Physicians Bulletin



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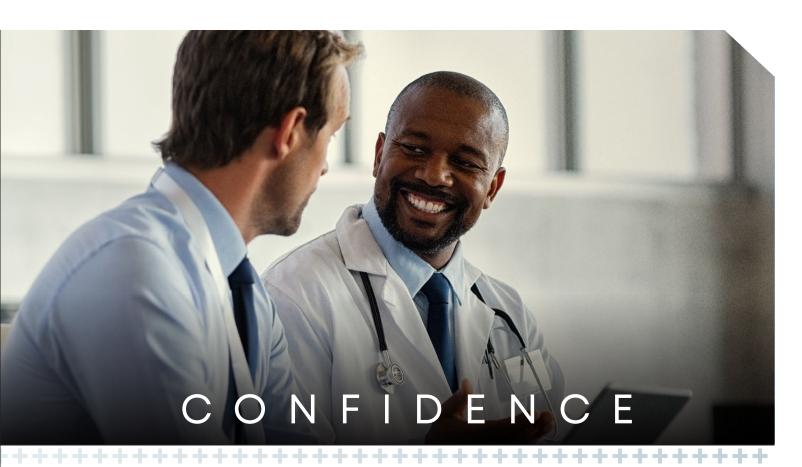


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COMING EVENTS



MOMS ANNUAL MEETING & INAUGURAL DINNER

TUESDAY, JAN. 24 | 5:30 - 8 P.M.
FIELD CLUB OF OMAHA
3615 Woolworth Ave., Omaha, NE 68105



NMA ADVOCACY BREAKFAST

THURSDAY, FEB. 9 | 7:30 - 9 A.M. HRUSKA LAW CENTER

635 S. 14th St., Lincoln, NE 68508









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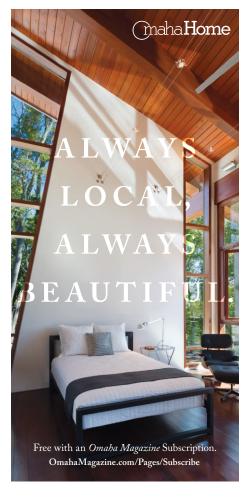
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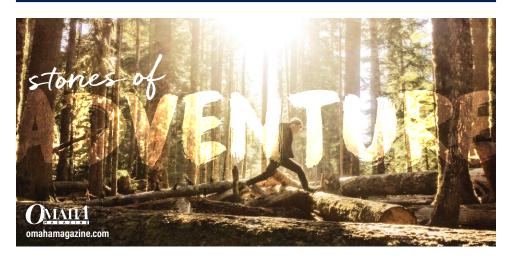
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DON'T GIVE UP YOUR HOBBIES



AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

was given this advice upon admission to medical school. I think most medical students still hear that phrase.

Hobbies? "Does studying count as a hobby?" I asked myself. Through high school and undergraduate school, my days were spent studying. Medical school increased the required study hours in a week.

I laughed and mentally listed "surviving medical school" as my hobby.

Residency, practicing medicine and motherhood increased my time commitments. There was limited free time to be idle, let alone time to develop a pastime or hobby.

For clarity, Webster defines a pastime as "something that amuses and serves to make time pass agreeably." Pastimes don't have to be healthy, beneficial or intellectual. While baseball has claimed the title of "America's pastime," few physicians have the 400 hours it takes to watch a whole season of games. Less time-consuming, more common pastimes include weekly golf games, streaming videos, playing video games, doodling or working on hobbies.

Pastimes are differentiated from hobbies by Webster's dictionary. Rather than just making the time pass agreeably, a hobby is defined as a "pursuit outside one's regular occupation engaged in especially for relaxation." It is an activity that specifically is not supposed to feel like work.

Four activities are routinely recommended as hobbies to physicians. Those activities, shown to decrease burnout, include reading, writing, meditation and exercise. While I accept that these are good recommendations, I have found these four activities can sometimes feel too much like work.

Reading medical books and journals has left me little enthusiasm for additional leisure reading. Writing, often known in medicine as "completing charts," has little room for creativity. While relaxation is always my goal in meditation, too often it leads me to unplanned prolonged napping. As for regular exercise, I find it neither enjoyable nor relaxing, one of the hallmarks of the definition of a hobby.

As people work from home, time available for hobbies has increased. Nearly 40% have taken up cooking and baking, according to Statista, as published on the internet. The baking hobby has led to shortages of flour and yeast. Pets, outdoor activities and video gaming are listed as hobbies by about a third of people. Arts and crafts, gardening, and travel appeal to a quarter of people as a hobby.

As hobbying has increased, the public discussion of hobbies has increased as well. For example, the online magazine, Neurology Today, features a regular column, entitled "Off the Clock." In that column, individual neurologists are featured with their hobbies, which include driving fast cars, painting, playing musical instruments, writing novels, singing, and doing stand-up comedy. These neurologists seem just like us, the members of Metro Omaha Medical Society, where in this magazine we have featured drivers, farmers, musicians and beekeepers as examples of hobbies.

In this edition, the cover story is that of a physician who didn't give up his hobby. His lifelong hobby has been building model rockets. Beginning in elementary school, Paul Paulman has built model rockets, flying them in parks, fields, and pasture land. Over the years, he has launched rockets in Nebraska, lowa, Kansas, South Dakota and the Bonneville Salt Flats in Utah.

The hobby is intergenerational, as he has built rockets for himself, with his son, and now his grandsons. He has participated in STEM outreach, instructing school groups in model rocketry. He has flexibility in this hobby, some days working hours on rockets, and then, at times, leaving them unattended on the workbench for months at a time.

Model rocketry represents things to buy, problems to solve and kits to build. It is hours of construction, sanding, testing, and painting. In the end, there is the joy of a clean launch with a good recovery. Like golf, it is best enjoyed in the company of others—in this case, the comradery of the Heartland Organization of Rocketry, where he is a member

Don't give up your hobbies, and if you want, start a new one.

After more than 40 years of going with my husband, Paul, to launch his own hobby model rockets, I finally built and launched a rocket of my own. It was a snap together kit with minimal assembly required, and it flew with the smallest engine available. It didn't go high, and it didn't go far, but it flew.

If you had one and quit, or if you never had one, now is a good time to get a hobby. Here's how to start:

- Ask yourself what you have always wanted to do.
- Remember and restart your childhood hobbies.
- Take a class.
- Look at what you are already doing and take it a step further.

Chances are you will find someone at MOMS with similar interests.

FOR A MEMORABLE YEAR



TINA SCOTT-MORDHORST, M.D.

President

Metro Omaha Medical Society

hen I began my year as president of MOMS, I committed my tenure to connection, education, and advocacy. I wanted these things not only for all of you as MOMS members, but also to strive to embody these philosophies myself. With the commitment of the MOMS community, there have been many opportunities to further these things in the last several months, and with the commitment of the MOMS community, there are many more opportunities yet to come as I complete my term and beyond. This is just one of the many reasons why this organization means so much to me and why I am so grateful and honored to have served as president of MOMS.

