

Physicians Bulletin

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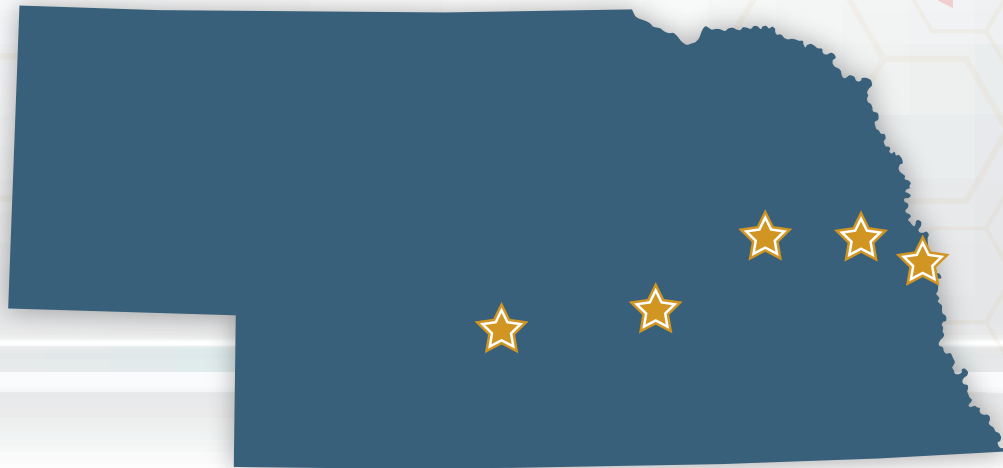
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OCT
04

PHYSICIAN & POLICYMAKER MEET & GREET

MONDAY, OCTOBER 4 | 5:30 - 8:00 P.M.
HEIRLOOM FINE FOODS
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This reception will allow physician members the opportunity to connect with Nebraska lawmakers to explore the rapidly changing health care environment.

Reception will be held in outdoor garden, weather permitting, or move indoor if necessary.

Physicians Bulletin

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Physicians in the Omaha area will soon have their own pop-up wellness center courtesy of the Metro Omaha Medical Society Foundation. This innovative space aims to open by the end of October 2021 through March of 2022.

Our hope is that physicians will take advantage of this space to re-connect and utilize its resources to support one another in a caring and safe space just for physicians.

More to come. We welcome ideas for how to make it work for you.

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PHYSICIAN SATISFACTION



AUDREY PAULMAN, M.D.

Editor
Physicians Bulletin

Take a second look at the headline for this column. It had been a while since I heard those two words used together in a phrase. Before the pandemic, the focus was “physician burnout,” and during the pandemic the focus has been about doing what is necessary to just keep physicians from leaving practice.

There has been development of programs to supplement physician caregivers, such as advanced practice nurses, physician assistants, nursing specialists, medical assistants and scribes. However, nothing substitutes for the high academic standards of four years of medical school and three to 10 years of postdoctoral training. The years of training, of physicians by physicians, allows for learning beyond the textbook memorization and concurrently searching the literature.

Nothing has been developed that can replace a physician, and physicians are necessary in the health care systems. Medical education does not provide enough trainees for replacement of physicians due to early retirement because of burnout. Health care systems need physicians.

During the last decade, the topic of physician burnout appeared frequently in the literature. Recommendations for physicians to seek therapy, begin yoga and start meditating became commonplace, with a proliferation of “physician, heal thyself” lectures and articles.

As the words “physician burnout” became more prevalent, the words “physician satisfaction” became almost extinct. Thankfully, a current literature search finds an increase in recent articles and studies addressing the concepts of what leads to physician satisfaction.

The New England Journal of Medicine (NEJM) discusses the topic in an editorial published on June 25, 2020, by Pamela Hartzband, M.D., and Jerome Groopman, M.D. Looking at the history, the “prevailing attitude was that burnout is a physician problem and those who can’t adapt with the new environment need to get with the program or leave.” Initially blamed on older doctors, or dinosaurs, it was felt that burnout “was a whining and pining for an inefficient low tech past.” But now, millennials, residents and medical students are expressing signs of burnout.

The NEJM editorial traces the initial solutions, which largely targeted the doctors, “proposing exercise class and relaxation techniques, snacks and social hours, hobbies, and ways to increase efficiency.” An analysis of 19 controlled studies involving more than 1,500 physicians published in the *The Journal of the American Medical Association (JAMA)* in 2017 show that these interventions are not effective.

Recommended interventions included addressing issues of autonomy, including allowing flexible schedules to allow for individual practice styles and patient needs. Meaningful metrics are recommended, along with reconfiguring the EHR to work for physicians rather than “forcing physicians to work for it.”

In the September 2021 issue of *Medical Economics*, Samuel Edwards, M.D., one of the researchers in the EvidenceNOW study funded by AHRQ, discusses what has been learned by following practices since 2015. In the study, it was found that “reducing burnout requires an organization-level response—creating medical practice cultures that value qualities such as teamwork, open communications, and process improvement.”

The study found that burnout is a “practice level phenomenon versus related to individuals.” Dr. Edwards stated that, as such, “burnout is an organization-level phenomenon and it affects all employees.”

The implication is that the intervention for burnout has been at the individual physician level, even though the organization and the core of the work environment is more of the cause.

As for solutions, they may be found in these recommendations from Healthcare Executive. In a cover story in August 2020, Healthcare Executive offers the Top 5 Approaches to Physician Satisfaction:

1. Create a culture that respects physicians and their well-being.
2. Reduce the inefficiencies that irk physicians.
3. Be an accessible and transparent leader.
4. Give physicians a voice in allocations for new services and technology.
5. Turn survey results into action.

I think it is all worth a read, and I will include the links to the referenced articles below.

I think the narrative has changed from “physician burnout” to “physician satisfaction,” and the focus changed from apparent victim shaming to finding a workable solution for all.

I hope you enjoy this edition of *Physicians Bulletin*. 🌐

Sources: www.nejm.org/doi/full/10.1056/nejmp2003149#article_references; www.healthcareexecutive.org/archives/july-august-2020/top-5-approaches-to-physician-satisfaction; www.medicaleconomics.com/view/how-practice-culture-affects-physician-burnout

Addendum: I would like to thank Bill Palmer, M.D., who, professionally, loved his patients, advocated for physicians, and always encouraged physicians to speak their own minds. Your mentoring and involvement in MOMS was appreciated, and you will be missed.

CELEBRATING WHAT MAKES US DIFFERENT, WHAT BRINGS US TOGETHER



**TIFFANY
TANNER, M.D.**

Co-chair
MOMS Women
in Medicine



**CORI
MCBRIDE, M.D.**

Co-chair
MOMS Women
in Medicine

Every day begins with a list of requests, things that require our attention. Whether that list is a physical written list or a mental list it is there at the start of our days. Things that need to be done for work, things we need to do to help our patients, things we need to accomplish administratively, things we need to do at home, and things for our families and friends. The list at times seems never-ending.

