

Physicians Bulletin

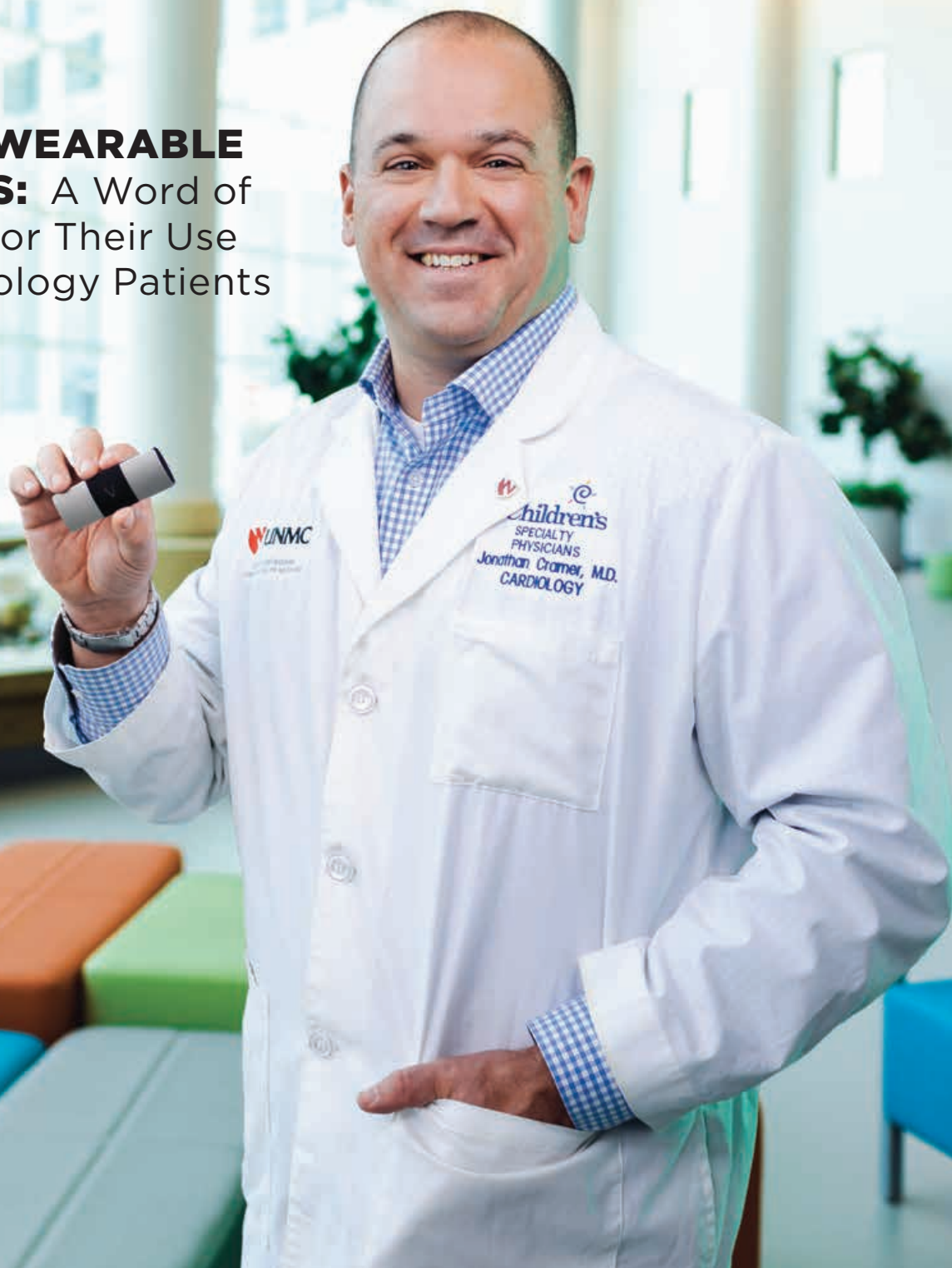
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SMART WEARABLE DEVICES: A Word of Caution for Their Use By Cardiology Patients





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FEATURES

14 AN EXAMPLE OF MOMS FOUNDATION SUPPORT IN ACTION

17 PLAYING PICKLEBALL: Omaha Embraces the Latest Craze

20 SMART WEARABLE DEVICES: A Word of Caution for Their Use By Cardiology Patients

24 TAKING A LOOK AT THE STATE OF EMERGENCY MEDICINE

12 NMA MESSAGE

New DEA Requirements in Place to Prescribe Controlled Substances

13 PRACTICE MANAGEMENT

Health Care Banking Defined

27 MEMBER NEWS

28 CAMPUS & HEALTH SYSTEMS UPDATES

26 NEW MEMBERS

DEPARTMENTS

8 COMING EVENTS

9 EDITOR'S DESK

Future Physicians: Do We Recognize Their Worth

11 MOMS LEADERSHIP

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COMING EVENTS

MOMS CAUCUS

TUESDAY, JUNE 6

5:30-7:30 PM | MOMS Boardroom

(or participate virtually)

7906 Davenport St.

Proposed resolutions are presented, discussed and voted upon to determine which resolutions will be presented on behalf of MOMS members at the NMA Annual Membership Meeting.

MEDICAL LEGAL DINNER PANEL DISCUSSION: MISINFORMATION & MEDIA

THURSDAY, JUNE 8 | 5:30 P.M. RECEPTION

6:30 P.M. DINNER/PROGRAM

Champions Run Pavilion

13800 Eagle Run Drive

Join your fellow MOMS members as well as members of the Omaha Bar Association for networking, dinner and a panel discussion.

RETIRED PHYSICIANS MEETING

WEDNESDAY, JUNE 14 & JULY 19 | 10 - 11 A.M.

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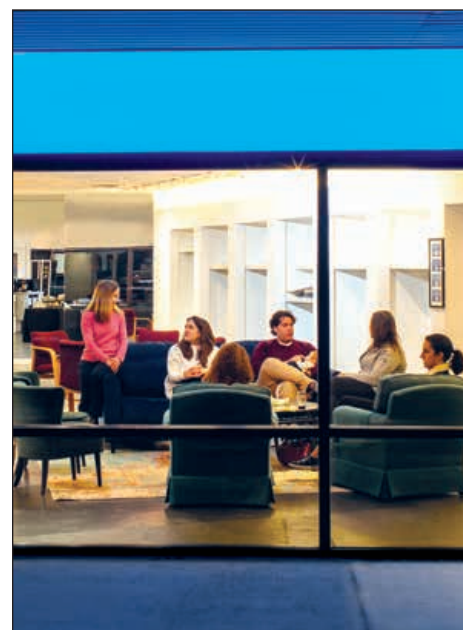
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FUTURE PHYSICIANS: DO WE RECOGNIZE THEIR WORTH



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

Nebraska is a great exporter of beef, corn, soy beans and physicians.

I will give you a minute to think about that.

Then, I would like to begin by walking you through the math.

As a point of reference, information for this editorial includes AMA articles, publicly available Internet information about the local medical school resident match and Becker's Hospital Review.

From this year's UNMC announcement, 48 medical students matched into residencies located within the state of Nebraska. From Creighton, that number is 11. Of the roughly 240 medical students that will graduate this year, 58, or only about one-fourth will stay in Nebraska for residency.

