurses in Nebraska could be a morale booster."

Hospitals are making structural changes in their pay scales to help nurses transition from higher paying travel nurse positions to staff nurse positions. I applaud these initiatives.

These are two positive examples of initiatives to retain Nebraska's nurses. But what about physicians? Are there stipends available to boost physician morale? If 1 in 5 physicians considers leaving medicine, is there something that can help boost morale enough for a physician to stay?

I have questions about the impact on Nebraska physicians of environmental changes. Locally, are structural changes being made to pay scales to reflect the changing compensation environment nationally?

Financially, does a career of locum tenens in surrounding states make more financial sense to Nebraska physicians than being a local staff physician? Are there remote work opportunities for Nebraska physicians, such as e-ICU providers, or telehealth practitioners, or administrative positions? Is the favorable malpractice climate enough to keep employed physicians practicing in Nebraska? Is that malpractice cap under attack? Can physicians be retained with football tickets, hunting trips, living near extended families, and relatively low cost of living?

We need to retain physicians practicing in Nebraska. It may be time to break the taboo against talking about salaries.

A typical physician has about 12 years post high school in the educational pipeline, either making no salary or reduced salary as a resident. That physician then has about a 30-year career.

As the pandemic enters the third year, 10% or more of a physician's career will have been spent in the pandemic years. Personal physician productivity has been impacted by external forces, such as local COVID test positivity, local and state-directed health mandates, and the individual patient's willingness to enter the healthcare environment. Baseline compensation packages have been set.

For some physicians, the pandemic has been a time of high work output and high salaries. What is being done to help those physicians stay engaged in medicine when salaries normalize?

For others, the pandemic has been a time of high work output and flat or decreasing salaries. At work, increased time has been spent

doing activities, such as answering questions, recommending vaccinations, and helping individuals interpret how national guidelines impact their own personal situation.

Other physicians have had clinic schedules and therefore productivity curtailed through directive health mandates, or staff shortages as healthcare workers were redeployed.

Physicians have reengineered their schedules, restructured their offices, and cobbled together care for their own family, incurring additional expenses. Additional work hours are found by reducing personal and family time.


Physicians have had to learn new skills. Medical school teaches all medical students to "break bad news." Few have taught how to break that bad news, via FaceTime, to an alert but medically unstable patient, without family present. The stories are heart-breaking and the pain is real—both to the patient and the physician—and then the family and entire healthcare team grieves the loss.

I see it in your faces, I hear it in your stories. No one in the health care professions was trained for this. Everyone feels the pain. I hope that physicians can articulate their own needs for healing as a part of a health care team. Well trained in caring for others, we must now care for ourselves and our colleagues.

Historically, during times of stress, physicians seek employment at a different health care system, hoping to reduce stress. I believe this actually adds stress to the physician and to the patient alike, fracturing existing relationships. Personally, I don't think this is helpful.

Help must be provided to physicians. The hospital systems have all publicly spoken about their internal individual desires to provide a stable, engaged workforce, with fair compensation. I applaud this intent. At the time of this writing, the Nebraska Legislature is working to provide bonus pay to improve morale, but not for physicians.

Physicians, I see it in your faces, I hear it in your stories. It may be time to break the taboo against talking about compensations and work environment.

For Nebraskans, it is maybe time to ask what a physician is worth. 

## HOW YOUR SUPPORT TO MOMS FOUNDATION BEARS FRUIT



**DEBRA ESSER, M.D.**

President  
MOMS Foundation

I love spring. A time of renewal. Get outside, start new projects, look for new challenges, dig in the dirt. Hold that thought.

The MOMS Foundation has been busy over the winter looking at requests from our community for dollars and support for their projects. The Foundation had a lot of choices this year with requests for assistance from many deserving programs. Last year, the Foundation only gave support to one institution for our match grant. We used foundation dollars, generally given in small grants to the community, to purchase PPE for medical offices in Omaha. As we have all learned to deal with restrictions of the pandemic, the Foundation was able to once again look to the community to address needs.

This year, we awarded \$2,000 to the Children's Respite Center for equipment in caring for children in its care. Girls, Inc. received \$2,015 to purchase a 3D printer and lab equipment for its STEM program to empower young women.

Heartland Family Services received \$2,000 for travel vouchers to appointments for patients in North Omaha, to improve mental health disparities and to help patient access services. HETRA will provide equipment such as helmets and slings with its \$1,897 for clients who cannot afford equine services on their own. Intercultural Senior Centers received \$1,000 to assist mental health support groups for older adults in four different languages.

Omaha Public Library Foundation was funded \$5,000 for a pop-up bookmobile that will benefit all of Omaha. Omaha Street School is offering equine therapy to at risk-high school students for \$3,152. OneWorld Community Health Centers received \$4,500 to purchase pulse oximeters and blood pressure cuffs to allow telemonitoring of at-risk patients.

Child Savings Institute will purchase a Martti video remote interpretation device and minutes for use with \$6,839.86, to assist in communication for the at-risk children and families it serves. City Sprouts received \$3,000 for the creation of an outdoor nature classroom to teach young people about the natural world and healthy eating, and to improve mental health.

Our match grant recipient was Siembra Salud through the Latino Center, an innovative program that teaches our Hispanic community about nutrition and the ever-renewed skill of growing their own vegetables. By learning this skill, families can teach families and expand their access to fresh fruits and vegetables through growth in the garden. Our support will allow Siembra Salud to educate families to grow their own food. This is a skill that is used over and over and makes the community sustainable.

**"One of the things I love to do is plant my garden, and I am happy my last match grant fosters digging in the dirt and renewal for spring. It's time for new challenges and new growth, for ourselves and in the garden."**

— DEBRA ESSER, M.D.

The program is a home-based gardening and nutrition education program. Home visits with community workers teach the families to budget, read, and understand food labels and portion sizes and to prepare healthy meals from their garden. The majority of participants are first-time gardeners and fall under the 100 percentile of the federal poverty guidelines. Through the generosity of MOMS members, we were able to give the Latino Center \$10,285 for its program for 2022.

This was my last year as president of the MOMS Foundation. I am honored to have been a part of the Foundation and giving hundreds of thousands in funding to great programs over the past six years. One of the things I love to do is plant my garden, and I am happy my last match grant fosters digging in the dirt and renewal for spring. It's time for new challenges and new growth, for ourselves and in the garden. Thank you all for your support over the years and for your continued support for the Foundation in the future. 🌱



## FOCUSING ON LEGISLATIVE PRIORITIES



**AMY REYNOLDSON**

Executive Vice President  
Nebraska Medical Association

COVID-19 continues to dominate our focus at the NMA, the headlines and our conversations with physicians. Keeping pace with shifting dialogues has been a challenge of its own. Concerns about the availability of testing and treatment supplies, emphasizing the importance of the vaccine to hesitant patients, and carefully working through the overwhelming health care workforce burnout issues that are driving health care professionals to leave their profession, have been the underlying topics driving our efforts. I don't need to explain the details of each of these very important topics since you are living this day-to-day, rather, I want you to know that the NMA is working diligently with our resources—including other health care association partners—to provide support and seek solutions to these exacerbated issues that have left all of us feeling vulnerable and exhausted.