The MOMS Women in Medicine group was created because, that while our lives may look different, they share many similarities and many of the same demands. We are women who are physicians. We are married, single, divorced, some of us have children, and some don't. We meet several times over the course of the year and network with women across an array

of different specialties at different times in their careers. This group allows for the opportunity to share stories, receive, and share advice, share struggles and celebrate triumphs.

"Women in medicine have unique obstacles compared to their male counterparts and having a group that understands these differences and supports each other is so very valuable. It gives us a place to ask for ideas to problem solve issues at work, difficult patient cases and even help with problems at home, especially with trying to be the best mom our children deserve while also giving our patients the dedication they deserve. Plus, the events are a great place to network across all health systems, private practices and all specialties. It is such a fun supportive group with fun social events," said Sara May, M.D.

Even during COVID, we have continued to grow this network of women, we have held a virtual painting event accompanied with tasty snacks. We all picked up our canvases and paints and joined together online. We painted vases filled with bright flowers, and we learned about each other. The paintings were as diverse and unique as the women there. We shared our hobbies, and we were able to see the extraordinary talents of the women there. For a few hours it was uplifting to connect. Later this spring we had a virtual wine tasting, we dropped by MOMS and picked up our wine samples. Together we educated our palates. This fall we look forward to an outdoor fall gathering, once again celebrating the ability to be together, after the trials of the last two years.

"There are so many women I have met that I may not have known otherwise as our medical paths may have never crossed. Having friends who truly understand what it is like to be a woman in medicine is so important."

— SARA MAY, M.D.

We are a group of real women looking to build up the women who are in the ring with us.

"The friendships made through being a member of this group have been invaluable. There are so many women I have met that I may not have known otherwise as our medical paths may have never crossed. Having friends who truly understand what it is like to be a woman in medicine is so important," said Lindsay Northam, M.D.

We look forward to growing this network of highly skilled physicians. We bring together a group of women who just get it because they are walking the walk with you. Come join us for our next event and be a part of an organization that wants to help uplift you. [👉](#)

NMPAC: STRONGER BECAUSE OF YOU



AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

Nebraska legislators make important decisions impacting your ability to practice medicine and how patients are treated. The NMA believes that all physicians must play an active role in the development of health care policy.

Health care issues are at the top of the agenda for legislators, but most of them are not health care professionals. The NMA represents the physician and patient voice at the Nebraska Legislature, with the help of the nonpartisan Nebraska Medical Political Action Committee (NMPAC). The NMPAC is the only PAC in Nebraska that represents the unified voice of medicine.

“A strong PAC is critical to maintaining a legislative climate that is favorable to physicians and patients. Your contributions to the NMPAC substantially enhances the NMA’s ability to advocate effectively, develop positive relationships with legislators, and allow physicians to retain a strong voice in Nebraska politics.”
— AMY REYNOLDSON

The NMPAC is able to strengthen the NMA’s advocacy efforts of engaging in the political process. A strong PAC is critical to maintaining a legislative climate that is favorable to physicians and patients. Your contributions to the NMPAC substantially enhances the NMA’s ability to advocate effectively, develop positive relationships with legislators, and allow physicians to retain a strong voice in Nebraska politics.

The NMA staff, along with the NMPAC chair, participate in candidate forums to interview legislative candidates to learn about their positions on medical issues and identify those who align with the mission of the NMA. The NMPAC Board then carefully reviews all candidates to understand their philosophy and positions on medical issues before endorsing them.

The NMPAC is your opportunity as an NMA member to support candidates running for election who have proven to be a friend of medicine and who make physicians and patients their top priority. Your contribution can be made online at www.nebmed.org/nmpac. You now have the convenience of scheduling your contributions monthly, quarterly, semi-annually or annually.

Make a strong statement about issues that are important to you and join the NMPAC. Every dollar of your contribution stays in Nebraska and is used to further the advocacy efforts of the NMA.



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THE INS AND OUTS OF A TYPICAL CYBER SECURITY BREACH



BLAINE KAHLE

Director of Technology
Five Nines

Cybersecurity incidents continue to make the news. Here is the Five Nines' take on typical breaches and how to avoid them.

THE INS AND OUTS OF A BREACH

There are four phases of a typical breach—preparation, detection and analysis, containment, eradication and recovery, and post-incident activity. Often, a human in the organization is the first one to notice that something is off. By the time this happens, it's far too late. Sophisticated technical monitoring is a simple but effective measure to put in place, yet it's hard to implement in-house unless you're a very large organization with many resources dedicated to it full time. There are many providers of this service such as Arctic Wolf, Huntress, CrowdStrike and Perch. Typically, we see these hackers evade human analysis until they want to be noticed by dropping ransomware, but even a hack of low sophistication will trip the monitoring software left and right.

WHEN AN INCIDENT OCCURS, THIS IS WHAT WILL NEED TO TAKE PLACE IN THE FIRST 72 HOURS

1. The organization affected should contact their cyber insurance provider's 24/7 incident line. Pro tip: Store this number outside of the system so you can quickly access it even if you're locked out.

2. Cyber insurance will then coordinate a legal team for confidentiality.

3. Cyber insurance and legal will then contact an Incident Response technical firm.

4. Contracts from legal and Incident Response will be sent for signatures. Pro tip: Make sure your "signature-power" people are aware of the process beforehand.

CONTAINMENT

1. Shut down Internet access, inbound and outbound.

2. Sweep for "indicators of compromise" across all systems.

3. Disconnect network connections or hibernate questionable systems. Do not shut down or forensic data will be lost.

ERADICATION

1. With the help of an Incident Response firm, continue seeking, cleaning, and reloading potentially compromised systems. This process could take at least 30 days when engaging with an IR firm, but they will continue to monitor months after to make sure the hacker is fully eradicated.

BUSINESS CONTINUITY AND RECOVERY

1. Know your workarounds. Paper processes, cell phones, Gmail accounts, etc. Limp along to keep your organization operational.

2. Recover data and systems while trying to preserve as much as possible for forensics.

3. Do not pay the ransom for stolen data. Likely, the hacker will take your money and still sell the data to another hacker down the line.

4. Be careful when loosening internet restrictions. Do not let the floodgates open without certainty that your system is secure.

VULNERABILITIES HACKERS LOOK FOR

Cybercrime is a criminal business. There are people out there that this is their full-time job. The aim is to make money as quickly as possible, so your goal is to not

be the "soft" target. These low-effort/low-sophistication attacks can be avoided by a couple of simple steps:

1. If your system can be seen from the Internet, it will be probed constantly. Hackers are not just looking for security flaws in the product or configuration, but also usernames and passwords. Be diligent about password hygiene and management.