This also means that three-fourths of graduating medical students from in-state schools will leave Nebraska.

The future status of Nebraska's physician workforce is announced each year with MATCH Day. Medical schools annually tout the success of their student matches, naming residencies across the country. The annual press release frequently focuses on the "prestigious" programs that students trained in Nebraska are being invited to join. I am glad to know our students are competitive nationwide.

However, this announcement also represents the loss of Nebraska-educated talent to other states.

Even if we wanted to keep 100% of students graduating from Nebraska's two medical schools, there are not enough in-state training positions to keep them all.

Historically, about 180 medical school graduates leave the state each year for residency training. About 60% of doctors practice in the state where they complete their residency. That is a loss of over 100 doctors a year, as they won't return to Nebraska.

Providing hope, as new graduates leave Nebraska, MATCH Day announces roughly 150 medical graduates coming to Nebraska. They will have completed undergraduate education everywhere—prestigious private universities, state medical colleges and international medical schools. They choose Nebraska for a multitude of reasons. Residency programs will welcome them to our state.

It is a reason to celebrate as, according to the AMA, nationally about 54% of graduates stay in the state of their residency.

The Nebraska specific information, however, shows that between 2009 and 2018, slightly more than one-half of the residency graduates left the state upon completion of residency.

According to the AMA, that number places Nebraska at number 31 in states being able to retain graduates after completion of residency.

Ouch. That is a brain drain. The state not only exports new medical graduates, it exports fully trained, board-eligible physicians as well.

Does it matter? Do we, as a state, have enough physicians?

According to information published by Becker's Hospital Review, based upon the AMA Physician Masterfile, an "active physician" is one who is licensed by a state, working at least 20 hours weekly in direct patient care, administration, medical teaching or research.

Becker's showed that Nebraska's 1,934,408 people are served by 4,820 physicians. The per capita rate of physicians

to population is 249.2. That puts Nebraska 34th nationally in total supply of physicians for the population of the state.

Looking at the data, here is what I believe to be true:

With two medical schools, Nebraska excels in the production of physicians. However, Nebraska as a state ranks only 34th in practicing physicians per capita.

Physicians, with 21 years of formal schooling before residency training even begins, represent the highest educated members of a health care team. A net migration of physicians out of Nebraska represents part of the "brain drain."

I have questions to consider:

Do we offer the training spots the graduates need? Are there adequate training opportunities available within the state, or must a new graduate leave to continue completing medical education?


Do we actively and deliberately keep connected with Nebraska graduates that go to another state to get specialized residency training, not available in our state? How do we encourage them to return?

Do we work to retain residents upon graduation? Do we have a system to integrate the residents into the medical community to improve retention?

Do we remain politically attractive to new trainees? Years ago, malpractice reform was enough. What are current issues that impact practice location? The state of Nebraska needs to offer an attractive environment for practicing physicians.

As state and local groups develop initiatives to look at Nebraska's brain drain, I ask that physicians be specifically considered and included.

Thanks for reading.

As always, please enjoy this edition of the Physician's Bulletin, highlighting activities and insights of the physician members of MOMS. 

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LEADERS COME IN ALL FORMS



CAROL WANG

Executive Director

Metro Omaha Medical Society

I love summer and part of it stems from memories of childhood summer vacation days with lots of time to hang out, read and be unscheduled. It's a different reality for today's children but I hope for them there are still some lazy days of summer to be had.

For all of you, I know this season is when you're trying to fit in more family activities and vacations while juggling work schedules. And the last thing you want to hear about from me is how to add more to your life.

Fair enough. But I think this year we have seen that you can lend your expertise, learn a new skill, stretch yourself and do it on a timeline that isn't too exacting. So many of our physicians sprang to action to advocate on different bills in the Nebraska Legislature this past session or expressed interest in getting more involved in community organizations that serve in ways that stoke your passion.

"Participation is a form of leadership because it is stepping up, raising your hand and providing your knowledge, insight or opinion into the work being done."

— CAROL WANG

Here at MOMS, we have different committees that meet as much as every other month to quarterly to look at membership, continuing education or public health that could use more participants to lend their voices to shape how to be more effective at providing members what they need and want. Participation is a form of leadership because it is stepping up, raising your hand and providing your knowledge, insight or opinion into the work being done. Those experiences matter, not just to where you are serving, but there is also an added benefit to your own growth and development.

If you aspire to leadership in other organizations or even in management, having tried your hand in different places and witnessing other styles gives you depth of knowledge that you know as physicians you can't always get from reading books and manuals. My own work at MOMS reflects what I've seen as a result of volunteering on other boards in my career. It is also evolving since I continue to learn

from other dynamic leaders with whom I have had the opportunity to cross paths.

There is also that old saying that has probably been told to you a thousand times in your academic careers – that you will get out of it what you put into it. That certainly is true to your MOMS membership. Attending events and activities you're interested in means you will inevitably make connections and hopefully gain knowledge. But in most cases when people volunteer in something they find meaningful, they will often tell you they've gained so much more than what they put in. That's the value statement we hope, ultimately, you'll find from your time volunteering and being part of the leadership at MOMS.

The other takeaway may come as an antidote to the burnout that has been such a pervasive issue in medicine – find meaning instead of a checklist of tasks you need to get through. If you can find something that takes you out of your norm, gives you interesting conversation and interactions, and makes you feel like what you're doing matters, it won't feel like work. And making a difference – isn't that what drove you to answer the call of medicine anyway?

Wherever summer takes you, I hope your adventures are memorable and your journeys fulfilling, with some lazy days to enjoy as well.

If you are interested in putting your passion in action through MOMS, contact Carol Wang at cwang@omahamedical.com

NEW DEA REQUIREMENTS IN PLACE TO PRESCRIBE CONTROLLED SUBSTANCES



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

According to the National Institute on Drug Abuse (NIDA), 2021 was the deadliest year for drug overdoses since 1992 with more than 107,000 deaths. Unfortunately, stigma and a lack of understanding, even within the health care community, about addiction have been barriers to accessing life-saving medication.

In an attempt to improve access to necessary treatments for substance use disorders, Congress has recently eliminated the Drug Enforcement Agency (DEA) "X" waiver registration that historically has been required for health care practitioners to prescribe buprenorphine for the treatment of opioid use disorder (OUD). This recent change has been in the making for more than three years.

The "X" waiver was established as part of the 2000 Drug Addiction Treatment Act (DATA 2000) so clinicians could use buprenorphine to treat patients in clinics rather than only in an opioid treatment center. To have the "X" waiver appended to their DEA licenses, practitioners were required to complete specialized training and submit a letter of intent to the DEA and Substance Abuse and Mental Health Services (SAMSHA). Once approved, clinicians were limited in how many patients they

could treat with this therapy, although the limit varied depending on circumstances and restrictions were eased in 2021 including changes to the number of individuals who could be treated, but these changes were not enough.

