# Physicians Bulletin

VOL. 43
NO. 5

SEPTEMBER/OCTOBER **2022**

USA $1.95

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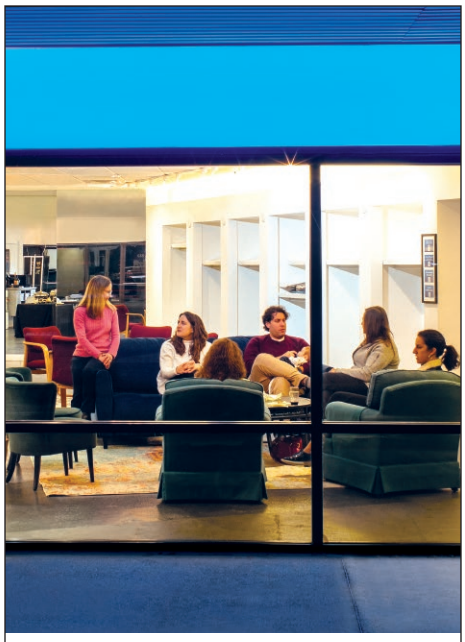

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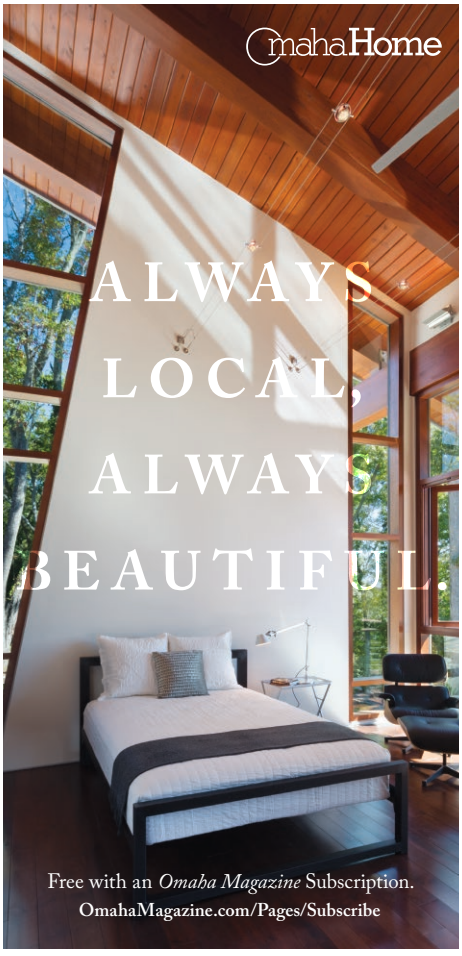
## FEATURES



## DEPARTMENTS











# Physicians Bulletin

VOLUME 43, NUMBER 5

A PUBLICATION OF THE

Metro Omaha Medical Society

**METRO OMAHA MEDICAL SOCIETY**
7906 Davenport St. | Omaha, NE 68114
(402) 393-1415 | www.omahamedical.com





*Physicians Bulletin* is published bi-monthly by Omaha Magazine, LTD, P.O. Box 461208, Omaha NE 68046-1208.

# THE EXAM ROOM IS GETTING CROWDED

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

The basic relationship is between the patient and physician. That is where diagnoses are made and treatment options discussed and implemented. That is what we learned in medical school.

While the choices that are made in the exam room have an impact on others, the fundamental interaction is between the physician and the patient. It is why we all practice medicine—to care for patients. It is the sweet spot of our careers.

Sometimes, there are others involved in the equation, such as a parent of a pediatric patient, or a spouse. Important to the patient, these people belong in the exam room. An assistant or observer may be needed. A translator might be there. That is enough. That is who needs to be in the exam room. It is a patient-focused mix.

But we add others.

Add the health care system to the mix. Health care systems, providing the environment of care, include laboratory personnel, clinical support staff, public relations and administrative support. They are important. OK, I will accept that as a necessary part of providing care.

Add the electronic health record (EHR) to the room. As I am not a digital native, I believe it interferes with the patient physician interaction, but the EHR does improve medicine management and some communication. I believe it overall benefits the patient, if not the physician. I will add it to the exam room.

Enter Google, the medical advice giving, internet-based non-physician, medical expert. Dr. Google is omnipresent, offering a full spectrum of diagnoses and misdiagnoses for me to consider. The patients bring it into the exam room, so I will accept Dr. Google.

Then add the insurance company to the mix, applying financial pre-authorization considerations to the process of selection of appropriate therapies. OK, I will accept that process as protecting the patient financially. Add the insurance company to the exam room.

But wait, it feels like it is getting overcrowded. The interaction of the patient-physician relationship no longer feels sacred.

And now, again, we are at risk of adding another element to the mix in the exam room—the government.

Historically, various levels of government have appropriately been involved in many aspects of health care, including providing licensing of health care professionals, evaluating drug safety, investing in medical education, research, and protecting public health and vulnerable individuals. Important partnerships exist between health care professionals and government essential health care services, and I accept those roles as important.

But I don't think government directly belongs in the exam room.

In July 2012, the American College of Physicians released a briefing, "Statement of Principles on the Role of Government in Regulating Patient-Physician Relationships." This statement, accessed online, addressed concerns physicians had about government regulations for the exam room, including prohibiting physicians from asking about risk factors that might impact the patient's health, limiting information that physicians can disclose to patients, requiring the discussion of medical interventions that are not individualized to the patient, and requiring tests or procedures that are not medically necessary. The statement includes examples of expected behaviors of physicians while taking histories, in end-of-life situations, providing pregnancy care, and discussing gun safety. Failure to comply with the government regulations would be punishable by fines or prison time.

Also in 2012, The Council of Medical Specialty Societies, including the American Academy of Family Physicians, The American College of Physicians, the American College of Obstetricians and Gynecologists, and the American Academy of Physicians issued a joint statement, published in the New England Journal of Medicine, "Legislative interference in the patient-physician relationship." The statement was updated in 2021 and again in February 2022.

"The vital relationship between a patient and a physician is essential to the provision of safe, appropriate, professional, and high-quality medical care, and this bond should be protected from unnecessary governmental intrusion. Federal and state laws should not interfere with the ability of physicians to determine appropriate treatment options for their patients based on the best available evidence. Further, legislative interference into the practice of medicine may limit communication between patients and their physicians on the strongest medical evidence and the professional medical judgment of physicians. Physicians and patients must make medical decisions together about what care is best for them."

I agree with this statement. The exam room is too crowded already. The government should not insert itself in the exam room or at the hospital bedside, where medical decisions are made, where the physician interacts with the patient. It is too crowded already.

In my opinion, this is not about a single issue that is causing unrest following a Supreme Court decision earlier this year. This is an ongoing issue that erodes our ability to practice medicine. I believe we need to act together to protect the sacred patient-physician relationship. The exam room is crowded enough already.

Thank you for reading.

# MUSINGS AS WE APPROACH THE END OF THE YEAR

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

So many of us love fall—the cool, crisp temperatures, football season, sweaters, and the beautiful changing colors of the leaves. But it's also the calm before the storm, when holidays and their preparations take center stage, and with it, the scramble to get vacation coverage, and for those of you who do surgeries, the rush of elective procedures that take advantage of met deductibles.

But I hope as the to-do list grows, you make some time for quiet reflection. Our current culture has shortened our attention spans and there is so much noise that it can be hard to think. It's also sometimes convenient to not have to think too much. But I've been reminded that great ideas and solutions happen when you give them space to percolate.

One of the great enemies of time to allow our brains to process is our phone/device. How many times have you picked up your phone or tablet with the intention to look up one thing and next time you look up, 30 minutes have passed and you have gone down the proverbial rabbit hole? And you still didn't do the task that started it all? We are all guilty of it many times over.

