Physicians Bulletin

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Physicians Bulletin

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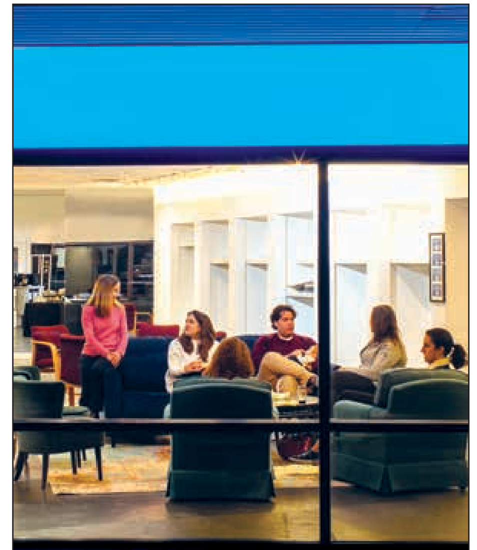

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MEDICAL SCHOOL INTERVIEW: MORE OF THE SAME

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

Thankfully, most of the questions I remember from my medical school interview now appear on the American College of Medical College's website. They are listed as "Examples of Inappropriate Questions." Age, marital status and desire to have children during training were the first questions I was asked during my interview.

I did not challenge the appropriateness of the questions. I simply answered. I was at the interview to get a letter of acceptance to medical school. I had completed the prerequisite courses and the MCAT. I had developed pre-prepared answers for the predicted, well-worn questions.

- "Why do you want to be a doctor?"
- "What is your favorite class?"
- "How do you feel about living in a rural community?"

I had even rehearsed the answer to "What is your greatest strength/weakness?" a thousand times. For the most part, the interview questions were asked and answered, leading to my acceptance to medical school.

Have things changed since then?

I looked at information available to students applying to medical school in 2023. The samples of interview questions currently posted seem to be similar to those I was asked many years ago.

- "Why do you want to be a doctor?"
- "What is a time you had a conflict and how did you solve it?"
- "Where do you see yourself in five, 10 and 15 years?"

Years ago, those questions seemed easy to answer – even if the answer had no relationship to the actual future. I was accepted and admitted to medical school. When I predicted the future, I did not anticipate the changes in the practice of medicine over the years, making it unrecognizable from the profession I entered.

If medicine has changed so much, why hasn't the interview changed? Does this method of selecting students actually find those persons who will be successful in the medical environment of the future?

For health care to work, it is important that physicians are successful. Medscape is tracking physician burnout at 53% in 2023. That number is increasing, another measure of the stress experienced by health care workers. Even if physicians outwardly appear successful, it is not without personal cost.

Does a high GPA or an excellent standardized test score predict the physician who will be successful in today's environment? I would argue that they will not.

Is the current interview process selecting for those who can be resilient physicians, or just selecting for those students who are easier to teach? Can the interview be changed? Should the questions reflect the day-to-day dilemmas that physicians face?

- "How do you feel about facing death and dying daily?"
- "How do you manage an excessive work load that has been assigned to you?"
- "How do you feel when you are uncertain about a course of action, and neither choice seems morally acceptable?"

"If medicine has changed so much, why hasn't the interview changed? Does this method of selecting students actually find those persons who will be successful in the medical environment of the future?"

— AUDREY PAULMAN, M.D.

- "Have you had experiences that would help you cope with an assault? Two-thirds of emergency room physicians report being assaulted by a patient."
- "What do you know about moral injury?"

Being a successful, resilient physician cannot be predicted by a high GPA, or the ability to memorize facts, or by completing standardized questions. Those items may be as silly as asking an applicant about age, marital status and number of children.

Medical science information now belongs to everyone. It no longer is available to a chosen few who have a proven ability to memorize prescribed facts. Knowledge has become open source. Artificial Intelligence makes the information easier for those without a formal medical education to understand, and information is available to all.

Health care is changing. Being a physician is all about thriving while working for and with people.

The medical school admission interview shouldn't be about who can get into medical school – it's about finding those who can and will be successful as a physician in the future.

Enjoy this edition of the Physician's Bulletin.