**"The goal of this legislation was to make medicine for SUD readily and safely available to anyone in the county who needs it."
—Amy Reynoldson**

In December 2022, Congress passed a large mental health package that included Restoring Hope for Mental Health and Well-Being Act of 2022 (HR7666), which had overwhelming bipartisan support. This bill incorporated two key pieces of legislation. The Mainstreaming Addiction Treatment (MAT) Act removes the waiver requirement to prescribe buprenorphine for OUD. The Medication Access and Training Expansion (MATE) Act is focused on ensuring that each medical provider who obtains a DEA license to prescribe controlled substances will receive baseline education on treating and managing patients with substance use disorder (SUD). The goal of this legislation was to make medicine for SUD readily and safely available to anyone in the county who needs it.

Senators Michael Bennet and Susan Collins, supporters of the legislation, believe that "to address this crisis, we must take a comprehensive, multi-pronged approach to strengthening the infrastructure around the addiction treatment, which included equipping medical professionals across the health care continuum to recognize and treat addiction. This starts with standardizing and increasing access to addiction treatment medications and training on how to integrate them into medical practice."

According to a recent study conducted by Shatterproof, only 1 in 4 health care providers had received training on addiction during their medical education. Only about

5% of all physicians, 4% of nurse practitioners and 2% of physician assistants have obtained a waiver necessary to prescribe medication for opioid use disorder (MOUD), like buprenorphine.

The legislation outlines details about the requirements including:

- Create a one-time, non-repetitive requirement for all DEA controlled substance prescribers (Schedule II, III, IV, or V) to complete eight hours of training on treating and managing patients with OUD and SUD, unless the prescriber is otherwise qualified, before obtaining or renewing DEA registration.
- Allow accredited medical schools and residency programs, physician assistant schools, and schools of advanced practice nursing to fulfill the training requirements through comprehensive curriculum that meets the standards laid out in statute, without having to coordinate the development of their education with an outside medical society or state licensing body.
- Normalize addiction medicine education across certain professional schools and phase out the need for these future practitioners to take a separate, federally mandated addiction course.
- Authorize federal grants to professional associations, universities, schools, and medical programs to develop and implement high-quality curricula used to train prescribers on how to best identify and treat SUDs.

All who want to maintain their DEA license must meet one of the requirements listed above, regardless of what medications you are prescribing.

The NMA will be working with experienced trainers to provide the required training in a variety of platforms including virtually, in person and as online enduring videos to access at any time. This new requirement goes into effect on June 27, 2023, but it is important to note that you do not need to complete your training requirements until your DEA license is up for renewal if you are applying for a new license.

Should you have any questions about this new requirement, you can contact me at amyr@nebmed.org.

HEALTH CARE BANKING DEFINED



MARKIE LOWRY, CMPE

Assistant Vice President -

Healthcare Banking Relationship Manager

Core Bank

The banking industry has long been a major player in the health care space, providing financing for everything from medical equipment and facilities to providers themselves. In recent years, however, banks have become much more involved in the day-to-day operations of health care organizations through the development of new products and services specifically designed to help with the management of health care practices and organizations.

The health care sector is expected to continue to grow in the coming years and, with that, the impact that banking has on health care practice management will continue to deepen. The industry has long taken traditional banking products and merely labeled them as "health care," without bothering to ensure product-partner fit, and have left a void in the marketplace. This has led some banking service(s) providers to develop specialized products and services that cater to the specific and unique needs of health care organizations.

Success in today's health care marketplace requires a strategic partnership that provides financing solutions, innovative banking products, integration(s), and a long-term commitment to the industry. Health care banking products and services are becoming increasingly sophisticated and integrated, and banks are offering more comprehensive solutions to meet the needs of health care providers and patients including loans and lines

"Success in today's healthcare marketplace requires a strategic partnership that provides financing solutions, innovative banking products, integration(s), and a long-term commitment to the industry."

— MARKIE LOWRY, CMPE

of credit, credit cards, merchant services, and banking services. Health care banking provides a full suite of products and solutions to efficiently manage daily operations including deposit accounts, treasury solutions, merchant services, data management tools, and practice financing.

Treasury solutions provide convenient access at the tip of your fingers to deposit checks via remote deposit capture, initiate ACH payments such as payroll and bill pay, and collect patient payments via lockbox. Treasury solutions also provide online banking services including access to online deposit accounts, wire transfers, fraud mitigation and stop payments.

TREASURY SOLUTIONS:

- Business Online Banking & Mobile Banking
- ACH origination
- Remote Deposit Capture
- Lockbox
- Positive Pay & fraud mitigation tools
- Wire Transfers

Alongside treasury solutions, health care banking also offers merchant solutions to ease the payment process, especially for patients. Integrated with the health care practices EMR, merchant processing allows patients to easily pay co-pays at the time of visit or make payments towards previously billed services. Credit cards, ACH and e-check payments are generally accepted methods of payment and offer patients different avenues to pay for services.


MERCHANT SOLUTIONS:

- Credit card, ACH & e-check for patient payments
- Credit Card on File
- Reduced credit card processing fees
- Payment efficiencies and comprehensive payment reporting

The health care industry is a highly competitive industry, and practitioners need to be constantly looking for ways to grow their practices. Banking products and services can help health care practitioners access the capital they need to expand their practice and stay ahead of the competition.

PRACTICE SOLUTIONS:

- Partner Buy-In Financing
- Practice Acquisition
- Real Estate Financing
- Operating Lines of Credit
- Patient Financing

The impact of banking products and solutions on health care practice management has been extremely positive and increasingly impactful. However, not all banks are created equally so it's best to research and choose one that best serves the practice needs. By helping to improve the efficiency and accuracy of billing and collections, financial management, and patient care, banks have made it possible for health care organizations to provide better care for their patients and improve their bottom line. So, the next time you visit your local bank, remember that it's not just a place to deposit your paycheck. It's also a vital part of the health care system. 



SUZANNE HANEY, M.D.

JESSICA TIPPERY, APRN-NP

AN EXAMPLE OF MOMS FOUNDATION SUPPORT IN ACTION

When Project Harmony needs new equipment in its effort to support victims of child abuse, the Omaha-based nonprofit organization knows it has a friend in the MOMS Foundation.

"We are grateful for the support," said Jessica Tippery, medical program manager and pediatric nurse practitioner at Project Harmony. "We always look to MOMS and its foundation first when we

have a need for new or updated equipment. They have been great to us."

Most recently, a MOMS Foundation Community Grant provided funding for Project Harmony to purchase a Cortexflo Light, which is used during examinations of sexual assault victims. The light, which is used with a camera, identifies bodily fluids on a child, which can then be photographed and used as evidence in seek-

"We always look to MOMS and its foundation first when we have a need for new or updated equipment. They have been great to us."

— JESSICA TIPPERY, APRN-NP

“We support philanthropy in our community, in general, and believe in supporting organizations concerned about the health of the people who live here.”

— STEPHANIE HARTMAN, M.D.

ing convictions against perpetrators, Tippery said.

The Cortexflo Light, which has been used a half-dozen times in the months since receiving it, is similar to a black light and replaced an inexpensive and ineffective type of flashlight Project Harmony used previously, she said. “It (the light) allows us to get evidence that prior to using it we might not have been able to obtain,” Tippery said. “Better technology and evidence collection helps us not only with convictions but also be a stronger advocate for children.”

MOMS Foundation president Stephanie Hartman, M.D., said she is delighted that the Cortexflo Light is fulfilling a need at Project Harmony and glad the foundation could provide the financial support to fund it.

