Physicians Bulletin

VOL. 44
NO. 2

MARCH/APRIL **2023**

USA $1.95

A PUBLICATION OF THE METRO OMAHA MEDICAL SOCIETY • OMAHAMEDICAL.COM

NHMA NEBRASKA CHAPTER
Aims to Expand Its Membership

FOOTBALL AND ACADEMICS ▪ ADVICE ON CONFRONTATIONAL PATIENTS ▪ ASSISTANCE FUNDS HIT THEIR MARK

START WITH US AND MORTGAGE EASILY.

We have mortgage solutions for physicians! You find the home, and a dedicated FNBO loan officer will manage the details.

Physician Loan features:*

- 100% financing available for amounts under $850,000**
- Loan amounts up to $1,500,000
- No prepayment penalties
- Flexible credit and income qualifying guidelines

877.687.5626
fnbo.com/mortgage

fnbo MORTGAGE

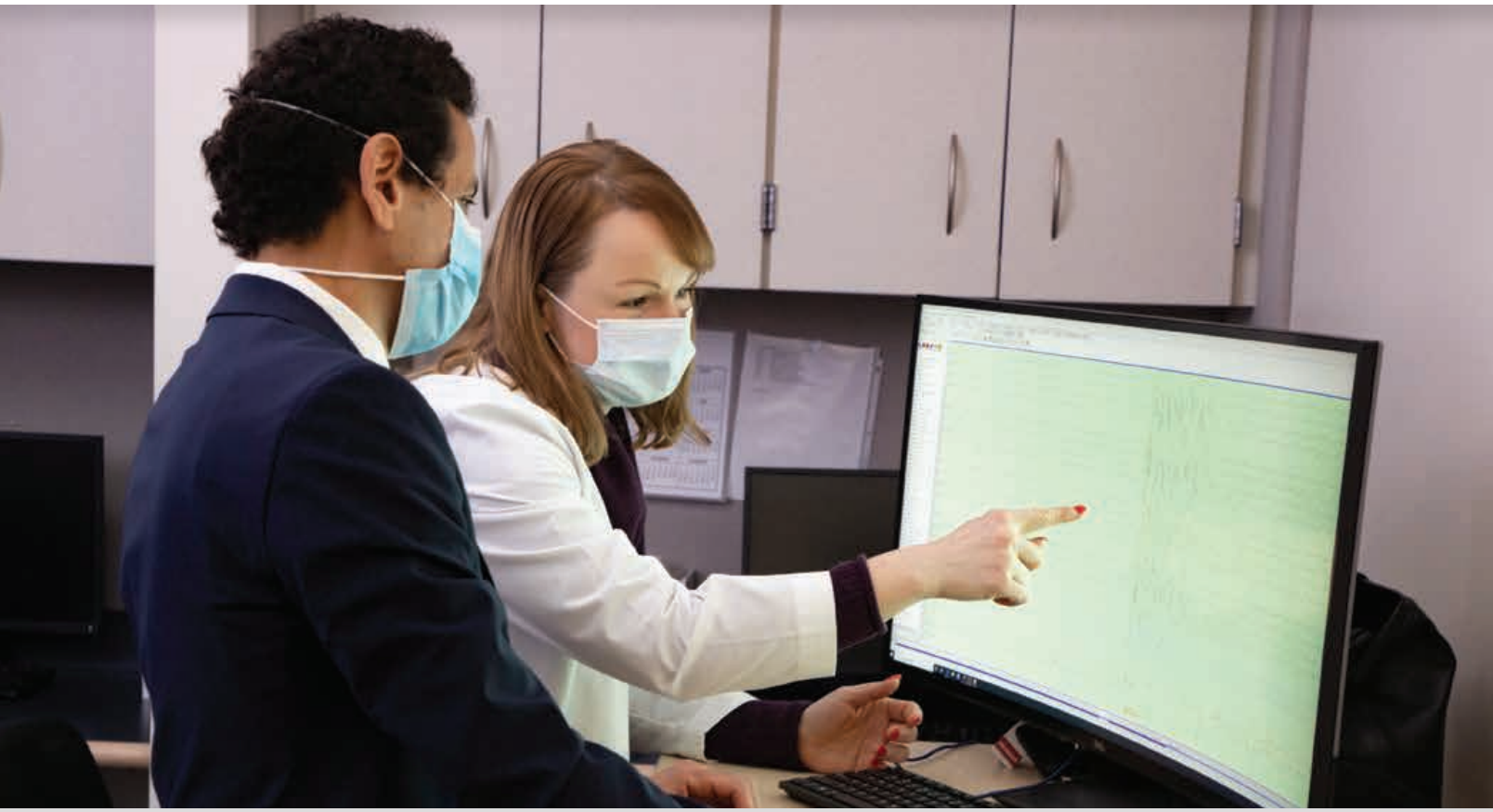
*See an FNBO Mortgage Loan Officer for complete details. Single-family, owner- occupied homes within FNBO's lending area only.
**Subject to credit qualifications.

BEYOND COVERAGE

As a premier medical liability insurance carrier, we are committed to being there when you need us. Our physicians and other staff serve as extended members of your team to help answer questions or navigate difficult situations. And when it's urgent, you have 24/7 access to a physician via our Risk Management hotline. Plus, our legal and HR experts help you tackle other issues as they arise. **That's Value Beyond Coverage.**

COPIC®
Better Medicine • Better Lives

CALLCOPIC.COM | 800.421.1834



Cutting-Edge Diagnostics & Treatments at **Boys Town Pediatric Neuroscience**

When your pediatric patients need a diagnosis or treatment relating to the brain and nervous system, you want to refer them to specialists you trust. Our pediatric neuroscience team is the largest in the region, with expertise in neurological disorders from the common to complex.

Boys Town Pediatric Neuroscience Specialty Clinics:

- Epilepsy Program
  - *The Boys Town Pediatric Epilepsy Program is equipped with the Boys Town Epilepsy Monitoring Unit, one of the most technically advanced pediatric units in the region.*
- Headache Clinic
- First-Time Seizure Clinic
- Neurodevelopment Clinic
- Autism Clinic
- Down Syndrome Clinic
- Neurogenetics and Rare Disease Clinic
- Muscle and Weakness Clinic
- Neurosurgery

SCAN ME

Learn More about Boys Town Pediatric Neuroscience

Simply call **531-355-7420** to refer a patient quickly and easily.

Boys Town Pediatric Neuroscience locations:
Omaha • Lincoln • Sioux City

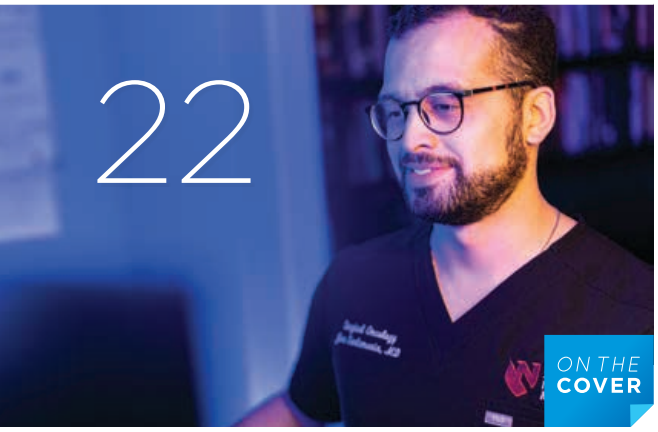
BOYS TOWN National Research Hospital®

One number is all you need to connect with the very best care for critically ill children.

1.855.850.KIDS (5437) is your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport.