I have also spent a considerable amount of time working with my counterparts across the country, such as the Physician Advocacy Institute, to ensure the implementation of the No Surprises Act reflects what Congress passed in late 2021. Unfortunately, the arbitration method did not translate the same when

provided the details from Health and Human Services in their Interim Final Rule. The No Surprises Act requires arbitrators to treat physicians and insurers fairly when resolving billing disputes. If the Interim Final Rule is upheld, it will effectively undo the law passed by Congress and will boost insurers' profits at the expense of the physicians and patients. The NMA has been involved in many conversations about this with our congressional delegation and will continue to emphasize the importance of implementing this legislation so that it aligns with the bill passed by Congress.


This legislative session has been a busy one, just as we anticipated. Overall, there were nearly 600 bills introduced during this short, 60-day session scheduled to conclude on April 20. (For comparison, a typical short session averages around 400 bills introduced.) There were multiple bills centered on funding requests that would utilize American Plan Rescue Act (ARPA) funds to support health care initiatives. Increasing workforce development, increasing behavioral health reimbursements, increasing the number of acute care beds in rural areas, expanding cancer research, increasing funding for important healthcare related programs, increasing funding to local public health departments, and expanding healthcare education opportunities in rural Nebraska, to name a few.

The NMA has tracked 71 bills this session, including two NMA-sponsored bills: LB 1007 and LB 1269. LB 1007 would remove the local match for the student loan repayment funds in the event the federal law does not require a match by the local entity for the repayment of qualified education debts. LB 1269 would increase the funding of the student loan repayment program by \$10 million in ARPA funds. We are hopeful that LB 1007 will advance from the Health and Human Services Committee and the funding request will be included when the Appropriations Committee brings forward the budget for utilization of the ARPA funding.

Looking ahead at 2023 legislative session, we are focusing efforts on getting Patrick Hotovy, M.D. elected to the Nebraska Legislature in District 24. Born and raised in Seward County, Dr. Hotovy has served the York community as a family physician for 30 years and previously served on the York School Board and York Public Schools Foundation. Nebraska legislators make important decisions impacting the ability to practice medicine and how patients are treated.

All physicians must play an active role in the development of healthcare policy and now we have an opportunity to have a physician in the legislature who understands the complexities of practicing medicine and the importance of patient safety. Donate now at [www.nebmed.org](http://www.nebmed.org) to make your NMPAC contribution to help us get Dr. Hotovy elected to the Nebraska Legislature.

**GET YOUR NOMINATIONS IN:** It's never too early to get your nominations in for the 2022 NMA annual awards. The NMA recognizes individuals that have made lasting impacts on the profession, achieves high standards in the practice of medicine by contributing to their community through community service, provides high-level leadership, and goes beyond their primary role as a physician by advocating for the well-being of physicians, patients, and the communities in which they serve.

To learn more about the awards and to submit nominations, go to [www.nebmed.org/annual-meeting/annual-awards](http://www.nebmed.org/annual-meeting/annual-awards). Nominations will be accepted through June 10, 2022. We can't wait to recognize the award winners at the 2022 NMA Annual Meeting on Aug. 19, 2022. 

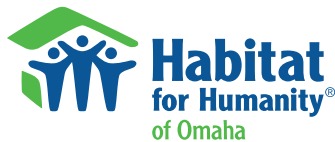


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## R+R Wellness Presentation

# BURNOUT AND SECONDARY TRAUMATIC STRESS: CARING FOR THE CLINICIAN TOO



### Heather Forkey, M.D.

*UMass Memorial Children's Medical Center/UMass Medical School  
Chief, Child Protection Program (CPP)  
Director, Foster Children Evaluation Service (FaCES)  
Medical Director, Lifeline4Kids  
Professor of Pediatrics  
Vice-Chair for Wellness, Department of Pediatrics*

**6:00 PM — Networking & Dinner will be provided**

**6:30 - 7:30 PM — Presentation**

*Define the spectrum of burnout and secondary traumatic stress and identify how the symptoms of burnout are explained as responses to threat.*

*Recognize how symptoms of burnout are associated with loss of resilience skills, and how the workplace setting may exacerbate or improve these symptoms.*

*Formulate a strategy based on harnessing effective stress responses at an individual and institutional level to prevent burnout and promote vitality.*



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**MARY VANDENACK**

Founding & Managing Member, CEO  
Vandennack Weaver Truhlsen, LLC

On the one hand, there has been a trend in health care for the past 10 to 15 years for more physicians to be employed by hospitals rather than in private practice. In recent years, there also has been a trend for private equity groups to purchase private practices. At the same time, there have been significant numbers of private practices established or reestablished in the past couple years. Factors cited for increased establishment of private practices include physician burnout related to the demands of COVID in the hospital setting, as well as increasing hospital costs that are resulting in payors rewarding lower cost alternatives that can be offered outside the hospital setting.

For physicians in independent practices, consider the legal and economic trends in the industry. Regardless of desire to remain in private practice or ultimately

transition, operating your practice as though you are preparing it to be attractive to a private equity buyer will result in a more profitable and efficient practice structure.

**PAYOR TRENDS:** Closely monitor payor trends for opportunities. In one instance in 2021, a major third-party payor decided to pay 15% more for procedures performed in an ambulatory surgery center and 15% less for the same procedure in a hospital. Payors are seeking to manage costs. Costs in hospitals are significant. Changes being made by payors may improve profitability for private practices, especially those with an interest in an ambulatory surgery center.

**ANCILLARY SERVICES:** If reimbursement rates go down and costs go up, the only way to make more income is to provide more services. An alternative is to consider offering ancillary services that enhance practice revenue. Adding ancillary services should be accomplished strategically but innovatively. To the extent ancillary services are offered, it is important that the services and compensation therefrom be structured in a manner to avoid legal issues such as STARK.

**OFFER TELEMEDICINE:** Use of telemedicine can result in less no-shows. Telemedicine also can lower costs, improve efficiency and increase revenue. Telemedicine availability is likely to increase loyalty and connection to your practice. The use of telemedicine creates the ability to provide services across state lines. Services are considered to be rendered in the state in which the patient is located. Each state has specific rules governing telemedicine. However, federal and state laws have been moving in the direction of interstate compacts.

**BRINGING IN NEW TECHNOLOGY:** A private practice may often be able to readily adopt new technologies in the delivery of health care than a bureaucratic institution. First, there are technologies that deliver health care services in new and different ways. Second, there are technologies

that are making it easier to manage private practices. There is recognition that much-hated electronic medical records have been a significant source of physician frustration and new technologies are being evolved. Medical practice data analytics and management software is being developed that can assist physicians in strategic practice decisions and result in less time spent in dealing with dreaded practice management issues.

In April 2021, federal rules were implemented that required various types of clinical notes that must be part of electronic information that must not be blocked and must be made available to patients. Many providers are using these rules as an opportunity to strengthen relationships with patients.

**MEDICAL WEARABLES:** Medical wearables have the potential to provide significant efficiencies for physicians. Wearables do raise legal concerns such as privacy. However, this can be addressed by having the patient consent to any monitoring or use of the data. Product liability also poses an issue so physicians need to convey appropriate warnings and obtain informed consent.