Back in January, I started my presidency with a Zoom inauguration. Happily, we are now doing in-person events and activities. I have had the good fortune to meet many of our members at events throughout the year. I popped in on a retired physician's coffee at the R+R Physician Wellness Center, made charcuterie with the Women in Medicine group, and listened to Dr. Heather Forkey speak on burnout and secondary traumatic stress (something that we are all too familiar with over the last few years). In addition to the amazing opportunities I have had to spend time with our members, I had the ability to work with MOMS and NMA to update the bylaws for both organizations. Through these activities and others, I was able to collaborate with so many of you. I've made new friends and strengthened my relationship with existing friends.

The R+R Physician Wellness Center has been a wonderful addition to an already fantastic organization. It provides a space and opportunity for all of us, regardless of specialty or age, to come together in ways that have not been possible over the last few years.

For most of us, the days of spending time in the doctors' lounges visiting with friends and colleagues have passed, but now the wellness center is a place we can entertain and learn from each other, which is integral to our mental and professional well-being.

"For most of us, the days of spending time in the doctors' lounges visiting with friends and colleagues have passed, but now the wellness center is a place we can entertain and learn from each other, which is integral to our mental and professional well-being."

— TINA SCOTT-MORDHORST, M.D.

My year as MOMS president has given me experiences and opportunities that I am so grateful for. Most of all, I am grateful for the time I have spent working with the incredible MOMS staff and getting to know and connect with so many of you.

Although my year as president is coming to an end, the commitment I made in January remains the same. I will continue to embrace the chances I have to connect and work with all of you. I will continue to learn through, and about, MOMS, and I will continue to advocate for MOMS, and our members and our community. I sincerely thank each and every one of you for everything you have done to support me during my presidency, and for what I know you will continue to contribute to MOMS and each other in the exciting next chapter to come. ()

LOOKING AHEAD AT 2023



AMY REYNOLDSON

Executive Vice President

Nebraska Medical Association

s we approach 2023, the NMA is focusing on our legislative priorities and preparing for what we anticipate to be a very busy session. With the start of a new year comes the start of a new legislative session, and 2023 will be a new opportunity as over one-third of the body is joining as freshmen state senators. After the recent election in November, we now know who will join the Legislature in January. Many of the races were highly contested and it was unpredictable who would be the front runners to win their districts. This uncertainty kept us busy networking with many of the candidates to learn more about their priorities and approach in making good healthcare policy.

Throughout this past summer and fall, the NMA staff and contracted lobbyists have been busy meeting with health care organizations and stakeholders discussing legislative topics for this coming year. Our primary focus has been researching and studying the sustainability of the Excess Liability Fund. In summary, data indicate that the five-year average for paid loss ratio is nearly 90%, and the incurred loss ratio is more than 110%. Both averages have been trending upward over the last decade. We also know the average severity of claims has seen a sharp rise since 2012. Between 2016 and 2020, Nebraska's indemnity severity loss ratio is four times higher than the rest of the country, according to the National Practitioner Data Bank. All of these data points make it difficult to sustain the fund.

After several meetings with physicians, defense attorneys, insurance carriers and agents, health systems, the Nebraska Hospital Association, and the Certified Registered Nurse Anesthetists, we believe it is evident that the amount of risk to the fund needs to be reduced to ensure that the fund remains solvent. The NMA will be working with our stakeholders to address this in the upcoming legislative session.

Additional legislative topics being discussed include prior authorization "gold card" regulation, extending Medicaid postpartum coverage, potential scope expansion efforts, and physician wellness safe haven, just to name a few.

Once bill introductions have concluded in mid-January, we will review the introduced legislation and meet with the Legislative Committee to discuss and formulate the NMA priorities and approach. We will also focus on connecting with and educating the newly elected senators about these topics. With the election of new senators, there historically has been a shuffle of committee members and committee chairs. Anticipating the coming year will be no different, we will continue to monitor these changes closely to ensure that we are well connected with the new committee members and their respective chairs, specifically in Health and Human Services, Banking, Commerce and Insurance, and Judiciary.

We will undoubtedly need your assistance this coming year as we navigate through the session advocating for physicians and the health of all Nebraskans. As we prepare for legislative hearings, not only does the NMA coordinate testimony with identified physicians speaking on our behalf, but we also often ask you to connect with your senator to discuss and educate them on the specific topics to encourage them to do what is in the best interest of medicine and patients. Our collective, respected voice can bring about measurable change to our patients, our profession, and our communities.

To stay engaged and connected with our work at the legislature, NMA members can access detailed information regarding the bills we will be tracking by logging into our secured member portal at member.nebmed.org.

This site will be updated regularly after the start of the legislative session to keep you all informed and engaged.

DID YOU KNOW?

Did you know that as a member of the NMA you and your staff can reach out to our office anytime for assistance? You may ask yourself what constitutes a reason to reach out. Below is a list of common examples of how the NMA has supported members recently.

- Providing assistance navigating payer related issues such as prior authorizations, reimbursements or credentialing. Don't wait to reach out for assistance on payer related issues. We know you and your staff only have so much bandwidth to work these cases. Often, when you are struggling with prior authorization on a specific procedure, someone else is in the same situation. It is important for me to know what you are struggling with so we can work collectively with the payers.
- Connecting you and your staff to important information and resources to ensure compliance is met for CME requirements for physician's license renewal.
- Keeping you up to date on changes regarding prescribing requirements, such as CMSs requirements for providers when prescribing a controlled substance. Recently, CMS instituted their Medicare Promoting Interoperability Program that includes CMS eligible providers and hospitals must query the Prescription Drug Monitoring Program prior to prescribing a Schedule II drug for Medicare patients.
- Providing practice management resources to help relieve the burden on staff to ultimately provide a better experience and outcomes for your patients. The NMA offers a variety of resources, including member benefit opportunities, to help reduce costs and streamline processes internally to function more efficiently.

I encourage you to connect with us sooner rather than later when you have identified a situation you want us to know about something specific or need our assistance. The sooner we know about it, the sooner we can begin working to get it resolved and hopefully save everyone some time and energy better focused elsewhere.

IT SECURITY: WHY SHOULD YOU CARE ABOUT ENDPOINT DETECTION RESPONSE?



BRANDON GORDON
President
RUN Networks

ven with good endpoint protection, the discovery of a threat needs to be addressed. Is the threat active? Was it stopped and deleted? These are questions that need to be answered to determine if further cleanup needs to happen. Further cleanup might even include restoring from backup, or formatting and reinstalling the machine which can have an impact on business.

With EDR (Endpoint Detection and Response)/XDR (eXtended Detection Response), answering the questions becomes much simpler with little effort required. EDR/XDR can be a huge time savings leading to a huge decrease in downtime.

Also, cyber insurance companies are increasingly expecting EDR and other security services. Lack of EDR might be a determining factor in whether the carrier will provide insurance or what rate they assign.

ENDPOINT PROTECTION

The security landscape is changing, and so is the terminology. Let's start with Next-Generation Antivirus, which is part of the Endpoint Protection category. Antivirus alone is not enough any longer, so Next Gen Antivirus now includes other features, and these features should be required in any business setting.

A behavior-based component is critical considering how quickly malware spreads. Traditional antivirus was definition-based, and those definitions changed every couple of days. Zero-day is a term that indicates threats are released and exploited the same day. A definition does no good in that case. Rather than definitions, the behavior-based component learns expected historical activity and blocks processes with activity the system classifies as suspicious.

In addition to file protection, Next-Generation Antivirus should protect system files in a manner that protects Windows system files from most applications. It should also block USB storage and other removable storage. These features improve ransomware protection.