I openly acknowledge that I am a little dependent on my electronics, and a wise person suggested I need to disconnect a little so I can think through some issues. One of them is, what does the MOMS office of the future need and what will our members need? Next year, the office lease comes up and we're all trying to figure out if we should maintain our current footprint or shrink the office spac e but increase the meeting and gathering space. Do you, our physicians need to be able to pop in and do business at the office or do we take advantage of more work at home opportunities to devote less square footage for desks? Is there a need you all have that we are not meeting but should consider? And what should be the future of the Wellness Center in the calculation?

Then there's the great debate of should we buy MOMS a permanent space or should we continue to lease? Given the pandemic's result of changing office space needs, this might be an opportunity to ensure a home for MOMS forever. But it would also require a capital campaign and some consideration for future revenue generation to help offset the building maintenance costs, whether it be through future tenants or services we can do. If you have some thoughts, I'd love for you to share your feedback.

The MOMS CME accreditation is also coming up for renewal and it sparks the thinking of what we can do to maximize opportunities for our physicians to gain continuing medical education through programming. We typically offer CME for precaucus and caucus, as well as for Medical Legal Dinner and other events when applicable. It's happening at the same time as we get ready to welcome a new president and get ready to execute her vision.

**"Our current culture has shortened our attention spans and there is so much noise that it can be hard to think. It's also sometimes convenient to not have to think too much. But I've been reminded that great ideas and solutions happen when you give them space to percolate."**

**— CAROL WANG**

Clearly there is some thinking to do. I am going to try to institute some changes to help me make time and space for the creative juices to flow by taking some walks where I leave the phone behind and maybe embracing some quiet time with no podcasts, Netflix, or devices to stop my brain from wandering. I am going to encourage you all to do the same and see what we can come up with individually and collectively. Who knows, it may also help us lower the blood pressure during the busy months ahead.

# THE FUND 101

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

Nebraska is one of six states that has a medical malpractice cap in place and one of just a few states that has a Fund in place to cover judgments or settlements for those who participate in the Fund. Since inception, the Nebraska Medical Association has been a strong advocate for the Nebraska Hospital-Medical Liability Act, which created the "Fund," and led efforts to ensure that the Fund is effective and sustainable. As the NMA approaches the 2023 legislative session, there is a focus on continuing this very important work so that the Fund is just as strong for another 46 years.

To participate in the Fund, a health care provider must submit proof of financial responsibility in the form on an underlying professional liability policy with specific coverage limits and pay a premium, or surcharge, to the Fund. The underlying limits are expressed in two amounts with the first applying under a provider's policy per occurrence and the second is an annual aggregate limit for two or more occurrences. The Nebraska Hospital-Medical Liability Act also established a cap on the damages any single plaintiff can recover from all qualified health care providers. The Legislature has updated this Act including the underlying policy limit requirements and the damages cap over the years.

**"Not only did the Act establish underlying limits and a cap for damages, but it also established a surcharge rate, which represents the amount a health care provider pays into the Fund to participate."**
**— AMY REYNOLDSON**

When the Fund was established in 1976, limits were set at $100,000/300,000 for physician and nurse anesthetists and $100,000/1,000,000 for hospitals, with a $500,000 cap on the amount a plaintiff could recover from all qualified health care providers. In 1984, LB 692 was passed that raised the cap to $1 million for incidents occurring after Jan. 1, 1985. Shortly after LB 1005 was passed in 1986 that increased the amount of required underlying insurance to $200,000/600,000 for physicians and nurse anesthetists and $200,000/$1 million for hospitals effective Jan. 1, 1987.

In 1992, the Legislature passed LB 1006 that raised the cap to $1.25 million for incidents occurring after Jan. 1, 1993. The cap was then raised to $1.75 million in 2003 with the passing of LB 146 for incidents occurring after Jan. 1, 2004. The underlying coverage requirements were raised just one year later to $500,000/$1 million for all providers other than hospitals, and to $500,000/$3 million for hospitals.

The most recent change to the Fund took place in 2014 with the passing of LB 961 that raised the cap to $2.25 million for any occurrence after Dec. 31, 2014.

Not only did the Act establish underlying limits and a cap for damages, but it also established a surcharge rate, which represents the amount a health care provider pays into the Fund to participate. The surcharge rate is based on their underlying malpractice insurance premium and has been adjusted over the years to properly reflect the amount needed to maintain the Fund. The Act sets the surcharge rate to be no greater than 50%. Throughout the life of the Fund, the surcharge rate has fluctuated based on Fund assets. In January 2020, the surcharge rate increased from 45% to 50% and has maintained since.

When the Fund was established the surcharge rate was set at 50% to build capacity. The Act originally placed a statutory cap of $5 million on the Fund's assets and the surcharge rate was reduced in 1980 when that asset limit was achieved. The surcharge rate was then reduced to its lowest point of 1% in 1982. In 1984, the Fund paid its first six claims and in turn increased the surcharge rate for the next year. Over the life of the Fund, the surcharge rates were 50% in 1976, 1985-1987, 2003-2005, and 2020 to current.

# WHAT TO DO TO AVOID BEING DOXED

**BLAINE KAHLE**
Director of Technology
*Five Nines*

Doxing (or doxxing) is derived from the word "documents" ("docs") and refers to the unauthorized publishing of personal or private information with the goal of harassment or extortion. Doxing someone is an explicit crime in some states and could also be prosecuted under other laws related to stalking.

The first anti-doxing strategy is to be proactive about your online presence. Social media is addictive by design and encourages you to overshare. The more you post about your personal life and activities, the easier it is for someone to deduce truly sensitive information about you. "Checking in" at locations can particularly create a problematic information trail that leads not only to your identity, but also narrows where you live and work.

You also do not need the entire world to see your life. Make your social media profiles "private" so that only people you have made "friends" or similar can see your posts and profile information. If you do change your default settings, also look for options to alter past posts from public to friends/private. Sometimes, there are settings to change them all at once, and others you may need to do it by hand or even delete the old posts.

**"Google yourself to see what is easily discoverable about you. Many sites that aggregate personal information have ways for you to submit a request to have your records removed."**
— BLAINE KAHLE

Make your profiles harder to discover by using a different name. You may not want or be able to be fully anonymous depending on the platform—Facebook, for example, does not permit you to be "HuskerFan12345"but slight name alterations are common for medical and security professionals. Instead of Firstname Lastname, use middle names, initials, and/or birth name if you have changed your name at any point. If you are Jane Doe at work, being Jane Middlename or Jane D. on social media makes it more difficult for someone to make the connection.

You have probably "friended" most everyone you really want to connect with by this point, and for any new connections you want to make you can direct that person on how to find and invite you, or you can invite them. Similarly, be cautious about which friend requests you accept. It could be a fake profile designed to look like someone you know to get to data and posts that only "friends" can see.

Remove personally identifiable information from your profiles. It is unlikely that information is necessary to be there. Remove addresses including partial addresses like the city you live in. Remove entries about where you work or have worked.

Do not participate in any "what type of ___ are you?" surveys, or anything similar. These often explicitly ask personal questions, and you do not know who is collecting that data and for what reason. Not only is it a doxing risk, but these also often ask questions which are used as "knowledge-based authentication" security challenges to establish accounts at credit agencies or are the "security questions" you answered to set up account-recovery options at various web sites.

Google yourself to see what is easily discoverable about you. Many sites that aggregate personal information have ways for you to submit a request to have your records removed. It may not be easy or fast, but the options often exist, and you should consider how sensitive the information is and balance that against how much work you are willing to invest.

On the technical front, use good technical security hygiene. Use a password manager such as 1Password to set complex and unique passwords for all your accounts. Enable two-factor/multifactor authentication (2FA/MFA). If someone hacks into your email or social media account, they can gather a large amount of personal information easily.

Especially protect your email accounts as strongly as you can because email is the account-recovery or password reset mechanism for most public sites. If you do nothing else, make sure your email passwords are strong, are never used anywhere else, and that you have enabled 2FA/MFA at your email providers.