2. High-profile services like Office365, VPNs, Citrix, Remote Desktops are especially popular to target.

3. All systems that your users use to "get in" to the system to do their work should be protected by multi-factor authentication.

4. Human weaknesses can be minimized by implementing security awareness training such as KnowBe4. Employees will become more aware of the benefits of good password hygiene, management, and how to spot hazardous links and attachments.

5. Implementing next-generation endpoint protection software like Cylance, Sophos, SentinelOne, CrowdStrike, Cisco AMP, Carbon Black, etc. will also set your organization up for success.

QUESTIONS TO ASK

1. What do we look like "from the Internet"?

2. Do we require multi-factor authentication on everything a hacker can directly touch from the Internet?

3. Are we monitoring our environment?

4. Is our cyber insurance policy sufficient?

5. What is our deductible/retention, and what are our coverage limits?

6. Do we have an extortion line item of at least 10% of our annual revenue?

7. Do we have our 24/7 insurance number handy?

8. Do signature-power people know the drill?

Interested in more information on this topic? Visit the Resources page at www.fivenines.com.

MEDICAL STUDENTS REACH NEW HEIGHTS



TOM SCHROEDER

Fourth-year Medical Student
UNMC

When JT Engberg and Quinn Navarro started medical school at UNMC during the COVID-19 pandemic, they knew that it would be challenging. They had the work ethic, but what they struggled to find when they moved to Omaha was community.

"Moving here from San Diego in the middle of a pandemic was not the easiest time to start medical school," Navarro joked.

With the cancellation of orientation activities and an all-online curriculum, Engberg and Navarro never had the opportunity to meet their classmates. That was why when an e-mail came into their inbox about a new student organization, "CRAG" that was focused on climbing and hiking, they signed up as quickly as possible.

"I had always been interested in climbing, but never really had the chance while I was at UNK," Engberg said.

CRAG, or "Climb, Relax, Adventure, Gather," was formed by Connor Griggs, Victoria Shum, Olivia Sonderman, Krysten Vance and me during the summer of 2020 to build community at UNMC around outdoor activities.



First-year medical students, including Engberg and Navarro, finding community on the rock wall

"We have student organizations for every career track and professional interest, but we didn't have a student organization that let students hang out in a low stress environment," said Griggs, a fourth-year medical student pursuing residency in radiology.

Finding activities that practiced safe social distancing principles and brought people together was not easy. Vance, a Ph.D. student at the Eppley Cancer Institute and avid hiker organized monthly hikes at Hitchcock nature center, Neale Woods and Fontenelle Forest. Students escaped from the hospital, labs, and their computer screens to breathe in the fresh air—albeit through a mask.

It was not until October when Griggs, Schroeder and Sonderman attended an open climbing session at Lifetime Fitness that the idea of a group climb night became more attainable. After befriending the staff at Lifetime fitness, they started setting the plans to bring the group together in a safe and socially distanced manner. The Lifetime leadership agreed to open the wall specifically for UNMC students on Friday nights. By November, the group had finally put together its first climbing night.

As the climbing night attendance grew, the group looked to find ways to bring in new climbers. They applied for and received grants from the College of Medicine Alumni Council and student senate. Cost was no longer a barrier.



CRAG sledding and skiing event at Mt. Crescent


With more and more first-time climbers showing up at the wall, the challenge of teaching students how to climb safely became even more prescient. Griggs, Navarro, Sonderman and Schroeder helped the Lifetime Fitness staff and took turns giving instruction on knot-tying and belaying. Although different from the surgical knots they had all belabored, they employed the same concepts as they taught the new climbers how to safely secure themselves on the wall.

Tiffany Truong, a fourth-year medical student going into pediatrics, was one of those students who got roped in.

"Learning how to climb has made navigating medical school easier and more fun. It's given me people to lean on when I need help and helped me to gain appreciation for the outdoors and my place in it," Truong said.

As Engberg and Navarro became more involved in the group, the community they had been looking for formed around them. They had the chance to meet their classmates in-person who before they had only known on Zoom.

"It's made my medical school experience infinitely better," Engberg said.

"Just like in medical school, in climbing you find problems that challenge you. Then when you do complete them, it's very satisfying," Navarro commented. "It's even more satisfying when you have friends to share those victories with." 

EMERGENCY ROOMS: Looking Back and Forward

When they talk about how care provided in hospital emergency rooms has evolved over the decades, Drs. Robert Cochran and Joseph McCaslin speak from experience—because they were part of the process.

“Times have changed for emergency rooms—and for the better,” said Dr. Cochran, a retired orthopedic surgeon who started his medical career as a hospital orderly. “Medical technology today is amazing.”

Dr. McCaslin, emergency medical director for Methodist Health System, and Dr. Cochran reminisced about how emergency medicine has progressed in the past half-century, discussed the current state of emergency rooms (with a peek at Methodist’s expanded ER that is under construction) and speculated what the coming decades may bring.

First things first, with a look back to the 1960s when Dr. Cochran had just graduated high school and was working as an orderly at the former Methodist Hospital, then situated near 33rd and Cuming streets, to earn money for college. The son of a physician, Dr. Cochran was familiar with the profession and looked to follow in his father’s footsteps.

He worked the night shift—11 p.m. to 7 a.m.—and spent much of his time doing what orderlies did: Keeping the place clean. When someone did come to the emergency room, which he described as an area of the hospital, he was charged with taking a medical history. He did administer minor first aid, but quickly asked whether the new arrival had a personal physician.

If the patient did, Dr. Cochran recalled, he would call the physician for instructions. If the patient didn’t have a private physician, Dr. Cochran was instructed to call the intern on duty. When no intern was on duty or available, he said, he would call the house supervisor, who would see the patient and determine next steps for treatment.

Dr. Cochran didn’t remember what his hourly wage was as an orderly, but knew it was less than the \$2.50 per hour he had earned the previous summer working at the Omaha airport. “That paid much better,” he said. “\$2.50 an hour was a lot of money back then.”

He later worked as a surgical technician and moved with Methodist in 1968 to its current location near 84th and Dodge. During this time, physicians who specialized in other areas, Dr. Cochran recalled, started working in hospital emergency rooms. This practice evolved, he said, until emergency medicine became its own specialty and hospitals staffed their ERs with physicians.

Dr. Cochran, during his medical residency, would later moonlight at the old Clarkson and Lutheran Hospitals. “That was fairly quiet work, but particularly at Lutheran, I would see more activity. My role was more of the same, but a bit more glorified as I had my medical degree. Many times people had private doctors and we had specialists on call. I would suture wounds and make initial diagnoses.”

DR. MCCASLIN’S TURN: He said what attracted him to emergency medicine in the 1970s holds true today. “You see a wide variety of patients. Every day varies, from shift to shift, day to day. You never have the same shift.”



