Physicians Bulletin



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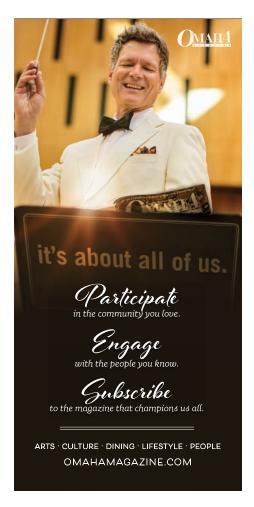
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A PHYSICIAN, JUST LIKE AN EAGLE SCOUT, IS A 'MARKED MAN'



AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

ne of my highlights this year was witnessing my grandson being awarded the rank of Eagle Scout in a ceremony hosted by the members of his troop. His Eagle pin was presented by his father, also an Eagle Scout. My grandson, in turn, presented his parents with their own oval Eagle parents' pins. My role is that of a proud grandmother.

As a small point of clarity, I am aware that scouting now includes all youth, just as the word "physicians" includes all medical school graduates. I use the word "he" only for ease in storytelling.

The pathway to Eagle, that of earning each of the 21 merit badges, included adult volunteers who served as content experts. The leaders of the troop spent hours planning and implementing service-learning activities to be completed. The 10-year pathway to earn Eagle included monthly overnight camping trips, yearly week-long adventures and countless camp meals. The meals, which represented wide variability in both flavor and quality, displayed the increasing independent cooking skills of the scout. The advancing scout learns life skills not only from the troop leaders but also from his peer group.

"As a physician, you will be a champion to other physicians and be an example to your community. Remember, your actions will be more conspicuous. People will expect more of you."

- AUDREY PAULMAN, M.D.

In addition to weekly meetings and campouts, the Eagle Scout is required to complete a project. In my grandson's case, he built a trail marker to help with wayfinding. He led the team that built and placed a kiosk in the Utah mountains. In the process, he learned about making a plan, using teamwork and working with government stakeholders to place the completed project. It is a lot of responsibility for a 15-year-old kid.

Along the pathway to Eagle, his family was always involved, whether it involved making sure there were warm clothes in the backpack, driving carpool, buying fundraisers or washing clothes caked with mud from a hike. Weekend family time was limited due to scouting activity time.

And so, we proudly watched while the troop recognized our grandson's pathway to Eagle and his parents received their own recognition for their commitment to the tenants of scouting. No one earns Eagle without help.

Once you become an Eagle, however, they say you become a marked man. Quoting from Boy Scout information, "Your position, as you well know, is one of honor and responsibility. You are a marked man. As an Eagle Scout, you have assumed a solemn obligation to do your duty to God, to Country, to your fellow Scouts, and to mankind in general. This is a great undertaking."

As I thought about it on the way home, I thought about how becoming a physician is sort of like becoming an Eagle Scout. A lot of people are committed to helping

each trainee become a physician. It takes about 21 years of education to graduate as a physician, with the formal education being capped off with a residency. The educators spend hours planning and implementing educational activities to be completed. It includes long study and work hours, time away from family, and the necessity of working as a team.

Many people made sacrifices to help each of us become a physician. We are in their debt.

Once we became physicians, however, like achieving Eagle Scout, we also became somewhat of a marked man. I will use the language of the charge given to new Eagle Scouts by the Boy Scouts of America, but change the focus from "Eagle Scout" to "physician."

"As a physician, you will be a champion to other physicians and be an example to your community. Remember, your actions will be more conspicuous. People will expect more of you."

Reading the scout law, I am reminded that "A Scout is Trustworthy, Loyal, Helpful, Friendly, Courteous, Kind, Obedient, Cheerful, Thrifty, Brave, Clean, and Reverent. A Scout is trustworthy. A Scout tells the truth. He is honest, and he keeps his promises."

As I consider these words carefully, I believe this delineates the characteristics that many of you have, as good physicians. Perhaps these words are more relevant now than those we recited in the Hippocratic Oath.

Welcome, Dr. Michaelis, as you are inaugurated to lead Metro Omaha Medical Society, and thank you, Drs. Bittner, McBride, and Auen, for allowing Physician's Bulletin to interview you for this edition.

I think you would all make great scouts.

No one makes Eagle Scout alone, and no physician practices in a vacuum. Thanks for being a member of Metro Omaha Medical Society.

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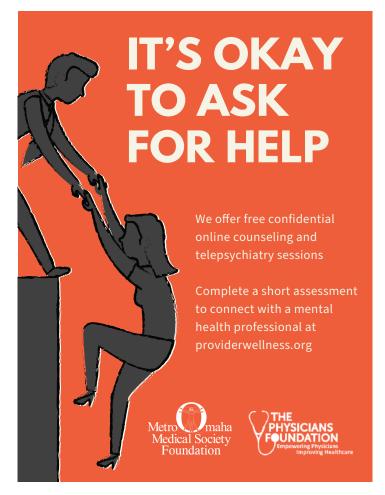


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MAKING A DIFFERENCE FOR THE LONG-TERM



CAROL WANGExecutive Director
Metro Omaha Medical Society

As my hopes and dreams turn to spring, I am going to choose to be optimistic that by the time you read this we will have achieved our reaccreditation as a continuing medical education provider. But as I write this, the MOMS staff is in the midst of completing and compiling all the paperwork that is due as part of the process. One of the parts due is a self-study on our current program and how it meets the mission of CME.

The exercise is supposed to encourage reflection on what we're doing and whether it makes an impact. That's the fundamental question that all of us ponder: is what we do making a difference and for the better? The even harder question that is often posed in the CME paperwork—prove it. How do we prove that the programming makes your practice, performance and knowledge better, and not just in the short-term but in the long-term?

"That's the fundamental question that all of us ponder: is what we do making a difference and for the better? The even harder question that is often posed in the CME paperwork—prove it. How do we prove that the programming makes your practice, performance and knowledge better, and not just in the short-term but in the long-term?" - CAROL WANG

I don't know that I can give empirical data to that effect, but there are some accomplishments that you deserve to remember because they've made medicine better for physicians and patients. In the world of advocacy, your resolutions have resulted in licensure questions being changed so they no longer ask about seeking mental health help or having substance misuse treatment.