Children's
HOSPITAL & MEDICAL CENTER

CARE | ADVOCACY | RESEARCH | EDUCATION



FEATURES

DEPARTMENTS

Physicians Bulletin

VOLUME 44, NUMBER 2

A PUBLICATION OF THE

Metro Omaha Medical Society

METRO OMAHA MEDICAL SOCIETY

7906 Davenport St. | Omaha, NE 68114
(402) 393-1415 | www.omahamedical.com

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

Metro Omaha Medical Society

COMING EVENTS

RETIRED PHYSICIANS COFFEE & CONVERSATIONS

APRIL 19
10—11 A.M. | R+R Wellness Center
633 N. 114th St. (Miracle Hills Plaza)

DOCBUILD: HABITAT FOR HUMANITY EVENT

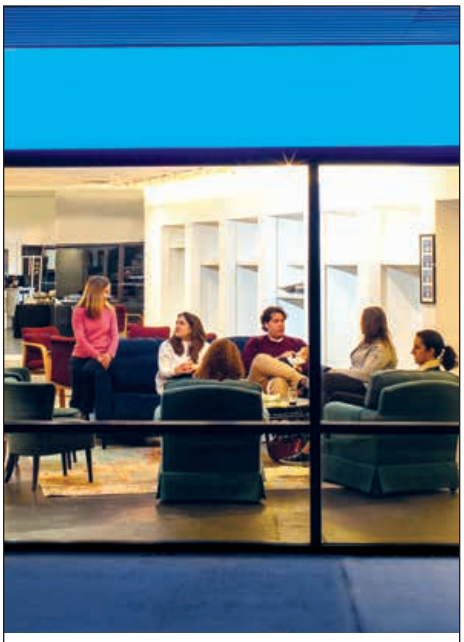
SATURDAY, MAY 20
8—3 P.M. | Location TBD

MOMS EARLY CAREER PHYSICIANS PICKLEBALL

WEDNESDAY, MAY 24 | 6 - 8 P.M.
Blue Sky Patio & Pickleball
10730 Pacific St., Ste. 180

MEDICAL LEGAL DINNER MISINFORMATION & MEDIA PANEL DISCUSSION

THURSDAY, JUNE 8 | 5:30 P.M. RECEPTION
6:30 P.M. DINNER/PROGRAM
Champions Run Pavilion
13800 Eagle Run Drive



R+R

METRO OMAHA MEDICAL SOCIETY
WELLNESS CENTER

633 N. 114th Street
Accesible 24 Hours a Day
*with access code

WELLNESS CLASSES
LOUNGE AREA
BEVERAGES & SNACKS
PRIVATE DISCUSSION ROOM
COFFEE & NETWORKING

R+R...whether it's rest and relaxation, rejuvenate and reenergize, physicians in the Omaha area now have their own wellness center courtesy of the Metro Omaha Medical Society Foundation.

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

Email cwang@omahamedical.com or call (402) 393-1415 for the access code.

COMMUNICATION WILL FIND PATHWAYS, EVEN UNEXPECTED ONES

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

At the exact moment that he was told he might have a blockage in one of his arteries, he was told that his emergent admission to the hospital was out of his insurance network.

He had come to the hospital on a Friday evening with severe abdominal pain, undergoing a weekend of testing and pain management: ultrasounds, laboratory work, and CT scans. It all seemed to be going according to plan, but then everything abruptly stopped. Monday morning, the hospital's financial adviser notified him and, simultaneously, his doctors that he was "out of network" for his insurance.

He was immediately discharged and told to seek care in his insurance network.

I don't know exactly what happened. I do know that later that day, I got a phone call from the patient, who is part of my extended family. He was asking for advice on what to do.

He did know he had a bellyache, and he did not have a plan of care. In addition, he was now aware of an abnormal finding on his CT scan. He now had a new problem—worry.

In compliance with his insurance company, he checked in with his local family physician, resulting in a referral. He was "placed in the system" and would receive a callback. Neither he nor his family physician knew when that would be.

Waiting, he turned to the Internet, seeking answers. Using Google as a second opinion only escalated his concern. He then called the "physician in the family" for help.

My husband, Paul, and I offered to "look into things." After doing some reading, we did what most family physicians do when confronted with an unfamiliar diagnosis. We called a specialist.

This is where the process took a surprising turn.

Before electronic communication, this was a simple task. A call was placed to the answering service, the situation explained and the operator would take action. Either the specialist, or the person on call for the specialist, would call back, and the phone consult would occur that day.

Unfortunately, this process is no longer the case.

I called the hospital system operator, who transferred me to the clinic. The clinic receptionist didn't know when the doctor would be in clinic again but offered to take a message. No call back in 24 hours. I called again.

Once again, the support person tried to be helpful, but couldn't help. As the patient was not currently in the local electronic health record, she didn't know how to send a message to the specialist requesting a callback. She would put a note on his desk. She didn't know when he would be there next.

Another day of worry passed.

And so, I turned to Facebook.

There, in a group of physicians, without any personally identifiable health information, I asked if anyone knew about a specific abnormality on a CT scan.

Within minutes, I received a notification of an incoming Facebook chat. The physician answering the Facebook call for help had trained in Nebraska, and now is practicing elsewhere. She offered to call a specialist she knew (she still had his cell number) and would get information back to me.

The specialist she was going to call was the same one I had been trying to reach.

She had his cell phone number, and she was willing to share. And with that, the communication happened—one of the sweet spots of medicine—direct physician-to-physician communication.

Within minutes, the case was discussed and a plan of action developed.

When did Facebook, or Meta, get involved in physician consultations?

Using Facebook was not an original idea I had. Facebook groups of physicians are routinely used for information sharing, diagnostic dilemmas and networking.

Am I advocating for physician communication about patients through Facebook groups? No, I am not.

I am just asking for awareness of an issue. One safety network that physicians have always had is the ability to directly consult with each other. Physicians are community resources for each other.

As system networks tighten, direct communication becomes more difficult. It is important that we all can consult and communicate, regardless of health system affiliation.

I am asking for health systems to be aware that all physicians need to be able to communicate with each other, inside and outside of their individual healthcare systems.

And for those who set up communication pathways for health care systems, please be aware that physicians will do what they feel they need to do to care for patients—even if it involves Facebook.

Communication will always find a pathway. It just doesn't need to be difficult.

I hope you enjoy this edition of the Physicans Bulletin.

Metro Omaha Medical Society

STRATEGIC PARTNERS

The Metro Omaha Medical Society Strategic Partners offer a variety of expertise, products and services to assist physicians and practices in addressing their needs and achieving success.

We encourage you to talk with our Strategic Partners when making decisions for yourself or your practice.

PLATINUM PARTNER

QCR QUALITY CLINICAL RESEARCH

GOLD PARTNERS

CORE BANK HEALTHCARE BANKING

Renaissance Financial

VANDENACK | WEAVER | TRUHLSEN
Vandenack Weaver LLC | Truhlsen Elder Care Law of Nebraska PC LLO

SILVER PARTNERS

BOYS TOWN National Research Hospital

COPIC Better Medicine • Better Lives

FIVE NINES

KOLEY JESSEN ATTORNEYS

UBT Union Bank & Trust

BRONZE PARTNERS

Lutz MIND WHAT MATTERS

METHODIST

For more information on our Strategic Partners visit **OMAHAMEDICAL.COM**

MOMS FOUNDATION AND MERRYMAKERS: A GOOD MATCH

DAVID INGVOLDSTAD, M.D.
President
MOMS Foundation

If you have never heard of the Merrymakers Association you may be surprised to learn, as I was, about the impressive impact they are having on the mental health, physical health and wellbeing of our senior citizens in Nebraska and Iowa. Merrymakers uses a medium that is so familiar, so accessible its power is often overlooked. Music.

Throughout the year, the Metro Omaha Medical Society Foundation Board works to attract applicants for our annual grant program. Criteria No. 1 is that the mission of the applicant organization and that of the Metro Omaha Medical Society align. Here is our mission statement: "The Metro Omaha Medical Society is dedicated to serving as physician advocates; helping physicians serve as patient advocates; promoting the ethics and the art and science of the profession of medicine; ensuring access to quality health care; improving the general health of the community and improving the collegiality of its member physicians."

The role of the MOMS Foundation is to further this mission using funds and a community-focused lens. As a MOMS Foundation board member, I like the statement, "improving the general health of the community." The Foundation grant program supports nonprofit organizations that promote the general health and wellbeing of the community. Some are unsurpassed in their fields. This makes serving on the MOMS Foundation board a very fun job.

"In partnering with Merrymakers, the Foundation sought to impact our elderly population. The unfortunate truth is that as we age, we are often neglected."
— DAVID INGVOLDSTAD, M.D.

In 2022, like every year, we received a solid group of applications for our community grant and Match Grant programs. The MOMS Foundation BOD spent multiple meetings deciding to whom our grant money would go. Each year, the trend is the same. It comes down to choosing groups that not only align with our mission, but are dedicated to using Foundation funds to provide a direct and lasting impact to our community.

A total of $24,401 was given to seven of our community grant recipients for 2022: City Sprouts, Girls Inc., Hospice House, Omaha Street School, Project Harmony, Ronald McDonald House and VNA. Each organization is amazing; our community is fortunate to have them.

In addition to the community grants, the MOMS Foundation awards a Match Grant, matching up to the first $5,000 of donations to the program. This time around, $13,425 was awarded to our Match Grant recipient, Merrymakers Association. Here is a bit more about them.

The Merrymakers mission, "Brightening the lives of seniors through music," is complementary to the MOMS value system. Executive Director Sandy Lemke, Merrymakers Association's only fulltime staff member, said that her reach is huge, bringing professional live music to almost 200 senior living facilities annually. Sandy assured us that the Match Grant donation will extend her reach in providing high-quality professional shows, reaching hundreds more residents in senior living, nursing facilities and hospice care. This exemplifies Foundation dollars well spent!