“We support philanthropy in our community, in general, and believe in supporting organizations concerned about the health of the people who live here,” Dr. Hartman said. Project Harmony certainly fits that criterion, she said.

Dr. Hartman called on her peers to join she and her husband (Curtis Hartman, M.D.) in financially supporting the MOMS Foundation. By doing so, she said, physicians support organizations that care for the health and well-being of the greater Omaha area. “There’s plenty of ‘tug’ of the heart for physicians to support.”

She added: “I feel it is my responsibility to financially support a community that helped support my education. I want to ensure that our community is successful and I think this is one way to help.”

The foundation provides two types of grants. The first is through its Annual Match Program, which has been offered for more than 20 years. Each year, the foun-

dation selects a single nonprofit organization or program to receive this grant. The Metro Omaha Medical Society Foundation matches up to the first \$5,000 in donations to the program. Any MOMS member may suggest organizations to receive support and encourage them to apply.

RECENT MATCH PROGRAM RECIPIENTS ARE:

- 2022: Merrymakers – provide monthly musical performances at four senior living communities: \$13,425.
- 2021: Latino Center of the Midlands – gardening kits for families to grow healthy food at home: \$10,285.
- 2020: NorthStar – fund math tutoring for North Omaha students at NorthStar: \$21,300.
- 2019: Mobility Equipment Restoration – restore and repair mobility equipment (wheelchairs, walkers, etc.): \$12,950.
- 2018: Stephen Center Medical Clinic – provide equipment and supplies to open clinic: \$20,224.

Dr. Hartman said MOMS Foundation board members inventory unfilled community needs. They then identify organizations that fill those needs and consider them for the Annual Match Program.

The foundation also provides a handful of annual community grants of varying amounts. Recipients must be sponsored by a MOMS member physician. Recipients from the past five years (excluding 2020 when funds were earmarked for a COVID-19 pandemic PPE and mask drive) are:

- Child Saving Institute
- Children’s Respite Care Center
- City Sprouts

CONT. PAGE 16



The Hartman File

Hometown

Monroe City, Missouri

Undergraduate Degree

University of Missouri at Columbia in biochemistry and food science and human nutrition

Master’s Degree

University of Missouri at Columbia in human nutrition

Medical Degree

University of Nebraska Medical Center

Residency

Creighton University School of Medicine in internal medicine

Specialty

General internal medicine

Institution

Nebraska Medicine, Title: Assistant professor, Department of Internal Medicine

Hobbies

Watercolor and acrylic painting, gardening, spending time outdoors and reading

Family

Husband, Curtis Hartman, M.D.; and two sons

Why She Joined MOMS

“I joined because I see an enormous value in physician community building, which MOMS provides.”

FROM PAGE 15

- Girls, Inc.
- Heartland Family Services
- HETRA
- Hospice House
- Intercultural Senior Centers
- Ollie Webb Center, Inc.
- Omaha Chamber Music Society
- Omaha Healthy Kids Alliance
- Omaha Public Library Foundation
- Omaha Street School
- One World Community Health Centers
- Project Harmony
- Project Pink'd
- RESPECT
- Ronald McDonald House
- Special Olympics Nebraska
- Visiting Nurse Association

Dr. Hartman said a review of the list of recent recipients illustrates just how varied the Foundation's support is through its grants.

The Foundation deviated from its traditional approach to supporting community organizations when it provided seed money to help launch the R+R Wellness Center. "It is a space just for physicians," she said. "It was important that we lend our support for this important project."

Besides supporting the Foundation financially, Dr. Hartman has one more request of her physician peers: Get involved in the MOMS Foundation. Foundation board members encourage organizations to apply for grants, review applications and decide which will receive support.

Serving with Dr. Hartman on the Foundation board are Lindsay Northam, M.D., treasurer; Donna Faber, M.D.; Jessica Feilmeier; Devin Fox, M.D.; David Ingvoldstad, M.D.; Debra Romberger, M.D.; Jill Slupe; Mary Huerter Wells, M.D.; and Jennifer Zatechka

Dr. Hartman said she enjoys serving on the foundation board. "It's one of my favorite things to do."

Applications are being accepted for the 2023 MOMS Foundation Community Grants through July 21, 2023. The Request For Proposals (RFP) document is available on the MOMS website at <https://omahamedical.com/resource/2023-grant-application/>.

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PLAYING PICKLEBALL:

Omaha Embraces the Latest Craze

Her favorite place is a pickleball court.

Ask Pat Chudomelka M.D., Ph.D., to explain her choice and the retired Interventional Spine specialist can't help herself as she talks about why playing pickleball is her passion.

To begin with, she enjoys the company she keeps while on the pickleball court. "There are no people as nice as pickleball players." Then, she notes that playing pickleball is hard work. "I stress that you get a good workout when you play." Finally, she points out that playing pickleball is helpful to maintain (or improve) hand-eye coordination and supports neuro-muscular health. "That's really important if you're retired." As she is.

CONT. PAGE 18



FROM PAGE 17

Dr. Chudomelka – says she goes by “Pat, the Hat” among pickleball circles (you can guess why) – was introduced to the game about three years ago. These days, she plays wherever she is and whenever possible – but typically at least three times a week. She plays against other retirees and against players half her age. Her point, she said, is that pickleball is a sport for people of all ages and all fitness levels.

For those not aware of pickleball’s popularity, the Sports & Fitness Industry Association, in its 2023 Topline Participation Report, named pickleball the fastest-growing sport in America for the third year in a row. According to the report,

pickleball is now up to a total of 8.9 million players in the United States over the age of 6 years old, an increase from 4.8 million in 2022.

Three fathers invented the game nearly 60 years ago while vacationing on an island near Seattle. Their children were bored and they looked to create a summertime activity to keep them entertained. They used what was at hand – ping pong paddles, a badminton court and a perforated plastic ball – to invent the game.

CNN described pickleball as a “mashup” of tennis, table tennis, and badminton that can be played indoors or outdoors, by single players or in pairs. It is played on a court with a low net – 34 inches high

“I felt I needed this interaction for my cognitive development and something for pure unadulterated fun.”

— PAT CHUDOMELKA, M.D., PH.D.

at its center. A pickleball court is 20 feet by 44 feet – the same size as a doubles badminton court.

Players use a perforated plastic ball (think wiffleball) and wooden or composite paddles that are about twice the size of ping pong paddles. Like other racquet sports, the goal is to hit the ball over the net – but within the boundaries of the court – and prevent your opponent from hitting it back.

Dr. Chudomelka was introduced to pickleball about three years ago at Prairie Life Fitness, shortly after she retired from her Interventional Spine practice. She had always been active – cycling, participating in water aerobics classes and hiking in National Parks (she and her husband, Keith Wagner, have hiked 34), but never had found time for exercise that contained a strong social component. She sought physical activity that included contact with people outside of the medical or scientific arena.

“I felt I needed this interaction for my cognitive development and something for pure unadulterated fun,” she said. “I never had the luxury of meeting people socially while I was practicing medicine. There was no time for that.”