Next-generation antivirus continues its protection to web protection and network traffic. Web protection is not just a web filter. It protects against malicious components involved in an exploit that begins with a web site. A vulnerability affecting a web site can quickly lead to pushing the exploit to Windows workstations. The speed of zero-day attacks is why web protection against traffic unrelated to the local network is so important in endpoint protection. Web protection scans the internet traffic and another feature sometimes referred to as simply "Network Traffic Protection" scans mainly local traffic. Local network scans, printer exploits, trusted folders, even credential theft are the types of activity that network traffic protection features watches and protects against.

Lastly, endpoint protection should be able to isolate a machine with active exploits. If malicious activity occurs at 2 a.m., endpoint protection should be able to prevent the machine from spreading that attack to the rest of the network.

EDR/XDR/MDR/MTR ACRONYMS

While next-generation antivirus and endpoint protection is good and is greatly improved from traditional definition-based antivirus, the plan of action in responding to an alert is not clearly defined. EDR/XDR provides the information needed to create a plan of action.

Consider the questions that arise when a virus detection occurs. Where did it come from? Where is it now? Did it encrypt any files? Did it write any new files? Is it configured to run on startup after a reboot? What do we do next?

Endpoint Detection Response (EDR) continually collects the information about processes and files so that when an active exploit or virus is discovered, a report can be generated answering all the questions needed to identify the root cause and defining a plan of action.

Extending EDR beyond the windows endpoint continues with eXtended Detection Response (XDR). XDR is similar, but extends the collection to servers, cloud services, and network activity to further assist in cleanup efforts.

Even with EDR and XDR, the monitoring of these alerts can be overwhelming, which is where the last two acronyms come in, MDR and MTR are both managed by a service. Managed Detection Response (MDR) should involve a human element which allows for deeper investigation of alerts and more targeted actions related to cleanup. This service assumes a Security Operations Center (SOC) is involved on the backend which is why outsourcing this service makes the most sense. Even further extending these services is Managed Threat Response (MTR), which not only responds to the alerts giving direction back to your IT, MTR responds and takes the required cleanup action on your behalf.

SUMMARY

Since the threat landscape and related services change so frequently, keeping up on these services has become a challenge. Software and IT vendors refer to these services interchangeably so drilling into the services the product provides is important. Defining what the protection covers is important and vendor trust is important. But most important is accurate statements on compliance reporting and cyber insurance forms. ()

RESIDENCY TO RETIREMENT



MARKIE LOWRY

Assistant Vice President,
Healthcare Relationship Manager

Core Bank

he road from residency to retirement can be long and complicated, but it doesn't have to be. When planning for the future, it's important to build a team of industry experts early on to help navigate those financial woes. From the stress of being a resident to the daily challenges of patient care, the last thing you – as a physician – need to worry about is your financial health, both now and in the future.

RESIDENCY

As if residency wasn't taxing enough, student loans and financial planning can make it seem even more complicated. With the rising costs of education, it's not unusual for young physicians to begin their careers with six figure debt. In 2020, the average resident salary was \$64,000 while student loan debt well exceeded \$250,000; add in the compounding interest from student loans, and it can seem almost impossible to pay off. Luckily there are many ways to pay off student loans and industry experts who work with you to fit your needs.

Another big financial decision to consider is the purchase of your first home. It's beneficial to seek out a financial institution with a physician program as there are often many benefits including lower interest rates on loans, mortgages that require little to no money down, and high interest accounts. As a resident beginning their professional journey, a high interest

checking, or savings account can provide some financial protection by quickly earning interest. Some financial institutions are more flexible in their consideration of student loans in the debt-to-income ratio, making it easier to qualify for loans, especially for a mortgage.

PRACTICING PHYSICIAN

Post residency, it's most common for new physicians to seek employment within a health care system to establish themselves with physicians and patients instead of taking the leap directly into private practice. It can take several years to build a patient portfolio and without established patients, the work can be made more difficult and stressful than necessary. However, beginning your career as a new physician comes with great potential, a long runway, and the need to start thinking about investing and saving if you haven't done so already.

With physicians retiring in droves post COVID, there is a high need for primary care physicians and health care organizations are willing to pay. In 2019 the average starting salary for a first year, full-time primary care physician was \$180,000 and in 2021, this number jumped significantly to \$225,000. Established primary care physicians can expect to make upward of \$278,000 in base compensation but also receive additional benefits such as PTO and retirement. Specialty groups have also seen large jumps in compensation with COVID. A first-year orthopedic surgeon could expect to make an average of \$370,000 in 2019, however the first-year salary now sits around \$400,000.

Financial planning early on is especially important because physicians, when compared to other professions, take years longer to reach their full income potential. Private practice physicians also face additional challenges as they take on extra debt to front the initial capital investment it takes to become a practice owner. Despite the costs however, there are many benefits to private practice ownership that can pay out in the long run, especially near retirement.

RETIREMENT

As physicians think forward, it's imperative to understand the options available to monetize their initial investment into their practice and ensure continue financial stability upon retirement. When planning for retirement, the two most common options to consider are practice acquisition and partner buy-in.

Partner buy-in is essentially a buy-sell agreement that details the ownership equity after a partner retires or leaves the practice. With this option, other partners can buy out the equity of the retiring physician and those physicians who are not currently partners, have the option to become a partner by buying in. Most private practices generally employ physicians for several years prior to offering partnership opportunities.

Practice acquisition is another option and generally occurs when a physician retires, and an existing practice or health system purchases the practice. This is one of the most challenging business deals to execute and if not done properly, can have lasting legal ramifications including patient abandonment. During a practice acquisition, it's important to work with the right financial partners such as a health care attorney or accountant who can advise on legal and financial decisions.

Retirement doesn't happen overnight and generally buy-ins and practice acquisitions take years to properly execute. Having your team of experts to help prepare for the future and to be ready when the time comes is imperative to being financially successful starting in residency and following through to retirement.

Sources:

Provider Placement 2017-2021. (2022). MGMA DataDive.

Physician Compensation 2017-2021. (2022). MGMA DataDive.



A lan Thorson, M.D., has a message for those who want to know whether he's enjoying being retired: "It's awesome. It is incredibly freeing to have control over your schedule. My schedule is full, but I control it."

Dr. Thorson, who retired Dec. 31, 2019, after 35 years of practicing medicine, said he began preparing for retirement on his first day on the job. He saved for retirement and lived below his means—so he could retire on his own terms. When asked now, he tells people to think about their "exit strategy" early on because you never know when you may need to "exit," by choice or otherwise. That includes financial as well as vocational. It's one piece of advice he's willing to share with anyone about how best to prepare for retirement.

Mary Vandenack, founder and CEO of the law firm Vandenack Weaver Truhlsen; Chad Rutar, a financial adviser and shareholder at Renaissance Financial; and Dr. Thorson offered advice—some legal, some financial and some personal—to physicians with retirement on their minds.

First things first: Rutar pointed out that the IRS Secure Act of 2019 changes how IRA beneficiaries are handled. "It got glossed

over during COVID," he said. Previously, children could stretch IRA beneficiaries over their lifetime. No more. Now, they have 10 years to do so. Yes, that's your child's issue, he said, but being aware of the change can help them maximize their inheritance. "That was a biggie. Not everyone is aware of it from a generational planning perspective."