In partnering with Merrymakers, the Foundation sought to impact our elderly population. The unfortunate truth is that as we age, we are often neglected. Even with the best care, older adults are prone to suffering from isolation, depression, and loneliness. Access to mental health services may be limited, in part due to availability, but also due to missed or omitted signs and symptoms. Medications can be helpful, but non-pharmaceutical adjuncts can have profound effects on mental health as well. Music is one of the most powerful.

Multiple large studies have shown the benefits of music. Live music, with participation, seems to be particularly effective. In the aged, music activities can enhance memory, decrease stress, reduce anxiety, increase dopamine levels, improve mood, enhance the immune system, decrease medication usage and create a sense of wellbeing (L. Lehmberg, CV Fung 2010). One prospective study even used mRNA to measure baseline induced stress in 32 adults, comparing this stress levels after engaging in interactive musical activities. Recreational music participation was shown to reverse stress-induced gene expression (Bittmen et al 2005). Also profound, musical memories are sometimes unveiled during live music. Just ask Sandy Lemke. She recounts anecdotes of people suffering from severe dementia suddenly breaking out in song to a familiar tune. Another study shows enhanced cognitive recovery and mood in middle cerebral artery stroke patients who received music therapy compared to those who did not (Sarkamo, et al 2008). Bottom line, live music improves the lives and wellbeing of our elderly, not to mention that dancing, and moving to music promotes cardiovascular and physical health (L. Lehmberg, CV Fung 2010).

With the 2022 Match Grant season behind us, we look forward to next year. There is no doubt that we will have an amazing applicant pool aiming to bring health and wellness to our fellow community members. For now, we can put 2022 to rest knowing we made an exemplary choice for our Match Grant recipient, Merrymakers.

MEDICAID PUBLIC HEALTH EMERGENCY RUNS OUT

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

The Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire at the end of day on May 11, 2023. Since COVID-19 began in early 2020, all Medicaid members have maintained their coverage regardless of any changes in their qualifying circumstances.

With the PHE due to expire in mid-May and the passage of recent federal legislation, Nebraska Department of Health and Human Services (DHHS) Medicaid & Long-Term Care is preparing to restart regular reviews of member's Medicaid eligibility.

Nebraska Medicaid will start reviewing current member eligibility by early March. This review process will take approximately 12 months. As reviews are completed and the determination on member qualification, Nebraska Medicaid will communicate that information to the member. Should the members no longer qualify Nebraska Medicaid will send their information to the Health Insurance Marketplace to see if they qualify for coverage. A member can contact DHHS to find out which month his or her renewal will take place.

Medicaid is encouraging all members to verify their current contact information including mailing address, email address and phone number. It is also important that members update any major life changes that could affect their eligibility including a change of address, change in income or resources, or a change in household including marriage, divorce, pregnancy, or a new child. Members can update this information at ACCESSNebraska.ne.gov.

"It is also important that members update any major life changes that could affect their eligibility including a change of address, change in income or resources, or a change in household including marriage, divorce, pregnancy, or a new child." — AMY REYNOLDSON

A Medicaid member's eligibility is generally rechecked every 12 months. If sufficient information is already available to confirm a member is still eligible, the member is automatically renewed. If information is needed from a member to confirm eligibility, a written request for information is mailed.

If a member's contact information is not up to date, a member might not receive a request for information. If a member does not respond to a request, they may unnecessarily lose their Medicaid coverage.

As Nebraska Medicaid has been preparing for the expiration of the PHE, they have been working closely with the Nebraska Medical Association and other health care associations to ensure that there are timely communications made available to inform physicians and other health care providers about this process.

NMA staff, a small group of members and office administrators met with Nebraska Medicaid in November in anticipation of the PHE ending in early 2023 to review their initial communication information and provide input. After the announcement of May 11, 2023, being the end of the PHE, we met again with Nebraska Medicaid staff in late January to discuss their updated approach to this process including their timeline and communications plan. We will continue to work closely with Nebraska Medicaid on the roll out of the PHE unwind process to ensure that pertinent information is being shared in a timely manner with our members to prevent any disruptions for you and the individuals who may be losing their healthcare coverage.

Nebraska Medicaid will continue to share information on the PHE run out on the DHHS Medicaid Provider Bulletins website so I would encourage you to visit the page at https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx and subscribe for updates.

We are also anticipating that we will have components of the Medicaid runout specific to the Heritage Healthcare Managed Care Organizations (MCO) throughout this process, and the NMA will work closely with them to ensure their specific runout details are communicated.

Aside from the work being conducted in Nebraska as we approach the end of the PHE, there is additional work being done on the federal level. Medicaid telehealth coverage and reimbursement rates established during the PHE have been extended through 2024. To learn more about the Health and Human Services transition after the PHE expires, search for HHS Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap.

SEPARATING THE 'SIGNAL' FROM THE 'NOISE' IN EHR DOCUMENTATION

ALAN LEMBITZ, M.D.
COPIC Department of Patient Safety And Risk Management

In the last 20 years with the institution of electronic health records (EHRs), the time it takes to complete medical documentation has gotten longer and longer. It's not unusual to see a short and routine emergency department visit for an ankle sprain result in a multi-page note. But more documentation isn't necessarily better. In fact, studies demonstrate how current medical documentation includes a lot of "noise," without necessarily identifying the key "signal" that is important.

There are several reasons for medical documentation, but this article will focus on the following: Documenting the services, thought processes and recommendations to determine that the provider was practicing within a reasonable scope of practice when complaints at the licensing board or legal liability actions arise.

This point is about establishing that a given encounter was within the range of acceptable practices, or the "standard of care." More volume of documentation generally does not serve the point's purpose well, but in many cases specific documentation is critical to defense. We often are looking in retrospect when care is in question for these very important "signals" which can be lost in the "noise."

"Recall that a chief concern is different than a chief complaint, but can provide insight into what the patient or family believes to be occurring. When their chief concern turns out to be accurate, and it was dismissed, ignored, or never heard, it can be difficult to defend the care." — ALAN LEMBITZ, M.D.

CONSIDERATIONS FOR ALL CLINICAL ENCOUNTERS

Detailed documentation of informal and curbside consultations by both the requester of the consultation and the provider of it are often missing or inadequate. The documentation should include the information conveyed, the decisions made, and who was assigned responsibility for the patient's care, now and in subsequent follow-up.

Incidental findings require someone to "close the loop" with the patient about the nature of the abnormality, including why the recommended follow-up is important and the risks of not following up. Trusting the next clinician to provide the necessary follow-up on the incidental finding is often inadequate. Informing the patient and documenting the critical elements greatly adds to the defense when the patient alleges they were never told, and so suffered an adverse outcome such as a delayed diagnosis of a now more advanced malignancy.

When you receive critical lab, imaging, and other diagnostic findings, document what you did and what was communicated, including referring the patient for further immediate care. In legal cases viewed retrospectively, families and patients often allege that they stated something completely different than what the clinician or clinical team heard. One documentation strategy is to specifically state the patient's chief concerns and chief complaints verbatim and in quotes; such as "patient states (or chief complaint or chief concern)…" Recall that a chief concern is different than a chief complaint, but can provide insight into what the patient or family believes to be occurring. When their chief concern turns out to be accurate, and it was dismissed, ignored, or never heard, it can be difficult to defend the care.

HIGH-RISK REMINDERS ACROSS SERVICE LINES

Mentioned previously but deserving of repetition for all service lines is the need for congruent findings and documentation among multiple observers: medical assistants, nursing staff, and other providers. In cases involving adverse outcomes, there is often accurate information or findings by one member of the team that are critical to the outcome, but not widely communicated or documented by the people making decisions. When patients refuse your medical recommendations, we often cannot tell from the documentation whether the clinician described the benefits, risks, and alternatives of that recommendation to the patient. Patients can choose to refuse care after adequately being informed, and for that purpose an informed refusal document may be appropriate.

CRITICAL DOCUMENTATION FOR YOUR BEST DEFENSE

Small amounts of critical documentation can often be your best defense. The specific scenarios and strategies for these critical documentation opportunities described previously are not an all-inclusive list, but represent a majority of the preventable issues in which defense of your care could have been enhanced. There is much documentation noise that can serve the other purposes described but have little impact on your defense. We hope to improve the necessary signal, with the understanding of the vast amount of noise that can exist in the medical record.