He too had a physician for a father and he too was introduced to the lifestyle of a medical professional when he tagged along with dad on rounds. He would later serve a rotation at UNMC in the early 1990s in emergency medicine—and was hooked.

Dr. McCaslin described emergency medicine in a similar way as Dr. Cochran did. Emergency medicine in the 1960s was more of a triage service. The nurse on duty would make the call to a patient's private physician. That responsibility later was turned over to medical interns and residents. Early on, physicians who covered ERs were general practitioners. Emergency medicine as a specialty emerged in the 1970s. "Now, emergency medicine is an integral part of a whole hospital," he said.

Which leads to the here and now. Methodist last remodeled its ER in the mid-1990s when it and Children's Hospital still shared space. The 12 new patient rooms, he said, quickly were too few—and ER physicians looked elsewhere in the hospital for space for patients.

When the two hospitals parted ways, those 12 new ER rooms temporarily sufficed, Dr. McCaslin said, but not for the long-term. Once again, space at Methodist was a premium and ER physicians started looking elsewhere in the hospital for rooms for their patients.

In 2018, Methodist launched a \$25 million project to double the size of its emergency room—to 24 patient rooms. Hospital leaders cited a more than 20 percent increase in patient volume over the past five years as a reason for the project. Officials said the expanded ER was designed to meet space and functional need for the next 25 years.

(Nebraska Medical Center and Creighton University Medical Center-Bergan Mercy, which handle trauma in the metro area, had recently completed their own ER expansions.)

Dr. McCaslin explained that the Omaha Fire Department divides the city into geographic areas based on where hospitals are situated. For emergency situations other than trauma or stroke, emergency patients



Renderings of future Methodist Hospital Emergency Department


are taken by ambulance to the nearest hospital. Should a hospital face a critical situation where all its beds are full, that hospital can ask for a four-hour diversion to other hospitals.

BACK TO METHODIST'S EXPANSION

PLANS: Dr. McCaslin said the project, slated to be finished in autumn 2022, will allow for all emergency treatments to be in the same area. "Working in one space means teamwork and the camaraderie is so much improved when we're all together."

The size of the rooms, he said, will provide enough space for the latest in medical and technological equipment. In addition, the expanded ER will feature:

- A suite in which forensic nurses can examine victims of sexual assault, domestic violence and human trafficking in private.
- Two specially equipped rooms for patients suffering from acute mental health issues.
- Two rooms equipped to treat morbidly obese patients with special accommodations to help move and transport them.

Looking forward, Dr. McCaslin said, the focus likely will continue to be treating patients initially and possibly observing and treating the less ill patients longer in the ER, rather than admitting them into the hospital. This will save the inpatient beds for the more severely sick and injured. 




AN INTERVENTIONAL RADIOLOGIST

Describes What Could Be

“I think anything is possible. People want noninvasive procedures which don’t result in a big incision. There are new procedures emerging all the time. New procedures. New techniques.”

— JEB LIST, M.D.



PICTURE THIS: An interventional radiologist injects stem cell anti-tumor agents directly into solid organ tumors. And this: That same interventional radiologist injects these same agents directly into metastatic lesions.

It could happen, said Jeb List, M.D., an interventional radiologist with the Omaha-based Radiology Consultants of the Midwest. Maybe not this year or next, Dr. List said, but in 20 years—who knows?”

The process, possibly considered farfetched for the moment, would help “oncology with the synergistic healing processes of cancers,” Dr. List said. And patients will benefit, he added.

Dr. List is one of about a dozen interventional radiologists serving patients in Omaha. He added while his subspecialty was first introduced nearly six decades ago, some in the health care arena still are unfamiliar with what he does, whom he treats and the value of his subspecialty to the health care profession.

So, Dr. List said, providing a definition is appropriate: Interventional radiology, often called IR, refers to a range of techniques which use radiological image guidance—X-ray fluoroscopy, ultrasound, computer tomography or magnetic resonance imaging—to precisely target therapy. Most IR treatment is a minimally invasive alternative to open and laparoscopic surgery. IR procedures sometimes are called pinhole surgery as they often start with using a needle through the skin to the target.

CONT. PAGE 18



The List File

Hometown

Yankton, South Dakota

Undergraduate Degree

University of South Dakota in chemistry

Medical Degree

University of South Dakota School of Medicine, Vermillion

Residency

Creighton University School of Medicine in diagnostic radiology

Fellowships

University of Washington-Seattle in adult interventional radiology; Seattle Children's Hospital in pediatric interventional radiology

Specialty

Interventional radiology

Institution

Radiology Consultants of the Midwest

Why He Joined MOMS

"To be a part of and to help the medical community of Omaha."

FROM PAGE 17

"I think anything is possible. People want noninvasive procedures which don't result in a big incision. There are new procedures emerging all the time. New procedures. New techniques."

Dr. List said an uncle, a nurse anesthetist, introduced him to IR. "He kept telling me about what cool procedures they do." As a third-year medical student, he spent time rounding with several interventional radiologists at Avera McKennan Hospital in Sioux Falls, South Dakota.

"I was intrigued. My career path was pretty set from then on," he said. "It's pretty incredible what we can do through a single needle puncture."

Interventional radiology, Dr. List said, fits in well as part of the treatment spectrum available to patients as a complement to traditional surgery. In time, he predicted, IR will be considered even more mainstream as a subspecialty. "There will always be a need for traditional surgery," he said, "but there may be more and more needs for IR as it evolves."

Dr. List first explained the current use for IR techniques, followed by an idea of what the future may hold for his subspecialty.

IR now allows patients to avoid general sedation and being treated in the operating room. For example, he said, IR can help patients who are bleeding internally by accessing the affected area through an artery. The approach, he said, can reduce costs and mean a shorter recovery time.

His patients typically aren't hesitant about the procedures he is about to perform on them, Dr. List said, because they are well informed by their primary care physicians about what will happen when they see me. Common procedures, Dr. List said, involve biopsies with any


kind of drain placement. Other common procedures, he added, involve patients suffering from peripheral artery disease.

Emerging IR procedures, he said, include prostate artery embolization for benign prostatic hypertrophy as well as Y90 embolization, a minimally invasive procedure that combines embolization and radiation therapy to treat liver cancer. Tiny glass or resin beads filled with the radioactive isotope yttrium Y-90 are placed inside the blood vessels that feed a tumor.

Dr. List provided another example of how far IR has evolved. Originally, an inferior vena cava filter (a small, wiry device placed in a patient's IVC) could not be removed once it was inserted. The filters

over time could cause problems, Dr. List said, and could cause an increased risk of clotting or break off—"going to places you don't want—like the heart." Through IR, those filters can be removed before they create problems for patients.