OTHER PIECES OF ADVICE

From Mary Vandenack on the timing of your retirement: Pick your retirement date wisely and make sure you have your bases covered. Some employment contracts autorenew. Are you responsible for training your successor? Retirement plans may stipulate that you must work on the last day of the plan year to receive a contribution for a particular year. One physician retired a month early only to realize the early retirement meant \$20,000 less in the physician's tax deferred plan. Make sure the definition of retirement is stated in your employment contract and research any stipulations in the summary plan description of any retirement plan in which you participate.

From Chad Rutar about easing into retirement: Have a plan—a purpose—for your time in retirement. "Don't go from working 50 to 60 hours to doing nothing."

Some people find they just can't retire. Volunteer for a nonprofit or community agency to fill your days. "Walk before you run." Consider going into semi-retirement, working 20 hours and devoting 20 hours to personal pursuits. Then, transition to working 10 hours and spending 30 hours on hobbies and volunteering.

Dr. Thorson said he still begins his days early (4:30 a.m.) with an emphasis on physical fitness, including swimming, weight training and yoga. His many hobbies include landscaping, gardening, volunteering, and painting landscapes using oils. He still serves medical specialty groups on the local, regional and national levels. As he said, his schedule is busy, but on his own terms.

From Mary Vandenack about medical licenses: As retirement approaches, decide whether you want to retain your medical license, and for how long. Many keep it for several years in case they decide to practice again or if they are asked to consult. "It's something to look at and consider."

From Mary Vandenack about medical records: Make arrangements for them. If you're working for a hospital, you may not need to worry. Still, ask your employer



for assurance by letter that your records will be maintained and that you will have access to them in the event of a lawsuit after your retirement. If you are a solo practitioner, determine who will be responsible for the ongoing management of your patients' records.

From Chad Rutar on having funds lined up for your initial retirement years: Have three or four years of funds ready and available from low-yielding sources. If your annual need is \$100,000, have \$300,000 to \$400,000 available in CDs, money market accounts or treasurer bonds—rather than dipping into your equities or other higheryielding assets. Save those for your later years in retirement. If that's not possible, an IRA can provide those funds. Say your IRA sits at \$2 million, use the initial \$400,000 for the first years of retirement—"the remaining \$1.6 million needs to be your inflation fighter."

From Mary Vandenack on planning for worst case scenarios: What happens if you become incapacitated and can no longer care for yourself? Consider establishing a trust to cover incapacity. You should title your assets in your trust during life to simplify fiduciary handling of incapacity if it occurs. "A trust never fails for the absence of

a trustee." This is a better approach than having a power of attorney. (A trustee with financial responsibility to you means the funds are guaranteed and if trustee is incapacitated or dies, a replacement will be designated. If you don't have successors in a power of attorney, a court proceeding may be required to appoint a conservator or quardian.)

From Dr. Thorson on announcing retirement plans: He notified his partners at Colorectal Surgery Inc. about three years earlier that he was looking to retire—but wasn't sure exactly when. Then, he gave actual notice one year prior. Giving them a heads up, followed by his actual timeline allowed his partners to prepare for his retirement—just as he was.

From Mary Vandenack about having proper insurance: Do a complete evaluation of your insurance coverage. Take into consideration how you plan to live—and where—in retirement. Will your insurance cover you properly if you live in several states? What if Florida is your new residence and Nebraska becomes your vacation home? If you plan to start collecting artwork, cars, firearmsmake sure your insurance covers those newfound interests.

From Chad Rutar on seeking guidance about retirement: "Hire the team and have the team work together." Your professional team-accountant, attorney and financial adviser—should work together and know one another.

From Chad Rutar about involving your children in your retirement plans: When the time is right, talk to your children about your money. "At some point, it's going to be their money and they may be taking care of you." Share your financial information as time passes. Be sure one child (or heir) is ready to handle your responsibilities when you no longer are able. "Make sure they're not scrambling to find the paperwork about your care."

A repeat piece of advice from Dr. Thorson about the importance of starting early to save for retirement. "The first dollar you save during that first year is the one that's going to have the best chance to grow. If you wait until you're 50 to start saving, you've lost 25 years of growth."



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here's something necessary about MOMS members raising issues important to themselves, their medical practices and, most of all, their patients.

"Personally, I like the concept of people who are MOMS members bringing forth issues important to them and helping solve these challenges. The advocacy resources MOMS provides its members can be of tremendous value to our physicians—if they utilize them," said John Peters, M.D.

Added Rowen Zetterman, M.D.: "Our members have a voice. We have a mission to listen to everyone's voice, to make sure everyone is heard and their needs are being met about the issues important to them and their work."

Drs. Peters and Zetterman, who serve as co-chairs of the MOMS Legislative Committee, explained the advocacy resources available to MOMS members, which they described as a membership benefit. The first, they said, is the Precaucus/Caucus process for identifying issues that could ultimately be considered as legislative priorities. Another is the annual Policymaker Meet-and-Greet forum with lawmakers currently in office and candidates for state and federal. And as a final suggestion, Drs. Peters and Zetterman invited MOMS members to get involved in their medical society.

First, they want MOMS members to understand the purpose of the Legislative Committee. "Our mission is to work to improve the capacity of physicians to take care of their patients," Dr. Zetterman said.

PRECAUCUS/CAUCUS

Each summer, MOMS members are invited to attend the Precaucus forum where attendees are encouraged to suggest issues that are affecting their practices and their patients—while suggesting potential solutions.

Why bring issues that are important to us in Omaha to all physicians? "To see if they will join us within the state and send to the Nebraska Medical Association for consideration as a priority for legislative attention," Dr. Zetterman said.

Some issues identified at the Precaucus forum and later discussed at Caucus are state matters. Others have a more national reach and could be forwarded to the American Medical Association for consideration.

The Precaucus is more of the informationgathering portion of the process. Topics suggested for consideration are shared with members of the Legislative Committee and the membership at large.

"If you see a problem and no one is doing anything about it, this is your opportunity," Dr. Peters said.

Several months after Precaucus, the Legislative Committee hosts the annual Caucus where issues are discussed and options for solutions identified. A typical Caucus may include a half-dozen topics discussed during a two- to three-hour session.

The discussion is lively, Drs. Peters and Zetterman said. The goal is to draft a reasonable and tenable solution to an issue brought before attendees that can be presented to the NMA in the form of Resolution. These resolutions are then voted upon by the membership at the annual NMA House of Delegates meeting. Those passed then go to the NMA leadership for review of the offering and consideration as a potential legislative bill or for policy discussion.

"It's a way to get from nothing happening to a solution," Dr. Peters said.

Dr. Peters has participated in nearly a dozen Precaucus sessions, while Dr. Zetterman has about three dozen. Each session is different and typically includes lively debate and impactful conversations, they said.

This year's Precaucus/Caucus process included an issue relating to organ tissue use brought forward by medical students. "The students represented themselves extremely well in the process", Dr. Peters said, and prompted discussion and feedback before their issue was forwarded to the NMA for consideration.