We know those were obstacles for physicians from seeking help. During the height of lockdowns because of COVID-19, your work helped lawmakers make telehealth for mental health reimbursed at the same rate as an office visit, which also increases access in underserved areas. Your work also shielded organizations from liability due to issues related to COVID lockdowns and protocols. And one late breaking development: a past resolution asked Joint Commission to examine the evidence that credentialing every two years improved

patient safety. The Joint Commission has determined that as of March 2023 recredentialing can occur every three years. The hope is that it will lessen a physician's administrative burden.

The podcasts that many of you have contributed time and content to help people be more aware of health issues like weight loss, allergies, and depression have reached people all over the world to the tune of more than 8,000 downloads. To give you context, to make it into the top 10% of podcasts, an episode should get approximately 3,400 downloads according to an analysis by TrueList, a marketing and advertising company.

And it is your passion for supporting each other that has created the wellness programming that includes the online assessment and telehealth access for physicians in the community, speakers on topics from moral injury to caring for the clinician and your own safe space to meet, hang out, and do a little yoga.

That is just a thumbnail sketch, but those are the wins we talk about in our CME self-study and when you put it down on paper, you hope that all your efforts have been realized into something that is important to others and something to be proud of. Sometimes that reflection can also motivate you to continue forward on those days that are less than rewarding.

As you all reflect at the end of some long days, I hope as physicians, you can frequently answer yes, you've made a difference, whether it's because of a patient that you've healed or a life you have saved through your knowledge and skill. Just as importantly, I hope you have a feeling of fulfillment in your personal life, with relationships that give you joy and a home that is a refuge. ()

BEING PRESENT IN A FASTPACED WORLD



AMY REYNOLDSON

Executive Vice President

Nebraska Medical Association

ave you ever left the house and, once you got to your destination, wondered if you forgot to shut the garage door or turn off the coffee pot because you were on the phone taking care of a situation at work since you knew you had a packed schedule the rest of the day?

We all are working hard at becoming masters of multi-tasking, not because we want to, rather because we feel the urgency that it is the only way we can stay afloat. Unfortunately, this skill set is becoming counterproductive and preventing us from slowing down to be present in the moment. Being in the present moment, or the "here and now," means that we are aware and mindful of what is happening at this very moment. We are not distracted by ruminations on the past or worries about the future but centered in the here and now. (PositivePsychology.com)

Most of us keep fast-paced and hectic schedules, which has essentially developed a new norm of anxiety, stress and unhappiness. We often don't even realize it but the tendency of us to get sucked into the past or worry about the future is leaving us perpetually worn out and feeling out of touch with ourselves.

Living in the now is so difficult because we are always encouraged to think about the future or dwell on our past. Advertisements, reminders, notifications, messages and alerts are all so often geared toward the past or the future. The solution to this is to slow down and try to find a balance and be present.

Recently, I was forced to slow down and take time as I recovered from a joint replacement. As I spent time at home working through the post-surgical process of icing, elevating and doing my exercises, I found it more relaxing to keep the TV and music off. I was more in touch with what I was doing and rested more soundly.

After enjoying a couple days of this quietness and calmness, I realized that I needed this slow down more than I even realized. I am typically one to make the most of each day and enjoy keeping busy with projects at home outside of my work. Little did I know that I would adjust so quickly to this slow down, so I started to think about ways to maintain this once I am back up to 100% to avoid returning to the old me.

So, just how exactly does a person slow down and become present?

There are many common things we can do to be present in a fast-paced world. (LifeHack.org)

- Turn off the car radio and pull out the headphones. Take in the scenery and the sounds of nature on your commutes to and from work. Use that time to take a break from the filler of music and news. Don't be proud of not remembering your drive to work or another destination. That is a sign of an over-busy mind.
- Limit your time on your devices checking email. Identify specific times when you will check email outside of work and stick to those parameters. It is so convenient for us to look at that email that we just received thinking that we will only review that one and then return to the family activity. This is a distraction that pulls you right out of the present moment because you are likely reminded of something that you haven't accomplished or will be worrying about

"Being present is not as easy as it sounds. It takes concerted effort after we have had so many years of practicing anything but being present. The distractions that reinforce us to check that new text message or email is what can limit us from being present."

- AMY REYNOLDSON

something coming up in the future. Stick to your plan of checking email at predetermined times when you would rather be present, such as time at home with family or out to dinner with friends

• Take advantage of your time when waiting in lines. This is a great opportunity to slow down and take a few breaths and relax. Chat with people around you or, better yet, people-watch.

Being present and exerting our ability to be mindful not only makes us happier, but it can also help us deal with pain more effectively, reduce our stress and decrease its impact on our health, and improve our ability to cope with negative emotions like fear and anger. (Halliwell, 2017).

Being present is not as easy as it sounds. It takes concerted effort after we have had so many years of practicing anything but being present. The distractions that reinforce us to check that new text message or email is what can limit us from being present. Start by taking a break from your phone and establishing boundaries on when you use your devices during times like family night, holiday celebrations, or even during a weekend getaway with your friends or family. This is healthy and will give you an opportunity to be present. Slow down this fast-paced life by being present. You deserve it!



DR. AUEN: Why Pathology–Especially Forensic Medicine–Is His Thing

homas Auen, D.O., had that moment. He was working as a research assistant for the Department of Endocrinology at Boston Children's Hospital and the Harvard Medicine School. His lab's focus was molecular cascades involving Type 2 diabetes and obesity. Medical school pursuits were on hold, though still in his future.

His work put him in contact with medical professionals, particularly M.D./PhDs, serving both research and patient care roles. "I

came to realize there were ways you could blend an interest in research with medical practice." While initially thinking this would involve internal medicine specialization, he had an "aha" moment in medical school that "showed him the light." His ticket to research and medical practice—pathology.