COMING EVENTS

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ADVOCACY IN MEDICINE: A VITAL FACET OF NEBRASKA'S HEALTH CARE LANDSCAPE

TRAVIS TEETOR, M.D.
President
Metro Omaha Medical Society

"As leaders in health care, physicians must craft a vision that focuses on patient-centered care. In order to achieve this goal, we must work together as a multi-specialty team and unite as one to help lead policymakers and community advocates toward common goals."
— TRAVIS TEETOR, M.D.

The landscape of medicine and health care in Nebraska is ever evolving. This requires physicians to continuously uphold the principles of advocacy and leadership to craft a winning strategy for Nebraska's citizens. Medical advocacy is a multi-faceted effort to promote, protect and defend the well-being of patients that we as physicians serve.

Coach Tom Osborne once said: "It's not about the individual. It's about the team." Although this statement was made in reference to sports, this holds true regarding medical advocacy as well. As leaders in health care, physicians must craft a vision that focuses on patient-centered care. In order to achieve this goal, we must work together as a multi-specialty team and unite as one to help lead policymakers and community advocates toward common goals.

As the 108th legislative session is beginning, it is critical for physicians to understand the importance of their advocacy efforts. Many resolutions have been introduced by the Unicameral that have significant bearing on both our patients as well as the overall health of our state's citizens. If we all work together as a team, instead of in our separate specialty silos, the impact of our broad-based testimony is powerful. Each specialty has a unique perspective of issues that arise throughout the legislative session. By working as a multi-disciplinary team, similar to the way we function in a hospital setting, the "House of Medicine" can be a powerful force in regard to advocacy.

Coach Phil Jackson, of the Chicago Bulls dynasty, also provided the following quote, again related to sports but is applicable to this subject material: "The strength of the team is each individual member. The strength of each member is the team." Working as a health care team, we must lean on the strength of each of our members to promote a united team. Achieving this goal will help address the diverse needs of all Nebraskans. In the advocacy arena, this team approach is vitally important.

Members of the Metro Omaha Medical Society may wonder what they can do to have a positive role in advocacy efforts. Here are four examples of ways members may assist:

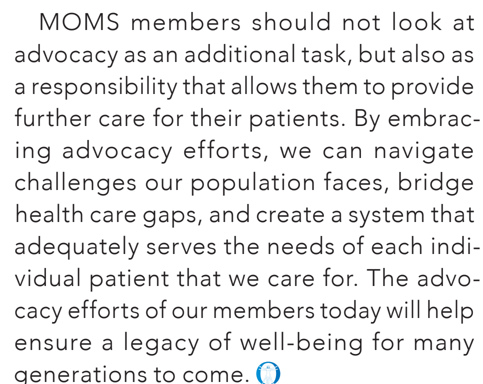
1. **Educate and Engage:** Members can become educated on health care policy and issues that affect our patients. Engaging in discussion with not only your patients, but also others in the medical community, allows members to acquire broad-based knowledge of how various issues impact the provision of medical services.

2. **Collaboration with Stakeholders:** Members can develop partnerships with community leaders, state senators, legislative staff and regulatory agencies. These relationships can be helpful when it comes time to advocate for specific issues. Although the focus of advocacy efforts is frequently in the legislative arena, there are also many policy decisions that occur through the regulatory agencies in the executive branch as well.

3. **Participate in Advocacy Events:** The Nebraska Medical Association Advocacy Breakfast will take place on Feb. 20 in Lincoln. Participation in this breakfast allows members to interact with key stakeholders in the Unicameral, as well as our colleagues from across the state. Many specialties also have their own individual advocacy events, both locally and nationally. These events allow members to share their experiences with others and learn from experts in the policymaking field.

4. **Nebraska Medical Political Action Committee (NMPAC):** The NMPAC supports candidates and politicians who understand and support the needs of Nebraska's physicians. By contributing to this PAC, members help to elect lawmakers who understand and demonstrate their commitment to our advocacy efforts. Any contribution to this PAC assists in providing support to key stakeholders who are instrumental in supporting the "House of Medicine."

MOMS members should not look at advocacy as an additional task, but also as a responsibility that allows them to provide further care for their patients. By embracing advocacy efforts, we can navigate challenges our population faces, bridge health care gaps, and create a system that adequately serves the needs of each individual patient that we care for. The advocacy efforts of our members today will help ensure a legacy of well-being for many generations to come.