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The **Peters** File

Hometown Lincoln, Nebraska

Undergraduate DegreeCreighton University

Creighton University in biology

Medical Degree

Creighton University School of Medicine

Residency

UNMC in ophthalmology

Fellowship

Cornea and external disease, University of Florida Medical Center

Specialty

Ophthalmology

Titles

Adjunct Clinical Professor, UNMC Department of Ophthalmology

Clinic

Omaha Center for Sight

Hobbies

Physical fitness, cycling, hiking, landscaping and reading

Why He Joined MOMS

"I joined MOMS to be part of an organization that facilitates advocacy, education and cooperation in the medical community."

FEATURE



The **Zetterman** File

Hometown Shickley, Nebraska

Undergraduate Degree

Nebraska Wesleyan University in biology

Medical Degree

University of Nebraska Medical Center

Residency

University Hospital in Omaha in internal medicine

Fellowship

UNMC in gastroenterology and New Jersey College of Medicine at Newark in hepatology and nutrition

Title

Interim dean

Institution

UNMC College of Dentistry

Hobbies

Fishing, woodworking and collecting especially clocks

Family

Wife, Joanie Zetterman; three sons and seven grandchildren

Why He Joined MOMS

"I joined MOMS because I wanted to be a part of a group of people who worked on issues in health care to improve patient care."



FROM PAGE 17

POLICYMAKER MEET-AND GREET

The annual gathering typically draws a crowd, Dr. Zetterman said, because sitting lawmakers and candidates for legislative office at the state and federal levels understand the value of discussing issues related to health care with the people who provide it.

Previously, MOMS leadership invited lawmakers and candidates for individual conversations about where they stood on issues. That approach evolved into a reception where all candidates could attend and meet MOMS members at one gathering.

Typically held between the primary and general elections, the reception allows MOMS members to not only talk with law-makers and candidates from their legislative and congressional districts, but also those who want to represent nearby districts.

Both groups of attendees seem to appreciate the opportunity for interaction, Dr. Zetterman said. "The fact that candidates show up tells us they believe it is important to them to listen about the issues affecting health care."

In return, Dr. Zetterman said, MOMS members are appreciative of the opportunity to visit with multiple candidates at

one venue. "It gives our members the opportunity to meet with more than just their individual legislator."

Dr. Peters said he has come to appreciate the give-and-take that results at the meet-and-greets. He said he generally stays current with candidates' stances on issues, so though it may not be common for him to change his support from one to another, it often reinforces his support for his candidates of choice.

"It's a back-and-forth environment. It's nice to get to know our candidates so they remember us and the challenges we face. We can help each other. This event creates familiarity when issues arise. It builds trust and validation between physicians and the people who represent us in government."

ANOTHER OPPORTUNITY

Drs. Peters and Zetterman said the Legislative Committee, as well as other MOMS committees, are always looking for new members, especially those who enjoy being part of the policymaking process.

"This is your avenue to see that everyday problems are addressed," Dr. Peters said. "That's why we're here—to help our members, their practices and most of all our patients."



t's mid-morning on a sunny Sunday in September and Paul Paulman, M.D., is exactly where he wants to be. He moves back and forth along the sidelines of a freshly manicured sod farm west of Plattsmouth and south of the Platte River as he readies his rockets for launch.

Dr. Paulman is surrounded by other rocketeers—many of them members of the Heartland Organization of Rocketry—who share a passion for his hobby. One is a pilot by profession, another a machinist.

A third is a production manager at Lozier. Several are retired. He's the only retired physician in the group.

On this Sunday, Dr. Paulman didn't have the best of luck. Two of his glider rockets failed to launch on the first attempt and they lagged in lift-off on the second attempt and spent just seconds airborne before angling violently to the ground.

The two gliders, he explained, were damaged beyond repair. "I thinned the herd today," referring to his stable of more than 20 rockets kept in the basement of his home. "Recovery has been an issue today. They all come down, but maybe not the way you would like." Another rocket—a low-power rocket designed for a slow-motion liftoff "a crowd-pleaser"—did well on its launch and was considered the success of his day. This particular launch had moments of glory, he explained, as the parachute spun on the rocket's return to the ground—a technique Dr. Paulman is working to perfect. "I had a bit of success today."

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Paul Paulman, M.D.



FROM PAGE 19

Despite the mishaps with his pair of gliders, Dr. Paulman said, there was no place he'd rather be, because he was launching rockets. The weather conditions were perfect—sunny skies and winds under 20 mph. Temperatures in the 70s didn't hurt, he said, noting that club members launch every month of the year, even the cold-temperature ones.

Dr. Paulman spends at least one day each month launching his rockets—and the time in between preparing them for their moments of glory. During the cold-weather months, club members launch from a field north of Wayne, Nebraska. During warmerweather months, they launch from a field closer to Omaha. (Permission from the FAA is needed to launch rockets with higherpowered engines.)

Dr. Paulman's passion for hobby rocketry started as a youngster when advertisements for rocket kits found in Popular Science and Popular Mechanics magazines caught his eye. He bought an Estes Industries (estesrockets.com) rocket and launched it on the high school football field with partial success.

"It went OK except the parachute didn't come out. It became a missile on the way down, but it didn't hurt anything."

He was hooked. While in high school, he said, he always had a rocket he was flying or building. He had little time for hobby rocketry in college and medical school, but returned to his hobby on a limited basis during his medical residency at Broadlawns Medical Center in Des Moines.

"We lived in kind of a commune—so it was a nice hobby," he recalled. "It was mostly me—Audrey (his wife, Audrey Paulman, M.D.) was involved by diffusion." He reconnected with his hobby when their two children (now grown) were growing up and became interested in rockets. He also connected with the rocket club and kept his hobby going.

Why rockets? He likes the problem-solving that goes with them—worrying, for example, about propulsion and the balance points of the rocket and selecting the appropriate engine for each.

Why rockets? He likes the problemsolving that goes with them—worrying, for example, about propulsion and the balance points of the rocket and selecting the appropriate engine for each. He also appreciates the flexibility his hobby offers. You can focus on building rockets for a time, he explained, then spend time flying what you've built.

Dr. Paulman discussed some aspects of rocketry that those considering the hobby should know before getting involved:

The cost—smaller rockets generally cost about \$50 for the kit and launch equipment, which can be purchased at hobby shops. Larger and more powerful ones cost \$150 and their engines about \$50—and must be purchased from select mail-order companies. "You can spend as much as you have—if you want."