If you find yourself a victim of doxing, first take care of your safety. If you believe you are in immediate danger, call 911. It can be hard to think clearly in circumstances like this, so call someone you trust to help advise you. Do not immediately start deleting accounts, posts and apps, as you may need information from them as evidence. Search for "Liz Lee I've been doxed" to find an excellent step-by-step guide by Liz on what to do. You may also want to consider getting legal advice, even if you currently do not know who published your information.

# FIGHTING BURNOUT AT THIS EARLY STAGE

**PRANITA DEVARAJU**
Class President
*UNMC College of Medicine, Class of 2025*

In hindsight, the version of me that started medical school a year ago was someone who could be described as "bright-eyed and bushy-tailed." However, by the end of my first year, the light in my eyes had dimmed and my bushy tail was tucked between my legs. A student with a passion for advocacy and motivation for change was reduced to a person I didn't recognize, just trying to get by and memorize all the cranial nerves by Friday.

Now, I'm envious of my past self's endless motivation. I was extremely passionate about healthcare access, as many of my friends from college didn't have insurance and resultantly had to push seeking healthcare to the bottom of their priorities. I handed out food to the homeless population downtown every Wednesday and Sunday and volunteered for the campaigns of representatives who I thought would bring opportunity to the most oppressed in my community. When I started school, I was elected as class president, as well as joined clubs such as the AMA chapter at UNMC and Student Delegates, to get involved with the Nebraska Legislature. While the curriculum turned out to be a type of challenge I'd never encountered before, my motivation persisted through the first semester.

**"As students, we often feel as though we cannot change much. Some may see us as less credible, but it would be untrue to say that we are not influential. In the 1980s, smoking was banned on airplanes. Not many people know, however, that medical students were actually big players behind this change."**
— PRANITA DEVARAJU

However, I lost steam over the course of my second semester. By April and May, burnout seemed as much a part of medical school as anatomy lab. I found myself losing the intrinsic motivation to continue my advocacy, policy research and volunteering outside of my defined roles at school. I saw this occurring in my classmates as well. Not only were we trying to stuff every single bacteria and antibiotic name into our long-term memory, but our eyes were also being opened to the inner workings of the healthcare system, and the multitudes of steps that needed to be taken to improve those things I was so passionate about before. My previous advocacy and volunteer work felt tangible, and gave me instant gratification. In comparison, these avenues of change started to feel impossibly long and hard, and like something that I could not accomplish.

As students, we often feel as though we cannot change much. Some may see us as less credible, but it would be untrue to say that we are not influential. In the 1980s, smoking was banned on airplanes. Not many people know, however, that medical students were actually big players behind this change. In 2017, medical students in the AMA wrote a resolution in opposition to non-consensual DNA sampling of illegal immigrants as they entered the United States. Their voices were heard, and this policy was, in the end, not implemented. These examples and more serve as reminders that our effort is valuable. Even still, the motivation to make a difference is easily stifled by the trials and tribulations of medicine as a study course and as a career.

Once I made it to summer break, I took time to recover from the semester. I realized that what my previous self would have felt was being "selfish" was actually crucial self-care. Even after taking almost three months for myself, I only feel as if I have recovered a fraction of my previous energy and motivation. I then think about my peers who did not opt to take their summer off, like I did. Did they get to recover at all while studying for boards and working in research labs?

"Last summer vacation ever" was a commonly spoken phrase amongst my classmates these last few months. It worries me that when this wave of burnout inevitably hits us again next year, we won't have a chance to recover at all. This constant go-go-go model has been the norm in medicine for a long time. It creates a situation for students, residents, and physicians where they have to choose apathy just to get by, where advocacy has to take the backseat to the immediate needs of their patients and their own mental health. In order to foster physicians who are also advocates, I believe that we need to also foster an environment that fights burnout and nurtures the desire to help others that drew so many of us to medicine in the first place. I have the utmost respect and admiration for the doctors in MOMS and other medical societies who have sustained their passion and are so engaged today. They have endured an even more antiquated and burnout-inducing system than the one I am struggling with as a student. Things have certainly changed for the better, but that does not mean the work is done. I am imagining a system where students graduate passionate about medicine and still excited to advocate fiercely for their patients, where we don't lose their bright-eyed perspectives, and where we maximize our potential for change as a larger, unified community of doctors.

## DURING TIMES OF HEIGHTENED VOLATILITY AND STOCK MARKET STRESS, INVESTORS MAY NATURALLY QUESTION THEIR ASSET ALLOCATION

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The months following the U.S. presidential election in 2016, the stock market sell-off in the fourth quarter of 2018 and the market downturn that began in February 2020 are recent examples of frenzied times. For investors or financial professionals trying to determine what action, if any, to take in response to increased market volatility, a long-term perspective can be helpful.

Since 1950, there have been nine bear markets for the S&P 500 Index (excluding the one that was underway in March 2020), defined as a 20 percent or more decline in market value from the Index's previous peak. Bear markets typically occur when investors believe stocks are overvalued and more investors look to sell stocks than to buy them. As seen in recent times, exogenous shocks to the market can sometimes be the catalyst for this change in sentiment.

While the circumstances leading to market downturns have varied in the past, it's important to recognize that a bear market occurs every few years and is not particularly remarkable in a historical context. The graph on side one shows that each bear market to date was usurped by a bull market that both recovered from previous lows and grew to new highs.

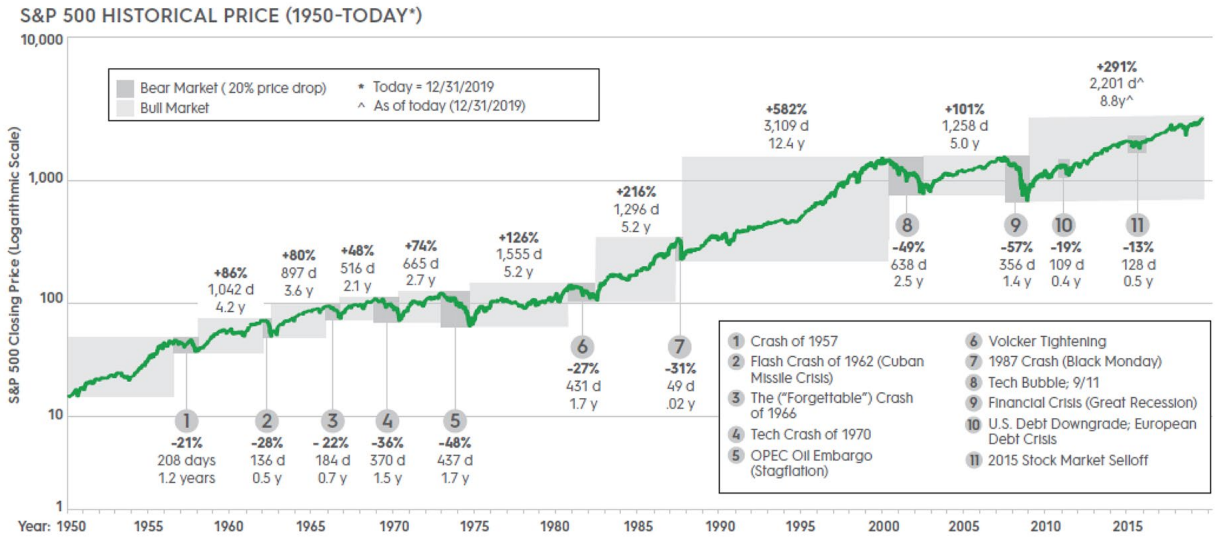
Today may be no different. Following the market bottom of March 2009, the most recent market expansion lasted for over 2,700 days, reflecting an increase of over 370 percent. The bouts of volatility in 2016 and 2018 offered a lot in the way of noise but ultimately failed to breach a 20 percent bear market threshold. While the market downturn that began in early 2020 breached that 20 percent threshold, the expansion that preceded the decline was the longest in modern history.