Dr. Chudomelka said she sees a correlation between meeting fellow pickleball players on the court and when she located her practice in the same building as Nebraska Spine Association, whose physicians took her “under their wings” and offered a perfect academic and clinical setting in the same building as her solo practice. They reminded her to treat her patients with respect. “And that is how pickleball is. Respect and kindness for your fellow players is a key required component for the game. It is unique in that respect.”



She first attended a pickleball class, then joined a league at Prairie Life. Three weeks in, her plantar fasciitis forced her to temporarily stop playing. Her husband subbed in to finish the league. She returned to pickleball and hasn't stopped playing (COVID aside).

DR. CHUDOMELKA PROVIDED SOME BACKGROUND AND TIPS FOR PHYSICIANS LOOKING TO TRY PICKLEBALL:

- Playing pickleball provides a solid workout. She cited a study conducted by Western State Colorado University in Gunnison that indicated playing pickleball qualifies as a moderate intensity workout.
- Pickleball is an inexpensive sport to play. She spent \$56 on her first paddle. (She now prefers the Selkirk brand.) Balls cost about \$4. Good court shoes are critical to protect a player's ankles.
- Pickleball players do sustain injuries – similar to competing in other racquet sports. Dr. Chudomelka used herself to illustrate her point. She sprained an ankle while playing and her plantar fasciitis also flared up. "The injuries do not appear to hamper the interest in the game. You simply institute a rigorous pre warm up and stretching period each time you play, which helps avoid injuries."
- The rules are fairly simple. They include: The serve and the return must bounce before being hit. After that, anything goes. Games end at 11 and only the serving team can score a point. Players can only step into the kitchen – a small area next to the net – if the ball bounces in this area. Once you hit the ball, you must immediately leave the kitchen before hitting another shot.
- Opportunities and places to play can be found throughout the Omaha area. She prefers to play outdoors. "My preference is outdoors because everyone seems to be enjoying themselves even more than indoors. It's so wonderful to be breathing fresh air and laugh louder – and no one seems to care. Shout louder,

laugh louder, no one is bothered." Most area fitness centers now include pickleball courts and several venues that combine pickleball and food and drink have opened. For example, the Early Career Physicians held a social event at Blue Sky Patio and Pickleball on Pacific Street in mid-May. (For a list of places to play, go to www.pickleheads.com/courts/us/nebraska/omaha)

During the winter months, Dr. Chudomelka participated in open play sessions organized by Pickleball Omaha (pbomaha.com). Open play is organized to match players of similar skill levels based on their rating (Players with limited experience typically are rated as 2.5. Top players are rated 5s.)

During her time away from Omaha, Dr. Chudomelka said, she and her husband often look for opportunities to play. While away and in Omaha, Dr. Chudomelka said, she enjoys every game she plays.

"Pickleball players are some of the nicest people you will ever meet, from all walks of life," she said. "When you step onto the pickleball court, you are all equal. No one cares what you did or do for a living. It matters how you play as a teammate. Are you a good sport? Do you have fun? Are you willing to share and include those that are interested in the game? Are you willing to improve your game?"

Dr. Chudomelka has found a go-to group including attorneys, teachers, project managers, nurses, retired dentists and two retired physicians, displaying a full range of competitiveness. She said she can hold her own in the group – although her forehand and backhand need work.

Learning to play pickleball starts with asking someone, Dr. Chudomelka, for example, who already plays. "I will absolutely teach you to play or, if you prefer, direct you to a place where you can learn."

And when you do, Dr. Chudomelka said, you'll understand why a pickleball court is her favorite place. 🍷



The Chudomelka File

Hometown

Dodge, Nebraska

Undergraduate Degree

University of Nebraska Medical Center in medical technology

Medical Degree

University of Nebraska Medical Center

Doctoral Degree

University of Nebraska Medical Center in neuroscience

Internship/Residency

Mayo Clinic, Rochester, Minnesota; University of Cincinnati in anesthesiology

Fellowship

University of Cincinnati in pain management

Specialty

Interventional spine

Institution

Retired. Pain Management Consultants, P.Cs. solo practitioner. Founding physician majority owner and medical doctor, Miracle Hills Surgery Center

Hobbies

Cycling, water aerobics, reading, dancing, hiking through national parks and, of course, pickleball

Family

Husband, Keith Wagner

Why She Joined MOMS

"As a solo practitioner and the first female interventional spine specialist in Omaha, I needed someone to advocate for me."


SMART WEARABLE DEVICES:

A Word of Caution for Their Use By Cardiology Patients



**“There is a wide range
of quality in the devices
accessible to the public.”**

— JONATHAN CRAMER, M.D.



Jonathan Cramer's endorsement of using direct-to-consumer wearable electronic devices to monitor cardiac activity comes with a disclaimer:

"No device is 100 percent," said Dr. Cramer, a cardiologist who specializes in congenital heart disease and sees adult and pediatric patients. "There is a wide range of quality in the devices accessible to the public."

Which means that physicians should understand what their patients are using, and consumers should be aware of what they are buying – and wearing, he said. And physicians should also consider how much credence they place on the information provided by the wearables.

Dr. Cramer said the use of wearables, while mainly to support physical fitness training regimens, sometimes also are viewed to monitor the wearer's cardiac activity. "Wearers use them to track the average lows and highs of their heart rates," he said, "to help them get into the zone for optimal results. That's a good thing and that's what they're for."

Think Fitbits and Apple watches—which monitor your exercise routine, including your heart rate – and the lesser-known Kardia brand. (For the unfamiliar, KardiaMobile is a pocket-sized EKG device that allows wearers to measure their heart rates and rhythm, and capturing the data on a linked smartphone. The device, according to its promotional material, supplies medical grade data, which can be shared with a physician. To use one, place two fingers on the two device sensors for 30 seconds. No electrodes are needed. Dr. Cramer noted that the Kardia device is better suited for rhythm and less for fitness – making it his preference of direct-to-consumer wearables.)

Direct-to-consumer devices typically can be found in sporting goods stores, drug stores and larger retail stores, such as Target and Walmart – and come in prices ranging from double- to-triple digits dollars.

“With each generation, they are getting better at identifying heart rhythm problems. As a cardiologist, it’s difficult to put full stock in what they are saying. They can be frequently wrong.”

— JONATHAN CRAMER, M.D.



FROM PAGE 21

Commercial wearables measure heart rate (HR) and heart rhythm through electrocardiography (ECG) or photoplethysmography (PPG) by calculating beat-to-beat time intervals and using algorithms to classify heart rhythm. ECG sensors come in various forms and are the gold standard for HR and heart rhythm measurement, according to a March 2021 article in *Nature's Review Cardiology*.

"With each generation, they are getting better at identifying heart rhythm problems. As a cardiologist," Dr. Cramer said, "it's difficult to put full stock in what they (the data direct-to-consumer wearables produced through their use) are saying. They can be frequently wrong."

Physicians should be aware of that wearables can provide inconsistent data and use discretion when placing values on the reports they receive from their patients based on results they receive generated by direct-to-consumer wearables. The best approach, Dr. Cramer said, would be to encourage patients to use medical grade consumers and together determine the monitoring period.