CONT. PAGE 23



The Paulman File

HometownSutherland, Nebraska

Undergraduate Degree

Attended Kearney State College, now known as University of Nebraska Kearney

Medical Degree

University of Nebraska Medical Center

Residency

Broadlawns Medical Center in Des Moines in family medicine

Title

Professor emeritus of family medicine

Institution UNMC

Hobbies

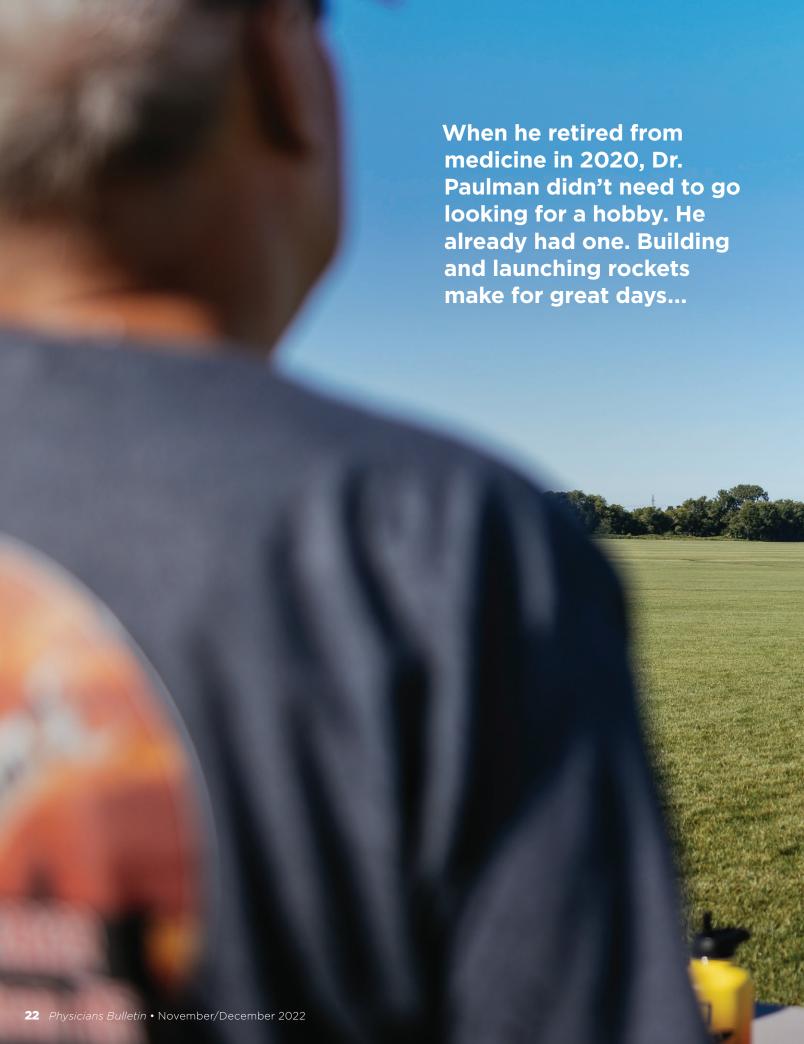
Besides hobby rocketry, yardwork, cycling and boating

Family

Wife, Audrey Paulman, M.D.; two grown children, Roger Paulman, M.D.; and Kate Crowley

Why He Joined MOMS

"I joined because the organization supports physicians."



SAFETY

Hobby rocketry comes with a series of safety rules. "Rocketry is inherently a dangerous hobby. Our safety rules are non-negotiable." The club carries its own insurance policy for its members, but has had few claims over the years.

CERTIFICATION

Rockets engines H and I (anyone can launch rockets with engines A through G) require a Level 1 certification. Rockets with more powerful engines (J, K and L) require Level 2 certification and launching rockets with M engines require Level 3. Dr. Paulman holds a Level 3 certification, which, he said, took time, effort and practice to earn.

Club members meet monthly with guests welcome. Members and guests discuss their current challenges with their rockets and ask for advice. Everyone is welcome, Dr. Paulman said. Visit www. nebraskarocketry.com for launch and meeting dates.

When he retired from medicine in 2020, Dr. Paulman didn't need to go looking for a hobby. He already had one. Building and launching rockets make for great days, he said, as do days when club members visit with students about their hobby. They have visited with members of 4-H clubs and school children. He always enjoys those times, but admits that club members have an ulterior motive when they talk about their rockets. "We need to get kids fired up about rocketry. The hobby will fade away if we don't. I'm not young. Most of the fliers are not young."

Dr. Paulman plans to continue his hobby until mobility becomes an issue—and even then, he said, he could just launch smaller rockets—the type described as "line of sight—then don't venture far from their launching point." Mobility is an issue when rockets with higher-powered engines go astray—like his two gliders did that day. Retrieving rockets that had less-than perfect launches is a moment all hobbyists experience. "We call it the walk of shame."

Why does he keep coming back? Think of it this way, Dr. Paulman said: Even the best golfers have shots that go astray. A day when your rockets fail to launch or are damaged beyond repair, he said, still deserves high marks, including this one. "I would give my day a high B because I was out flying. A day flying is like no other."





hen discussing the importance of immunizations, Andrew Coughlin, M.D., relies on data to do his bidding.

Andrew Coughlin, M.D.

The Head and Neck surgeon with Methodist Health System typically is promoting the HPV (it stands for human papillomavirus) vaccine, but said this approach makes a strong case for other immunizations that parents (and grandparents) should consider for their children (and grandchildren).

In the case of the HPV vaccine, Dr. Coughlin said that evidence provides a strong case for getting children vaccinated. Similar assertions, he said, could be made for other childhood immunizations. "It is not uncommon for people to be leery or concerned about new vaccines. That is what we saw when the HPV vaccine came out. Ultimately it comes down to the patient-doctor experience. If I give them GOOD data and they trust me, most patients are willing to accept that."

Dr. Coughlin said conversations about immunizations typically fall to primary care, internal medicine and family medicine physicians. Specialists, however, can do their part. "It has to be a team effort and communication is key to encouraging immunization."

Dr. Coughlin looks forward to the day when the HPV vaccine is widely distributed to the population at large.

The conversation between a pediatrician and parents and their children, he said, would go something like this: "You're due for your vaccines. Let's get your tetanus and meningitis shots and, hey, we also have your cancer vaccine. It's recommended for kids 10 years and older."

When encouraging the HPV vaccine and others, Dr. Coughlin said, physicians have built-in credibility. "The good news is that patients still trust their doctors. And most doctors trust other doctors. Have a good conversation with your patients and with your colleagues. Patients believe and are willing to do what their physician suggests. That's a good thing."

When the HPV vaccine first was introduced in 2006, it caused an uproar among parents who thought their daughters were being encouraged to have sex, Dr. Coughlin said. "That was unfortunate. It should have been looked at as a cancer vaccine." The stigma has waned, and the vaccine is more readily accepted for boys and girls as a way to prevent HPV infections that can cause cancer later in life.

Fifteen years ago, the goal for the vaccine was to get people caught up with their vaccines, including HPV, especially since we did not have the ability to start the series at 11 years old for those who were in their late teens and 20s. Now, and fortunately so, he said, the vaccine over time has become accepted as part of the series of vaccines for youngsters to receive. "Because of this we have seen improved numbers with regards to vaccination, but we still have work to do."

As a reminder, according to the CDC, HPV vaccination is recommended to start at ages 11 to 12 years. HPV vaccines can be given starting at age 9 years. All preteens need HPV vaccination so they are protected from HPV infections that can cause cancer later in life.

So why is a head and neck surgeon banging the drum for parents to have their children receive the HPV vaccination? It's a way to work himself out of a job, he said, only partially in jest. "Yes, I am a surgeon, but I would rather people not get cancer and have to see me to get treatment."

He explains that he routinely treats patients with cancerous tumors in the base of tongue and tonsil region. Those cancers, he said, are no longer caused solely from smoking. Rather, they are related to exposure to HPV several decades past. "It behooves me to get the message out and work on the prevention side, rather than taking care of the tumor as an afterthought." An additional point he makes is that the vaccine is one that potentially can protect the person getting the immunization and those with whom he or she has later contact.

What originally was a vaccine targeted for young girls has extended to boys. Dr. Coughlin said he noticed that marketing campaigns for getting the HPV vaccine in the past few years have targeted the younger male population as well.