This is his plan: Finish his medical residency at the University of Nebraska Medical Center and seek a fellowship in forensic pathology. Then, he can begin his profes-

sional career as a medical examiner. This profession could take him to a more rural area—similar to a previously completed forensics rotation in Boise, Idaho—or to an urban location, including New York City or Chicago. He's open to what options appear in the future as more doors open.

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Pursuing a career in pathology, he realized, required some ingenuity on his part along with a bit of impromptu luck. Rotations in pathology aren't required, and residencies and fellowships aren't typically top-of-mind for medical students. "It's something you either know beforehand or luckily find along the way like I did."

Fast forward from his days working in the lab in Boston to his third year of medical school at the Idaho College of Osteopathic Medicine. Something clicked, he recalled, during his first day on a happenstance pathology rotation that enkindled a desire to pursue pathology. "The lab space spoke to my research background and my love for cerebral activity and mixed with hands-on skills, and it also blended with patient care. I realized every slide I viewed helped provide a diagnosis that primary care physicians would ultimately use to help their patients."

And as he has discovered, forensic medicine is an emerging medical specialty that provides him with multiple options. Which leads to a disclaimer: The many television crime dramas that focus on forensics were not the impetus for his fascination in the field. True, he loves watching old television dramas—naming the 1930s "The Thin Man"—but that was more to its detective focus and witty humor rather than the dark and mysterious forensic world of Hollywood. And he has discovered that being a medical examiner is somewhat akin to being a detective.

His final epiphany came during his fourth year of medical school while on rotation with the Ada County Coroner's Office in Boise, Idaho. Part of his duties included assisting with autopsies. He quickly realized he could pass the "stomach" test.

Dr. Auen said it's hard to describe his attitude toward witnessing body decomposition, for example, after it has been in water and has decomposed over time. Same true for a body that has decomposed in the heat. Images of those bodies, he said, he could handle, but they remain with him.

"The suicides, the homicides, the pediatric cases that show up—they jolt you. You really need to be ready mentally prepared for some tough realities in each and every case."

Dr. Auen added: "Certain homicides almost make your skin crawl when you understand their ominous natures and the stories behind them. They make you look at individuals in a different way, but you have to be sure these cases don't make you overly cynical and change your outlook, thinking of the world as a horrible place."

His rite of passage while assisting with autopsies came while examining his first "decomp." "It's very hard to figure out the cause of death—everything liquifies inside of the body. Few things are left for you to evis-

whether family members might benefit from knowing—for example in cases of dementia exactly why their loved one died.

As for physicians, Dr. Auen said, autopsies provide them with information they can share with family members of the deceased. The results can provide assurances, he said. And for medical students, he reiterated, a career in pathology can provide an opportunity to blend research, hands-on practice, and patient care from a unique perspective. He encourages medical students to consider including pathology in their choices for non-required rotations.

As he completes his pathology residency, Dr. Auen noted, he's been surprised by two components of his training: the role other phy-

"Certain homicides almost make your skin crawl when you understand their ominous natures and the stories behind them. They make you look at individuals in a different way, but you have to be sure these cases don't make you overly cynical and change your outlook, thinking of the world as a horrible place."

- THOMAS AUEN, D.O.

cerate and aid in determining cause of death." One source that remains viable is the liver. His task was simple as he puts it: make an incision, reach in and grab a portion of the liver. His effort drew smiles from the others in the room, but no other friendly hazing. "I was told if you can do that, you can do anything."

Dr. Auen understands the impact the results from an autopsy can have. In a case of a suspicious death, he said, the results can provide a roadmap for determining the cause of death and potentially highlight the role of others in the event. In a case of a death from an unknown or suspicious cause, an order for an autopsy is usually automatic. In other cases, he said, the family may decide whether to request an autopsy—and the deciding factor often is

sicians have to inform patients and their loved ones about autopsies and what they can provide for closure and the prevalence of digital technology in pathology. He hopes physicians at the bedsides of dying patients are able to discuss the role of an autopsy with families to provide closure while also learning more about their patient's ultimate cause of death, and he hopes the burgeoning role of digital pathology will improve the field of forensic medicine in the years to come.

Still, he said, he expects the human element to never diminish and the specialty to evolve, with opportunities in renal, neurology and cardiology. "An autopsy is a necessity that will always remain."



The **Auen** File

HometownSioux City, Iowa

Undergraduate Degree Grinnell College in Grinnell,

lowa, in biological chemistry Medical Degree

Idaho College of Osteopathic Medicine in Meridian, Idaho

Residency UNMC

Specialty Pathology

Hobbies

Playing French horn with the Nebraska Medical Orchestra, practicing piano when and where possible, and running, especially road and trail racing as an extension of his collegiate cross-country days

Why He Joined MOMS

"Having come back to the Omaha region, I wanted to join an organization that both brings together professionals in my field and allows us to network and learn from one another."



A Computer Compromise Meant

ALL HANDS ON DECK





orrigan McBride, M.D., remembers that day in 2020 when she received word that Nebraska Medicine's computer system had been compromised. All systems were down, she was told. It was a Sunday, which on first thought may have seemed fortuitous.

But Monday meant a full day of patients at Nebraska Medicine clinics, not to mention patients filling its hospital beds. By 3 p.m. that Sunday, Nebraska Medicine administrators realized the system wouldn't be back by the next day and the

"We have one generation of doctors who were completely trained on paper charts—orders, lab results. Everything was printed. And we have a generation of physicians of completely the opposite. Everything they knew was electronic. And we had a group that was sort of a hybrid."

CORRIGAN MCBRIDE, M.D.

shutdown would leak into the work week. As Nebraska Medicine's Senior Medical Director for Policy and Procedure, Dr. McBride said she instantly went on high alert and into action.

Yes, Nebraska Medicine administrators had experienced planned shutdowns for system upgrades and drills. Those, however, lasted 30 -60 minutes and typically were staged during the night when hospital activity typically was less.

"This was a different sort of kettle of fish," she said. "We didn't know when, why and for how long."