**COLLABORATE:** Unique collaboration models are emerging in various settings. Trends include merging two or more independent practices, joining an accountable care organization, participating in a super group or independent network, or becoming a medical home. There are a variety of ways to legally structure linked practices or participation in organizations.

**MOST PATIENTS PREFER A CLOSE RELATIONSHIP WITH THEIR DOCTOR:** While hospitalists have become a norm when one is in the hospital, most patients continue to prefer a close relationship with their physician. While concierge models are continuing to evolve, patient centered preventive care is an essential ingredient that attracts consumers to the model. ○

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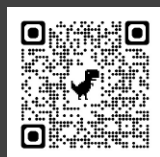


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## BENDING THE ALGORITHM



**NATHAN OSTLIE**

Creighton University School of Medicine  
Class of 2022

Early in medical school, we study medicine primarily through textbooks. We learn various diagnoses and treatment algorithms without seeing actual patients. Later, we progress to the wards where we add nuance to the algorithms. We quickly learn that patients rarely read the textbook. That the algorithms we learned often need to be bent and adapted to fit the variability of the human experience. This is where I stood as a third-year medical student, fresh to the inpatient wards. A patient I cared for that month would teach me the value of bending the algorithm, but not in the way I expected.

John, a male in his mid-30s, had been a member of the Omaha community for 15 years. A husband and father, he worked at a local restaurant, went to church, soccer practices and school concerts. He was also an undocumented immigrant from Mexico moving to this country seeking a better life for he and his family. Tragically, I met John in the hospital shortly after being diagnosed with end-stage renal disease (ESRD).

ESRD can be brought on by a myriad of causes but the standard of care in almost all cases is the same. Routine dialysis three times per week, which rids the body of toxic substances that the diseased kidneys can

no longer filter. Dialysis is only a stopgap for patients while they wait for the only definitive treatment, kidney transplantation.

In the United States, undocumented immigrants do not qualify for insurance through traditional Medicaid or the provisions from the Affordable Care Act. They are also ineligible for kidney transplantation. According to 1986 Emergency Medicaid Treatment and Active Labor Act, undocumented patients can receive care if it is necessary for life-saving treatment. The federal government has left it up to states to define what that means. In twelve states, routine dialysis is considered life-saving treatment while in the remaining states, including Nebraska, it is not. In these states, undocumented patients are only eligible for one-time emergency dialysis treatment in the hospital. They are then discharged with instructions to return when they are sick enough to need another treatment, which only takes a week. Research has shown that patients receiving emergency-only dialysis have higher mortality, more complications and incur more costs on the health care system than do patients on routine dialysis.


This was not a situation I had encountered in any of my textbooks. ESRD was a disease we knew how to treat but we were forced to provide substandard care. Everyone participating in John's care was upset because we knew this wasn't right.

As a member of the NMA, I knew that there was a way to change this law. I teamed with some of my classmates to draft a resolution and try to gain their support. The NMA works diligently to shape healthcare policy on a multitude of issues. But this process takes time. While we were working on the resolution and waiting for the NMA's support we decided to write an editorial for the Omaha World-Herald, pleading John's case. I hoped that our article would gain traction but most of my hope lay in our resolution.

**"There is an algorithm of sorts for enacting legislative change. But just like in medicine, there is nuance to this process. Change can come about through many different avenues, and I will never underestimate the power of pursuing each one. Sometimes all it takes is a little bit of luck."**

— NATHAN OSTLIE

The day after that article was published in the World-Herald, we received an email from a faculty member at Creighton. He had read our article and had spoken to State Sen. John McCollister about drafting a bill that would extend emergency Medicaid funding to include scheduled dialysis. We couldn't believe it. Within a month, my classmates and I found ourselves testifying before the Health and Human Services Committee in favor of legislation that would mean life-saving treatment for our patient. We are still a long way off. If the bill passes the committee, it will still have to be heard before the general assembly before being ratified to law. But we are far closer now than I ever thought we would be.

There is an algorithm of sorts for enacting legislative change. But just like in medicine, there is nuance to this process. Change can come about through many different avenues, and I will never underestimate the power of pursuing each one. Sometimes all it takes is a little bit of luck. I hope that John and his family will be able to see the benefits of this change. I know that I will keep fighting on his behalf. 

# EXPLORING ALL OPTIONS

## for Battling Staffing Shortages

If it's a day named for a type of food—be it national donut, pizza or even hot chocolate day—there's a chance the staff at Nebraska Cancer Specialists are celebrating it.

Celebrating with food is just one of the creative measures taken by the management team at Nebraska Cancer Specialists (NCS) to recruit and retain staff during a time when health care institutions in Nebraska and throughout the country face workforce shortages.

**“NCS’s management team took measures throughout the pandemic—from hosting catered lunches, making counseling services available and providing pay bonuses—to keep staff in the fold.” — KIRSTEN LEU, M.D.**

NCS’s management team took measures throughout the pandemic—from hosting catered lunches, making counseling services available and providing pay bonuses—to keep staff in the fold, said Kirsten Leu, M.D., an oncologist who serves as the physician chair for NCS’s Human Resources Committee. The focus on food—Taco Tuesdays, chips and dip to celebrate the Super Bowl and cake pops for Valentine’s Day—has been a hit with staff, Dr. Leu said. “We have some fun things planned for the coming months.”

CONT. PAGE 18









## FROM PAGE 16

Dr. Leu discussed how NCS worked through the pandemic to keep employees healthy and happy to accompany an overview provided by Jeremy Nordquist, president of the Nebraska Hospital Association, about staffing shortages in health care and the efforts being taken at the hospital and governmental levels to address them.

Yes, hospitals, clinics and other health care institutions in Omaha and throughout Nebraska face workforce shortages, Nordquist said. One statistic: Omaha area health systems have reported that up to one-third of first-year nurses have left the profession during COVID—compared to the

typical 10 to 15 percent—according to nationwide statistics. Statewide, the Nebraska Center for Nursing estimates there will be a shortage of 5,500 nurses by 2025—50 percent of that estimate coming in the Omaha area. “I hear of job postings for nurses that go unfilled for weeks and weeks,” remarked Nordquist.

And it’s not just shortages in the nursing profession. “For physicians, the estimated shortage is 10 to 12 percent among health care institutions in the state,” he said.

The reason, he said, is likened to a perfect storm. First, the pandemic and the stress caused by it has caused health care professionals to retire early. The extra workload caused by staffing shortages has also contributed to the exodus. Finally, a strong stock market has made it easier for some physicians and other health care professionals to retire early. “Hospitals were counting on them to stay a little longer,” commented Nordquist.

Resulting staff shortages have run the gamut. For smaller hospitals, losing several nurses could be critical, while one of the larger systems in Omaha, with 600 beds at capacity, was operating at 400 beds due to COVID and staffing shortages. To counter their shortages, some hospitals turned to traveling nurses to fill staffing gaps and were willing to pay the higher salaries they command.

Omaha-area institutions formed an informal agreement that they would refrain from hiring traveling nurses who had just left full-time positions at other local institutions. The NHA, along with other health care-related organizations, are coming together to look for long-term solutions for staffing shortages, which, Nordquist predicted, will likely worsen before turning to the positive.