If the goal is to achieve herd immunity of 80 percent of the population, as is the goal for other vaccines, why eliminate 50 percent of the target by not focusing on getting boys also vaccinated, he asked.

While Nebraska and Iowa sport HPV vaccination rates that rank among states with the highest percentages, Dr. Coughlin said, just an estimated 60 percent of eligible children have been vaccinated. "There is still work to be done."

Dr. Coughlin said he talks with his patients, ages 40 to 60, about the importance of the vaccine. While it may be too late for them, he said, they have children and grandchildren for whom that's not the case.

As for adults, he said, most people have been exposed to HPV by the time they are 30. Anyone born in the 1990s or earlier has likely been exposed and the vaccine likely would have no value.

Still, the FDA two years ago approved the HPV vaccine for people up to 45 years old, Dr. Coughlin said, and people who are not monogamous or have multiple sex partners should consider receiving it.

And it starts with a conversation about the importance of getting vaccinated. "Communication, evidence and trust are all critical to the conversation.



The **Coughlin** File

Hometown Council Bluffs, Iowa

Undergraduate Degree

Nebraska Wesleyan University in biochemistry and molecular biology

Medical Degree

University of Nebraska Medical Center

Residency

University of Texas Medical Branch at Galveston in Otolaryngology

Fellowship

Methodist Estabrook Cancer Center, head and neck surgical oncology and microvascular reconstruction

Specialty

Head and neck surgery

Institution

Methodist Health System

Hobbies

F3 Omaha (men's workout group), running, hiking and spending time with his family

Family

Jennifer Coughlin; three children, Claire, Lucas and Julia

Why He Joined MOMS

"It is rewarding to have a sense of belonging to the greater medical community and to help improve the health of Nebraska."

MOMS EVENT RECAP







CREATING A CHARCUTERIE BOARD IS MEETING HIGHLIGHT

MOMS Women in Medicine group participated in a charcuterie board class hosted by Grapes + Gouda at the R+R Wellness Center in September. Each attendee learned about a variety of meats and cheeses and was able to create her own charcuterie board to take home.

- 1 & 2: The Women in Medicine group gathers to participate in a charcuterie board class at the R+R Wellness Center.
- 3. Each participant was able to make her own personalsized charcuterie board to take home.





MOMS RETIRED PHYSICIANS

The MOMS Retired Physicians group held its final meeting of the year in September at the UNO Community Engagement Center. UNMC Chancellor Jeffrey Gold, M.D., led a presentation on "Shaping the Future: What the Pandemic has Taught Us."

- 1. Dr. Jeffrey Gold, UNMC chancellor, with MOMS Retired Physicians Chair, Dr. Robert Cochran.
- 2. Dr. Jeffrey Gold speaks to the Retired Physicians Group at its final meeting of the year.





2022 PHYSICIAN & POLICYMAKER MEET & GREET

The Physician & Policymaker Meet & Greet was held on Friday, Sept. 23 at Midtown Crossing in Omaha with over 50 people in attendance. Physicians from the Metro Omaha Medical Society, Nebraska Psychiatric Society, Nebraska Chapter ACP, Nebraska ROCAP, and Nebraska AAP gathered to meet current lawmakers and candidates to discuss healthcare issues that are impacting our community.

- 1. (from left) Dr. Jordan Warchol converses Senator Wendy DeBoer of District 10 and Carol Wang, executive director of MOMS.
- 1. Drs. Alan Thorson and Andrew Coughlin converse with Jane Raybould, Nebraska Senator-Elect District 28.



MEMBER NEWS

DRS. KUGLER, WALBURN NAMED PEDIATRIC LEGENDS





Jane Kugler, M.D., and John Walburn, M.D., were honored as one of the Children's Hospital and Medical Center Pediatric Legends.

Growing up in Dawson County, Nebraska, Dr. Kugler decided early that she wanted to practice medicine, despite being told by many that she couldn't. But her determination drove her to reach outside her community to the University of Nebraska, followed by UNMC College of Medicine. After exploring other pathways and

rotations, Dr. Kugler found that she loved pediatric anesthesia. She enjoyed being able to focus on one child at a time, putting the parents and child at ease. Dr. Kugler estimates she has been involved in more than 100,000 surgeries over 40 years.

Dr. Walburn spent many years working in Omaha's underserved communities, as well as teaching the next generation of medical practitioners. Over the years, Dr. Walburn saw many families – and generations of families – from newborns to late teens and from every walk of life. His approach to putting patients and parents at ease to treat everyone with respect.

Individuals selected as Pediatric Legends are those whose work will live on and impact the lives of children for years to come. ()

DR. HOWE NAMED 2022 HCAN EXCEPTIONAL PATIENT CARE AWARDEE

eremy Howe, M.D., was awarded one of the inaugural Health Center Association of Nebraska Exceptional Patient Care Awards.

This award is given to health center staff members who exemplify outstanding service

This award is given to health center staff members who exemplify outstanding service and commitment to improving the health and wellbeing of their patients and communities.

Dr. Howe, a family medicine physician at OneWorld Community Health Centers, was recognized for demonstrating exceptional contributions to the Community Health Center Movement through his service, steward leadership and dedication to the health center mission.

He also was acknowledged for his exceptional leadership throughout the COVID-19 pandemic through his work creating and continuously updating patient care workflows to keep patients, especially those at high risk, monitored and to keep staff safe. He also continues to mentor new and younger clinicians with clinical support. Dr. Howe oversees and provides excellent primary medical care to a complex patient panel at multiple OneWorld clinic locations, and is an incredible asset to underserved patients in the Greater Omaha area.

Dr. Howe has served as a preceptor for the MOMS Community Internship Program. ()

DR. MCVEA NAMED 2022 EXCELLENCE IN HEALTHCARE AWARDEE

ristine McVea, M.D., MPH was named the 2022 Excellence in Healthcare awardee at the Omaha World Herald's Inspire Awards. The award is given to a metro-area female who excels in the health care industry, contributes to the local community and nonprofits, helps her colleagues to develop and shares her skills for the benefits of others.

Dr. McVea is the Chief Medical Officer of OneWorld Community Health Centers. She is driven by her passion for the mission to provide culturally respectful, quality health care with special attention to the underserved. Her work has made OneWorld's patient outcomes stand among the best in the nation. Dr. McVea is board certified in internal medicine and pediatrics and has practiced at OneWorld for 25 years. She belongs to several professional organizations, holds positions at University of Nebraska Medical Center and is an active volunteer with the local Mayan community.

Dr. McVea has been instrumental in OneWorld's continued success despite the constant challenges and changes from the Covid-19 pandemic. Her commitment to patients and dedication to serve is an inspiration for the medical community at large.

NEWMEMBERS

SABER KHAN, M.D.*

Creighton University School of Medicine Internal Medicine

DAPHNE LY, M.D.

UNMC/Nebraska Medicine Surgical Oncology

HEATHER SCHULTZ, M.D.

Radiology Consultants of the Midwest Radiology

KRYSTA SUTYAK, D.O.

UNMC - General Surgery
General Surgery

OBIAARA UKAH, M.D., PH.D.

UNMC - Emergency Medicine
Emergency

RYAN ZUCKER, M.D.