In the more imminent future, Dr. List said, he envisions the use of better metal and nitinol stents emerging in IR for arteries and veins, which will help in cases of stenosis or occlusion to achieve better patency. He also sees increased interventional oncology where tumors are treated throughout the body directly through arterial supply. "This is a special interest to me as it has helped extend life of close family members."

Dr. List said he found predicting a future for IR difficult, partly because the subspecialty has so many possibilities. "Twenty years ago, Y90 was not a thing. Now it is. The field is expanding rapidly." 

"I was intrigued. My career path was pretty set from then on. It's pretty incredible what we can do through a single needle puncture."

— JEB LIST, M.D.

NO HESITATION TO TALK ABOUT THEIR MENTAL HEALTH

If conversations about how they handled stress during the pandemic helps eliminate the stigma of talking about mental health, so be it.

Emily Patel, M.D., and Jeremy Howe, M.D., said that while they don't go out of their way to broach the topic of stress in their workplace, they also don't shy away from it.

Case in point: Dr. Howe, who serves as an associate medical director at OneWorld Community Health Centers, started seeing a

therapist before the Pandemic, did so during it, and continues. "I see a therapist and it's helpful," he said. "It wasn't a response to the pandemic, but I am totally fine talking about it."

It's something he sometimes recommends to his patients, he said, which means he shouldn't shy away from taking his own advice.

CONT. PAGE 20





The Patel File

Hometown
Omaha

Undergraduate Degree
University of Nebraska-Lincoln in Spanish

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in obstetrics and gynecology

Fellowship
Duke University Medical Center in maternal and fetal medicine

Specialty
Maternal and fetal medicine

Institution
Methodist Women's Hospital

Hobbies
Reading for pleasure, exercise, spending time with her family, and watching basketball, especially Duke University

Family
Husband, Sachit Patel, M.D.; two boys, Shreyen and Vaylen

Why She Joined MOMS
"I appreciate being part of a community of physicians dedicated to the health and wellbeing of Omaha."

FROM PAGE 19

For Dr. Patel, who specializes in maternal-fetal medicine at Methodist Women's Hospital, the stress she felt during the pandemic came in stages and was at its highest early on. "We didn't know how long it would last. We didn't know what was to come."

Then, her stress took on a different vent when the pandemic affected her life at home, especially when her children couldn't attend school. "It shifted from work stress to stress at home."

DR. PATEL'S STORY

With the pandemic in full force, she said, she noticed that the bombardment of misinformation was wearing her down. "You feel like you've gone through all this training and education. You spend time learning and trying to inform people—but it feels like you encounter more disinformation than good information."

Trying to sort through the information and misinformation to better serve her patients was a constant challenge, she said. "Sometimes, I felt like I was swimming against the tide."

She persevered and, at times, found herself being determined to just grind through her days. "You put your head down and work through it—hoping everything will get better soon."

Over time, she said, it became evident the pandemic would not quickly go away, and she was determined to find outlets to help her battle through: yoga, meditation and reading. Previously, Dr. Patel admitted, she wasn't an avid exerciser. She turned to exercise, yoga and three 5-minute daily meditation sessions.

At night, the meditation, she said, helped her turn her brain off for the evening and sleep.

For family time, they didn't go out much, instead turning to home dates, movie nights and takeout dinner.

And she took up reading for pleasure—to counter all the reading she was doing for her work and patients. "I read for pleasure. It was my escape." Two recommendations: "The Invisible Life of Addie LaRue" and "A Man Called Ove."

She also turned to PMG—a private group for female physicians on Facebook. This group was a faction of a nationwide Facebook group. Dr. Patel said she found herself visiting this site several times a week. Topics ranged from where to find child care to what to do for fun. The overriding premise: How can we help one another. "I was able to make connections with other local physicians, mothers going through the same struggles during COVID."

Dr. Patel shared her philosophy about talking about her mental health. She credited her employer—Methodist Health System—for caring

for its employees and their well-being and providing free access to care. "It's a huge advantage," she said. "I think most health systems are providing this care for their employees."

"I think it's incredibly important to talk about mental health these days," she said. "It's becoming more accepted for people to talk about it. There's no

shame in talking about it. I have had periods of high stress, exhaustion and depression. Those are things that come with a high-stress job."

"It's becoming more accepted for people to talk about it. There's no shame in talking about it. I have had periods of high stress, exhaustion and depression. Those are things that come with a high-stress job."

— EMILY PATEL, M.D.

DR. HOWE'S STORY

In the throes of the pandemic, Dr. Howe said, he felt conflicted about his work and his personal life. Work, he said, was stressful and consuming. Uncertainty about COVID led to stress and fear. "We had to figure out our path forward to take care and provide the best care for our patients."

He realized his friends—who weren't health care professionals—were experiencing a different kind of stress—based on job uncertainty, their inability to work and concerns about their finances.

"My stress was going into work and working a lot more. Their stress was staying home."

The isolation he felt was compounded when he realized his friends—with whom he could not have personal contact—were going through difficult times.

Dr. Howe said he missed going to the gym (they were closed) to exercise—a go-to outlet to relieve stress in normal times. He turned to yoga and meditation, and he relied on his wife. She listened. "I also managed stress by buying a lot of stuff I didn't need online, and drank more alcohol than I normally do."

He came to understand that there was no one solution to the stress he experienced throughout the pandemic. He knows that people will feel the effects of the pandemic for some time. "There isn't just 'do these three things and you'll be OK.'"

His work hours now are less, but, he said, that doesn't mean his life is stress-free. The medical profession still battles misinformation about COVID and the importance of being vaccinated.

He's come to realize that despite his best efforts, some things are beyond his control. "It's kind of like a tornado. There's no one to be mad at."

Still, worries about the variants remain. The focus now is on the delta variant. "But we don't know what the lambda variant will look like, or the ones after that, and that uncertainty is hard to sit with."

Recently, Dr. Howe visited with incoming residents at Creighton during their orientation. The topic at hand was MOMS and why students should consider getting involved. The conversation, at one point, turned to stress and Dr. Howe shared how MOMS had produced a podcast about the topic and suggested they listen to it. He mentioned having used MOMS online stress assessment and that it could be a helpful tool. "I also used an online stress

assessment from MOMS before the pandemic, and I felt the stress management strategies they discussed were helpful when I really needed them, in the midst of the pandemic. I hope other physicians checked it out as well!"

The suggestions were well-received, which proves his point about how talking about stress doesn't have to be taboo.

"Medicine is a stressful profession. You can decide how much that stigma about talking about it exists for you." Dr. Howe already has. 🗣️

"I also used an online stress assessment from MOMS before the pandemic, and I felt the stress management strategies they discussed were helpful when I really needed them, in the midst of the pandemic."

— JEREMY HOWE, M.D.