ESTATE PLANNING WITH RETIREMENT ACCOUNTS AFTER SECURE ACT 2.0

MARY E. VANDENACK, J.D.
CEO, Managing Member
Vandenack Weaver Truhlsen, LLC

The SECURE Act significantly changed estate planning for retirement benefits. The SECURE Act was passed in 2019. SECURE Act 2.0 was passed in late 2022 and has resulted in more changes to consider in estate planning related to retirement benefits.

REQUIRED MINIMUM DISTRIBUTION AGE INCREASED: When contributions are made to qualified retirement accounts, the contributions are typically pre-tax. Income on assets in retirement accounts grow tax-deferred in that the amounts aren't taxed until withdrawn. Because of the tax deferred nature of retirement accounts, laws requiring minimum distributions ("Required Minimum Distributions [RMDs]") were established to force withdrawals and corresponding income taxation.

In 2019, the SECURE Act increased the age for commencing RMDs from 70.5 to 72. SECURE Act 2.0 further increases the age for commencing RMDs to 73 in 2023 and to 75 in 2033.

The increase in the RMD age allows additional opportunities for income tax planning. An account owner who will be pushed into a higher tax bracket as the result of RMDs might accelerate other income prior to commencing RMDs. Additionally, consideration can be taken to timing some distributions prior to the RMD year to level out income prior to RMDs commencing.

SECURE ACT REMOVES RMDS FOR ALL ROTHS: RMDs have not been required for Roth IRAs established by account owner (RMDs are required for those inheriting a Roth IRA. RMDs have applied to Roth 401(k) accounts. SECURE Act 2.0 eliminates the RMD requirement for Roth 401(k)s as of 2024. This change will provide more flexibility to those with ROTH 401(k)s. Accounts subject to RMDs before 2024 will continue to be subject to RMDs.

CATCH-UP CONTRIBUTIONS LIMITS INCREASED: There are various annual limitations on how much individuals can contribute to retirement accounts each year. Individuals over the age of 50 are permitted to make additional contributions to retirement accounts. Such amounts are referred to as catch-up contributions. SECURE 2.0 increases the amount of annual catch-up contribution that can be made to $7,500 in 2023 for most workplace plans. The amount of the annual permissible catch-up contribution will be indexed for inflation starting in 2024. The catch-up contribution for IRAs is $1,000.

Starting in 2025, most individuals age 60 to 63 will be permitted to contribute an additional $10,000 to workplace retirement plans.

Beginning in 2024, individuals earning in excess of $145,000 annually will be required to direct all catch-up contributions to Roth accounts. Although this limits the immediate tax benefit of catch up contributions, such amounts will still grow tax deferred in the Roth.

SURPLUS 529 ACCOUNTS CAN BE ROLLED OVER: Surplus balances of 529 accounts can be distributed under current law but the portion of the distribution from earnings is subject to income tax and ten percent penalty. Starting in 2025, SECURE Act 2.0 allows up to $35,000 of excess 529 amounts to be rolled over into a Roth IRA. There are a variety of requirements that must be met to be eligible for rollover.

This provision can help families who have "over-funded" a 529 account for a beneficiary. This may also be helpful to a family with young children who are planning to save aggressively for college.

INFLATION ADJUSTMENT FOR QUALIFIED CHARITABLE DISTRIBUTIONS: Many individuals make qualified charitable distributions by transferring up to $100,000 of the individual's RMD directly to charity. The maximum amount of $100,000 will be indexed for inflation beginning in 2024. Beginning in 2023, RMDs can be reduced by a charitable distribution up to $50,000 to a charitable remainder unitrust, charitable remainder annuity trust or charitable gift annuity.

The age to begin making qualified charitable distributions remains 70.5.

CONDUIT TRUST MAY BE BETTER VEHICLE FOR SURVIVING SPOUSE THAN DIRECT ROLLOVER: There has been a general assumption that rolling over an IRA or qualified account to a surviving spouse is always the best approach despite the fact that doing so ignores the trust benefits of asset protection, estate and income tax benefits that can be achieved. Exceptions to this approach to direct rollovers existed before SECURE Act 2.0 in that there are various reasons to defer the rollover to the surviving spouse.

SECURE Act 2.0 requires the surviving spouse to make an affirmative election to defer a rollover. At the same time, SECURE Act 2.0 makes deferring the rollover more advantageous to the surviving spouse because SECURE Act 2.0 allows the surviving spouse to use the Uniform Life Table for life expectancy in situations where the single life table was previously required.

A detailed discussion of the use of trusts related to IRAs and qualified accounts is beyond the scope of this article but for those who currently have a spouse named as beneficiary, it is worthwhile to revisit the use of a conduit trust under the new rules.

FOOTBALL AND ACADEMICS WERE A GOOD MIX

Truth be told, football wasn't Dr. Rob Zatechka's first love.

"At various times when I was a kid, I wanted to be an astronomer, than an archaeologist—you know like Indiana Jones—and study ancient cultures," he said. "I was a pretty bookish kid, growing up with an interest in science and history."

A "bookish kid" who would top out at 6-foot-4, 320 pounds, Dr. Zatechka earned Academic All-America honors in college and played five seasons in the National Football League. Football, he said, helped him achieve his ultimate goal: attending medical school and becoming a physician.

CONT. PAGE 16

"People who succeed at something tend to be hard-working people."

— ROB ZATECHKA, M.D.

The Zatechka File

Hometown
Lincoln, Nebraska

Undergraduate Degree
University of Nebraska-Lincoln in biological sciences

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in anesthesia

Specialty
Anesthesiology

Institution
OrthoNebraska

Hobbies
Studying military history, fishing and following local high school sports

Family
Wife Jennifer Zatechka; two daughters, Brennan and Piper; and a son, Ryan

Why He Joined MOMS
"More than anything, I joined because MOMS provides the best local grassroots support for physicians."

FROM PAGE 15

For Monte Christo, M.D., football, along with other sports, was a passion. Football brought him to Lincoln where he realized, because he did well in mathematics and the sciences, that medical school was a strong option. And, because his football career was littered with injuries that put him in constant contact with team physicians and trainers, a career in medicine had even greater appeal.

"I saw them in action each day and that was what triggered my path to become a physician," said Dr. Christo, who like Dr. Zatechka is an anesthesiologist at OrthoNebraska.

This is their stories about how they meshed athletics and academics, and how football taught them discipline to excel in medicine.

A MEANS TO AN END: Football would come to importance as Dr. Zatechka progressed through youth sports. He played the traditional youth sports—soccer, baseball and, first, flag football. Tackle football would come in junior high, along with the realization that those who excelled earned college scholarships.

"Football came into my life," he said, "because I was always the big and tall kid in the back row of the school pictures."

As he grew, he realized, football could provide his ticket to college. "I realized—wait a minute, if I am big enough, strong enough and good enough, I might just get college paid for."

Along that line, he said, he later realized that professional football could provide a way for him to attend medical school. That would come later. First, he had to figure out how to combine football and his schoolwork. "People who succeed at something tend to be hard-working people."

He quickly realized that the discipline and dedication it took to play collegiate sports carried over into the academic side of college. His teammates knew they couldn't overlook academics. "We would have guys getting together to study organic chemistry. We had a group of engineering guys on the team and they would study together. The pre-law guys and the accounting guys."

While Dr. Zatechka was making a name for himself off the football field, he kept his focus on life after football: He took the MCAT, applied to the University of Nebraska Medical Center, was accepted, but deferred after the New York Giants drafted him in the fourth round in 1995.

"Mentally, my focus had shifted. It was time for the next phase of my life."
— ROB ZATECHKA, M.D.

He recalled the Giants team psychiatrist called before the draft to ensure that he wanted to play football and not go to medical school. Dr. Zatechka told him medical school could wait.

He started nine games and played in 47 over five seasons. During the offseason, he shadowed the Giants' team physicians at a New York hospital and took summer courses at UNL—biochemistry and human anatomy. "I didn't want to get too rusty."

The injuries started to pile up and so did the shoulder surgeries. Time to look at life after professional football. NFL Europe reached out, but he wasn't interested. "Mentally, my focus had shifted. It was time for the next phase of my life."

He reapplied to UNMC and was admitted after an abbreviated admission process. He realized that he'd likely be the oldest in his medical school class. He also realized that technology had progressed—overhead projectors and transparencies had given way to PowerPoint.

"I was glad I took the courses I did. They helped a lot minimizing the rust. It was a bit of adjustment."

A FAMILY AFFAIR: Football was part of the Christo family. His father played football at the University of Nebraska at Kearney. And as he grew, Dr. Christo realized it was a sport at which he excelled.

When Nebraska came calling with an offer for him to play quarterback—first as a walk-on, followed by a scholarship—he couldn't and didn't refuse.

His Husker career was plagued with injuries mixed with times in the spotlight, including his senior season when he entered the Missouri game at halftime and led the Huskers to victory. That game, he said, stands out.