On the positive side, Nebraska Medicine's down time email system was still operating and its internal file-sharing system (one-drive) was operational within 24 hours. Nebraska Medicine used that email system to disperse the paper files, including forms for orders, within the system. The instruction: Print them and use them in place of the electronic versions.

Now two years in its rearview mirror, Dr. McBride discussed the lessons learned and how the work to prepare—should another compromise occur—continues. (Dr.

McBride pointed out that she can only speak about the system compromise Nebraska Medicine experienced in 2020 and not the one that recently occurred at CHI Health—although the two were similar).

At the center of this conversation is how the compromised system meant that health care professionals, including physicians, had to pivot from electronic medical records to paper.

"We have one generation of doctors who were completely trained on paper charts—orders, lab results. Everything was printed," Dr. McBride said. "And we have a generation of physicians of completely the opposite. Everything they knew was electronic."

"And we had a group that was sort of a hybrid."

No longer, she said.

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First things first, Dr. McBride said. Nebraska Medicine staff called patients slated for urgent care and rescheduled their appointments—explaining the situation. Patients generally understood the situation and readily accepted the postponement, she added. Clinic managers and medical directors were called into work and instructed to print out the next three days of schedule from the designated downtime computers.

"We had to make sure our clinics were ready," she said. "Some appointments, we knew, could not be moved."

Attention was required to prepare the clinics and hospital floors with the basics. One priority, for example, was finding paper prescrip-

tion pads. Paper prescription pads were needed so discharged patients had something to present at their pharmacy. Hospital staff, as another example, also had to have blank order sheets with all the information needed for physician orders and patient charts. "Many of our downtime processes involved putting a patient sticker on a piece of paper or a lab specimen, but we could not print stickers. All we had at the start of the downtime were all we would have for the duration," Dr. McBride said.

A priority was to create a blank order sheet using Microsoft Word and featuring all the prompts. Another priority was creating copies of sample orders for high-risk medications, starting with insulin and heparin. Then, medication safety pharmacists worked to add to the list. "I worked on this for the next five days," she said.

Nebraska Medicine administrators quickly discovered that many physicians didn't know their four- or five-digit provider identifier, Dr. McBride said. With electronic records, that number automatically loads. They found a master list and provided physicians with their identifier—reminding them that the Joint Commission required a signature and the number.

"The older generation of doctors knew their number. We had it scarred into our brains. The younger generation not so much."

They also refreshed physicians about the mnemonic to use while placing orders. Older physicians remembered the pattern, but younger ones had either forgotten it or never learned it.

"We had to make sure our clinics were ready. Some appointments, we knew, could not be moved."

- CORRIGAN MCBRIDE, M.D.

This information and other procedures were explained in a promptly created admissions guide. "We basically had to go back to school," she said.

With a reduced patient load because of postponed appointments, some clinic provid-

ers reviewed written orders and patient charges to troubleshoot for any challenges. "Everyone stepped up. I would give our staff an A+"

In the end, Nebraska Medicine's computer system was down for six days. When it was restored, Dr. McBride said, administrators, with assistance from their provider, EPIC, worked to ensure that all backed-up data were uncorrupted. Then, staffers got busy inputting the orders, records and files that had been logged on paper during the past six days.

Lessons learned from the 2020 computer system shutdown continue to impact how Nebraska Medicine prepares for the next one—should it occur. First was creating a repository of all the paper forms created and adding to them. The computer downtime now extends five days—forward and backward—instead of the three days that was procedure in 2020. "We have a backup system for the patient stickers now."

And, of course, the drills and planned shutdowns continue, she said.



The McBride

Hometown Prairie Village, Kansas

Undergraduate Degree

Trinity University in San Antonio in the arts

Master's Degree

University of Colorado, Denver, in business administration

Medical Degree

University of Texas-Houston Health Science Center

Residency

University of Missouri-Columbia in general surgery

Fellowships

University of Missouri-Columbia in critical care medicine; Medical College of Virginia Hospital in laparoscopic surgery

Specialty

General and bariatric surgery

Title & Institutions

Professor surgery, UNMC; Chief of Minimally Invasive and Bariatric Surgery, UNMC; Senior Medical Director for Policy and Procedure, Nebraska Medicine

Hobbies

Sewing, reading and scuba diving

Family

Husband, Jerald Aguilar; a daughter, Corrie Aguilar

Why She Joined MOMS

"I joined MOMS because of the opportunity to meet physicians outside my specialty within the Omaha area."





sk Maria Michaelis, M.D., for a reason that ackslashphysicians practicing medicine in the Omaha area should be members of MOMS, and she'll quickly respond with one reason. Then, she'll provide a few additional reasons.

First, she said, membership in the Metro Omaha Medical Society provides flexibility. "You can make your own opportunities with MOMS. You can invest as much or as little time as you want. The decision is always yours."

Next, Dr. Michaelis said, MOMS provides its members with opportunities to meet their peers who practice in other specialties and from institutions different from theirs. "MOMS provides its members opportunities to collaborate outside their space, with physicians from different hospitals and other specialties."

Another reason, she said, is advocacy. MOMS provides its members with opportunities to advocate for their patients. "We are a physician group. Our purpose is to preserve the safety and health of our citizensour patients."

CONT. PAGE 22



You can make your own opportunities with MOMS. You can invest as much or as little time as you want. The decision is always yours."

- MARIA MICHAELIS, M.D.

FROM PAGE 21

As president of MOMS for 2023, Dr. Michaelis said, it's her job to tell anyone who will listen why membership in MOMS is a good investment. And, in the same conversation, she'll explain her priorities during her time as president—advocacy for other physicians and patients during what, no doubt, will be an intriguing year in the Nebraska Legislature and on

a national level; and ensuring that the MOMS Foundation continues its directed purpose of supporting nonprofit organizations that promote health and well-being for Nebraskans.

During a recent conversation, Dr. Michaelis also discussed how and why she chose medicine for a profession and the

challenges and opportunities physicians face. And for good measure, she shared a few stories about her life that her peers might not know, one of which involves her wedding and baseball bats.