The Howe File

Hometown
Lincoln, Nebraska

Undergraduate Degree
University of Nebraska-Lincoln in Spanish

Medical Degree
University of Chicago-Illinois College of Medicine

Residency
University of Nebraska Medical Center in family medicine

Specialty
Family medicine

Title
Associate medical director, satellite clinics

Institution
OneWorld Community Medical Centers

Hobbies
Playing and listening to music, reading, cycling, reading, cooking and photography

Family
Wife, Kim Howe

Why He Joined MOMS
"I find it rewarding to be part of the community of physicians in Omaha."

MOMS CONFIDENTIAL ONLINE ASSESSMENT:

All physicians, medical students, residents, and fellows are encouraged to complete the brief, online questionnaire to find out how stress and depression may be affecting them. After completing the questionnaire, a licensed third-party mental health professional will send you an assessment with any recommendations for further evaluation or follow-up.

Omahamedical.com/provider-wellness-online-assessment

PROPOSED NMA BYLAWS WILL IMPACT EVERY MOMS MEMBER

The Nebraska Medical Association (NMA) is in the midst of a bylaws rewrite that has impact on every MOMS member.

"This is something our members need to know about and what their next steps should be," states Richard Lund, M.D., MOMS President.

As of this printing, the MOMS Executive Committee had raised concerns about the proposed bylaws because of how it would alter the voice of members to shape policy, "specifically the loss of delegate voting, and make-up of the NMA Executive Committee with more at large people they choose, taking away the MOMS, Lancaster County and Greater Nebraska representation," adds Lund. Those concerns were communicated to our members via email blasts during the comment period and here are the revisions made by the NMA.

REMOVAL OF HOUSE OF DELEGATES

There will no longer be a House of Delegates and the Annual meeting would become a membership meeting. The role of the House of Delegates until now has been to adopt resolutions that become positions of the organization. It is the part of the process that MOMS delegates and legislative committee members work on every summer; all of you receive notices of pre-caucus and caucus and calls for resolutions. From those meetings, MOMS has forwarded the approved resolutions where the entire state body votes on what action to take. Some of those that are adopted become legislative priorities and standing positions of the NMA.

The change for this would move the decision making/voting to the NMA membership present at the annual meeting, with the Board of Directors having the potential to not take action if a resolution would be detrimental to the organization. The MOMS Executive Committee wanted to preserve the members' voices to determine what they would like to see pursued in health policy or at the very least sidelined in priority and this compromise ensures that.

NMA NOMINATING COMMITTEE TO DETERMINE MOMS REPRESENTATIVES

The determination of the NMA Board members was also an area the MOMS Executive Committee members wanted to see changes. The new NMA proposed Nominating Committee will be tasked with preparing a slate of candidates for the membership to vote on based on online applications. MOMS wanted some measure to preserve the current accepted practice to rotate the President-Elect position between Lancaster County, Greater Nebraska and MOMS, while ensuring that the candidates for that position and the two representatives from MOMS in the proposed board structure would have some leadership connection to MOMS. "A number of us feel it is preferable to have MOMS assuredly represented by someone its membership clearly desires," explained John Peters, M.D., the immediate past president of MOMS. The NMA bylaws committee has struck a compromise that when MOMS nominates a president-elect or MOMS representatives, those candidates are designated the preferred choice and will then be slated as such. It allows the full NMA membership to vote on board members while preserving MOMS' right to select who represents the organization.

CHANGE IN NMA OFFICER TERMS AND SELECTION OF SECRETARY/TREASURER

The Nebraska Medical Association Bylaws Committee is also hoping to increase continuity of leadership by extending office terms of its elected officials. But some positions originally had three-year terms, others would be four-year terms and a Secretary Treasurer term would be five years. The concern of the MOMS Executive Committee members was those time frames were potentially too long and would eliminate the chance for other members to step into leadership positions because some Board mem-

ELIMINATION OF ONE OF MOMS MEMBERSHIP CATEGORIES

There is a proposed clause in the NMA bylaws that has been unchanged that the Executive Committee identified as potentially problematic. This would only allow for unified memberships except for state employed physicians and effectively eliminate the MOMS part-time, non-practicing physician category that many retired physicians have joined in recent years as well as others whose work/position does not require a medical degree. If these bylaws are passed, this would force those physicians in that category to join both organi-

TIMELINE FOR IMPLEMENTATION

A footnote for these proposals is that the original idea was to have them adopted for use on January 1, 2022, which would be after dues processing and the MOMS slating and election process has already been completed. MOMS had asked that any changes be implemented in 2023 to allow for preparation and coordination. The NMA has agreed that there should be time to communicate with members affected by these changes and put everything in place. The new implementation date is the 2022 NMA annual meeting in September of that year.

“While not perfect, these changes are a compromise that I think our members can support because it preserves their voice and representation which was our main priority. Our goal is to invite participation and be more inclusive.”


— TINA SCOTT-MORDHORST, M.D.

bers could hold onto their office for 9-12 years. Their Bylaws Committee did revise terms for consistency and chose to make terms for all elected positions, with the exception of president-elect and secretary-treasurer, three years long. Directors now have up two terms and AMA delegates have up to three terms. The Secretary-Treasurer becomes a board appointed position that can last for up to ten years.

zations or potentially leave MOMS. While there is no current solution to this, NMA Executive Vice President, Amy Reynoldson, has vowed to work with MOMS to see if there is some way to help address those membership needs for the ones who don't practice medicine for careers.

“While not perfect, these changes are a compromise that I think our members can support because it preserves their voice and representation which was our main priority,” per Tina Scott-Mordhorst, M.D., MOMS President-Elect. “Our goal is to invite participation and be more inclusive.”

YOUR OPPORTUNITY TO VOTE ON PROPOSED CHANGES

In August, the NMA sent out the bylaws for comment and input by members. If you recall, MOMS sent out emails urging members to review the proposed changes and to let your voice be heard. After that two-week period, the Bylaws Committee members took those suggestion to create a final edited version which was approved by the Board of Directors at the NMA Annual Meeting on September 17th. The NMA will hold a special session of the House of Delegates in November to vote on these bylaws. Our goal is to ensure MOMS has its full share of delegate members available to be part of this vote and for our members to know about the potential changes coming. If you are available and want to participate, please contact MOMS Executive Director, Carol Wang, at cwang@omahamedical.com. 

MEMBER NEWS

NMA 2021-2022 PRESIDENT INAUGURATED AND AWARDS PRESENTED

2021-2022 NMA President David Watts, M.D.



David Watts, M.D., was inaugurated as the 2021-2022 NMA President on September 17 during the NMA Annual Membership Meeting in Omaha. After serving in the U.S. Navy Hospital Corps, Dr. Watts graduated from the University of Nebraska at Lincoln with a BA in English Literature and the University of Nebraska College of Medicine.