Radiology Consultants
Radiology

*Resident



YOUTH CARE RESEARCH HITS MILESTONE

he Boys Town Child and Family Translational Research Center (TRC) is celebrating 30 years of youth care research. This anniversary provided the opportunity to reflect on the history of Boys Town youth care research.

The spirit of research at Boys Town stretches back to founder Father Edward J. Flanagan. He learned from the boys he cared for and applied this knowledge to inform society how to improve care for vulnerable children, an approach later referred to as participatory action research. Today, Boys Town continues to use this approach at the TRC, partnering with children, families and our practitioners to use research to improve the quality of child and family services and to help address the complex problems we face in society.

In the 1970s, Boys Town was a replication site for a research-based model of residential care called the Teaching-Family Model. which has been modified and is now the Boys Town Family Home Program. Research helped Boys Town in program development and in testing the effectiveness of innovations. Many research studies and partnerships followed, resulting in Boys Town services such as Common Sense Parenting, In-Home Family Services, Well-Managed Schools and the Residential Treatment Center. Today, this practice-research partnership remains a key ingredient of making sure Boys Town programs are effective and replicable.

To honor this 30-year milestone, Boys Town published the 2021 Applied Research Bibliography, which contains 566 citations and abstracts of published youth care research including peer-reviewed journal articles, books and book chapters.



HELPING PATIENTS BREATHE EASIER

HI Health Creighton University Medical Center-Bergan Mercy has launched a new program to help treat emphysema in patients with COPD.

The procedure uses a device called a Zephyr valve, which is placed into a patient's lung via bronchoscope through their mouth or nose. The valve's design is similar to a duckbill and lets air out—but not back in—the less functional part of the lungs, which become hyperinflated over time in people with emphysema. This hyperinflation impedes on the functional parts of the lung, making breathing even more difficult.

The procedure aims to help improve a patient's quality of life by reducing shortness of breath and improving his or her ability to be active.

While the procedure is considered minimally invasive, patients do spend a minimum of three nights in the hospital for observation to make sure they don't suffer a collapsed lung, which is the main potential side-effect.

Usually, COPD is managed with inhalers, oral medications and oxygen. Physicians can also surgically reduce the volume of the lung, but patients have to be able to tolerate general anesthesia and spend at least a week in the hospital afterward. The Zephyr valve procedure isn't a replacement for the surgical treatment, but the selection criteria is slightly less stringent.

CHI's interventional pulmonology team started doing valve placements in March and have performed more than a dozen procedures, with the capacity to perform four a month.



MINI MEDICAL SCHOOL A CHANCE TO SHARE OPPORTUNITY

reighton University School of Medicine is hosting its first Mini Medical School event for the academic year. Mini Medical School is a series of community events aimed at attracting students from backgrounds underrepresented in medicine to careers in health care.

This year's program, which consists of several events for 4th- to 12th-graders between October and January, includes sessions geared toward elementary, middle and high school students, young women and Spanish-speaking students.

The program, said Ronn Johnson, Ph.D., professor and senior associate dean for diversity, inclusion and belonging, aligns with the School of Medicine's broader commitment to creating more diverse health care, both within the University and without.

At the Mini Medical School, students from first-generation families, rural or underrepresented backgrounds, participate in a variety of events meant to spark an interest in science and health care. Meanwhile, parents and families attend presentations and panel discussions to learn more about college admissions, finances and other important information to support their students' success.

Families are also matched with "mentors," current Creighton medical students who answer questions and provide resources about medical education.

"I love this program for (all that it does), but it also kind of hits home for me on a personal note," said Melissa Mielke, a volunteer and current medical student. "I could have benefitted a lot from something like it."

Mielke, a first-generation medical student who grew up in a low-income family, said students from similar backgrounds may not have all the information they need to create a well-rounded CV and increase their chances of getting accepted into medical school.



NEBRASKA METHODIST COLLEGE RECEIVES WELLNESS AWARD

mong the five Nebraska organizations recognized with the Governor's Wellness Awards for their evidence-based worksite wellness programs was Nebraska Methodist College.

Nebraska Methodist College was the recipient of the Grower Award for its efforts in demonstrating significant improvement in employee health behaviors.

"Nebraska Methodist College has been active in workplace wellness for over 25 years," said Deb Carlson, Ph.D., president and CEO. "We were the first college in the country to get the Wellness Council of America platinum-level Well Workplace Award. To influence others' well-being, we need to make sure that our faculty, staff and students are healthy."

NMC has based its wellness program on seven key dimensions: spiritual, physical, intellectual, social, emotional, environmental and occupational. Based off these key drivers, the college's Thrive committee established three wellness goals and nine objectives for the NMC community for 2021-2022:

- Improve nutrition.
- Improve perceived stress and resiliency.
- Improve physical fitness.

Among the tactics implemented to achieve these goals were providing more healthy food options for students; free nutritional programming; nutrition-based podcasts; fitness opportunities, including a new fitness and wellness area; free wellness/stress reducing apps; and access to mental health services.

Dr. Carlson acknowledged the work of the Thrive committee was one key element among a number of initiatives related to wellness at NMC, including committees, groups and departments that incorporate some of the seven dimensions of wellness into what they do.

The Governor's Wellness Award began in 2008, making this the 15th year it has recognized organizations that dedicate resources and time to wellness efforts in the workplace. Each applicant must provide information in the areas of leadership, data collection, intervention strategies, policy/environment support and evaluation of outcomes.



CHANCELLOR APPLAUDS PLAN FOR HEALTH WORKFORCE WELL-BEING

he National Academy of Medicine recently published its National Plan for Health Workforce Well-Being—a strategic roadmap to better support care providers and safeguard the nation's health.

UNMC Chancellor Jeffrey P. Gold, M.D., was part of the plan's announcement in Washington, DC, applauded the plan: "This will be a day in the history of health care in our nation that is roughly equivalent to the day that 'To Err is Human' was rolled out over 20 years ago."

That's significant because "To Err is Human: Building a Safer Heath System," released in November 1999, is one of the National Academy of Medicine's (formerly the Institute of Medicine's) best-known and most frequently cited reports. The report's recommendations and findings serve as the cornerstone of the patient safety and quality movement throughout the nation.

"The COVID-19 pandemic further exacerbated pre-pandemic burdens for health care workers, and this plan helps address how we create a world where patients are cared for by a health workforce that is thriving in an environment that fosters their well-being," said Dr. Gold, who served as co-leader on NAM's "Working Group on Mobilizing National Stakeholders."

Built on six years of collaboration among 200-plus organizations and public input, the multidisciplinary national action plan will:

- Create and sustain positive work and learning environments and culture.
- Invest in measurement, assessment, strategies and research.
- Support mental health and reduce stigma. Address compliance, regulatory and policy barriers for daily work.
- Engage effective technology tools.
- Institutionalize well-being as a longterm value.
- Recruit and retain a diverse and inclusive health workforce.

The full plan is available at nam.edu/ NationalPlan.



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.

| Last Name: | First Name: | Middle Initial: |
|--|--|---|
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| Clinic/Group: | | |
| | | Zip: |
| Office Phone: | Office Fax: | Email: |
| Office Manager: | Offic | ce Mgr. Email: |
| Home Address: | | Zip: |
| Home Phone: | Nan | ne of Spouse: |
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| Annual Dues Invoice: | Office Home Other: | |
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