Along the way, he realized that he needed to look beyond football and pick a career path. He chose biological sciences as a major with an eye on attending medical school. He quickly realized that studies and athletics would demand his attention.

"Once I got the feel for the depth of my classes and the amount of time needed to do well, it became apparent that attention to detail, time management and being disciplined would be critical," Dr. Christo said. He also realized that the academic resources provided by UNL would be a key to his success in school.

"Ultimately, I didn't want to look back and say 'I didn't finish what I started.'"
— MONTE CHRISTO, M.D.

At one point, when he found himself down on the Husker depth chart, Dr. Christo admitted, he considered calling it quits. "There was a time when I was faced with looking at the depth chart and how many good quarterbacks we had at the time and realizing there were only so many hours in the day."

Quitting, he determined, wasn't an option. "Ultimately, I didn't want to look back and say 'I didn't finish what I started.'"

Which meant he had a memorable senior season. He started the season behind Bobby Newcombe and Eric Crouch, but earned a start against Texas while they battled injuries. The previous week, he started the second half against Missouri and scored twice, leading the Huskers to a 20-13 win.

He took the MCAT during senior season (he redshirted his second year and graduated in 4 ½ years) and was admitted to UNMC. Then came medical school and he realized that he could focus solely on his studies.

And while his studies demanded his time, he said, "suddenly, I had time to play pickup basketball or work out on my own."

THEIR HUSKER CAREERS OVERLAPPED: There was a time when Drs. Zatechka and Christo were on the playing field together.

Dr. Zatechka was a senior—Dr. Christo a freshman—when injuries at quarterback brought the two into the huddle together. "Looking back on that time my freshman year—one year prior to that I was playing against Hastings High, and now all of a sudden I found myself literally looking up in the huddle to guys like Rob and Zach Weigert, Brendan Stai. It was a little bit intimidating to say the least."

More than 20 years later, the two still talk Husker football, among themselves and with their colleagues at OrthoNebraska. Their patients recognize their names and ask them to weigh in about the state of Nebraska football.

"Our patients want to talk about what's going on with the team," he said.

The **Christo** File

Hometown
Kearney, Nebraska

Undergraduate Degree
University of Nebraska—Lincoln in biological sciences

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in anesthesiology

Specialty
Anesthesiology

Institution
OrthoNebraska

Hobbies
Playing golf, working out and coaching youth sports

Family
Wife, Jill Christo; two daughters, Sydney and Courtney, and two sons, Drew and Ian (Drew and Sydney are twins)

Why He Joined MOMS
"Our group supports MOMS because it is the greatest network of community physicians in the area."

REMAIN CALM AND CARRY ON: Advice for Encountering a Confrontational Patient

A piece of advice for physicians: Watch for cues—some obvious, others not so much—from your patients that their behavior may escalate emotionally or even physically.

Some cues are obvious—cursing and shouting—while others are more subtle, such as a patient who gradually becomes inpatient while waiting to be seen, said Michele Marsh, M.D., who practiced psychiatry for 30 years.

Dr. Marsh, who retired in June as medical director of CHI Health's partial care program for teens and children, said the norms for patient behavior has devolved in recent years as civility sometimes takes a backseat to rudeness. The extreme regarding physician-patient interactions includes aggressive behavior and could lead to violence, she said.

Bottom line, she said, is that physicians should prepare themselves for interactions with their patients that go beyond what once were the norms for physician-patient interactions.

"You definitely want to walk away from your computer. Set the tablet down and listen. Your patient will notice."

— MICHELE MARSH, M.D.

The obvious behavioral cues include patients who speak loudly, are shaking, shouting, pacing, cursing and threatening to leave. Their fists may be clenched and their voices high-pitched, she said. More subtle cues are signs of mild frustration: Asking when they will be seen or how much longer they will have to wait.

Physicians who practice in outpatient setting should rely on the office staff to alert them of unusual behavior displayed by patients waiting to be seen, she said. Those in hospital settings, she said, may find themselves in a volatile situation without warning. Another piece of advice: Don't be caught off-guard.

Either way, she said, the key is remaining calm and professional by keeping your voice even, your body language nonthreatening and your facial expressions neutral.

Dr. Marsh provided suggestions for de-escalating patient behavior:

- Ask the patient a general question about what is going on.
- Provide your full attention.
- Listen.
- Position yourself at an equal height with the patient. If the patient is lying in bed, sit. If the patient is standing, remain standing.

"You definitely want to walk away from your computer," she said. "Set the tablet down and listen. Your patient will notice."

At this point, Dr. Marsh said, realize that this patient visit may take more time that what is typical. Allow the patient to tell his or her story without interrupting. Then, ask questions for clarity, but be sure the patient feels he or she is being heard—and respected. Then, summarize to the patient what you just heard. "Did I get everything right?"

"Patients know when you're being genuine. That is really what should drive you: You're caring and want to make sure everything is OK."

— MICHELE MARSH, M.D.

Dr. Marsh shared a technique—often used by journalists when concluding an interview with a source—that she incorporated into her practice over the years: She asked her patients "Are there other questions I should be asking that I am not asking." Why this approach? "You really do want to know from their perspective what has led to where they are now."

If these tactics are working, Dr. Marsh said, continue the conversation by asking the patient what he or she believes should be the next step in the care process. "Offer your assistance. 'What can I do? Is there anything specifically I can do?'"

Once trust is established, she said, turn the focus of the conversation to the medical issue at hand and address it.

NEXT STEP: Possible follow-up on your part. "You don't have to, but consider a follow-up check-in call or suggest an earlier return appointment that might be necessary. Make sure the issues are resolved so you don't have to relive them during the next visit."

MOST IMPORTANT: Be genuine. "Patients know when you're being genuine. That is really what should drive you: You're caring and want to make sure everything is OK."

Now, if the situation continues to escalate with the patient, Dr. Marsh suggested next steps. "If you start to feel threatened, know that this interaction is probably not going to be productive."

Open the clinic (or hospital) room door. Invite an assistant to join you in the room. Consider stepping away for a few minutes. "Say 'I am going to give you a little bit of time. I'll be back in 5 minutes. Let's continue our conversation then.'"

Finally, consider calling security, if warranted. "Your safety is important." Solo-practice physicians or those treating patients in a small medical office, she said, should have a safety plan in place and ensure that all staff are familiar with it.

Think of a patient visit as a framed picture, she suggested. "You don't want to be the subject of the picture. You're looking in—not at yourself. Focus on your patient."

Dr. Marsh summarized her advice with three crucial steps physicians should consider adopting during patient visits:

- Do not judge.
- Watch your communication, including facial expressions and body language.
- Listen. "Really listen to what is their story so you can have more empathy."

The **Marsh** File

Hometown
Brooklyn, New York

Undergraduate Degree
University of New York College at Purchase in biology

Medical Degree
University of Nebraska Medical Center

Residency
Creighton-Nebraska Psychiatry Residency Program in psychiatry

Specialty
Child psychiatry

Institution
Former medical director of CHI Health's partial care program for teens and children

Hobbies
Running, creating mosaics, and traveling to see her grandchildren

Family
Husband, John Terry, M.D., three children, Margaret Terry, Caroline Terry and Alex Terry

Why She Joined MOMS
"The reason I joined is that MOMS is the one organization that supports physicians. It's their agenda to support physicians, which in turn supports medical care throughout the state."

The **Huyck** File

Hometown
Omaha, Nebraska

Undergraduate Degree
Creighton University
in physics

Medical Degree
Creighton University
School of Medicine

Residency
Creighton University
Medical Center in
internal medicine

Fellowship
Northwestern University
in Chicago in hematology
and oncology

Specialty
Hematology and oncology

Institution
Nebraska Cancer
Specialists

Hobbies
Skiiing, hiking and
camping - anything
outdoors, and visiting
National Parks with family.

Family
Wife, Alexa, twin sons,
Maxwell and Declan

Why He Joined MOMS
"The more I have practiced
medicine, the more I
realize how important it is
to know the physicians in
your community. MOMS
makes that happen."

'IT'S FABULOUS FOR OUR PATIENTS': Assistance Funds Hit Their Mark

The patient responses made Timothy Huyck, M.D., and his colleagues at Nebraska Cancer Specialists take notice—and then take action.

After sharing a diagnosis of cancer and the details of how that diagnosis came about, followed by asking if they had any questions, patients sometimes responded with questions about how they would be able to pay their mortgage. Or afford the gas it would take to get to their medical appointments. Or even how they would be able pay the repair bill for their faulty air conditioner.

Those responses—they had little to do with their diagnosis but everything to do with how their lives were now changed—caused Dr. Huyck and his colleagues at NCS to take action.