He completed residencies in both internal medicine and dermatology at Mayo Clinic and a 2-year fellowship in Mohs Surgery and

Cutaneous Oncology at Cleveland Clinic. He started Dermatology Surgery Center, which became Dermatology Specialists of Omaha. He retired in 2018.

Dr. Watts served as president of the Metro Omaha Medical Society board president in 2017 and is a past president of the Nebraska Dermatology Society as well as having served many roles with the Nebraska Medical Association. He is currently Board Vice Chair of the nonprofit Nebraska Cancer Coalition (NC2). Awards include the American Academy of Dermatology Advocate of the Year in 2014, the NMA Physician of the Year award in 2014, and the NMA Distinguished Service to Medicine award in 2019. [🔗](#)

Distinguished Service to Medicine Award Britt Thedinger, M.D.

Dr. Thedinger completed his undergraduate at Vanderbilt University in Molecular Biology. He attended medical school at the University of Kansas Medical School, residency in Otolaryngology Head and Neck Surgery at Harvard University, and a fellowship in Otology Neurotology. In 1992, Dr. Thedinger established his private practice Ear Specialists of Omaha.

Dr. Thedinger is a past president of the Metro Omaha Medical Society and has served on the boards of Catholic Charities, Jesuit Partnership, Omaha Hearing School, and Duchesne Academy. He has held several leadership positions with the NMA including president from 2018-2019. [🔗](#)

Young Physician of the Year Alëna Balasanova, M.D.

Dr. Balasanova completed her undergraduate studies at The Johns Hopkins University in Maryland and attended medical school at Harvard Medical School. She completed her residency in psychiatry at the Boston University Medical Center. Dr. Balasanova currently serves as Chair for the Metro Omaha Medical Society Early Career Physicians group. Awards include:

the American Medical Association Foundation Award for Health, the Flint Award in Educational Excellence, and the National Leadership Forum Scholar from the Community Anti-Drug Coalitions of America/Substance Abuse and Mental Health Services Administration. [🔗](#)

NMA Physician Advocate of the Year Jodanne Hedrick, M.D.

Dr. Hedrick is an OBGYN physician with Mid-City OB-GYN in Omaha and assistant professor at Creighton University. She attended medical school at Kirksville College of Osteopathic Medicine, an OB tracking internship at Mount Clemens General Hospital, and obstetrics and gynecology residency at Mount Clemens General Hospital. Dr. Hedrick is the vice-chairman of the State of Nebraska Board of Medicine and Surgery with which she has been involved since 2017. Other leadership positions she

has held include: chairperson of the Creighton University Medical Center Bergan Campus Perinatal Safety and Quality Committee and chairperson of the Alegant Health Bergan Mercy OBGYN department. She is a member of the American Osteopathic Association, American College of Osteopathic Obstetricians and Gynecologists, Kirksville Osteopathic Alumni Association, Metro Omaha Medical Society and the Nebraska Medical Association. [🔗](#)

Natasha Hongsermeier-Graves Awarded NMA Student Advocate of the Year

Natasha Honsermeier-Graves is a third-year medical student at the University of Nebraska Medical Center and is currently working on her master's degree in Public Health at Harvard University. Natasha has received several honors and awards including: the Zuckerman Fellows Program for Public Leadership, Alpha Omega Alpha Honor Society, Gold Humanism Honor

Society, and the Ricki Award for distinguished service to the SHARING free clinics for the underserved. Natasha is the founder and director of Musicians for Healing, a nonprofit organization coordinates the time and talent of local musicians with the music therapy needs of hospitals and nursing homes. [🔗](#)

MEMBER NEWS

DR. ARE JOINS NATIONAL CANCER BOARD



Chandra Are, M.D., UNMC's JL & CJ Varner Professor of Surgical Oncology & Global Health, has been invited to join the National Cancer Institute's Board of Scientific Advisors.


The board is a federal advisory committee, advising the NCI on a variety of matters concerning scientific program policy as well as the progress and future direction of NCI's extramural research programs.

"It is a great honor to be named to the board, and it speaks to the work we are doing here at UNMC—from the division and department level through the efforts of the Fred & Pamela Buffett Cancer Center and the institution as a whole," Dr. Are said.

"The appointment of Dr. Are to the National Cancer Institute's Board of Scientific Advisors provides objective evidence of his national recognition in surgical oncology and is a real feather

in his cap," said David W. Mercer, McLaughlin Professor and chair of the UNMC Department of Surgery. "Having a Nebraska Medicine/UNMC representative be a member of the board represents a great opportunity for our organization, and I can think of nobody better suited than Dr. Are."

As a member of the board, Dr. Are will participate in the evaluation of concepts, such as requests for applications, cooperative agreements, research proposals and other matters. The board considers proposed initiatives that will best advance and enhance the institute's current research efforts and advises the institute regarding future research directions.

"These are all pre-eminent people in the field representing the most important institutions in the country," he said. "I am humbled to be joining them and excited to be representing UNMC in this new role." 

IN MEMORIAM

JAMES A. EDNEY, M.D.

Dec. 16, 1948 – Aug. 7, 2021

WILLIAM R. PALMER, M.D.

Sep. 5, 1948 – Aug. 5, 2021

LOUIS A. SOJKA, M.D.

Nov. 29, 1930 – Sep. 6, 2021



NEW MEMBERS

Jesse Barondeau, M.D.

Adolescent Medicine
Children’s Hospital &
Medical Center

Collin Parker, M.D.

Dermatology & Micrographic
Dermatologic Surgery (MOHS)
Midwest Dermatology

Jessica Shank, M.D.

Surgical Oncology
UNMC/Nebraska Medicine

Haris Chaudhry, M.D.*

Internal Medicine
Creighton University
School of Medicine

Juan Santamaria, M.D.

Surgical Oncology
UNMC/Nebraska Medicine

Krysta Sutyak, D.O.

General Surgery
UNMC/Nebraska Medicine


*Resident

MOMS EVENT RECAP



MOMS RETIRED PHYSICIANS MEETING RECAP

MOMS Retired Physicians group held meetings on July 21 and Aug. 25 at the UNO Community Engagement Center. In July, Performance Psychologist, Jack Stark, presented “Sports Psychology: Mental Health in the Athlete.” In August, L. Javier Fernandez, OPPD President & CEO, spoke regarding the response to the historic July 10th windstorm that left 188,000 customers without power.

1. MOMS Retired Physicians Chair, Dr. Robert Cochran (right), and L. Javier Fernandez, president and CEO of OPPD.
2. MOMS Retired Physicians members gather to listen to Mr. Fernandez speak and ask him questions. 




COLLABORATION LAUNCHED WITH MAYO CLINIC IN PEDIATRIC CARDIOLOGY CARE

Boys Town National Research Hospital recently announced a new collaboration with Mayo Clinic to provide cardiology care for children in Omaha and surrounding communities.