Markets follow the path of least resistance, which is to say they rise when buyers exceed sellers and fall when sellers exceed buyers. This truth is exacerbated by investor psychology with greed on the rise and fear on the fall. In the interim, there's market volatility, which is neither expansionary nor recessionary and akin to turbulence on a plane.

Disciplined investors don't succumb to market volatility just as passengers don't remove themselves from a bumpy flight. While it remains unclear how long the current bull market will last, how severe the subsequent downturn will be or how much volatility will emerge in-between, find wisdom in stock market history and try to keep a long-term perspective.

### INVESTMENT CYCLES

The stock market also has a cycle, with phases separate from the economic cycle, although there is a relationship between the up and down periods in the economy and the up and down periods in the stock market cycle. The market cycle is characterized by periods where stocks are generally rising, called "bull" markets, that eventually reach a peak, and periods when the market is generally falling, called "bear" markets, which eventually reach a trough. In addition to "bear" markets, which are usually defined as a 20% or more drop from a market high, there are "corrections," defined as a market decline between 10 to 20%, and market "pull backs," defined as a market decline of 5 to 10% off a market high. Generally, and there are exceptions, the stock market phases tend to be a few weeks or months ahead of the economic cycle, as investors attempt to anticipate what will be happening in the future. As a result, the stock market is often called a leading indicator. The market cycle is typically driven by perceptions of fair stock market valuations, investment fundamentals, expectations of growth in the economy, expectations of future profitability (which ties in with the economic cycle), dividend expectations, and investor psychology or investor's feelings on their perceptions of expectations of what will be happening in the market. Over short periods of time, investor psychology and news events can have a strong impact on market performance.



# COALITION'S AIM:

## Improve Asthma Care Through Collaboration

Nebraska Asthma Coalition

It started with a physician's determination to form a coalition that focused on asthma care, research and treatment.

Four years later, the Nebraska Asthma Coalition provides the resources and expertise needed to improve the lives of those suffering from asthma. The Nebraska Asthma Coalition's mission is "to improve health outcomes and quality of life for individuals affected by asthma in our state. We work to accomplish our mission through our core values of collaboration, inclusivity, data-driven decision making and a commitment to addressing health disparities."

The coalition's varied membership allows its participants to evaluate and formulate best practices for providing asthma care from different perspectives, said Hana Niebur, M.D., coalition co-chair, which is why new members are always welcome.

This leads to an invitation offered from two members of the coalition's executive committee: Consider getting involved in the organization.

"The reality is that there are not enough asthma specialists in the state to care for asthmatic patients," Dr. Niebur said. "Our purpose is to empower primary care physicians to provide care for their patients who suffer from asthma. We need their involvement. We need their perspective."

The invitation for involvement extends beyond primary care physicians: Nurses, respiratory therapists, school nurses, pharmaceutical representatives, public health officials, said Kim McClintick, coalition coordinator. Basically, she said, anyone who can impact the way the state cares for people who have asthma is welcome.

What drives the call for involvement and collaboration? In 2019, Omaha ranked in the top 10 most challenging places to live with asthma, according to the Asthma and Allergy Foundation of America Asthma Capitals report. The ranking was based on asthma prevalence, asthma-related emergency room visits and asthma-related deaths.

Dr. Niebur and McClintick first discussed the history behind the organization and then mapped out how it impacts the state.

First its history: Jill Hansen, M.D., an asthma and immunology specialist who recently moved to Colorado, was behind the push to form the coalition in 2018. Dr. Hansen, who had been involved in an asthma coalition in another state, saw the need for one in Nebraska to address its mortality rate and improve asthma outcomes. "Her biggest barrier was getting in touch with people involved in all aspects of asthma care and bringing them to the table," Dr. Niebur said. "Then, crafting our mission."

That mission—"to improve health outcomes and quality of life for individuals affected by asthma in our state. We work to accomplish our mission through our core values of collaboration, inclusivity, data-driven decision making and a commitment to addressing health disparities" – drives those involved with the coalition, Dr. Niebur and McClintick said. "Through collaboration, we want to provide Nebraskans with the resources and opportunities to improve the quality of life for those suffering from asthma," McClintick said.

CONT. PAGE 16

## The **Niebur** File

**Hometown**
Grand Island, Nebraska

**Undergraduate Degree**
St. Louis University in music studies and biology

**Medical Degree**
University of Nebraska College of Medicine

**Residency**
Advocate Christ Medical Center in Oak Lawn, Illinois, in pediatrics

**Fellowship**
University of South Florida in Saint Petersburg, Florida, in allergy and immunology

**Specialty**
Allergy and immunology

**Institution**
Children's Hospital & Medical Center

**Hobbies**
Spending time with family, traveling and snow skiing

**Family**
Husband, Platt Niebur; and three children

**Why She Joined MOMS**
"I wanted to feel better connected to the physician community in Omaha."

FROM PAGE 15

Now the challenge: Although Nebraska has a lower prevalence of asthma, the state has had consistently higher death rates than the U.S. for over 20 years. Nearly 800 adults and children died from asthma in Nebraska between 1995 and 2016. (Note: Dr. Niebur suggested that Nebraska's prevalence rate may be underreported. To that end, the coalition is analyzing data regarding hospital admissions and emergency room visits to better understand Nebraska's current status.)

Social determinants of health come into play regarding asthma disparities. For example, low income is linked to the prevalence of asthma including hospitalizations and exacerbations. Additionally, Nebraska does not have landlord-tenant laws requiring landlords to perform mold remediation, and mold is a known trigger for asthma). These properties, McClintick said, may be rented to people at a lower economic level, who have few options other than to live in homes where their health is compromised. The coalition is working to create awareness of this oversight, Dr. Niebur said, and looks to get involved in the legislative process to rectify it.

The coalition also is working to create awareness about other factors—including smoking cessation and environmental controls—that impact the prevalence of asthma in the state and the care of those who suffer from it.

Another priority for the coalition is to ensure that health care professionals are aware of guideline changes in asthma treatment. Revisions made by the National Heart, Lung and Blood Institute (NHLBI) in December 2020 to asthma guidelines are worth reviewing, Dr. Niebur said. While portions pertaining to diagnostics, assessment and control remained intact, she noted, the changes regarding treatment were significant. Those changes focused on studies that indicate patients only adhere to their asthma treatment plan about 50 percent of the time.

Another focus for the coalition is to share best practices and research outcomes. Coalition leaders will present those findings with practice groups, health care organizations, school groups—anyone who has an interest in asthma care.

McClintick said the Nebraska Asthma Coalition leaders have made it easy to get involved. The coalition created four work groups:

- Clinical Care—Increase use of asthma guidelines for diagnosis and management of asthma within the health care system.
- Data/Surveillance—Gather and interpret baseline asthma data, determine outcome measures and assess effectiveness of interventions over time.
- Education/Awareness—Promote asthma self-management education for patients and caregivers and raise awareness of asthma in the community.
- Environment—Expand environmental control measures to reduce exposure to asthma triggers at home, school, work and in the community at large.

The coalition hosts quarterly virtual meetings that last 90 minutes and include work group time. Coalition leadership knows people are busy and packaging the quarterly meetings with work group sessions provides the opportunity for participants to be involved at both levels by participating in just one quarterly meeting.

For more information or to get involved, visit nebraskaasthmacoalition.org.

# STILL SEEKING ANSWERS ABOUT LONG COVID


There still is much to be learned about long COVID—its symptoms, its diagnose and its prevention—and Samuel Bierner, M.D., asks that his peers in the medical community practice patience while researchers look for answers. He also offers hope to those providers who are supporting patients who suspect long COVID: evolving resources in the Omaha community.

Dr. Bierner said patients with long COVID are being seen in clinics at UNMC and Madonna Rehabilitation Hospital in Omaha. Patients with pulmonary and cardiac symptoms are typically being evaluated at UNMC, while patients with neurologic-related symptoms are referred to Madonna.