What first started as seeking donations from their co-workers to provide financial assistance to patients who needed a hand led to the creation of the NCS Hope Foundation. Its mission is to improve the lives of cancer patients, their families and the community.

At Midwest Gastrointestinal Associates (MGI), the death of a colleague led her family to join forces with the private practice group to create a fund that financially supports patients suffering from inflammatory bowel disease. The Nebraska Crohn's and Colitis Center of Excellence Patient Assistance Fund was formed in memory of Erin Bundren, M.D., who died in 2015.

The fund, formed a year after Dr. Bundren's death, has provided nearly $40,000 in assistance to more than 70 MGI patients suffering from Crohn's or colitis who needed help eliminating the financial stressors in their lives.

Rebecca Ehlers, M.D., credited Dr. Bundren's family for suggesting the fund and then helping to fund it. "It's fabulous for our patients and wonderful to be a part of it," said Dr. Ehlers, who serves on the board that oversees the fund.

Drs. Huyck and Ehlers said they were proud to assist their respective foundations and are eager to talk about its support of patients with

whoever asks. In both cases, starting a patient assistance fund led to both achieving 501(c)3 status, which designates them as a nonprofit organization. Some background about starting a foundation—in case other health care organizations are curious—before more information about the two foundations.

"Starting a 501(c)3 takes some time and effort," said Dan Walsh, Hope Foundation's new executive director. He suggested some key steps involved in the process:

- Determine if any other foundation or fund—that serves a similar purpose—exists. If one does, consider forming a partnership rather than starting a similar foundation or fund. "If there is an unmet need, forming a foundation makes sense."
- Consider hiring an expert in strategic planning to lead you through the planning process to create, for example, a mission and vision for your foundation or fund.
- Recruit at least three people to serve on your foundation's board of directors—a requirement for nonprofit status.
- Start the paperwork process, which involves the Nebraska Secretary of State's Office. You'll likely need an attorney to help you through the process, especially when creating your foundation's bylaws.
- Don't neglect fundraising. "How will you raise funds so you can fulfill your mission?"
- The Nonprofit Association of the Midlands can serve as a resource (nonprofitam.org).

Dr. Ehlers tells this story of the patient assistance fund in action. She recalled referring a patient, who was having financial difficulties, to the assistance fund. She saw him again about two months later. "He said 'thank you. I got money to pay my bills and I got gas for my car.'"

She said she's had patients begin to cry after she's told them about the assistance fund. "They're incredibly grateful. It's not something they expected or knew existed."

Dr. Ehlers said Midwest Gastrointestinal Associates purposely decided to keep the fund's focus narrow and not take a more external approach. Midwest conducts an employee fund drive, and the money raised joins funds provided by Dr. Bundren's family.

"We want to be a resource to all cancer patients in the Omaha area—whether they are treated by us or by somewhere else."

— REBECCA EHLERS, M.D.

Interaction with appreciative patients has left Dr. Ehlers with the feeling that the assistance fund is fulfilling its purpose, and that she's grateful to Dr. Bundren's father (John Frank, M.D., from St. Louis) who was being the impetus to get it started.

"We didn't come up with the idea. The family did, knowing her passion for helping our patients," she said.

NCS Hope Foundation started as an employee giving fund and grew to the point where it needed to be more formal. The foundation, which was formed in 2018 and has provided over $200,000 in assistance, now extends beyond NCS patients. "We want to be a resource to all cancer patients in the Omaha area—whether they are treated by us or somewhere else."

The NCS Hope Foundation Board of Directors has 11 members, including four not affiliated with NCS. One of those external board members is a cancer survivor. "It's helpful to have their perspective," Walsh said. "It helps us stay connected to our mission." The foundation hosts fundraising events, is applying for grants, and has a memorial service each June to honor cancer victims. Family and friends can purchase an engraved brick to honor their departed loved one. NCS physicians recently pledged to match donations by clinic staff 2-to-1.

All this is not lost on Dr. Huyck. He said he appreciates having the foundation's resources available. "For me personally, I can exit an exam room and no longer wonder what we can do to help this person make ends meet. I can tell them to contact our foundation and let's see what we can do."

For more information, go to www.ncshopefoundation.org.

The **Ehlers** File

Hometown
Kearney, Nebraska

Undergraduate Degree
University of Nebraska-Lincoln in biology

Medical Degree
University of Nebraska Medical Center

Residency
Mayo Clinic Rochester, Minnesota, in internal medicine

Fellowship
UNMC in gastroenterology and hepatology

Specialty
Gastroenterology

Institution
Midwest Gastrointestinal Associates

Hobbies
Spending time with her family, traveling, watching movies and attending Nebraska football games.

Why She Joined MOMS
"I joined mostly for community, along with getting together with other female physicians at MOMS events and gatherings."

NHMA NEBRASKA CHAPTER Aims to Expand Its Membership

One of Juan Santamaria's priorities during his term as chair of the Nebraska Chapter of the National Hispanic Medical Association (NHMA) is to broaden its membership roster.

The organization has its roots at UNMC, Dr. Santamaria explained, because its founding leaders are on faculty at the medical center (Drs. Armando De Alba and Sara Bares). Now, in its second year of existence as an official chapter of the NHMA, Dr. Santamaria said, it's time to expand membership to physicians—M.D.s and D.O.s—working elsewhere in Omaha's medical community. Encouraging those completing their medical residencies and fellowships is part of the plan to expand membership.

And NHMA Nebraska chapter leadership will achieve that goal through different outreach activities (including social media), but especially by word of mouth, he said. The recruitment push includes personal invitations to physicians and residents/fellows in the Omaha health care institutions. The chapter currently has about 60 physicians on its email distribution list, which it uses to communicate chapter news and events, but looks to grow that list.

"We are inclusive and invite physicians of all backgrounds and nationalities to join us," said Dr. Santamaria, a surgical oncologist at UNMC. "Our main driver is to improve the health and remove the healthcare disparities toward minorities."

"We are inclusive and invite physicians of all backgrounds and nationalities to join us."

— JUAN SANTAMARIA, M.D.

Dr. Santamaria's list of chapter goals runs longer. First, some background about the national organization, the Nebraska Chapter and Dr. Santamaria.

THE NHMA'S BACKSTORY

Established in 1994 in Washington D.C., the National Hispanic Medical Association (NHMA) is a nonprofit association representing the interests of 50,000 licensed Hispanic physicians in the United States. The association's vision is to be the national leader in improving the health of Hispanic populations. Its mission is to empower Hispanic physicians to lead efforts to improve the health of Hispanic and other underserved populations in collaboration with Hispanic state medical societies, residents, medical students, and other public and private sector partners.

CONT. PAGE 24


UNMC
Nebraska
Medicine
FIGS

The **Santamaria** File

Hometown
Panama City, Panama

Medical Degree
University of Navarra in Pamplona, Spain

Residency
University of Texas Health Science Center at Houston in general surgery

Fellowship
John Wayne Cancer Institute in Santa Monica, California, in complex general surgical oncology

Title
Assistant Professor of Surgery

Institution
University of Nebraska Medical Center's Department of Surgery, Division of Surgical Oncology

Hobbies
Spending time with son, walking his dogs, reading Spanish literature, and exercising, especially lifting weights and running.

Family
Spouse, Robyn Leatherwood; and a son, Leonardo

FROM PAGE 22

THE NHMA NEBRASKA CHAPTER'S BACKSTORY

In summer 2020, nearly 60 percent of all Nebraskans with confirmed cases of COVID-19 were of Hispanic or Latino descent. That statistic served as a call to action and the creation of the Nebraska Chapter. 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 Nebraska's Hispanic population. Founding chapter co-chairs were Armando De Alba, M.D., Assistant Dean of Diversity, Equity and Inclusion for Student Programs in the UNMC College of Medicine; and Sara Bares, M.D., Associate Professor in the Division of Infectious Diseases. The chapter was designated as an NHMA Interest Group in 2021 and earned chapter status through its outreach activities in early 2022.

DR. SANTAMARIA'S BACKSTORY

He was born in Detroit while his father was completing internal medicine residency, and then lived in Wisconsin while he completed a fellowship in hematology/oncology in Milwaukee. The family returned to Panama in 1990, where he attended school. In Panama, students attend medical school following high school, which took him to Spain where he attended the University of Navarra in Pamplona. His medical residency and fellowship took him to the United States and a desire to be close to his brother, whose wife is from Ponca Hills, and a job offer at UNMC brought him to Nebraska. Dr. Santamaria joined MOMS when he initially sought to join the Nebraska Medical Association and learned that membership in MOMS meant automatic membership in the NMA. He especially noted the community grants MOMS provides as a member benefit. He learned about the NHMA Nebraska Chapter via an invitation email shortly after he started at UNMC.