While attending high school in Wakefield, Nebraska (situated in both Dixon and Wayne counties, about 85 miles north of Omaha), Dr. Michaelis recalled, she figured she might pursue education in college. After all, she said, she comes from a family of teachers.

Then, while playing high school softball her junior year, she slid into second base a bit too late and tore her ACL. For the record, she said, she was safe and managed, despite the injury, to score. That mishap and a season later, when she collided with another outfielder and suffered a compound fracture of her tibia and fibula, provided her with her introduction to medicine and the people who practice it.

Conversations with her orthopedic surgeon led to her shadowing him during her junior and senior years when he held a clinic in nearby Wayne. "My injuries and treatment, I realized, were interesting to me."

Next stop was college at Wayne State as part of UNMC's Rural Health Opportunities Program, followed by medical school. She said she never wavered from her decision to pursue medicine. Her only challenge along the way was to pick her specialty. She chose anesthesiology.

When picking her specialty, she recalled, she realized she wanted to spend time in the operating room, rather than a clinic. She also wanted to control her work schedule as much as possible as she knew she wanted children. During a rotation in Holdrege, Nebraska, she spent time with a nurse anesthetist (CRNA), whom she shadowed. "He really sold me on anesthesiology."

She has remained sold ever since. At times, she admits, she looked for outside distractions to complement her work. Enter MOMS.



She joined MOMS as a medical resident—the lower membership dues for residents made that an easy decision. She wasn't involved in a lot of the activities the first few years, but still enjoyed participating in an activity here and there. Fast forward several years and a conversation with MOMS Executive Director Carol Wang led to her service on the MOMS Foundation. She found the service rewarding, especially vetting the many organizations that request financial support from the Foundation.

"It was nice to learn about organizations that impact our local medical community. It was fun to reward those that were doing something beneficial."

A later conversation with Wang—the timing was right as her daughters are getting older—led to her service as MOMS president-elect, followed by its president this

year. Supporting and promoting the MOMS Foundation is one priority, she said, to ensure her peers that their financial support is invested wisely. Her other focus will be on advocacy, especially at the state level where issues such as reproductive rights are sure to take center stage.

"It was nice to learn about organizations that impact our local medical community. It was fun to reward those that were doing something beneficial."

- MARIA MICHAELIS, M.D.

She said she understands that physicians may not always agree on issues related to health care, but it's critical that the safety and care of the patients remain their priority. A unified voice is always the goal, she said.

It's also critical that physicians retain their empathy for their profession and their patients—something that was tested during the pandemic. "We have to help each other out. MOMS does its part." She cited two examples. In 2021, MOMS established the R + R Physician Wellness Center, which provides physicians with a place to relax, gather and take health and wellness classes.

LifeBridge, a Nebraska Medical Association program, is another resource. LifeBridge provides physicians with peer-to-peer coaching at no cost.

Besides her involvement in MOMS, Dr. Michaelis serves on the Nebraska Board of Medicine, which was established to ensure that the physicians and physician assistants practicing in the state meet minimum requirements for safe practice. The board, comprised of six physicians and two lay members, investigates complaints and disciplinary actions against physicians not abiding by set guidelines. Dr. Michaelis said the board has to, at times, revoke or suspend a physician's license and to deny licensure for some physicians to practice in Nebraska.

"It doesn't happen a lot, but our goal is to protect Nebraska's citizens."

Now for some stories:

- At the end of her medical school training and before her residency, Dr. Michaelis drove the beverage cart at a local golf course to earn money for living expenses. Her boss knew her story and called her "Dr. Beer Cart Girl."
- Several years later, she married her husband, Mark, at Eaton Field in Wakefield—named for her grandfather Hubert and father Paul Eaton. The bridal party donned baseball jerseys. A bat boy handed out bats to attendees who formed a canopy under which the newly married couple left the field. Dr. Michaelis said she and her future husband were all for getting married on a baseball diamond, and she even took some batting practice in her wedding dress after the ceremony.



The Michaelis File

Hometown Wakefield, Nebraska

Undergraduate DegreeWayne State College

Wayne State College in chemistry and health sciences

Medical Degree University of Nebraska Medical Center

Residency

Mayo Foundation Hospitals, Rochester, Minnesota; and UNMC both in anesthesiology

Specialty

Pediatric and adult anesthesiology

Title

Associate Professor and Director of Moderate Sedation

Institution

UNMC and Nebraska Medicine

Hobbies

Daily cardio and sand volleyball

Family

Husband, Mark Michaelis; and three daughters, Lexi, Laini, and Leyton

Why She Joined MOMS
Please read this story

A TAKE ON WHY INFECTIOUS DISEASE FELLOWSHIP SLOTS GO UNFILLED

arvin Bittner, M.D., doesn't dispute the numbers that show slots for infectious disease fellowships nationwide are going unfilled. Neither is he surprised. In fact, he's been aware of the challenge for years. His point is to question the pervading assumption that lower pay is the predominant reason those slots go unfilled.

And Dr. Bittner, an infectious disease specialist who sees patients at the CHI Health Travel Clinic and at the Veterans Affairs Nebraska-Western Iowa Health Care System-Omaha, expects that his comments may rankle some of his peers.

"I think that there may be something more than the money explanation. That there is some point in thinking more deeply about the situation and asking questions."

Some background about those numbers before diving into Dr. Bittner's point of view and suggestions that come with it:

Andrew Nelson wrote in the Dec. 7, 2022, edition of STAT: "The lack of doctors entering ID fellowships—and the ensuing shortage of these specialists—has been a concern for years, with experts pointing to the comparatively low earnings these physicians make as a major disincentive for doctors considering

which field to enter. But this year's numbers marked a backslide. Fully a quarter of available positions went unfilled. Among the fellowship programs, 44% didn't fill their slots, according to data from the National Resident Matching Program." Note: STAT is a subscription-based news organization produced by Boston Globe Media that provides coverage of health, medicine and scientific discovery.