Dr. Cramer's assessment mirrors the viewpoint of the authors of the *Nature's Review Cardiology* article: "As sensor and computing technologies continue to evolve, wearables will acquire more complex functions and become an integral part of our cardiovascular practice armamentarium. These devices must be regulated through comprehensive evaluation frameworks and adequate regulatory oversight policies to ensure safety and efficacy," they wrote. (The article includes a guide to assist physicians in assessing the use of smart wearable devices for their patients.) Dr. Cramer first addressed the basic benefits and drawbacks of relying on direct-to-consumer wearables to monitor heartbeat activity for both physicians and patients:

The benefits – commercial wearables provide instant access to data about one's exercise activity, including heart rate. They're reasonably priced and easy to use.

The drawbacks – commercial wearables vary in price and quality regarding the accuracy of the data provided. Basically, the data provided can be unreliable.


Bottom line: Medical grade monitors are more reliable, he said, and come in multiple formats. Some are similar to commercial-grade ones, but medical-grade wearables are more reliable in the data they provide. Others can be administered to the wearer's chest or even implanted under the skin.

Bottom line, part 2: Physicians should visit with their patients as the first step for relying on a wearable for more than monitoring physical fitness results. A physician can recommend the appropriate device and how best to use the data it provides. Physicians can also help their patients determine if insurance will cover the cost of the device. Direct-to-consumer devices are unlikely to be covered, he said,

The data provided by medical-grade wearables can be monitored by health technicians and typically is considered more reliable, Dr. Cramer explained.

In contrast, the data provided by commercial-grade wearables, he said, can be inconsistent: For example, should the wearer consistently jiggle his or her wrist. "If you're banging with a hammer," he said, "it might be difficult to get a good reading."

The likelihood of receiving a false or slightly inaccurate reading is increased if the wearer is a child, Dr. Cramer said. Parents who rely on a commercial wearable to allay their concerns about their child's cardiac issues may have a false sense of security. First, children tend to be more active. The motion of the device – whether a watch or band – may be more constant and more difficult to interpret the data."

Another concern is the age of the wearer, he said. "Children sometimes have trouble identifying and articulating some of the symptoms they are feeling," he said. "With adult patients, they will tell you what they're feeling and are more reliable about sending the data." 



The Cramer File

Hometown
Omaha, Nebraska

Undergraduate Degree
Creighton University in health care administration and policy

Medical Degree
University of Nebraska Medical Center

Residency
University of Louisville (Kentucky) in pediatrics and internal medicine

Fellowships
Medical College of Wisconsin in Milwaukee in pediatric cardiology and adult congenital heart disease

Title
Assistant Professor of Pediatrics and Internal Medicine, Cardiology Division

Institution
University of Nebraska Medical Center and Children's Hospital and Medical Center

Hobbies
Attending his girls' sporting events

Family
Wife, Kati Cramer, four daughters, Anna, Erin, Allison and Emily

Why He Joined MOMS
"I joined to be a part of the Omaha community."



TAKING A LOOK AT THE STATE OF EMERGENCY MEDICINE

Ten years ago, when Jordan Warchol, M.D., M.P.H., was beginning her career as an emergency physician, word in the medical arena was out to expect a shortage in ER doctors. In 2013, she recalled, matching into an emergency medicine residency spot was most difficult.

In response to the pending shortage, medical schools and health systems beefed up their residency programs in emergency medicine, she said, which now appears to be a reason that some residency programs have unfilled spots for students.

The number of open residency spots in emergency medicine reached a high in 2023, Dr. Warchol said, but that finding should be put in context. The gap was

caused by those beefed-up residency programs a decade ago, which were sparked by an overreaction of a predicted pending shortage of ER physicians.

The number of emergency medicine resident spots has increased significantly in the past decade. The American Association of Medical Colleges (AAMC) and others continue to predict a physician shortfall of more than 40,000 by 2030, which spurred community hospitals, private health care systems, and academic medical centers to establish new Graduate Medical Education programs.

Word of unfilled residency spots may lead some aspiring physicians to look elsewhere for their specialties, said Dr. Warchol, president of the Nebraska

Chapter of the American College of Emergency Physicians. "Students talk and they hear things. The perception that all these open spots must mean emergency medicine must not be a desirable specialty."

That perception would be misguided, she said. "The thought that A plus B equals C does not equate."

Dr. Warchol said, from her perspective, the predicted shortage of EM physicians hasn't materialized in her workplace, nor has she heard reports from her peers working in other institutions in the Omaha area.

Another recent trend is health institutions replacing their board-certified emergency physicians with mid-level practitioners – in some cases because of staffing issues, in others to cut costs.

“In an emergency department, there is nothing that can replace a board-certified, board-eligible physician who has completed residency training.”

—JORDAN WARCHOL, M.D.

Why has the Omaha area been mostly immune, when other parts of the country – for example, Chicago’s suburb – have seen fewer physicians and more mid-level practitioners working emergency departments? Dr. Warchol said she can only speculate. “The emergency medicine community in Omaha is a fairly small group. We’re lucky there is cohesion among us.”

In her leadership role with the American College of Emergency Physicians, Dr. Warchol said she and others keep tabs on trends about who is working in emergency departments. Those accounts, she’s heard, always have been about places other than the Midwest, especially the Omaha area. “They’re just not happening here.” Just because the Midwest isn’t part of this trend, Dr. Warchol said, doesn’t mean she isn’t watching. “It’s always on our radar.”

Dr. Warchol discussed other issues related to who is working in emergency departments:

The Emergency Medicine Residents’ Association previously reported of that while 64% of all emergency medicine practitioners in urban counties are emergency physicians, only 45% of practitioners in rural counties are. Rural counties make up the difference largely with non-emergency trained physicians: non-emergency medicine physicians make up 12% of EM clinicians in urban counties, but more than 28% of ED clinicians in rural counties. The percentage of EM clinicians who are advanced practice providers is relatively similar between urban and rural counties at 24.1% and 26.8%, respectively.

Dr. Warchol pointed out that while emergency departments may not be staffed by ER board-certified physicians, they may be staffed by physicians certified in other specialties, particularly family medicine. Rural area hospitals may not be able to attract board-certified EM physi-

cians to their locations, she said, and turn to physicians from other specialties and mid-level practitioners.

She has heard the report (a working paper by the National Bureau of Economic Research) that when emergency departments rely on staffing other than board-certified physicians, cost of care rises, length of stay in the ED increases and the likelihood of readmittance for later care is greater.

“In an emergency department, there is nothing that can replace a board-certified, board-eligible physician who has completed residency training,” said Dr. Warchol, staff physician for Nebraska Medicine and an assistant professor in UNMC’s Department of Emergency Medicine.

While the issue of emergency department staffing remains on her radar, Dr. Warchol said, she’s more concerned about patient boarding and the impact it is having on her specialty. The challenge, she said, stems from patients waiting to be transferred from an emergency department bed to one elsewhere in the hospital and subsequently other patients spending too much time in the ED waiting room until they can be seen.