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Specialists at these institutions are collaborating and participate in twice-a-month conference calls to keep one another informed about their patient loads, the conditions of their patients and other issues related to long COVID. (This collaboration stems from the long-standing partnership the two institutions have through a joint residency program, Dr. Bierner said.)

Based on his own experience, conversations with his peers and a review of published literature, Dr. Bierner offered this assessment of who is susceptible to long COVID: Surprisingly, those who are typically younger and otherwise fairly healthy and not previously hospitalized with COVID. Those who were hospitalized and spent time in the ICU apparently still suffer from long COVID, but are more likely to have cardiac or respiratory problems or long-term effects of vascular inflammation and thrombosis such as stroke.

"It does go against the grain," said Dr. Bierner, professor and chairman of UNMC's Department of Physical Medicine and Rehabilitation. "People need to understand we don't have definite answers or treatments for this condition. We don't fully understand it yet."

**DEFINITION:** In addition to long COVID, terms used include long-haul COVID, post-acute COVID-19 and chronic COVID.

General symptoms include tiredness or fatigue that interferes with daily activity, fever, and other symptoms that get worse after physical or mental effort. Respiratory and heart symptoms include shortness of breath, cough, chest pain and a fast-beating or pounding heart. Neurological symptoms include difficulty concentrating, headache, dizziness when standing up, change in smell or taste, and problems sleeping. Digestive symptoms include stomach pain and diarrhea.

The CDC noted that some people with long COVID have symptoms that are not explained by tests.

Other findings of note, according to the CDC:

- Long COVID conditions can include a wide range of ongoing health problems, which can last weeks, months or years.
- Although long COVID conditions are more often in people who had severe COVID-19 illness, anyone who has been infected by the virus can experience post-COVID conditions, even people who had mild illness or experienced no symptoms.
- People who are not vaccinated against COVID-19 and become infected may also be at higher risk of developing post-COVID conditions when compared to people who were vaccinated and had breakthrough conditions.

**"It does go against the grain. People need to understand we don't have definite answers or treatments for this condition. We don't fully understand it yet."** — SAMUEL BIERNER, M.D.

Beginning in 2021, Dr. Bierner said, people started presenting long COVID symptoms, including those diagnosed with the Delta strain, but so far not as prevalently with the Omicron strain. BA.5 is too new to Nebraska, he said, to categorize.

Dr. Bierner discussed the most current environment of long COVID in the Omaha area and where patients afflicted by it are being treated. First, some definitions and background information, provided by the CDC:

The bottom line, Dr Bierner said, is that patients whose symptoms persist six weeks after being diagnosed with SARS COV-2 viral infection, and if these symptoms are interfering with their quality of life, they should seek further assessment.

Discussion with specialists at other academic medical institutions throughout the country has shown these commonalities in outcomes: patients are expressing cognitive complaints, including brain fog and memory issues, rapid heart rates, lightheadedness and feeling faint, Dr. Bierner said.

UNMC is one of about 200 research sites, involving more than 100 researchers, that are participating in the NIH Recover study. UNMC hopes to recruit 85 patients for its part of the study. Dr. Bierner encouraged physicians to make their patients aware of the study.

Participants will answer sets of questions and visit their study site for tests for up to four years. Participants may be asked to:

- Give urine, spit, blood or stool samples.
- Have simple check-ups or exams.
- Have X-rays and other imaging tests.

Dr. Bierner said this comprehensive study hopefully will provide insight into who experiences long COVID symptoms and their course of recovery. The challenge, he said, is that answers may not come quickly, which is why he asks physicians to be patient, yet diligent.

And, as a member of Metro Omaha Medical Society who works with patients and physicians addressing the challenges of long COVID, Dr. Bierner has some words of advice: "Patients with persistent neurological, cardiac or respiratory complaints can benefit from being seen at a comprehensive center. Omaha has several options, and these patients can be assessed and followed as more information will become available over the next year or two."

# AT HOME ON THEIR FARMS

John Treves, M.D., admits to having a lifelong fascination with dirt work and heavy machinery. So, it's only natural that the neurosurgeon would devote much of his free time working crops on his farmland in Iowa and Missouri.

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*(left) John "Jack" McCarthy, M.D.*
*(right) John Treves, M.D.*

**“Farming makes me a better surgeon. I have a job that’s all encompassing. Farming helps clear my mind.”**

— JOHN TREVES, M.D.

FROM PAGE 19

"Farming makes me a better surgeon," he explained. "I have a job that's all encompassing. Farming helps clear my mind."

John "Jack" McCarthy, M.D., his colleague at MD West ONE, grew up on a family farm in Avoca, Iowa, and, to some degree, never left. He and Roalene now own a farm in Iowa and a ranch in Wyoming. Closer to home, he works 20 cow-calf pairs and 50 ewes and lambs at his home outside of Omaha.

"I was meant to be in medicine. My focus always has been medicine," said Dr. McCarthy, an orthopedic surgeon who specializes in the upper extremities, "but my hobby, my passion and my avocation is farming."

So, if you can't find Drs. Treves and McCarthy in the operating room or visiting with patients at one of the many outreach clinics they serve, look for them on their farms. Both said their practices at MD West ONE provide them with the flexibility to feed their passion for farming. This is their stories:

### DR. McCARTHY— FARMING IS A FAMILY AFFAIR

**Consider this:** The farm in Iowa has been in his family since 1860. He has nine siblings, and several brothers and brothers-in-law operate the ranch in Wyoming and the farm in Iowa. Dr. McCarthy said he remains in constant contact and visits the ranch twice a year. He visits the farm in Iowa as often as possible.

As for his immediate family, his wife, Roalene Redland, M.D.; grew up on a ranch in Wyoming. "She and I are comfortable taking care of animals," which means they both handle the chores at home when he or his wife, Roalene Redland, M.D., must be in the operating room or clinic. His children (they have two teenagers living at home) handle most of the daily chores—but Dr. McCarthy is on the job, especially when they have newborn lambs or it's calving time.

**"Just yesterday, I was loading six lambs at 6:30 a.m. Because I am self-employed, I have the ability to change my schedule to make everything work, which is sometimes a bit of a dance."**

**— JOHN McCARTHY, M.D.**

"Just yesterday," he said recently, "I was loading six lambs at 6:30 a.m," he said. Which means early mornings checking cattle or sheep mean long days. "Because I am self-employed, I have the ability to change my schedule to make everything work, which is sometimes a bit of a dance."

Still, he finds himself putting in 50-hour work weeks, which doesn't include time working his animals at home and the operations in Iowa and Wyoming. "I don't sleep a lot." But then Dr. McCarthy adds a qualified—this is by choice. He enjoys staying busy by pursuing his chosen profession and his chosen hobby, which will someday expand as the "family" operations expand.

Here's where his two passions run on parallel tracks: In medicine, Dr. McCarthy said, he constantly is looking for ways to improve surgical techniques and efficiencies. For example, he said, he holds a patent on a medical device for thumb surgery. In farming, he's constantly looking for ways to improve operations. His current focus is cover crops, which are grown outside of the cash crop growing season, usually seeded in the fall and killed before spring planting. Keeping living roots in the ground year-round can improve water management, soil protection and nutrient scavenging.

Both professions demand focus, he said. "You can conduct precision-driven surgery and take that same type of focus and apply it to something else. In my case, it's farming."

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## The **McCarthy** File

**Hometown**
Avoca, Iowa

**Undergraduate Degree**
St. John's University in Collegeville, Minnesota in natural science

**Medical Degree**
University of Iowa in Iowa City

**Residency**
Washington University Medical Center in St. Louis in orthopedic surgery

**Fellowship**
Washington University in hand surgery

**Specialty**
Orthopedic surgery, upper extremities

**Institution**
MD West ONE

**Hobbies**
Farming (please read the story)

**Family**
Roalene Redland, M.D.; six children, ages 15 to 30

**Why He Joined MOMS**
"I believe there has to be a voice for physicians in Omaha. MOMS is that entity that aligns all the medical specialties."