Nelson also reported that: "Roughly 350 residents applied to ID fellowships each cycle from 2018 to 2020 (residents apply to fellowships the prior year before starting in the summer). Then, for the 2021 round, the number shot up to 404, dipping slightly to 387 for the 2022 match. For the 2023 match, only 330 doctors applied."



"It is disappointing," Dr. Bittner explained. "The first thing most people say is it's money—and that someone who finished an infectious disease fellowship would make more money if he or she had gone straight out of an internal medicine residency to a career in general internal medicine. And that's the reason for their choice."

"I have a different perspective."

Dr. Bittner begins his explanation for why he questions the pay theory as the sole explanation for the Match by talking baseball, particularly noting a podcast he recently heard, in which the host interviewed Michael Lewis, author of "Moneyball." The book, published in 2003, explained how the Oakland Athletics baseball team and its general manager, Billy Beane, focused on the team's analytical, evidence-based, sabermetric approach to assembling a competitive baseball team despite Oakland's small payroll budget.

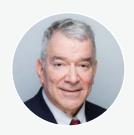
Basically, Dr. Bittner said, paying lower salaries didn't prevent the A's from attracting the players it wanted and competing against teams such as the New York Yankees, who had a much higher payroll. Oakland's competitors in Major League Baseball failed to recognize the importance of sabermetrics—to their detriment. Dr. Bittner's concern is that the infectious diseases community may fail to recognize the importance of non-salary factors influencing career choices—to the detriment of the ID profession.

So, while salary may be a detriment for filling fellowship positions, Dr. Bittner said, other factors may be in play—and their prevalence shouldn't be discounted without further study. He speculated on several factors after sharing an anecdote he heard about physician pay in England.

CONT. PAGE 26

"I think that there may be something more than the money explanation. That there is some point in thinking more deeply about the situation and asking questions."

- MARVIN BITTNER, M.D.



The **Bittner** File

Hometown Peoria, Illinois

Undergraduate Degree University of Chicago

University of Chicago in chemistry

Master's Degree

Harvard School of Public Health in epidemiology

Medical Degree

Harvard Medical School

Residency

University of Michigan Health System in internal medicine

Fellowship

University of Minnesota in infectious disease

Specialty

Infectious disease

Institution

Creighton University
School of Medicine and
CHI Health, serving at the
CHI Health Travel Clinic
and the Veterans Affairs
Nebraska-Western Iowa
Health Care System-Omaha

Hobbies

Connecting with distant relatives in distant places

Why He Joined MOMS

"It just seemed that membership in MOMS, the NMA and the AMA was something every respectable physician should do."

FROM PAGE 25

Dr. Bittner said he understands that physicians in England make about the same amount of money regardless of specialty. "In England, it's more popular to be a specialist than a generalist. The explanation for money driving career decisions doesn't explain what's going on in England."

So, what is?

Dr. Bittner offered this suggestion: Many infectious diseases specialists are engaged in antimicrobial stewardship programs, which are intended to curb the inappropriate use of antimicrobial drugs. Antimicrobial stewardship can, at times, generate conflict with hospitalist teams. Internal medicine residents on hospitalist services may, as a result, perceive ID specialists as unfriendly "antibiotic cops." That perception may drive the medicine residents to discard any notions of ID careers.

Dr. Bittner related a story about a hospital with a policy that required calls for certain drugs be made to a stewardship program. To avoid after-hour calls, prescription orders made after 10:30 p.m. would be filled by the hospital's pharmacy without prior authorization and reviewed the following day. The hospital discovered that a higher number of prescriptions were ordered just after 10:30 p.m. than would seem normal. "Was this an indication of the program's unpopularity and people trying to avoid the restrictions?" Would it cause physicians to avoid infectious disease as a subspecialty?

Another suggestion he offered connects to the recent pandemic. Some experts predicted that COVID-19 might spark interest toward the infectious disease subspecialty. That spark of interest wasn't evident in the latest Match results. Why? Well, the United States experienced more COVID-related deaths than some other notable countries, which causes Dr. Bittner to speculate that infectious disease fellowship candidates may have decided that the country didn't handle its response to COVID as well as it could have. Why would they

"The explanation for that is there is the perception that infectious disease physicians don't tolerate disagreement. If some readers are outraged by my speculation, it may prove the point."

- MARVIN BITTNER, M.D.

want to be ID specialists if the U.S. ID profession had not performed particularly well, compared to other developed countries, in dealing with the panoply of challenges posed by the COVID-19 pandemic?

Finally, he offered another theory that is grounded in politics. He read a study that indicated that more infectious disease specialists were likely to be Democrats. "Maybe internal medicine residents who were Republicans chose to look elsewhere," he suggested.

Dr. Bittner realizes his viewpoints that question the pay theory as the sole explanation for the disappointing Match may not be popular among infectious disease specialists in the area and the nation. He noted an article that was passed on by Vinay K. Prasad, M.D., a hematologist-oncologist and health researcher. He is a professor of epidemiology and biostatistics at the University of California, San Francisco. The article, titled "Why No One Wants to Match into Infectious Diseases," offered suggestions other than pay and was written by an East Coast infectious disease physician and professor, but didn't carry a byline.

Why so, Dr. Bittner asked. "The explanation for that is there is the perception that infectious disease physicians don't tolerate disagreement. If some readers are outraged by my speculation, it may prove the point."



NEWMEMBERS

TEMITOPE BANWO, D.O.*

UNMC
Obstetrics & Gynecology

ERIN BARRETT, M.D.

Nebraska Medicine
Dermatology

CARLY JENNINGS, M.D.

UNMC/Nebraska Medicine Obstetrics & Gynecology

MARY KINYOUN, M.D.

UNMC

Obstetrics & Gynecology

SARAH LONOWSKI, M.D., MBA

UNMC/Nebraska Medicine
Dermatology

LYNN MACK, M.D.