Scientific American (March 26, 2023) shared this scenario: “You are an emergency physician, nurse or one of the countless other providers who contribute to this critical care. You want desperately to see the patient who has been waiting for hours, but the department is short staffed because of widespread nursing shortages, projected to create 450,000 open positions by 2025. Your ED is full of people ‘boarding’, or who need to be admitted to the hospital but are stuck - there are not enough beds available to transfer that person out of the emergency department



The Warchol File

Hometown

St. Paul, Minnesota

Undergraduate Degree

Creighton University
in biochemistry

Medical Degree

University of Nebraska
Medical Center

Residency

University of Nebraska
Medical Center in
emergency medicine

Fellowship

George Washington
University in Washington
D.C. in health policy

Specialty

Emergency Medicine

Titles and Institutions

Assistant professor, UNMC
Department of Emergency
Medicine; staff physician,
Nebraska Medicine
Emergency Department

Hobbies

Cooking and playing
with her son

Family

Her husband, Myles
Brown; and a son

Why She Joined MOMS

“I joined because I believe organized medicine is a professional duty to make sure our profession continues to grow.”

FROM PAGE 25

This leaves less space to see or treat the now growing line of people in the waiting room."

Dr. Warchol said the challenges EM physicians and the health care institutions they serve face to two-fold challenge:


The first is a nationwide shortage of nurses, and not just for those who staff emergency departments. The shortage stems, in part, from the pressures caused by COVID and the challenges bedside nurses experiences, she said. "The strain put on them from caring for sick patients for a long time at their personal risk," Dr. Warchol explained. "They didn't know what was going to walk through their door." Nurses working emergency departments face the additional pressure of seeing patients remain with them because they could not be transferred because of a shortage of beds or staff, Dr. Warchol explained.

The second is a byproduct of the first, Dr. Warchol said: The safety risk that occurs

when patients must wait to receive care. Staffing shortages can lead to overcrowding in emergency departments and, ultimately, patients waiting for too few hospital beds.

These institutional challenges mean health care organizations face a quandary: Where to place their resources, Dr. Warchol said. "Hospitals have financial incentives to prioritize patients who are there for surgical procedures – it's their bread and butter for keeping them afloat. Where does this leave those who require immediate emergency care?"

All this talk about shortages and staffing EDs hasn't diminished her passion for her work, Dr. Warchol said. And she'll explain why she remains passionate about her work with anyone who asks.

"I tell people that working in the ER is rewarding and fulfilling. And it's a privilege to take care of patients. If you feel it's your calling, we are excited to have you as an emergency physician." 

NEW MEMBERS

MELISSA HERNANDEZ, M.D.

*Methodist Internal Medicine
at Regency Clinic
Internal Medicine*

ALLISON LLOYD-MCLENNAN, M.D.

*UNMC – Dermatology
Dermatology*

GREGORY PETERS, M.D.

*Precision Imaging Consultants
Radiology, Diagnostic*

ERIN RAMELB, M.D.

*UNMC/Nebraska Medicine
Internal Medicine*

AFSANEH SHIRANI, M.D.

*University of Nebraska Medical Center
Neurology*

DARREN SPLONSKOWSKI, M.D.

*Nebraska Hospitalist LLC
Internal Medicine*



MEMBER NEWS

DR. DWORAK NAMED 2023 NEBRASKA PUBLIC HEALTH DEFENDER AWARDEE



Alex Dworak, M.D., a family medicine physician and associate medical director at OneWorld Community Health Centers, was recently named the 2023 Nebraska Public Health Defender awardee by the UNMC College Public Health. This award is given to rising leaders who – through perseverance, innovation, focus on equity and moral courage – are creating the conditions for all Nebraskans to thrive and be healthy.


In receiving the award, Dr. Dworak was noted for displaying and taking action with an unwavering commitment to health

equity and social justice. For over two decades, Dr. Dworak has been a consistent advocate and provider for marginalized people who face inequitable barriers to quality health care – low-income families, people with limited English proficiency, patients with substance use disorders and anyone facing challenges to ensuring their health and well-being needs are met.

In his ongoing mission to ensure equitable access to health care for all, Dr. Dworak has a proven record of success in serving and advocating for respectful, appropriate health care for LGBTQIA2S+ patients, with a focus on transgender and gender-nonconforming patients. He has

been an innovator in the field for serving LGBTQIA2S+ patients, changing the approach to health care for this vulnerable population.

He serves as an inspiration to OneWorld's staff and is committed to advocating for access to health care services among low-income and underserved populations.

Dr. Dworak, a long-time MOMS/NMA Member, is a past participant in the MOMS Community Internship program and was presented the NMA Physician Advocate of the Year award in 2022. 



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EARNs LEVEL 4 EPILEPSY CENTER ACCREDITATION

The Boys Town Pediatric Epilepsy Program received an official National Association of Epilepsy Centers level 4 accreditation, certifying the program's comprehensive approach to diagnosis and treatment of pediatric epilepsy patients.

"We are honored and excited to be the first pediatric-focused program in our state with a level 4 epilepsy center accreditation," said Deepak Madhavan, M.D., chief medical officer and vice president of medical affairs at Boys Town National Research Hospital.

Level 4 epilepsy centers serve as regional or national referral facilities for patients with complex epilepsies. To receive accreditation, programs must provide complex forms of intensive neurodiagnostic monitoring as well as extensive medical, neuropsychological and psychosocial treatment. Boys Town is one of a handful of centers across the country that is officially certified as a level 4 center and the only pediatric-focused hospital in the region to claim the accreditation.

The Boys Town Pediatric Epilepsy Program offers complete evaluation for surgery, including intracranial electrodes, and provides a broad range of surgical procedures for epilepsy.

In addition, Boys Town's team of pediatric epileptologists, specialized neurologists and board-certified pediatric neurosurgeons is supported by a host of advanced diagnostic and treatment methods including:

- Two next-generation MEG (magnetoencephalography) systems to pinpoint the area of the brain (down to the millimeter) causing seizures
- The Boys Town Epilepsy Monitoring Unit – one of the most technically advanced pediatric-focused inpatient imaging units in the region
- Genetic neurologists to diagnose genetic epilepsy syndromes
- Access to vagal nerve stimulation (VNS) and responsive neurostimulation (RNS) devices when medications can't control epileptic seizures
- Behavioral health experts and dietitians for individualized treatment plans. [🔗](#)



PERINATAL MENTAL HEALTH SERVICES NOW OFFERED

CHI Health continues to look for ways to expand mental health services to populations that are sometimes overlooked. As of May, two providers specially trained and certified in perinatal mental health are accepting patients.

Awareness of postpartum depression, once dubbed "the baby blues," has increased in recent years, but that's just one aspect of perinatal health, which spans the entire pregnancy through babies' first year. This time period can bring a lot of joy, but also a lot of stressors and challenges, and can be mentally, emotionally and physically hard for new moms. Furthermore, fathers, partners and other family members can also feel the impact of a new baby. In fact, some conservative estimates suggest that 1 in 10 fathers will develop postnatal depression in the year after having a baby.

A national grant through Molina Healthcare paid for two CHI Health Mental Health therapists to take an eight week training and education course followed by a certification test. The providers are equipped to identify and treat mental health needs both pre- and post-delivery, and can now see patients in person at CHI Health Lakeside or virtually.

CHI Health is also offering online perinatal mental health courses to providers who want training on the signs and symptoms of perinatal mental health problems. That includes nurses, doctors, family medicine providers, primary care physicians and OB-GYNs in rural and urban locations. [🔗](#)



CHILDREN'S HOSPITAL & MEDICAL CENTER AWARDED 2023-24 BELL SEAL AWARD FOR WORKPLACE MENTAL HEALTH

Children's Hospital & Medical Center has been awarded the 2023-24 Gold Bell Seal for Workplace Mental Health by Mental Health America (MHA), making it the only health care system in Nebraska to receive this meaningful recognition. The Bell Seal is a first-of-its-kind workplace mental health certification that recognizes employers who strive to create mentally healthy workplaces for their employees.