NCS’s management team took measures throughout the pandemic—from hosting catered lunches, making counseling services available and providing pay bonuses—to keep staff in the fold.

First, a look at some additional steps NCS has taken to keep their staff on the job. Dr. Leu noted that NCS saw less turnover in 2021 than in the years prior—in fact the organization added a half-dozen staff positions for the Omaha facilities last year. 2022, however, is presenting some challenges as staff battle the Omicron variant. “We are certainly not perfect at staff retention, but we did our best.” Such as:

- Sending weekly emails to update staff on current COVID policies and NCS responses.
- Providing resources, such as resume-writing, to assist staffers who had family members lose their job because of COVID.
- Adjusting PTO to accommodate last-minute challenges to getting to work. “We even helped our staff find short-term child care.”

**Resulting staff shortages have run the gamut. For smaller hospitals, losing several nurses could be critical, while one of the larger systems in Omaha, with 600 beds at capacity, was operating at 400 beds due to COVID and staffing shortages.**

— JEREMY NORDQUIST

- Giving three additional cash bonuses during the pandemic, along with a birthday bonus.

- Scheduling town halls meetings, where staff could ask their COVID-related questions. "Sometimes you don't feel comfortable asking a question in the hallway," Dr. Leu said.

"Everything remained steady," Dr. Leu said. "We are blessed with a staff that is invested in the mission of the Nebraska Cancer Institute."

## "Hospitals are stepping up to the plate. They know they have to retain their workers. They're making investments in them."

— JEREMY NORDQUIST

Back to traveling health care professionals. Nordquist said using traveling nurses is a short-term solution. "It's going to be challenging to put that genie back in the bottle."

Nordquist discuss some initial solutions already in play, along with longer-term measures being pursued:

- Ensuring that all members of the health care team are being utilized to the full scope of their practice scope—starting with bringing LPNs back into the hospital setting. Registered nurses can serve as team leaders and work closely with pharmacists, physical therapists and others to maximize care.

- A focus on getting youth to consider careers in health care at an earlier age. One solution for a long-term approach is seeking state funding for the Health Occupations


Students of America (HOSA) in Nebraska schools. Think FFA, but for future physicians, nurses and others—not future farmers.

- Loan forgiveness programs or American Rescue Plan Act scholarship funding for people who train to become LPNs or certified nursing assistants. The cost—about \$5,000—is a wise investment to growing the pipeline for these programs, he said.

- Continue to improve the way telehealth is provided. Nordquist said a greater emphasis on telehealth is one positive outcome that has come from the pandemic.

Nordquist said he has seen hospitals, clinics and other institutions raise their pay scales—as much as 20 percent—to keep front-line staffers on the job. "Hospitals are stepping up to the plate. They know they have to retain their workers. They're making investments in them."

The challenge comes from Medicaid and Medicare reimbursements that increase at a pace of 2 to 2.5 percent. "It's going to be difficult to sustain at those levels," he said.

Nordquist said those are possible solutions to an ongoing challenge. He said he remains confident that state lawmakers and health care leaders will come up with solutions. "At the end of the day, we have tremendous health care workers in this state who are dedicated to caring for their neighbors. I have no doubt we'll find a way to provide the high level of care we have in the past. We are committed to working through this shortage." 



## The Leu File

### Hometown

Mount Prospect, Illinois

### Undergraduate Degree

University of Iowa in exercise physiology

### Medical Degree

University of Iowa College of Medicine

### Residency

University of Wisconsin Hospitals and Clinics in internal medicine

### Fellowship

University of Michigan Health System in medical oncology

### Specialty

Oncology

### Institution

Nebraska Cancer Specialists

### Hobbies

Attending her children's sporting events, supporting Iowa Hawkeye football, going for walks and cooking

### Family

Husband, Patrick Leu, M.D.; three children, Jacob, Nicholas and Victoria

### Why She Joined MOMS

"I wanted to feel connected to the medical community in Omaha."





## The O'Keefe File

**Hometown**  
Omaha

**Bachelor's Degree**  
University of Nebraska-  
Lincoln in biological  
sciences

**Master's Degree**  
Emory University in  
Atlanta in public health

**Medical Degree**  
University of Nebraska  
Medical Center

**Residency**  
University of Colorado  
Health Sciences Center  
in Denver in public  
health and general  
preventive medicine

**Specialty**  
Epidemiology

**Institution**  
Creighton University

**Hobbies**  
Traveling, hiking  
and cooking

**Family**  
A son, Jude O'Keefe

**Why She  
Joined MOMS**  
"Personally, I wanted  
to connect with other  
physicians because I don't  
work with them directly  
every day. Professionally,  
I want to make sure  
physicians have all the  
information they need  
about public health."

# MAKING MUSIC THEIR WAY

Anne O'Keefe, M.D. and Alex Tu have something in common beyond their chosen profession and their passion for music: the Beatles.

She's an epidemiologist; he's a fourth-year medical student with plans to specialize in otolaryngology. Both experience their own version of stress—and both often look to their music—for Dr. O'Keefe it's her guitar, for Tu it's the piano—for relief.

Both took piano lessons as children—at their parents' urging—which led, over time, to a greater appreciation for what music brings to their lives.

"Music is such an important part of my life," Tu said. "I see it as a universal language to communicate with people of all cultures and backgrounds. Music is a way for me to relieve stress and to connect with others through ways that might not otherwise be possible."

For Dr. O'Keefe, who learned to play guitar as a young adult, learning a new instrument was a way to challenge herself: "I kept learning new songs. I used it as therapy. A great way to relieve stress by playing for myself."

That would later change and that's part of Dr. O'Keefe's story. For Tu, playing for audiences temporarily led to his stepping away from playing piano. Now he welcomes the opportunity—especially when his band-mates join him.

This is their story about how music became entrenched in their lives—with a reference or two to the Beatles for good measure:

## DR. O'KEEFE: HAPPY WHEN SHE'S JAMMING WITH HER FRIENDS

Her father (Hal Mardis, M.D., a urologist) was a drummer and a percussionist, who played in a jazz band during college. He toured regionally and actually cut an album. "So, he hauled us kids to the symphony when we were young. I would get bored."

At about age 9, Anne O'Keefe began taking piano lessons. She didn't like to practice and got by, for a time, because she could play by ear. Finally, her teacher called her out and challenged her to either start practicing or to quit. Dr. O'Keefe chose the latter.