## The **Treves** File

**Hometown**
Lincoln

**Undergraduate Degree**
University of Nebraska-Lincoln biological sciences

**Master's Degree**
UNL in tumor biology

**Medical Degree**
University of Nebraska Medical Center

**Residency**
UNMC College of Medicine in neurological surgery

**Specialty**
Neurosurgery and spine

**Institution**
MD West ONE

**Hobbies**
Fishing, deer hunting, classic cars own and restore

**Family**
Nicole, wife: six children, ages 7 to 25

**Why He Joined MOMS**
"I want to stay connected with the physicians in the community."

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His hobby provides an additional benefit he has experienced with his patients, especially those he sees in rural areas—a type of credibility with them. Dr. McCarthy sees patients several times each month in West Point, and on Tuesdays in Fremont. "With these farming communities, I can relate. When they're talking about how frustrating animals can be and how rewarding farming can be—I can join the conversation."

Farming provides Dr. McCarthy, 66, with one more benefit: "Farming is physical. It's my exercise program."

### DR. TREVES– OWNING LAND IS A 'GREAT VALUE'

**This was his moment:** Dr. Treves was watching his business partner walking back and forth from tractor to wagon. He would move the wagon and empty the load of corn into the nearby semi-trailer. Back and forth. Back and forth.

"Can I help?" Dr. Treves asked. His business partner, who was operating the 240-acre farm at that point, responded with: Can you drive a tractor? Can you load a wagon? Load the semi? Dr. Treves said he could. "I had some knowledge of planting and harvesting." "Let's go over to the next field and help me start," his business partner said.

From that point, he took a more hands-on approach to operating the farm and hasn't looked back.

Dr. Treves now owns 1,600 acres of farmland in Iowa and Missouri. In 2014, he had been looking for 100 acres and ended up buying a 240-acre family farm. He also has 37 acres at his home outside of Omaha, on which he grows hay, which he cuts and bails.

The process with growing his land included growing his cattle holdings. He originally thought of using the farm as recreational property to hunt and fish, and planting row crops on 100 acres. "I ended up farming."

Then, came the cattle. "My farm partner would say 'Wouldn't you want a few cows?' He kept asking. So finally, I said, 'Let's go get some cows.'" So, they bought 40 bred heifers.

At age 58, Dr. Treves said, he's still far from retiring to the farm—so to speak. He does spend his weekends at one of the farms. He'll take vacation each fall and spring for harvesting and calving. "It's pretty busy," he said. "My wife says I have two full-time jobs."

His wife, Nicole, is supportive of him pursuing his hobby. "She gets why I love farming. She likes the outside. Now, she's not going to get in a tractor. She doesn't want to bail hay. But she knows I do."

Harvest time is his favorite time. He especially enjoys picking grain and seeing his bins filled. "I really enjoy harvest. We cut the grass and it looks super clean. It's a good look."

One of his sons has shown interest in farming. Perhaps the two—when Dr. Treves retires—will farm together.

Like with Dr. McCarthy, Dr. Treves said, his work at outreach clinics in Missouri and Iowa often leads to conversation with his patients about farming—which offers a way to connect with them. "We come to chat about tractors and whether their semi is working."

He's been seeing patients for more than 20 years at clinics in Fremont and Blair, Nebraska; and Red Oak and Hamburg, Iowa; and at Fairfax, Missouri, for 10 years. Once he's finished seeing patients, he said, "I go look at my cows and spend the afternoon."

His patients appreciate his willingness to come to their communities. "It's easy to connect. It helps that I come to their community."

Back at MD West ONE, Dr. Treves said he and Dr. McCarthy always have something to talk about. "Jack and I talk cows quite a bit."


*Julia Griffin, third-year Creighton medical student*

# LESSONS LEARNED AT STUDENT-RUN CLINICS

Their first time volunteering at the student-run clinics sponsored by their respective medical schools left them with the same thought: I'm coming back.

Julia Griffin and Nick Bohannon, third-year medical students at Creighton and UNMC respectively, saw the need for the care they helped provide—and they saw the difference they could make in their patients' lives. They knew that they would come back again and again to help at their medical school's student-run clinic.

"I think as a physician, we have a unique and incredible opportunity to meet our patients where they are. It's a huge blessing because I aspire to go into primary care and I want to walk with my patients and help them on their journeys of healing and suffering," said Griffin, a third-year medical student who serves as a volunteer leader at Creighton's student-run Magis Clinic.

"I have seen what it's like to be vulnerable and the fear some people have about accessing health care. That fear is real. It's second nature for me as a medical student. It's not for some people," said Bohannon, a third-year medical student at UNMC who served as a volunteer at the institution's SHARING Clinic during the recent school term.

First, some background about the clinics and then their stories:

The student-run Magis Clinic provides free health care and referrals to existing community services. The free medical clinic, situated at the Siena/Francis House's Baright Center in Omaha, is open every Saturday afternoon for acute care, every first and third Saturday morning for psych care and every first and third Thursday for women's clinic and treats homeless men, women, children and the medically uninsured. Services include basic acute primary care consultations and follow-up, physical exams, mental health care, STD testing, laboratory services, including basic blood tests. Magis Clinic volunteers also partner with the Charles Drew Health Center.

SHARING Clinic is a student-run clinic designed to provide free and low-cost health care to underprivileged populations in the Omaha area. SHARING Clinic has been providing these services since 1997 and currently operates on Tuesday nights at Nebraska Medicine's Durham Outpatient Center on the 3rd Floor Family Medicine Clinic. Other SHARING Clinics provide vision and dental care.

Now, their stories. Griffin and Bohannon said they have no doubt their experiences will make them better, more compassionate physicians. They also said they don't hesitate to encourage others to get involved.

### 'GRATEFUL AND PRIVILEGED TO HEAR THEIR STORIES.'

Griffin, of Omaha, said she heard about Magis Clinic before starting at Creighton's School of Medicine. She said she chose Creighton because she shared its values of forming Bluejay physicians who are men and women for and with others. She also had heard from other students about how fruitful their experiences volunteering at the clinic were.

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"When applications became available, I knew I wanted to get involved."

And so she did—in a big way.

As a first-year student, she volunteered in the acute care clinic. She recalled seeing about a half-dozen patients her first day at the clinic. "I remember sitting down with patients feeling so grateful and privileged to hear their stories and to be a part of their lived experiences."

She later applied and was accepted to the clinic's leadership team, which includes medical, pharmacy and PA students, and helped start a women's care clinic, which served patients two Thursdays each month. "'Magis' means to do more and become better," she said. "Every time I am involved at the clinic, I hope we can do that for our patients."

Griffin, who hopes to work as a primary care physician, said she has benefited from collaborating with the faculty members who supervise the clinic. She said she feels fortunate to have played a role in helping launch the women's clinic and earn the trust of its patients. Seeing her patients seek follow-up and preventative care—such as pregnancy care and mammograms, for example—meant the clinic and Creighton's mission of service was being fulfilled.

"Getting to walk with our patients on that journey is fulfilling."

## 'HUMANITY COMES WITH PRACTICING MEDICINE'

Bohannon of Tekamah, Nebraska, said he heard about UNMC's SHARING Clinic during orientation and knew he wanted to be involved—but purposely waited until he had his coursework in order. Basically, he said, he wanted to make sure he had time to devote to this worthy effort. He did.

He first shadowed attending physicians during patient visits at the clinic. Later, he served as a student volunteer and worked with the clinic's patients.

*Nick Bohannon, third-year UNMC medical student*

"I quickly came to understand how much humanity comes with practicing medicine, which comes from what our patients tell us. You can feel the trust building."

He also realized that medicine is so much more than prescribing medication. "You have to know how to interact with someone who is having a lousy day. Sometimes, they just need someone to talk to."