Promoting COVID-19 vaccinations among Omaha's Hispanic population served to launch the Nebraska Chapter and continues to be a priority, Dr. Santamaria said. But that priority now extends to other vaccinations and health screenings.

Chapter members have assisted with health fairs, including those sponsored by OneWorld Community Health Centers in south Omaha and another at Metro Community College—and that practice will continue, he said. The health fairs promote cancer screening awareness and education among attendees, including colonoscopies, mammograms and pap smears.

Part of this effort, Dr. Santamaria said, will be to inspire Hispanic youth to consider all professions in the medical field, but especially becoming physicians.

"As someone whose specialty is oncology," he said, "cancer screenings are a big thing for me."

Another priority during his term as chapter chair, Dr. Santamaria said, is to mentor Hispanic physicians, especially those new to the profession. Part of this effort, he said, will be to inspire Hispanic youth to consider all professions in the medical field, but especially becoming physicians. The Nebraska Chapter of the NHMA will continue to collaborate with the Latin Medical Student Association.

Dr. Santamaria said leadership makes sure that chapter activities have a dose of entertainment and time for networking and socializing. Its annual holiday party—the most recent one held at the Cottonwood Hotel—drew a crowd.

At a recent health screening. and vaccination clinic, chapter leaders arranged for a mariachi band to perform. "It's not just all work," he said. "It's a lot of fun."

**“It’s not just all work.
It’s a lot of fun.”**

— JUAN SANTAMARIA, M.D.

NEW MEMBERS

AMY CUTRIGHT, M.D.
UNMC
Emergency Medicine

EMILY HUNT, M.D.
Mid-City OB-GYN, PC
Obstetrics & Gynecology

CARLY JENNINGS, M.D.
UNMC
Obstetrics & Gynecology

MEGAN KALATA, M.D.*
Creighton University
Obstetrics & Gynecology

MACKENZIE KEINTZ, M.D.*
UNMC
Infectious Disease

JENNIFER LAMBRECHT, M.D.*
Creighton University
Obstetrics & Gynecology

MELISSA MATHES, M.D.
UNMC
Obstetrics & Gynecology

CLAYTON SCHROEDER, M.D.
Blue Lotus Primary Care
Internal Medicine

*Resident

MOMS EVENT RECAP

2023 ANNUAL MEETING RECAP

MOMS Annual Meeting & Inaugural Dinner was held on Tuesday, January 24th at Field Club of Omaha. Veta Jeffrey, Omaha Chamber CEO, opened the evening with the keynote address. David Ingvoldstad, M.D., presented the match grant check to Merrymakers on behalf of the MOMS Foundation. Rowen Zetterman, M.D., was presented with the Distinguished Service to Medicine award. The evening concluded with the passing of the gavel and inauguration of MOMS 2023 President, Maria Michaelis, M.D..

1. Keynote Speaker, Veta Jeffery, CEO of Omaha Chamber.

2. Match grant check presented to Sandy Lemke with Merrymakers from David Ingvoldstad, M.D., on behalf of the MOMS Foundation.

3. Distinguished Service to Medicine Award—Allison Zetterman, Rowen Zetterman, M.D., and Joan Zetterman.

4. Pass of Gavel, Tina Scott-Mordhorst, M.D., and Maria Michaelis, M.D.

2023
Metro Omaha Medical Society Board of Directors
DUALITY OF INTEREST DISCLOSURES

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

For a sample of the Metro Omaha Medical Society Duality of Interest Policy or the Duality of Interest Disclosure Form, please email laura@omahamedical.com.

ANDREW COUGHLIN, M.D.

Receives Compensation from:
Nebraska Methodist Hospital

Serves in Official Capacity:
AAO-HNS —Nominating Committee

MARIA MICHAELIS, M.D.

Serves in Official Capacity:
Nebraska Board of Medicine and Surgery

JEFFREY GOLD, M.D.

Receives Compensation from:
University of Nebraska System
(Executive VP and Provost and UNMC Chancellor)

Serves in Official Capacity:
Accreditation Council of Graduate Medical Education (ACGME-I)—Elected Volunteer
Aksarben Board of Governors—Board Member, Volunteer
Association of American Medical College (AAMC), Council of Teaching Hospitals and Health Systems—Elected Volunteer
CyncHealth Enterprise Board of Directors - Board Member, Volunteer
Greater Omaha Chamber Executive Committee - Committee Member, Volunteer
National Academy of Medicine (NAM): Healthcare Disaster Readiness Taskforce—Volunteer
Nebraska Medicine Board of Directors—Chair, Volunteer
New York State Dept of Health: Cardiac Advisory Committee—Subcommittee Chair, Volunteer
Omaha Symphony—Board Member, Volunteer

ROWEN ZETTERMAN, M.D.

Receives Compensation from:
Winnebago Comprehensive Healthcare System
WCG ACI Clinical

Serves in Official Capacity:
UNMC College of Dentistry, Interim Dean

HOSPITAL OPENS GROUNDBREAKING IMAGING SUITE

The Institute for Human Neuroscience at Boys Town National Research Hospital in January opened an imaging suite featuring an OPM-MEG (optically pumped magnetometer—magnetoencephalogram) system. The OPM is the first wearable MEG device that will allow researchers to study the brain activity of children from birth to 5 years old, allowing researchers to identify key developmental milestones as they occur and sometimes missed in young children.

The OPM system consists of a series of Lego-sized sensors attached to a helmet that can be worn by infants and toddlers, allowing them to move while scientists record their brain activity in real-time. The OPM at Boys Town is the second high-resolution system to exist in the world with 128 channels, providing brain coverage to look at where and how brain activity is generated in children.

Currently, the OPM is only authorized for research use. However, following FDA approval, the OPM will open new medical avenues, especially for care of young children. For example, individuals with epilepsy often require surgery to reduce brain seizures. Current methods used to locate seizure location prior to surgery do not work well on young children, primarily because current methods require the child to lie still during the scan. However, with the wearable OPM technology, surgeons will be able to provide this helpful procedure to these children too.

MERGING BEHAVIORAL HEALTH WITH PRIMARY CARE

CHI Health Lasting Hope Recovery Center is helping meet the needs of its patients in a new way. The facility, which provides care and treatment for people experiencing mental illness and substance abuse disorders, now has a primary care clinic and provider on-site.

The initiative was identified after talking with residents and learning that many don't have a place to go for their primary care needs. Although patients were being referred to providers, follow up rates were low, which meant they were missing out on vaccinations, medication refills, labs, annual checkups and other services.

CHI Health renovated unused office space within Lasting Hope, creating two primary care clinic rooms, complete with supplies and necessary technology. Starting in early 2023, an APRN began seeing behavioral health patients for medical needs twice a week, accepting both walk-ins and appointments. The model is the first of its kind locally, with plans to expand.

Currently, on the days primary care is not in the building, the space is being used as a Psychiatric Immediate Care Clinic, PICC for short. It's a place for people experiencing a mental health crisis who may not qualify for hospital admission. PICC staff conduct behavioral assessments, and tackle immediate barriers to treatment, while connecting patients to someone who can help with their long-term needs.

PHYSICIANS EXPLORE NEW FRONTIER IN TREATING EMPHYSEMA, COPD

A team of Creighton University and CHI Health physicians are the first in Nebraska to offer new hope to people suffering breathing difficulties related to severe emphysema or chronic obstructive pulmonary disease.

A new procedure involving inserting tiny valves into the airways of diseased lungs enables the healthy portions to expand, thereby lifting pressure on the diaphragm and making breathing easier. Dubbed "Zephyr Endobronchial Valve Treatment" after the implanted "Zephyr" valves, the procedure was approved in Europe before gaining FDA sanction.

In 2019, Zachary Depew, M.D., began the process of bringing the procedure to CHI Health and therefore to Nebraska. Dr. Depew is division chief for pulmonary and critical care at CHI Health Creighton University Medical Center-Bergan Mercy and associate professor of medicine at the School of Medicine.

The noninvasive procedure uses a thin, camera-equipped tube known as a bronchoscope to insert the valves. The bronchoscope, which is inserted into the lungs through the mouth while the patient is sedated, compares well, Dr. Depew said, with established procedures that involve surgical removal of diseased portions of the lung.

As with the surgical approach, candidates for Zephyr valve implantation must meet certain criteria, although those criteria are not as rigorous. They must have significant emphysema, an "air trapping" condition in which inhaled oxygen cannot escape the lungs and a functional impairment stemming from that air trapping. Their conditions, however, while they must be significant, cannot be so severe as to place them at high risk.