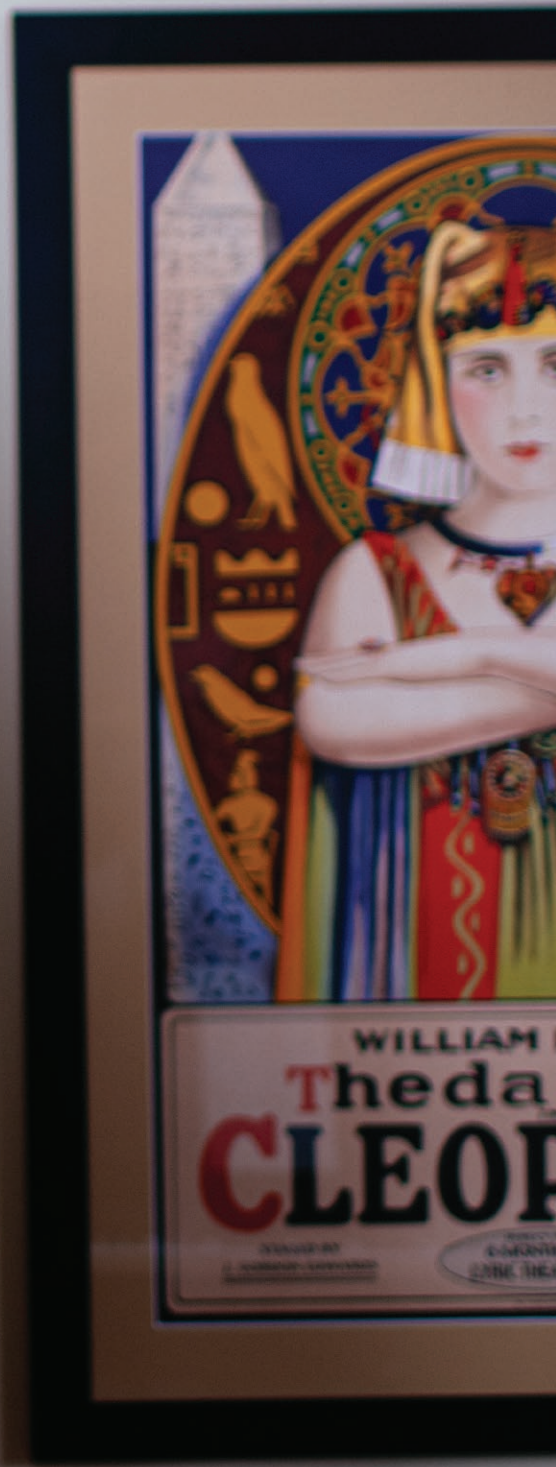
Fast forward a few years, and she started listening to her brother's Beatles album. "I became a Beatle-maniac at age 12." Hold that thought.

Fast forward even more years, and Dr. Keefe was at Emory University and decided to take up the guitar and started taking lessons. This time, it stuck.

She kept practicing the guitar and kept learning new songs. At one point, she tackled "Blackbird," from the Beatles 1968 double album "The Beatles," but known more as "the White Album." That song, she said, is her pride and joy because it's quite difficult to master.

Just prior to the pandemic, Dr. O'Keefe attended a workshop on participating in jam sessions. "I always wanted to do that (jam) but never felt I was quite good enough. The key is to know when you are to play and when to let others."

CONT. PAGE 22







(from right) Notochord members Raf Herrera (guitar), David Fu (percussion) and Alexander Tu (piano).

#### FROM PAGE 20

And so she learned and met other musicians at her ability level who also had a desire to join forces and play. “Playing with others gives me something to focus on. I just enjoy figuring out how to play songs that I like. When you play with other people, you take it up a notch.”

Dr. O’Keefe and her jam session mates mostly play for themselves. Occasionally, they find places—including her house and a room rented at a local library. They’ve even joined a jam session at an American Legion Post.

There’s more: She has attended a bluegrass camp, and has dabbled with the violin, mandolin and ukulele. Her 14-year-old son plays the drums and, she said, is quite good. A coming out for her jam session mates was performing at a holiday party.

“We’d love to do more.”

#### TU: MUSIC SPEAKS TO HIM

Simply put, Alex Tu’s parents, who grew up in China, wanted their children to have and experience things they never did: Including learning to play the piano.

So, he took lessons. He didn’t always enjoy practicing but committed himself to an hour a day. However, as he grew older, he became a bit rebellious: While his instructor encouraged him to learn Mozart and Bach, he preferred playing music from his favorite bands such as OneRepublic and, occasionally, Chopin.

His instructor encouraged him to perform at recitals and in competition. “That was what frustrated me most about taking piano lessons. Practicing ultimately to be judged quantitatively. Performing for the sake of competition.”

Eventually, he stopped playing for a time, but feeling music’s growing absence in his life, he picked it up again as a high school junior and with a new instructor, under the condition he didn’t have to

perform at recitals or competitions. He learned a half-dozen pieces during this time.

In college, he studied neuroscience at Vanderbilt, but also minored in music. There, he met faculty member, Jama Reagan, senior artist teacher of piano. “Every lesson with her was a special moment. I looked forward to seeing her every week.”

“She transformed my music—not to see my music as just a function for perfection, but to also make sure every note is an expression of one’s voice. She opened my eyes to the power of music, and for that I am indebted to her.”

Another memorable moment resulted after watching a documentary on the pianist and composer Seymour Bernstein. Wanting to surprise his then girlfriend (now wife) with a special birthday gift, he emailed Bernstein a heartfelt message about the documentary, and a request for an autograph.



*Abraham Killanin, vocals  
for the Notochords.*

**“Music is such an important part of my life. I see it as a universal language to communicate with people of all cultures and backgrounds. Music is a way for me to relieve stress and to connect with others through ways that might not otherwise be possible.” — ALEX TU**

Months later, Bernstein (check out his website at [seymourbernstein.com](http://seymourbernstein.com)) responded with an invitation to bring them both to Manhattan for a private lesson. A memorable moment, and only slightly nerve-wracking, he said.

Tu is now finishing his medical studies but still makes time for his music. He too relishes in participating in jam sessions with his three closest medical school friends—a lead guitarist, lead percussionist and lead vocalist. Together, they performed at a ceremony to honor those who donated their bodies to the UNMC Anatomy Department, which, in a sense, was their coming out party.

What resulted was the Notochords. Their repertoire includes songs by John Mayer, Amy Winehouse and Billie Armstrong. But their favorite song to perform, Tu said, is “Let It Be.” By the Beatles, of course. [🔗](#)

## CHECK IT OUT

Local musicians are coming together to make music—and their jam sessions are being held at the R+R Wellness Center. For more information, including dates and times, go to [omahamedical.com](http://omahamedical.com) or read the MOMS eBulletin email newsletter. [🔗](#)