And he was always willing to listen.

Bohannon looked to take a leadership role at the clinic during his second year of medical study. He applied to serve as a clinical logistics coordinator and was accepted. His duties included serving as co-chair of the clinic's Quality Improvement Committee, which involved looking for ways to develop efficiencies in how the clinic operates.

Serving at the clinic not only reinforced his desire to become a physician, he said, but also helped him understand that working in health care means learning never stops. "It seemed, as a future physician, this would be a good opportunity to start doing the job. I ended up realizing and appreciating how much I have to learn."

He also took with him a practical point: Take time to get to know your patients. "Spend more time on things other than medicine. That was the biggest teaching point for me."

# MOMS EVENT RECAP

## MOMS RETIRED PHYSICIANS MEETINGS RECAP JULY 13 AND AUGUST 10, 2022

MOMS Retired Physicians group held meetings in July and August at the UNO Community Engagement Center. The featured speaker for the July meeting was the Greater Omaha Chamber's new president and CEO, Veta Jeffery. She led an engaging introduction that included stories from her past as well as plans for Omaha's economy. The group hosted Omaha World-Herald's lead writer for high school sports and golf, Stu Pospisil, at the August meeting. He discussed the history of Omaha's hospitals then stayed to sign copies of his book, "Nebraska Golf: Out of the Shadows."

1. (from left) MOMS staff, Sommer Lassiter, Omaha Chamber president and CEO, Veta Jeffery, and Retired Physicians chair, Dr. Robert Cochran.
2. Omaha Chamber president and CEO, Veta Jeffery, answers questions from MOMS Retired Physicians at the group's July meeting.
3. (from left) Retired Physicians Chair, Dr. Robert Cochran, with Omaha World-Herald's lead high school sports and golf writer, Stu Pospisil, who spoke at the group's August meeting.

## EARLY CAREER PHYSICIANS EVENT FILLS A TABLE

The MOMS Early Career Physicians group met in late July for a networking and food-tasting event at Chaikhana Bar & Shishkabobs.

The group enjoyed authentic Central Asian cuisine from the regions of Uzbekistan, Tajikistan and Kazakhstan.

# MOMS EVENT RECAP


## MEMBER PICNIC INCLUDES LUNCH AND OUTDOOR ACTIVITIES

MOMS members and their families gathered for a picnic at Danish Vennelyst Park in early August. A grilled lunch was served while guests enjoyed outdoor activities and the playground. The indoor facility also provided plenty of space for cooling off.

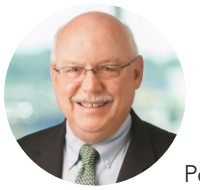

## MEDICAL LEGAL DINNER DRAWS A CROWD

The Metro Omaha Medical Society and the Omaha Bar Association hosted the annual Medical Legal Dinner on Aug. 23 at the Field Club of Omaha. This year's topic was "Compassion Fatigue,"with nearly 120 people in attendance.

1. MOMS President, Tina Scott-Mordhorst, M.D., welcomes attendees.
2. (from left) Panelists Astrid Munn, attorney with Immigrant Legal Services and Jea Theis, LCSW, LIMHP, therapist and compassion fatigue educator; moderator Susan Koenig, Founding Partner, Koenigh Dunne, PC, LLC; and panelist William Lydiatt, M.D.

# MEMBER NEWS

## DR. ESPOSITO – NMA DISTINGUISHED SERVICE TO MEDICINE RECIPIENT



Paul Esposito, M.D., was recognized for being a long-standing physician leader who has made impactful contributions to the profession of medicine and the NMA. He was born in Punxsutawney, Pennsylvania. He received his bachelor of science degree at St. Bonaventure University then attended medical school at Hahnemann University in Philadelphia. He completed his orthopedic residency at the Naval Hospital Oakland, California and his pediatric orthopedic fellowship at the Children's Hospital Cincinnati. He spent a total of 24 years in the Navy, is a Desert Storm Veteran and retired as a captain.

Dr. Esposito joined the orthopedic faculty at UNMC in 1987, was residency director for several years, and division chief of pediatric orthopedics at Children's Hospital and Medical Center until 2019. He was ombudsman for the Board of Directors until January 2020 then surgeon in chief until he retired in July 2022 as professor of orthopedic surgery.

He has served in multiple med staff positions at Children's including medical staff President, and chief of surgery. He has been a member of the board of directors of Children's and OneWorld Community Health Center. He has also served on the MOMS and NMA Foundation Boards. He has served on the executive committee of the Section on Orthopedics of the AAP, and the Board of the International Bone and Joint Decade. He and his wife Bernadette are active in multiple charitable organizations. He is recognized for contributing to the health and well-being of all the children of our region.

## DR. DWORAK – NMA PHYSICIAN ADVOCATE OF THE YEAR

Alex Dworak, M.D., the son of a nurse and a radiologist, grandchild of veterans of World War II, husband and father of two, grew up in Nebraska and has practiced the full scope of family medicine over his career. Advocacy, direct patient care and teaching are his current focuses. Since the COVID pandemic, the social determinants of health have been impossible to ignore as witnesses through his work at OneWorld Community Health Centers and UNMC on the hospital service and at the HIV clinic. He feels privileged to work with many amazing clinical mentors and hopes to pay that forward by teaching the next generations of clinicians. As a provider for the LGBTQ+ community, Spanish-speaking patients, immigrants, the uninsured, and people living with HIV, he poses a question spoken by Paul Farmer, M.D., a hero of his who passed away this year. "If access to health care is considered a human right, who is considered human enough to have that right?" He hopes that physicians may all be inspired to answer that question as inclusively as possible.

*This award recognizes a physician advocate who has played a crucial role in enhancing the NMA's public policy priorities.*

## DR. VISENIO – NMA RESIDENT ADVOCATE OF THE YEAR

Michael Visenio, M.D., MPH, is a general surgery resident at UNMC. He also attended medical school at UNMC. He has been active within the Nebraska Medical Association and American Medical Association since medical school, and currently serves on the Metro Omaha Medical Society Early Career Physicians group, as a resident delegate to the AMA House of Delegates, as well as the resident representative on the NMA Board of Directors. He remains passionate about issues related to improving access to health care for patients, defending physician practice including scope creep, and enhancing the educational environment for medical students, residents and fellows.

*This award is presented to a resident advocate who has played a crucial role in enhancing the NMA's public policy priorities.*

## REBECCA ANDERSON – NMA STUDENT ADVOCATE OF THE YEAR

Rebecca Anderson, originally from Gothenburg, Nebraska, is a fourth-year medical student at UNMC. She completed her undergraduate studies at the University of Nebraska- Lincoln in biochemistry and leadership and diversity, graduating Summa Cum Laude and from the UNL Honors Program.

While attending UNMC, she took on several leadership roles including AMA Medical Student Section Region 2 vice-chair, Physicians of the Future Summit chair, Women in Medicine Advocacy Subcommittee member, UNMC Residency Symposium co-chair, and UNMC AMA-MSS Student Delegate. She was recently honored with induction into the Gold Humanism Honor Society. She volunteers with Gold Humanism Honor Society Sunday Rounds, Responsible Early STD Prevention Education and Community Testing (RESPECT) clinic, and Healing Hearts and Families Women's Crisis Center. She plans to pursue a specialty in obstetrics and gynecology and was honored to present her research titled "Developmental Expression of BMP2-Induced Genes in Fetal Mouse Ovaries" at the American College of Obstetrics and Gynecology annual meeting in San Diego.

*This award is presented to a medical student advocate who has played a crucial role in enhancing the NMA's public policy priorities.*

## CRYOABLATION MAKES PAINFUL PECTUS EXCAVATUM SURGERY MORE TOLERABLE

Boys Town Pediatric General and Thoracic Surgery recently added cryoablation to its already minimally invasive pectus excavatum surgery.