UNMC/Nebraska Medical Center Endocrinology, Diabetes & Metabolism

HANNAH MALDONADO, M.D.*

*UNMC*Neurology

MORGAN STEFFEN, D.O.*

UNMC

Obstetrics & Gynecology

*Resident

MEMBER NEWS

DR. KHAN REAPPOINTED TO WORLD HEALTH ORGANIZATION STEERING COMMITTEE



A li Khan, M.D., dean of the University of Nebraska Medical Center College of Public Health, was reappointed to the World Health Organization's

Global Outbreak Alert and Response Network (GOARN) Steering Committee.

GOARN is a WHO network of more than 250 technical institutions and networks globally that respond to acute public health events with the deployment of staff and resources to affected countries.

With the committee reappointment, Dr. Khan represents UNMC as one of only two entities from the United States that are GOARN steering group members.

"We can help set the agenda for global public health responses as part of the steering committee for this large network of partners who respond to outbreaks," Dr. Khan said. "We help influence how we are improving alerting, preparedness and response for outbreaks—making sure we identify, prevent and contain them as fast as possible."

Dr. Khan recently provided assistance on what he described as "a very dynamic" Ebola outbreak currently in Uganda. "There's a concern that until the outbreak is fully contained, that it could spread more widely including within Kampala, a city of between 3-4 million people. The last thing you want is widespread Ebola in an urban area."

In the current deployments, GOARN is drawing on Dr. Khan's longtime Ebola and public health expertise. He currently is serving as a senior liaison officer, assisting with the coordination of the large international organizations on the ground.

"This gives me a platform in which to help share my expertise on Ebola responses, since I've been doing them for more than 25 years now," he said. "I interact as a representative of the World Health Organization to make sure there's good alignment between what the international partners are doing in support of the well managed and excellent Ministry of Health-led outbreak response—all with a common mission of saving the lives and livelihoods of Ugandans."

DR. ZETTERMAN RECIPIENT OF DISTINGUISHED SERVICE TO MEDICINE AWARD



owen Zetterman,
M.D., was presented
the Metro Omaha Medical
Society Distinguished
Service to Medicine Award
recently during the society's

Annual Meeting.

Dr. Zetterman, a gastroenterologist, has a long resume of academic and health care system leadership including serving at both Omaha area medical schools—as Dean at the Creighton University School of Medicine and as Associate Vice Chancellor at UNMC. Other previous roles include chief of staff of the Nebraska-Western Iowa VA Hospital and chair of the UNMC department of gastroenterology.

His leadership continued in organized medicine—past president of both the Metro

Omaha Medical Society and the Nebraska Medical Association, past governor of the Nebraska Chapter of the American College of Physicians, past president of the American College of Gastroenterology, past chair of the Board of Governors and Board of Regent for the American College of Surgeons, and past chair of the ACGME Board of Directors. He currently serves as the MOMS legislative co-chair and as the interim dean of the UNMC College of Dentistry.

"Rowen Zetterman has had a profound effect on future generations of physicians," states Carol Wang, executive director of the Metro Omaha Medical Society. "He has helped shaped health care policy on a local, state and national level. His tireless dedication to his profession, his peers and his patients are unmatched and inspiring."



OFFERING PEDIATRIC NEUROMUSCULAR CLINIC

oys Town National Research Hospital has recently launched the Boys Town Pediatric Muscle and Weakness Clinic, a multidisciplinary clinic led by Matias Lopez Chacon, M.D. Dr. Lopez Chacon is Nebraska's only pediatric neurologist fellowship-trained in neuromuscular medicine.

This multidisciplinary clinic incorporates specialists from neurogenetics, endocrinology, orthopaedics and nutrition to develop care plans in collaboration with the patient's primary care provider and family.

"This is an underserved area of medicine in Nebraska," Dr. Lopez Chacon said. "We want to work together with providers in the state and region to ensure the best quality of life for pediatric patients."

Neuromuscular disorders are often genetic and can affect a child's ability to move, meet developmental milestones and breathe. Many of the disorders are progressive and vary in severity of symptoms. Disorders treated at the clinic include:

- Cerebral palsy
- Charcot-Marie-Tooth
- Congenital, Metabolic or Inflammatory Myopathies
- Friedreich Ataxia
- Mitochondrial Disorders
- Muscular Dystrophy
- Multiple Sclerosis
- Myasthenia Gravis
- Neuromuscular Scoliosis
- Peripheral Neuropathy
- Spinal Muscular Atrophy

"This clinic is just one more piece in the pediatric neuroscience comprehensive care puzzle," said Jason Bruce, M.D., executive vice president of health care and director of Boys Town Hospital and Medical Clinics. "We want to work with Nebraskan and regional physicians to ensure we're focusing on caring for kids, when and where they need it."





TACKLING RURAL PHYSICIAN SHORTAGES

A first-of-its-kind hybrid residency program, set to begin this year, will give medical residents exposure to urban and rural hospital environments.

Starting in March, Creighton University internal medicine and psychiatry residents will spend one-half of their residency training at CHI Health Creighton University Medical Center - Bergan Mercy. The other half of their residency will be spent at CHI Health Good Samaritan in Kearney.

Just like the national nursing shortage, rural hospitals across the country are also facing staffing challenges.

"The need for physicians practicing internal medicine and psychiatry continues to grow in our rural communities," said Cary Ward, M.D., CHI Health chief medical officer. "As the largest health care provider in Nebraska, CHI Health is proud to partner with Creighton University on these rural track programs to train great physicians—many of whom we hope will continue to serve these communities in the years to come."

In Nebraska, 34 percent of the population lives in rural areas, which is higher than the national average. According to the rural health information hub, rural communities in Nebraska see higher death rates from cancers, lung disease, heart disease, strokes and trauma, and higher diabetes rates when compared to Nebraska metro areas.

Rural track programs are not new, but these hybrid programs are. They are not only the first of their kind in Nebraska, but they also are the first in the country to gain the designation as an accredited rural track program by the Accreditation Council for Graduate Medical Education where all medical residents gain urban and rural experience with more than one-half of the education and training taking place in rural areas.