## The Tu File

**Hometown**  
Omaha

**Bachelor's Degree**  
Vanderbilt University in  
Nashville in neuroscience

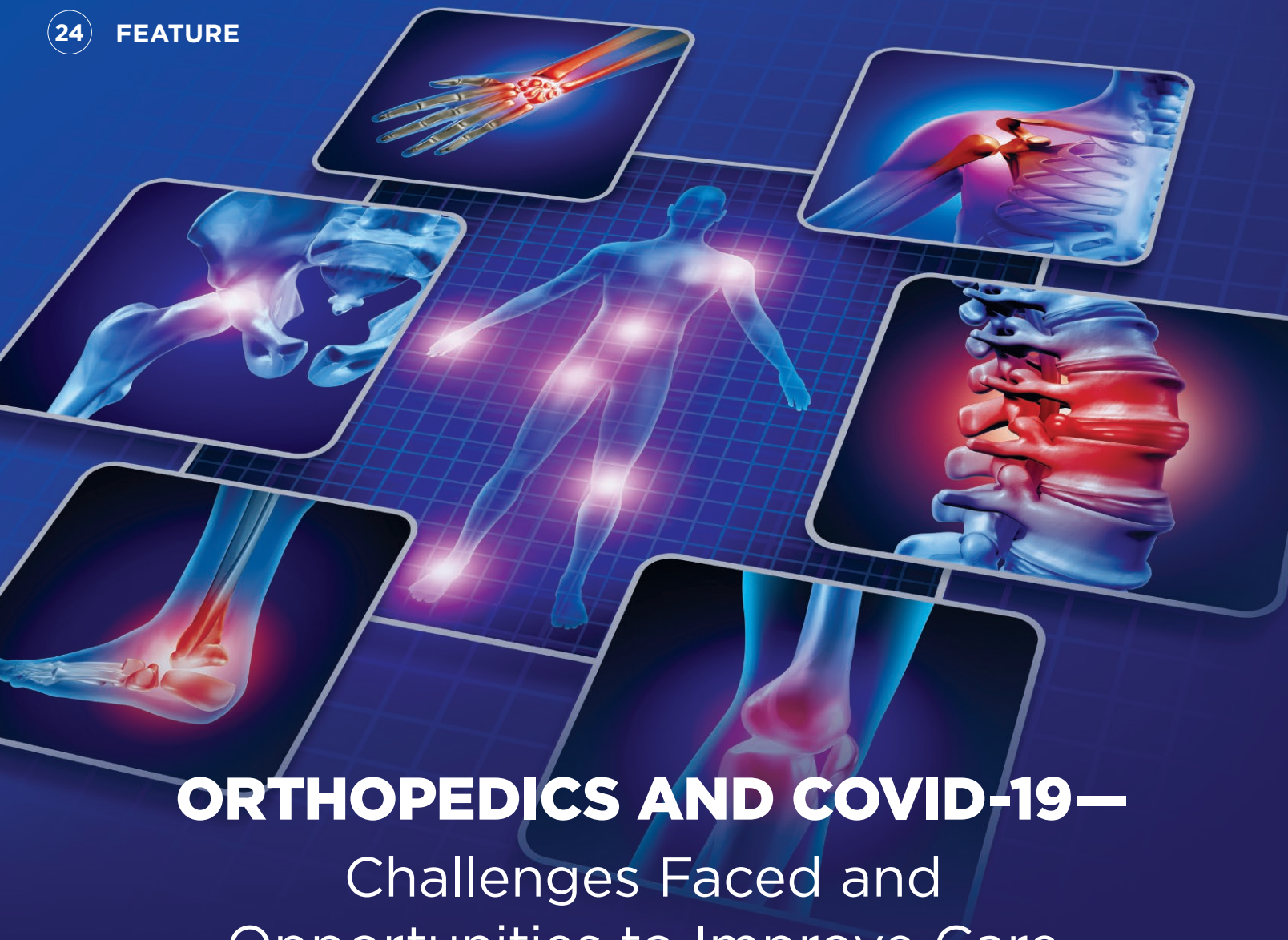
**Medical Degree**  
University of Nebraska  
Medical Center  
(expected in May)

**Hobbies**  
Weightlifting, cooking  
and PC building

**Family**  
Wife, Shiyu Wang

**Why He  
Joined MOMS**  
“MOMS provides me with  
the perfect opportunity  
to connect with other  
physicians in the Omaha  
community, and to  
grow in my personal  
and professional life.”





# ORTHOPEDICS AND COVID-19—

## Challenges Faced and Opportunities to Improve Care

Even though the ramifications of COVID-19 turned surgery schedules upside down, there are still lessons to be learned from the pandemic, two orthopedic surgeons suggested.

One opportunity for improvement that the pandemic created was integrating nurse navigators more deeply into the decision-making process about who was a candidate for surgery, said T. Kevin O'Malley, M.D., orthopedic surgeon who treats patients at several Omaha institutions, including MD West One. One critical component, at times, was whether a patient could return home the same day of surgery—thus reducing the possibility of a longer hospital stay when beds were in short number.

Dr. O'Malley and Nick Bruggeman, M.D., an orthopedic surgeon at OrthoNebraska Hospital, recently looked back at the chal-

lenges the pandemic presented them, their institutions where they perform surgeries and treat patients, and their patients, who, in many cases, had their orthopedic surgeries delayed. On a brighter note, both orthopedic surgeons could glean opportunities for providing their patients with more efficient care—measures made apparent during the past two years.

Drs. Bruggeman and O'Malley acknowledged that some positives have emerged as hospitals and surgical centers have worked through the backlogs (two months or so) created by the delays for some procedures:

- Dr. O'Malley said hospitals have integrated nurse navigators into the process for scheduling surgeries. Nurse navigators help determine which patients are good candidates to

go home the same day of their surgeries by ascertaining, for example, which have single-level homes and won't have to navigate steps or who will have 24-hour care initially.

- The pandemic also drew attention for the need for large-scale pharmacies to allow physicians to prescribe appropriate pain management without restrictions. Some pharmacies, due to the opioid epidemic have restricted volume levels for medication. "They've become doctors—limiting medication to our patients," Dr. O'Malley said.

- A switch to scheduling full days for surgeries and full days for office and clinic work. Surgeons previously worked half-days in surgery and the other half in the office. Delays ultimately would result if a surgeon was delayed at the office, Dr. Bruggeman said. The new full-day approach should boost efficiencies, he added.

- An approach to getting patients up and moving within hours of their surgeries. This approach can improve post-surgery recovery times and boost rehabilitation, Dr. O'Malley said. Thirty years ago, he said, patients would be hospitalized for several weeks after orthopedic procedures that today might mean a same-day return home or a one-day stay in the hospital. Back then, he explained, it was "we'll fluff your pillow and get started tomorrow. Now, it's 'let's get you up and work on your range of motion. You're going home today.'"

- Collaboration and ongoing communication between the chief medical officers at Omaha's hospitals. The dialogue was open and honest.

- Scheduling surgeries for Saturday, which allowed hospitals to reduce their backlogs but also allows for flexibility among support staff.

Their opportunities for improvement also focus on more efficient scheduling for surgeons and continued communication between chief medical officers among the Omaha-area care institutions.

One of the challenges caused by COVID-19 was having to tell patients that their surgeries—for knee replacements, hip replacements and other orthopedic procedures—would have to wait.

In many cases, patients lobbied their surgeons and pleaded their cases so their surgeries wouldn't be delayed. They took exception that their surgeries were designated as elective. They were in pain and their mobility was jeopardized, the surgeons said.

"Patients broke down in tears when we told them they can't have surgery," Dr. Bruggeman recalled. "They asked when this would end and when will I have my surgery?"

"People suffered. Our patients suffered."

In spring 2020, as COVID-19 presented in the Midwest, Dr. Bruggeman said, "there was a tremendous amount of uncertainty. We didn't have treatment. We had no knowledge of transmission. How COVID would behave. How long it would last."

**"We call them elective procedures—our perception and that of our patients were that they were not elective. There were patients who could not walk, could not sleep because of the pain." — NICK BRUGGEMAN, M.D.**

At the core of this discussion about how COVID-19 affected surgery schedules were the directives during the pandemic that elective surgeries must be delayed. Defining what is elective, wasn't always easy.