Cryoablation is used to freeze intercostal nerves on rib spaces four through seven at negative 80 degrees for two minutes. This creates a four- to six-inch band across the chest, where the bars used to correct pectus excavatum are inserted, which will numb this area for three to six months, making this extremely painful surgery much more manageable.

"The first benefit of cryoablation is decreased length of stay," said Boys Town Pediatric surgeon Robert Cusick, M.D. "With our previous pain management regimen, people were, on average, staying two days. With cryoablation, almost all are going home the next day."

"The second benefit for our pediatric patients is a tremendous reduction in opioid use," he said.

Patients with pectus excavatum surgery were previously on opioids for two weeks to four weeks at a fairly high dose. With cryoablation, much lower doses of opioids are needed and for fewer days.

Dr. Cusick said: "We've actually had two patients this summer who opted for cryoablation and required no opioids at all. In other words, from the time they left the operating room, they didn't use a single opioid."

Adding cryoablation to the pectus surgery usually adds 30 to 45 minutes to the operation. Still, due to the large reduction in opioids needed for pain management post-surgery, the surgeons at the Boys Town Pectus Clinic believe it is well worth it.

## PROVIDING VETERANS ACCESS TO CARE

The Veterans Community Living Center (CLC) at CHI Health Midlands is now open and accepting patients. The 30,000-square-foot, 34-bed facility is located on the fifth and sixth floors of the hospital. Unveiled in early June 2022, renovations took just over a year and over $11 to complete.

The CLC provides short-term rehabilitation through skilled nursing, restorative care, and geriatric evaluation and management. On average, stays are between 30 to 90 days. Memory services, with a focus on dementia care and treatment for other cognitive problems, will also be offered in the future.

The partnership between CHI Health and the VA Nebraska-Western Iowa Health Care System is believed to be the first-of-its-kind government private partnership. The lease agreement between the two organizations is for 10 years binding and 20-year optional. Prior to this location opening in Papillion, the Grand Island VA CLC was the only facility in the state.

Currently, CHI Health medical staff offer clinical support via speech language pathology, respiratory therapy, diagnostics and stat labs, ensuring that all medical needs can be met under one roof, eliminating unnecessary transfers.

Additionally, CHI Health staff provide maintenance, security and housekeeping services to the CLC.

Work is also underway to create a healing pavilion for patients, families and employees. This outdoor gathering space will be visible from the CLC floors of the hospital, and will include quiet spaces for reflection and meditation, a flag garden salute to all branches of the military, and a recreation space with a half basketball court. CHI Health Midlands Foundation raised $2 million for this project, with help from community partners who support veterans. Phase 1 of the pavilion construction will be completed before the end of the year.

## WHITE COAT CEREMONIES DRAWS 230 STUDENTS

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

The Class of 2026 is comprised of 130 first-year medical students in Omaha and 100 in Phoenix. They represent 32 states and 93 undergraduate colleges and universities. This is the first year that Creighton will have a full medical school in Arizona – students from all four years of medical school will now be studying and training at Creighton's Health Sciences Campus in Phoenix.

This year's class includes the inaugural cohort of Arrupe Global Scholars. During the five-year Arrupe Global Scholars Program students in Phoenix and Omaha will earn a Master of Public Health (MPH) and Doctor of Medicine (MD). Each year, Creighton selects 12 applicants to join the program. This inaugural cohort spent two-weeks this summer in the Dominican Republic for a first introduction to the Creighton MD/MPH experience, learning first-hand about the principles of global health.

## MEETING CMS STANDARDS IS INTENTIONAL

Methodist Hospital in Omaha recently received a five-star Overall Hospital Quality Star Rating from the Centers for Medicare & Medicaid Services (CMS).

In the recent CMS report, Methodist Jennie Edmundson Hospital in Council Bluffs and Methodist Fremont Health each received a four-star rating. This marked the second consecutive year that Methodist hospitals were awarded the five- and four-star recognitions. Methodist Hospital was one of seven hospitals in Nebraska to earn the designation. A total of 429 hospitals across the country obtained five stars. A total of 890 hospitals earned four-star status.

"To be in the company of such outstanding hospitals across the country speaks volumes about the hard work being done by the teams at all of our Methodist Health System hospitals," said Steve Goeser, president and CEO of Methodist Health System. "Kudos to Methodist Hospital for its five-star performance for the second straight year, as well as our hospitals in Fremont and Council Bluffs for maintaining their four-star status. We intentionally focus on meeting the standards set by CMS, and our teams being recognized for that hard work is something I'm very proud of."

The CMS star rating system, launched in 2016, assigns stars based on 48 measures in five categories: mortality, safety of care, readmission, patient experience, and timely and effective care. The overall star rating summarizes a variety of measures across five areas of quality into a single star rating for each hospital. Once reporting thresholds are met, a hospital's overall star rating is calculated using only those measures for which data are available.

Hospitals report data to CMS through the Hospital Inpatient Quality Reporting Program, Hospital Outpatient Quality Reporting Program, Hospital Readmission Reduction Program, Hospital-Acquired Condition Reduction Program and Hospital Value-Based Purchasing Program. Overall star ratings aren't calculated for Veterans Health Administration or Department of Defense hospitals.

## COLLEGE OF MEDICINE ACHIEVES EIGHT-YEAR ACCREDITATION

UNMC's College of Medicine has received full, eight-year accreditation from the Liaison Committee on Medical Education, UNMC Chancellor Jeffrey Gold, M.D., announced.

"The accreditation standards have become more and more rigorous every cycle," Dr. Gold said, while congratulating Dean Bradley Britigan, M.D., and the College of Medicine leadership team.

The follow-up and the "to-do" lists are more and more complex, he said, adding that they continue to involve many more people.

Dr. Britigan thanked Geoffrey Talmon, M.D., associate dean of medical education; Renee Alley, accreditation and curriculum coordinator; and their team on the successful re-accreditation.

"This is a painstaking process, and successful reaccreditation is critical to the college," Dr. Britigan said. "An enormous amount of effort went into this, and I'm proud of our accreditation team and all of those who contributed to the reaccreditation process."

The LCME is recognized by the U.S. Department of Education as the accrediting agency for medical education programs leading to the M.D. degree. It reviews 12 standards and 93 elements that a medical school must meet to receive accreditation. As part of the review process, UNMC hosted a site visit from LCME in October 2021. Due to the pandemic, this site visit occurred virtually, adding to the challenges of the process.

Dr. Talmon also expressed his thanks to his team and the entire college. "We've achieved full accreditation, the optimal outcome, and there were no less than 75 people involved in this effort. From college leadership to individual faculty to the many students who were involved, this was the result of all the hard work everyone put in."

# APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

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

## PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____

Birthdate:_____Gender: ☐ Male ☐ Female

Clinic/Group:_____

Office Address:_____Zip:_____

Office Phone:_____ Office Fax:_____Email:_____

Office Manager:_____Office Mgr. Email:_____

Home Address:_____Zip:_____

Home Phone:_____Name of Spouse:_____

Preferred Mailing Address:

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

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

## EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:_____

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

Residency Location:_____Inclusive Dates:_____

Fellowship Location:_____Inclusive Dates:_____

Primary Specialty:_____

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

_____ _____

*Signature* *Date*

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

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

**APPLY ONLINE:**
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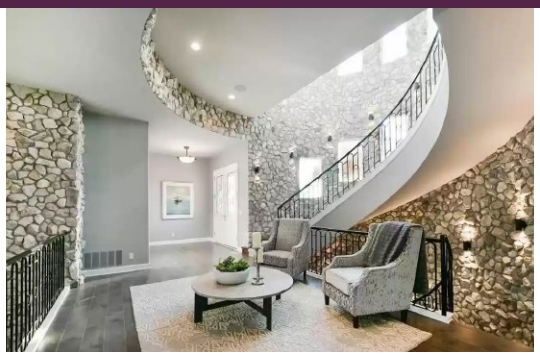


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