METHODIST

EMERGENCY DEPARTMENT RENOVATION AND EXPANSION IS COMPLETE

A project three years in the making has resulted in an emergency department that's doubled its patient rooms and nearly doubled its square footage—all in an effort to more efficiently and safely care for the Omaha community.

The six-phase, $26.7 million renovation and expansion of the Methodist Hospital Emergency Department began in 2019 and marked the first structural renovation to the space since 1995. Staff began serving patients in the fully renovated space in February.

"We often refer to the Emergency Department as the front door to the hospital," said Josie Abboud, president and CEO of Methodist Hospital and Methodist Women's Hospital. "For many people in the community, entering the Emergency Department might be the first time they access health care. It's important that we have an inviting space that's able to take care of them. For our Omaha community, this really allows them to receive care at home, right here in Omaha—at times when they're most vulnerable, and in times when they need it most."

Highlights of the new department include:

- A safer environment for mental health patients.
- A new and enhanced space for victims of sexual assault, domestic violence, human trafficking and elder abuse.
- Improved access for patients arriving via ambulance and personal vehicles.
- Improved care and accessibility for individuals who need assistance with transferring, such as bariatric or traumatic brain injury patients.
- The addition of Fast Track Triage for patients.

All this means that Emergency Department staff can better care for patients seeking emergent medical care. Patient volumes in recent years indicate that the demand for care is great, and having a safer, more efficient care space will have a positive impact on the community.

University of Nebraska Medical Center

STUDY CALLED A 'WATERSHED' MOMENT IN STROKE TREATMENT

A seismic shift in the treatment of large ischemic stroke was announced in February at the 2023 International Stroke Conference held in Dallas, and a University of Nebraska Medical Center doctor was asked to write a New England Journal of Medicine editorial on the research.

Pierre Fayad, M.D., called the study a watershed moment in stroke treatment.

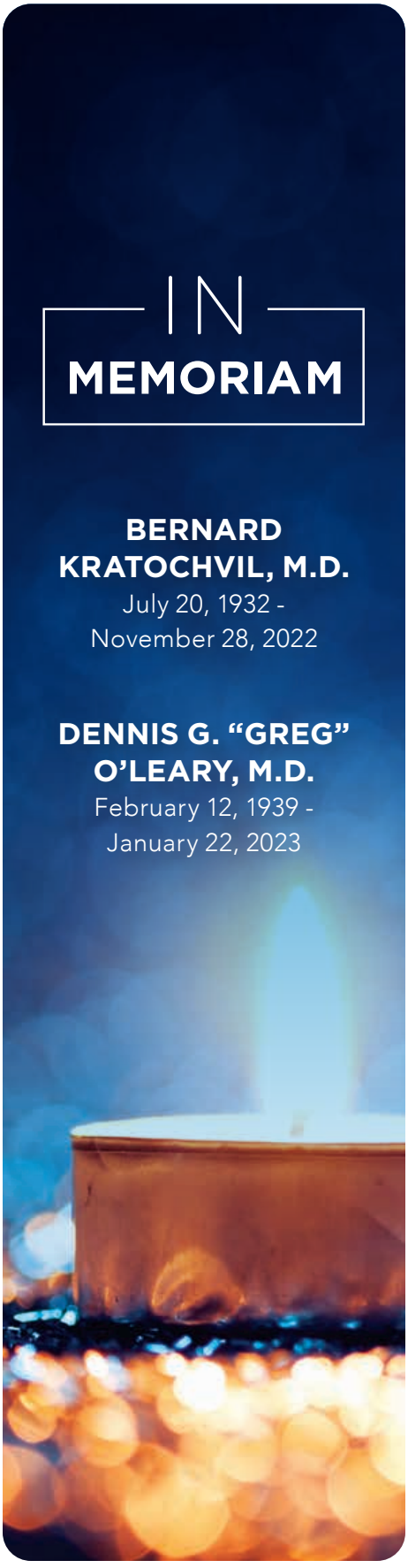
Dr. Fayad was invited by the New England Journal of Medicine to write an editorial about the publication of two clinical trials being presented at the conference by other researchers. Dr. Fayad did not participate in the research but was asked by NEJM to give his assessment as an internationally recognized expert in stroke therapy.

His assessment was based on the impact from the results of two randomized clinical trials conducted by researchers in six different countries, including the United States, that conclusively demonstrate the successful impact of endovascular therapy at improving outcomes in acute stroke with a large ischemic region caused by a blocked large blood brain vessel.

The findings of those studies, along with the editorial written by Dr. Fayad, were published simultaneously online in the New England Journal of Medicine to coincide with the public presentation of the study results at the conference.

Now that the results from more than 1,000 patients studied are public, clinicians at comprehensive stroke centers such as Nebraska Medicine, backed by the evidence, can more comfortably offer the treatment to patients suffering from large ischemic strokes, Dr. Fayad said.

He concluded that the improved chance of independent walking and the ability to perform other daily activities in patients with the most severe strokes is welcome news for patients and for the field of stroke treatment.



APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

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

PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____

Birthdate:_____Gender: ☐ Male ☐ Female

Clinic/Group:_____

Office Address:_____Zip:_____

Office Phone:_____ Office Fax:_____Email:_____

Office Manager:_____Office Mgr. Email:_____

Home Address:_____Zip:_____

Home Phone:_____Name of Spouse:_____

Preferred Mailing Address:

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

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

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:_____

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

Residency Location:_____Inclusive Dates:_____

Fellowship Location:_____Inclusive Dates:_____

Primary Specialty:_____

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

_____ _____

Signature *Date*

FAX APPLICATION TO:
402-393-3216

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

APPLY ONLINE:
www.omahamedical.com

CREATE YOUR OWN ENVIRONMENT

In nature, evolution can require a process of thousands of years. At Curt Hofer & Associates, helping you to create your environment is second nature to us.

Bring your designs, your inspiration, your preferences, pictures and even pins. Together we'll move through a process that lets you ease into a flawless execution of your ideal surroundings.

Contact us today to see why Curt Hofer & Associates has earned top awards for our iconic design and inspired living spaces for more than 30 years.

CURT HOFER
& ASSOCIATES

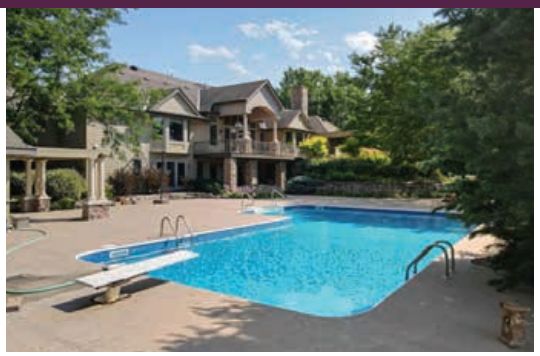
16820 Frances Street, Ste. 102 | Omaha, NE 68130 | Phone: 402.758.0440 | www.curthofer.com

Please contact Curt Hofer & Associates today! For an appointment, visit curthofer.com or see our Ideabook at houzz.com/curthofer.

Metropolitan Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

ADDRESS SERVICE REQUESTED

Executive Walkout Ranch on Private 9.2 Acres Backing to Tree Farm in Equestrian Ridge Estates!


10610 S. 232ND ST., GRETNA, NE 68028 | $1,750,000

Breathtaking views, secluded setting w/wooded terrain, circle drive, inground saltwater pool w/pool house, outdoor fireplace, pergola & raised gardens. Expansive main level has wood flrs, XL windows, pillars & 2 fireplaces. Entry is flanked by formal dining rm w/built-ins & warming drawer. Gourmet kitchen w/custom maple cabinets, granite, 6-burner gas range, stainless dbl oven, pantry w/pull-outs & opens to bayed dinette & patio w/pergola. Step-down family rm has flr-to-ceiling stone fireplace & custom wood ceiling treatment that opens to covered, composite deck. Office, drop zone & laundry near the kitchen. Incredible living rm addition (2009) has wet bar, corner fireplace (wood burning) & access to front courtyard (stamped concrete) & side deck. 2nd flr bonus rm & full bath. Finished bsmt has rec rm, wet bar, 5 bdrms, 3.5 baths, formal office & plenty of storage. Unbelievable property!

BERKSHIRE HATHAWAY HomeServices | Ambassador Real Estate

KAREN JENNINGS

Realtor/Real Estate Agent
OMAHA MAGAZINE'S Best of Omaha 2023 Winner
KETV 7 | 50+ BOOMER!

BEST OF OMAHA WINNER
11 YEARS IN A ROW!

402.290.6296 | STANDING TALL **FOR YOU!**

TOP TEN NATIONALLY NUMBER OF UNITS SOLD MID SIZE TEAM