The first Directed Health Measure provided surgeons and their institutions little latitude, Dr. Bruggeman said, as they were directed to postpone surgeries unless "life and limb" would be endangered with greater than a four-week delay. "That first DHM in 2020 was intended to bend the curve. To preserve ICU beds and ventilators and PPE. We had some latitude in determining the number of surgeries that could be performed," said Dr. Bruggeman, who serves as chief medical officer for OrthoNebraska Hospital.

Still, Dr. Bruggeman estimated, OrthoNebraska postponed 80 to 90 percent of its procedures during that time frame. Dr. O'Malley estimated that 95 percent of his surgeries were postponed during that same six-week timeframe.

Dr. O'Malley, who also performs surgeries at Methodist and Lakeside hospitals, shared a classification scale used by Nebraska Medicine to determine who should receive surgeries and who could wait:

- **CLASS A**—Life or limb at risk. Surgery should be conducted now.

- **CLASS B**—Time-sensitive outcome necessitates procedure within 24 hours. Short delays are acceptable.

**CONT. PAGE 26**



## The Bruggeman File

**Hometown**  
Omaha

**Undergraduate Degree**  
University of Nebraska-Lincoln in biology

**Medical Degree**  
University of Nebraska Medical Center

**Residency**  
Mayo Graduate School of Medicine in Rochester, Minnesota in orthopedic surgery

**Fellowship**  
University of Indiana Hand Center in Indianapolis in hand and elbow surgery

**Specialty**  
Hand and elbow

**Institution**  
OrthoNebraska Hospital

**Title**  
Chief medical officer and Board of Directors, OrthoNebraska Clinic

**Hobbies**  
Skiing and physical fitness

**Family**  
Wife, Lisa Bruggeman; three children, Joe and Will and Ava

**Why He Joined MOMS**  
"It's a strong local resource for physicians. It provides social interaction and serves as an advocacy group for physicians."





## The O'Malley File

### Hometown

Memphis, Tennessee

### Bachelor's Degree

Christian Brothers University in Memphis in history

### Medical Degree

University of Tennessee Center for Health Sciences, College of Medicine, in Memphis

### Residency

University of Nebraska Medicine in orthopedic surgery

### Fellowship

Foundation For Ortho Athletics in Houston in sports medicine and joint reconstruction

### Specialty

Orthopaedic surgery, sports medicine and knee replacement

### Location

MD West One with multiple office locations

### Hobbies

Travel and gardening

### Family

Wife, Sharon; children, Brenna, Brigid, Molly, Connor, Grace, Therese and Mary Clare

### Why He Joined MOMS

"I joined because MOMS is a strong organization that provides support to the Omaha medical community."

## The challenges in determining what surgeries should be postponed, Dr. O'Malley said, was difficult because the extenuating circumstances in patients' lives was difficult to overlook.

### FROM PAGE 25

• **CLASS C**—Time-sensitive outcome necessitates procedure within four weeks. Schedule at the discretion of the surgical/anesthesiology medical director.

• **CLASS C1**—Time-sensitive outcome necessitates procedure within one to two weeks.

• **CLASS C2**—Time-sensitive outcome necessitates procedure within two to four weeks.

• **CLASS D**—Can wait four to 12 weeks without substantial change in outcome. Reschedule for a later date.

• **CLASS E**—Can wait greater than 12 weeks without substantial change in outcome. Postpone and reassess in 12 weeks for rescheduling.

Patients who fell in the Class C categories were those who drew the most conversation among surgeons and medical directors, Dr. O'Malley said. Will the patient lose muscle with the delay? Will the patient's balance be affected without surgery?

The focus of the second DMH turned to whether hospitals and surgical centers had adequate staffing for procedures, with a need to assure that a procedure wouldn't result in a longer stay in a hospital due to complications, Drs Bruggeman and O'Malley said. The most recent directive stemmed from a need to preserve hospital beds for COVID cases, they said.

"Nurses and ancillary staff were so worn out," Dr. O'Malley recalled. "They got COVID. Their families got COVID, which meant they had to quarantine."

The increased contagion of the Omicron variant led to more cases and more absences in available staff for patient care.

The challenges in determining what surgeries should be postponed, Dr. O'Malley said, was difficult because the extenuating


circumstances in patients' lives was difficult to overlook. For example: An elderly patient has post-surgery lined up. His surgery is postponed and the patient's daughter no longer can come to Omaha for an extended time for the rescheduled surgery date. Another example: A patient because of the delay asks a friend to check in on her after her surgery. That friend may not realize the extent of the care needed.

"I don't know about you, but I don't have that good of a friend who could handle all the requirements beyond meals. Bathroom assistance, compression hose on and off, as well as fall prevention. It's a full-time job."

Dr. Bruggeman added: "We call them elective procedures—our perception and that of our patients were that they were not elective. There were patients who could not walk, could not sleep because of the pain. They could not work because of numbness in their hand or pain in their shoulder."

In response to the directives to postpone elective surgeries, hospitals and surgical centers created multi-disciplinary panels comprised of surgeons, anesthesiologists, internists, hospitalists, nurses and others. The panels would determine risk factors and help prioritize the surgery schedule. This approach allowed many to have a say in whose surgeries should be postponed and whose should continue.

Some advancement will be slow in coming, Dr. Bruggeman said, as experts evaluate the psychological effects of COVID-19. "We're learning about the burden the disease placed on patients. What's it like not to have access to care? Were we effective in our desire to mitigate COVID and what was the cost on society?"


Finding answers to these questions and others is critical, Dr. Bruggeman said. "Historically, we know there will be another pandemic." 

# 2022

## Metro Omaha Medical Society Board of Directors

### DUALITY OF INTEREST DISCLOSURES

These disclosures include information provided by each new board member as well as any changes indicated by existing board members.

For a sample of the Metro Omaha Medical Society Duality of Interest Policy or the Duality of Interest Disclosure Form, please email [laura@omahamedical.com](mailto:laura@omahamedical.com). 



#### **ANDREW COUGHLIN, M.D.**

**Receives Compensation from:**  
Methodist Hospital

**Serves in Official Capacity:**  
AAO-HNS (Chairperson, BOG SEGR Committee, Multiple Task Forces),  
AAO-HNS Journal Editorial Board  
Member & Associate Editor



#### **GARY GORBY, M.D.**

**Receives Compensation from:**  
VA Nebraska Western Iowa Healthcare System, Creighton University School of Medicine, University of Nebraska Medical Center

**Serves in Official Capacity:**  
VA Nebraska Western Iowa Healthcare System, Creighton University School of Medicine, University of Nebraska Medical Center



#### **KATHLEEN GRIER, M.D.**

**Serves in Official Capacity:**  
Midwest Surgical Hospital Advisory Committee, Unpaid consultant Arthrex, Paid speaker Arthrex

**Financial Relationships:** Midwest Surgical Hospital – physician investor



#### **SARA MAY, M.D.**

**Serves in Official Capacity:**  
UNMC Program Director



#### **CORRIGAN MCBRIDE, M.D.**

**Receives Compensation from:**  
Fellowship Council – honoraria as site surveyor, MBSAQIP – honoraria as site surveyor

**Serves in Official Capacity:**  
Fellowship Council Board of Directors, ASMBS Executive Council, Nebraska Medicine – multiple committee chairs