The Bell Seal recognizes employer advances in workplace mental health by awarding Bronze, Silver, Gold and Platinum recognition levels. Children's completed a rigorous evaluation of its policies and practices in four areas: workplace culture, benefits, compliance and wellness programs.

Children's status as a Bell Seal-certified organization demonstrates its ongoing commitment and investments to support team members' mental health and wellbeing. In 2022 alone, the organization rolled out robust, multi-dimensional wellbeing programs to address team members' emotional, social, financial, physical and community wellbeing. These strategic initiatives were created based on employee feedback.

"There's a critical connection between wellbeing and the strength, resilience and engagement of your team," says Janel Allen, Children's Executive Vice President and Chief People Officer. "We've made strides in the past few years, but we're not stopping here. We're committed to continuous improvement when it comes to our culture and the wellbeing of team members."

MHA is the nation's leading community-based nonprofit dedicated to addressing the overall mental health of all. MHA has spent decades researching mental health in the workplace, and in 2019, introduced the Bell Seal for Workplace Mental Health to recognize companies and organizations that understand the value of addressing mental health at work and implement policies and practices that support employee wellbeing. [🔗](#)



MATCH DAY DESCRIBED AS “EXCELLENT RESIDENCY MATCH YEAR”


Creighton University celebrated Match Day in March for graduating medical students. At Omaha and Phoenix ceremonies, Creighton students matched with residencies in 20 specialties across 30 states. Of the 165 students who participated, 92% matched into their No. 1 specialty.

Michael G. Kavan, Ph.D., associate dean for student affairs at the school of medicine, who oversees the match process for fourth-year medical students, reported “an excellent residency match year.”

Of the students matching:

- The most popular specialties were internal medicine (31), pediatrics (25), diagnostic radiology (16) and psychiatry (15).
- These were followed by general surgery (14), obstetrics and gynecology (13), family medicine (9), emergency medicine (7), neurology (7), pathology (4), anesthesiology (3), physical medicine and rehabilitation (3), plastic surgery (3), urology (3), medicine-pediatrics (2), ophthalmology (2), otolaryngology (2), orthopedic surgery (2), dermatology (1) and thoracic surgery (1).
- Creighton’s graduates will take their places across 30 states, including Arizona (22), California (17), Nebraska (11), Texas (11), Wisconsin (10), Illinois (10), Missouri (8), Ohio (8), Colorado (7) and Minnesota (7).
- 144 were involved in the National Resident Matching Program, six in the San Francisco Match, four in the American Urological Association Match and two in the Military Match. Some students, Dr. Kavan said, participated in more than one match.

Additional students, Dr. Kavan said, are pursuing research fellowships.

Some of the medical institutions that granted residencies to Creighton graduates are the Mayo Clinic School of Graduate Medical Education, Northwestern, the Cleveland Clinic, Rush, Penn, Vanderbilt, University of Chicago, Barrow Neurological Institute, University of California-San Francisco, University of California-Los Angeles, Duke and Johns Hopkins. 




HOSPITAL RANKS AMONG TOP 100

Methodist Fremont Health was recently recognized as a 2023 Top 100 Rural & Community Hospital. Compiled by The Chartis Center for Rural Health. This annual recognition program honors outstanding performance among the nation’s rural hospitals based on the results of the Chartis Rural Hospital Performance INDEX.

Methodist Fremont Health’s 2023 INDEX score was achieved through high marks in multiple categories, including patient care, outcomes, perspective and cost. Now in its 13th year, the INDEX has established itself as the industry’s most comprehensive and objective assessment of rural hospital performance across the country.

“We’re incredibly proud of the fact that Methodist Fremont Health is one of only two hospitals in Nebraska to receive this recognition,” said Brett Richmond, president and CEO of Methodist Fremont Health. “Even amidst uncertainty – like that of the COVID-19 pandemic – our commitment to improving our quality of care and securing better outcomes has never wavered. Every employee that makes up Methodist Fremont Health remains focused on patient safety and satisfaction no matter the challenges they’re dealt. This achievement is a true reflection of our commitment to our community.”

Established in 1940, Methodist Fremont Health became a Methodist Health System affiliate in 2018. It currently employs more than 720 full- and part-time staff members and has an active medical staff of more than 100 physicians and advanced practice providers. 




TRAINING THE NEXT GENERATION OF PHYSICIANS

At the University of Nebraska Medical Center, faculty members train the next generation of health care professionals to meet the workforce needs for Nebraska and beyond. In fact, UNMC’s education programs train more health professionals than any other institution in Nebraska.

Each year, UNMC’s fourth-year medical students join thousands across the country in the Main Residency Match – commonly referred to as Match Day, an annual rite of passage when students learn where they will train for the next three to seven years, depending on the medical area of their choice. Students are matched through a computer program to align their preferences for residency programs in order to fill the thousands of training positions available at U.S. teaching hospitals.

On March 17, 114 UNMC medical students learned their residency assignments, which begin in July. A total of 38% of UNMC students learned they will be staying in Nebraska for their training, and 50% matched in primary care, which includes family medicine, internal medicine, internal medicine/geriatrics, internal medicine/pediatrics, pediatrics and obstetrics/gynecology. In addition to Nebraska, UNMC students will be joining residency programs in 28 other states, from coast to coast.

Nationally, there were 40,375 residency positions, the largest number on record. 



APPLICATION FOR MEMBERSHIP



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

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Birthdate: _____ Gender: ☐ Male ☐ Female
Clinic/Group: _____
Office Address: _____ Zip: _____
Office Phone: _____ Office Fax: _____ Email: _____
Office Manager: _____ Office Mgr. Email: _____
Home Address: _____ Zip: _____
Home Phone: _____ Name of Spouse: _____
Preferred Mailing Address: _____
Annual Dues Invoice: ☐ Office ☐ Home ☐ Other: _____
Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other: _____

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From: _____
Medical School Graduation Date: _____ Official Medical Degree: (M.D., D.O., M.B.B.S., etc.) _____
Residency Location: _____ Inclusive Dates: _____
Fellowship Location: _____ Inclusive Dates: _____
Primary Specialty: _____

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

Signature

Date

FAX APPLICATION TO:
402-393-3216

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

APPLY ONLINE:
www.omahamedical.com



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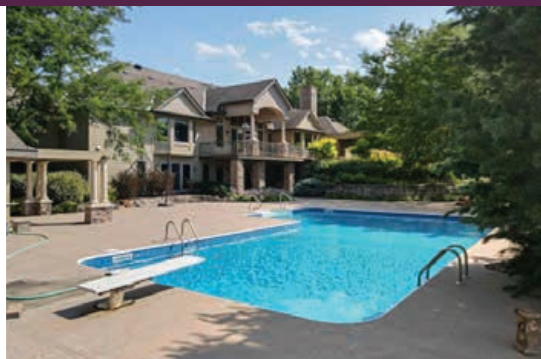


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