LAUNCHING NEW APP TO IMPROVE DIGITAL EXPERIENCE FOR PATIENT FAMILIES

hildren's Hospital & Medical Center has announced the launch of Children's GO, a new mobile app that will serve the facility navigation needs of Children's patients and families. The app guides families and visitors to Children's clinics and offices at its main campus and streamlines the visitor experience from arrival to departure at Children's facilities. Children's GO includes internal and external wayfinding to assist patient families in their journey, parking location reminders and more—all within a single, user-friendly interface right at their fingertips.

Additionally, the app can guide patients and families to locations in the order they need to be accessed, easing tensions and ensuring timely arrival. Children's GO also makes it easy to find onsite amenities from dining to restrooms to ATMs and integrates with the existing Children's Connect app to access digital services such as virtual visits, physician directories, appointment scheduling, patient records, bill pay and more. Children's GO is now available for download through the App Store and Google Play in English and Spanish.

"When facing a child's health issue, families need access to the best tools available to simplify the health care journey and minimize stress," said Children's President & CEO Chanda Chacón, MPH, FACHE. "Children's is focused on investing in forward-thinking solutions for our patients and families that help us serve their needs with excellence. Children's GO is an innovative tool that will improve patient family experiences."

The app's introduction comes at a time when Children's is experiencing rapid growth that includes the recent addition of the Hubbard Center for Children, which doubled the hospital's capacity. To learn more about Children's GO, visit ChildrensOmaha.org/ChildrensGO.



\$16.3 MILLION EXPANSION UNDERWAY TO ENHANCE CARE

n an effort to create more space for women in need of medical and surgical care, Methodist Women's Hospital is undergoing a \$16.3 million expansion.

The hospital attracts families from a fivestate region and is home to providers that deliver nearly 5,000 babies annually. Almost 800 of those babies require more specialized care from the hospital's neonatal intensive care unit, which often uses adult care areas of the hospital for patient overflow. This limits valuable space for women in need of labor and delivery, surgical and cancer care services.

As part of the hospital expansion, 14 rooms are being added to the area's busiest NICU, allowing Methodist's team of women's health experts the time and space to care for more patients.

"We are humbled by the fact that more and more families are choosing Methodist to help them navigate the complexities of high-risk pregnancy and delivery," said Josie Abboud, president and CEO of Methodist Hospital and Methodist Women's Hospital. "But providing critical care for our smallest patients is only part of what we do, and this expansion is a testament to all women and families."

The expansion, which is part of a Methodist Hospital Foundation campaign, is aimed at enhancing care for all women and at every stage of their lives. The campaign also includes:

- New technology, including a virtual NICU communication platform.
- Increased medical education and training to meet a growing gap in specialized medical care for women in smaller communities.
- Enhanced support for underserved patients.

The Methodist Women's Hospital expansion is slated for completion by the end of 2023.



NHMA CHAPTER MAKING DIFFERENCE. **SEEKING MEMBERS**

n the summer of 2020, almost 60% of Nebraskans with confirmed cases of COVID-19 were of Hispanic or Latino

That statistic drove an effective education and vaccination effort that, in turn, led to the creation of the first Nebraska chapter of the National Hispanic Medical Association (NHMA), housed at UNMC.

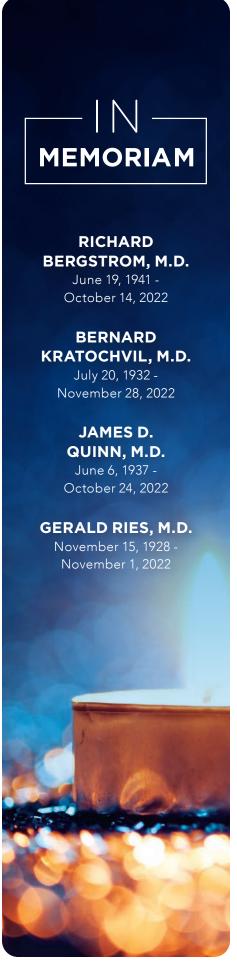
Hispanic and Latino providers from UNMC and Nebraska Medicine joined with the Douglas County Health Department and other entities to create culturally tailored events such as vaccine clinics and community programs for Hispanic communities to combat COVID-19 misinformation and to increase vaccination rates among the Hispanic population in Nebraska. These events were the foundation for the NHMA Nebraska Chapter.

"The COVID-19 pandemic shed light on the suffering of the Hispanic community in Omaha and the barriers of care they face," said Juan Santamaria, M.D., incoming chapter chair. "Our chapter's mission is to promote programs of outreach, education and engagement within Hispanic communities across the state to improve their overall health and literacy."

Today, according to the Douglas County Health Department, Hispanics and Latinos have the highest vaccination rate in Douglas County, with 62% of the population vaccinated.

Although that result is due to an enormous and collaborative effort. Nebraska NHMA has received recognition from the county that its contribution significantly helped to increase the vaccination rates and the trust between the local community and health care services.

The clinics, where community members also spoke with health professionals about barriers they faced, illustrated the need for the new organization, which began as a UNMC interest group in 2021, becoming an official NHMA state chapter in early 2022.





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:
		Gender: 🗌 Male 📗 Female
Clinic/Group:		
		Zip:
Office Phone:	Office Fax:	Email:
Office Manager:	Offic	ce Mgr. Email:
Home Address:		Zip:
Home Phone:	Nan	ne of Spouse:
Preferred Mailing Address:		
Annual Dues Invoice:	Office Home Other:	
Event Notices & Bulletin	n Magazine: \square Office $\;\square$ Home $\;\square$ Othe	r:
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Medical School Graduated Medical School Graduation Residency Location: Fellowship Location:	From:Official Medica	l Degree: (M.D., D.O., M.B.B.S, etc.) Inclusive Dates: Inclusive Dates:
Medical School Graduated Medical School Graduation Residency Location: Fellowship Location: Primary Specialty:	Prom:Official Medica	l Degree: (M.D., D.O., M.B.B.S, etc.) Inclusive Dates: Inclusive Dates:

Omaha, NE 68114



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