#### **MARIA MICHAELIS, M.D.**

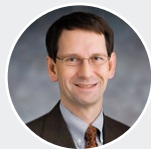
No conflicts to report



#### **JOHN PETERS, M.D.**

**Serves in Official Capacity:**  
Secretary for State Affairs – American Academy of Ophthalmology

**Financial Relationships:**  
Owns shares of Abbvie



#### **RANDY PRITZA, M.D.**

**Receives Compensation from:**  
CHI Health (Common Spirit Health)



#### **ROWEN ZETTERMAN, M.D.**

**Receives Compensation from:**  
Winnebago Comprehensive Healthcare System, Winnebago, NE, WCG ACI Clinical, Bala Cynwyd, PA

**Serves in Official Capacity:**  
UNMC Accreditation Council for Graduate Medical Education



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## HEART TEAMS ACHIEVE ANOTHER MILESTONE

The CHI Health structural heart teams at Creighton University Medical Center-Bergan Mercy and Nebraska Heart have hit another milestone: completing over 1,000 successful WATCHMAN procedures, and doing so with a 99 percent success rate.


"System-wide, we're averaging ten of these procedures a week now," said Jeffrey Carstens, M.D., CHI Health Heart Institute. "It's very gratifying to offer so many AFib patients an alternative treatment from blood thinners, and improve their quality of life."

WATCHMAN is the only FDA-approved Left Atrial Appendage Closure (LAAC) device that reduces stroke risk from thromboembolism in patients with left atrial fibrillation. The umbrella-like device is fed through a catheter and closes off the small chamber where clots can collect.

CHI Health has four WATCHMAN specialists, two electrophysiology cardiologists and two interventional cardiologists. At present, nearly all patients go home the same day as their procedure.

"We worked hard to adapt our processes to be able to safely discharge people the same day," Dr. Carstens said. "It's allowed us to continue to provide this service throughout the pandemic, without impacting our hospitals' ability to care for others."

Additionally, CHI Health continues to enroll participants in two LAAC trials: CHAMPION-AF, which utilizes the WATCHMAN-FLX device, and CATALYST, which uses the AMULET device. Both use the same non-invasive approach, but the implants differ slightly in shape.

"People who may not qualify for one trial based on certain criteria, could qualify for the other, so we can treat more people," Dr. Carstens said. "It's a great accomplishment to be involved in two clinical trials at the same time. We are the first in the Commonspirit network to implant an AMULET device, and it's because of our great work with WATCHMAN, and our status as a Center of Excellence." 

An advertisement for Omaha Magazine. It features a large, stylized hand holding a miniature city skyline of Omaha. In the background, a large, colorful sun or moon is visible. The text "OMAHA MAGAZINE" is prominently displayed in a stylized font, with "OMAHA" in blue and "MAGAZINE" in pink. Below this, the tagline "THE ENTIRE CITY IN YOUR HANDS" is written in a pink, outlined font. Further down, the text "it's about all of us." is written in a blue, outlined font. At the bottom, there is a paragraph of text in a smaller font, followed by the website "OMAHAMAGAZINE.COM/PAGES/SUBSCRIBE".

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### CHACÓN APPOINTED TO AMERICAN HOSPITAL ASSOCIATION COMMITTEE

Chanda Chacón, Children's Hospital and Medical Center's CEO and president, has been appointed to the Committee on Maternal and Child Health (MCH) of the American Hospital Association (AHA) for a three-year term, which started at the beginning of the year.

The MCH plays an important role of actively advising the AHA on advocacy positions, public policy issues and MCH member service strategies, offering an excellent opportunity to have a voice on national issues that influence children's health. Committee members represent health care leadership from some of the country's leading women's and children's health care organizations and systems. 



### THREE-STAR RATING MEANS ELITE COMPANY


Methodist Health System recently received a three-star rating from the Society of Thoracic Surgeons (STS) for its patient care and outcomes in isolated coronary artery bypass grafting (CABG) procedures. The three-star rating, which denotes the highest category of quality, places Methodist among the elite for heart bypass surgery in the United States and Canada.

"We are proud that this rating places us among an elite group of cardiac surgery programs across the nation," said John Batter, M.D., medical director of Methodist's cardiothoracic surgery program. "And our commitment to providing outstanding care will continue as we strive to maintain excellent outcomes for our patients."

Methodist's cardiothoracic surgery team uses the most innovative techniques to perform complex operations designed to improve patients' quality of life. The team diagnoses and treats a variety of conditions, including valvular disease, coronary artery disease, arrhythmia, aortic aneurysm, lung cancer, thymus disease and other masses and cancers of the chest.

In addition to performing complex procedures, the team is trained on a variety of minimally invasive approaches. Methodist's cardiothoracic surgeons specialize in aortic reconstruction, valve preservation, beating-heart coronary surgery, video-assisted thoracic surgery (VATS), as well as percutaneous (incisionless) options like TAVR, Mitraclip and AngioVac.

The STS star rating system is one of the most sophisticated and highly regarded overall measures of quality in health care, rating the benchmarked outcomes of cardiothoracic surgery programs throughout the United States and Canada. The star rating is calculated using a combination of quality measures for specific procedures performed by STS Adult Cardiac Surgery Database (ACSD) participants.

Approximately 20% of STS National Database participants receive the three-star rating for isolated CABG surgery. The latest analysis of data for CABG surgery covers a three-year period, from July 2018 to June 2021. 



University of Nebraska  
Medical Center

### TAKING AIM AT SUBSTANCE USE DISORDER STIGMA

In 2016, Nebraska established the Nebraska Coalition to Prevent Opioid Abuse to address misuse of prescription opioids and curb the incidence of illicit opioid use in the state.

UNMC's Ken Zoucha, M.D., and Alëna Balasanova, M.D., are part of the coalition's opioid treatment subcommittee. This year, one of the subcommittee's goals is to educate health professionals and the public about substance use disorder (SUD) stigma. Stigmas create societal barriers that prevent people from getting the help they need.


"Like the general public, physicians also experience stigma about those with substance use disorders," said Dr. Zoucha, director of the addiction medicine division in the UNMC Department of Psychiatry and chair of the opioid treatment subcommittee. "The disorders are chronic brain diseases that require treatment. The more we can get that across, the less stigma there will be and the more patients who will get help."

Overcoming stigmas takes time and effort, he said.

"These are not bad people who need to be made good. They have a disease that needs to be treated," he said.

Dr. Balasanova, director of addiction psychiatry education, was involved in passing national policy for the American Medical Association to address substance use disorder stigma by changing the language of addiction.

"As clinicians, the words we choose to use when we describe an individual with an SUD directly correlate to unconscious bias that results in providing worse quality care, which in turn leads to disparate outcomes for patients," Dr. Balasanova said.

"The research is clear, and it shows that clinicians are more likely to agree with the need for punishment or withholding care from a patient who is labeled as an 'abuser' of drugs or having substance 'abuse.' This is an equity issue, and we need to ensure we are providing equitable care to patients with SUDs." 





# 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

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