The pediatric cardiology outreach clinic, which began seeing patients in early August, is providing diagnosis, care and treatment for a range of heart conditions such as murmurs and palpitations, syncope (fainting), chest pain, abnormal heart rhythm and various other congenital defects and heart diseases.

"We are thrilled to begin this collaboration with our colleagues from Mayo," said Jason Bruce, M.D., executive vice president of health care and director of Boys Town National Research Hospital and Medical Clinics. "To provide a comprehensive patient care approach, we bring together multiple specialists to form the child's care team, addressing the physical, developmental and mental health care of the child. Collaborating with Mayo Clinic allows us to bring their expert cardiology care to our patients and community."

Mayo Clinic cardiologists see patients at Boys Town Medical Clinics, located on Boys Town campus, at 139th and Pacific streets.

Mayo Clinic is the second national collaboration with Boys Town National Research Hospital in two years. In 2019, Boys Town Hospital began a collaborative project with Shriners Healthcare for Children-Twin Cities serving as an outreach clinic for their Nebraska patients to receive care closer to home. 



FREE COVID-19 VACCINE PHONE LINE LAUNCHED FOR AUGUST


In August, CHI Health launched a free COVID-19 vaccine phone line to help the public make informed decisions about this life-saving vaccine.

"We knew people had a lot of questions about the vaccine. There's a lot of information; there's a lot of misinformation," said Jeanette Wojtalewicz, CHI HEALTH interim CEO. "We believe that providing trusted health care partners to staff the phones and answer questions can help consumers make an educated decision about having the vaccine."

During the month of August, CHI Health licensed primary care providers took calls seven days a week from 7 a.m. to 10 p.m. from people in Nebraska and southwest Iowa. During the first week alone, more than 500 calls were received.

"As the school year inched closer and we continue to pursue a sense of normalcy, CHI Health wants the community to feel informed, safe and comfortable getting the COVID-19 vaccine," Wojtalewicz said. "We want to make sure everyone has access to information to make the decision that's best for them."

When the phone line was launched, around 50 percent of Nebraska and Iowa community members were vaccinated. Surveys have shown that health care providers are the most trusted source of information about COVID-19. But people might not make an effort to reach out. This hotline removed a barrier by making it easy to simply call.

"We know the COVID vaccine is saving lives, so we want our community to have easy access to all of that information," Wojtalewicz said. "It's part of our commitment to the communities we serve and our mission to improve the health of others." 




FIRST-YEAR MEDICAL STUDENTS RECEIVE WHITE COATS

One hundred and thirty first-year medical students at the Creighton University School of Medicine in Omaha took their first official step toward becoming physicians when they participated in the school's annual White Coat Ceremony in late July.

The White Coat Ceremony in Omaha followed Creighton's White Coat Ceremony at its new Creighton Health Sciences-Phoenix campus in which an additional 100 first-year medical students received their white coats at the new four-year medical school in the new health sciences building in Phoenix.

The academic ritual signifies the beginning of their professional careers as student physicians. In addition to the donning of the white coat, students also recite a student physicians oath pledging to respect their teachers and colleagues and, more importantly, to give their life and talents to serve humanity.

The white coat symbolizes an affirmation on the part of aspiring health care professionals that their purpose is pure and that they can be trusted to honor the tradition of learned professionals in placing the interests of patients above self. 



STOFER NAMED TO JENNIE EDMUNDSON EXECUTIVE TEAM

Shanna Stofer, Pharm.D., who played a key role in the opening of the Kearney, Nebraska, Regional Medical Center, has been named the vice president of ancillary and professional services at Methodist Jennie Edmundson Hospital. She began her duties in July.

Dr. Stofer has served KRMC since October 2013 and was one of the original leadership team members when the hospital was built and opened. At KRMC, Dr. Stofer oversaw several ancillary departments and was a key driver of business development opportunities. Throughout her career, she has placed a high level of importance on provider collaboration, organizational culture and employee engagement.

"I am very excited to have Shanna join the Jennie Edmundson family," said David Burd, president and CEO of the hospital. "It was very important to find someone who fits well not only with the requirements of the position but also with our culture. After an extensive interviewing process, I believe that Shanna is that individual."

In her new role, Dr. Stofer will oversee pharmacy, laboratory, imaging, oncology and rehabilitation services. She will also take a leadership role in identifying business growth opportunities and will work closely with the provider team.

Dr. Stofer, who holds a doctor of pharmacy degree, served as director of pharmacy for Lincoln Surgical Hospital from 2003 to 2009 before serving in a similar role at Community Memorial Hospital in Syracuse, Nebraska. She then offered her pharmaceutical expertise to hospitals throughout Nebraska as part of the remote and relief pharmacy program.

Dr. Stofer earned her doctor of pharmacy from the University of Nebraska Medical Center. She is a member of the American College of Healthcare Executives and the American Society of Health-System Pharmacists. [i](#)



STAFF NOW REQUIRED TO BE VACCINATED

Out of concern for the health and well-being of staff, patients and the community, Nebraska Medicine is requiring all colleagues and employed physicians, regardless of location, to become vaccinated for COVID-19 by Oct. 8.

Nebraska Medicine is joining other health systems in Omaha and across the state, which are also requiring their employees to be vaccinated.

"For many years, we've required colleagues to provide vaccination status prior to starting with Nebraska Medicine," said CEO Jim Linder, M.D. "Now it's time to add COVID-19 to that list as a required vaccine. Part of our mission is 'to lead the world in transforming lives.' That means we must do everything we can to do our jobs safely and take this next step to end the COVID-19 pandemic."

Employees who have a recognized medical contraindication or sincerely held religious belief that prevents them from receiving the COVID-19 vaccine may request an exemption to this vaccination policy. [i](#)



University of Nebraska
Medical Center

DR. GEOFFREY TALMON NAMED VARNER EDUCATOR LAUREATE

The Varner Educator Laureate Award is named after Jerald Varner, Ph.D., associate professor in the University of Nebraska-Lincoln College of Engineering.

"Education is a place where there is always a need, and there's always room to innovate and make things your own," he said. "There's opportunity to teach, but also to grow and be creative and to do stuff that's fun."

Dr. Talmon's teaching efforts on the medical/graduate school level include both clinical and didactic courses, interacting with all students, faculty and residents in the pathology department. He also teaches with the High School Alliance.

"That's one of the things that I find most rewarding. In terms of honing my skills as an educator, that gives me the most room to try new things. Right now, the thing that is most rewarding is to see the people that I trained training others."

Dr. Talmon said he was humbled by the chance to join the group of educator laureates who preceded him.

"One of the best parts about this award for me, and again, the most humbling, is that this is something for which you are nominated by your peers," he said. [i](#)



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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