THE VALUE OF TRUTHFULNESS IN HEALTH CARE ADVERTISING

> **"Nebraskans deserve to know whether the health care professional treating them has a medical degree or other qualifications."**
> — AMY REYNOLDSON

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

Often when patients seek treatment for their health care needs, they expect to see a doctor, one with a medical degree. Nebraskans deserve to know whether the health care professional treating them has a medical degree or other qualifications. Knowing who your treating provider is matters for obvious reasons but, most importantly, it helps patients understand who they are entrusting to help them with their medical needs, which often includes making life-or-death decisions.

Most patients understand the qualifications of a medical doctor, but it often gets a little fuzzy for patients when trying to understand the difference between a medical doctor and physician assistants (PA), nurse practitioners (NP), psychologists and optometrists (OD), to name just a few of the more common health care providers. Not only does the average patient not understand the differences between education, training and scope of practice of these health care professionals, but they get even more confused when health care professionals introduce themselves to the patient as "doctor."

Recently, patients, NMA members and leadership from health systems and clinics have inquired about the laws in place regarding this. Those that have expressed interest in this issue want to make sure that patients are not misinformed or misled about the qualifications of their health care provider. And just to clarify, the concerns brought forward have not only been focused on how treating providers introduce themselves to the patient, but also how they promote themselves on a website, Facebook and other social media platforms.

In Nebraska, we do have guardrails on how credential holders must conduct themselves when sharing their credentials to the public through face-to-face encounters as well as how the health care providers represent themselves in advertising, marketing and other communication materials.

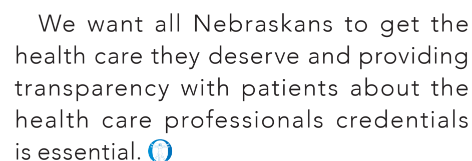
Nebraska Revised Statute 38-124, was amended in 2015 to read: (1) Any credential holder's advertisement for health care services shall identify the type of credential or credentials held by the credential holder pursuant to the definitions, titles, and abbreviations authorized under the practice act applicable to his or her credential or credentials or the examination designations required for a credential under the practice act applicable to his or her credential or credentials. The advertisement shall not include deceptive or misleading information and shall not include any affirmative communication or representation that misstates, falsely describes, or falsely represents the skills, training, expertise, education, board certification, or credential or credentials of the credential holder.

Should health care professionals misrepresent themselves to the public in any manner, they can be reported to their licensing board for review, according to Nebraska Revised Statute 38-178, except as otherwise provided in sections 38-1,119 to 38-1,123, a credential to practice a profession may be denied, refused renewal, or have other disciplinary measures taken against it in accordance with section 38-185 or 38-186 on any of the following grounds: (12) Use of untruthful, deceptive, or misleading statements in advertisements, including failure to comply with section 38-124.

Aside from the laws in place that currently address this, there are other effective strategies that can be utilized by health systems and clinics to ensure that health care professionals are accurately representing themselves to patients.

- Require all health care professionals to identify themselves clearly and accurately when meeting with or speaking with patients. This includes restating credentials when patients demonstrate confusion with titles.
- Require all health care professionals to wear a name tag during patient encounters that is visible and clearly identifies their credentials. For example, the credentials MD and DO should always be visible. In many of our Nebraska health systems and clinics, the credentials are on tags that hang below all other credential tags, often in bright colors and positioned where patients can easily locate them.
- Prohibit health care professionals associated with your health systems or clinics from advertising health care services or qualifications that are deceptive or misleading. This can be difficult to monitor given that many health care professionals moonlight or have employment commitments with multiple organizations during the same time.

We want all Nebraskans to get the health care they deserve and providing transparency with patients about the health care professionals credentials is essential.



FINANCIAL TRENDS IN THE HEALTH CARE INDUSTRY

JOSEPH HENRY
Vice President, Business Banking
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The start of a new year. It's a time when many of us are focused forward on what we hope to accomplish in the near future or thinking ahead about our long-term goals. These first months of 2024 are an ideal time to look at recent and continuing trends in health care as you consider any moves you might make. A closer examination of trends in financial investment in the health care industry, consolidation of providers and the composition of private practices can offer insights to help as you plan for future outcomes while keeping your current professional goals on schedule. Let's look at some highlights from the research into current trends in these three key areas.

Private Equity: Is private equity having an impact on the health care industry? The short answer is yes. A recent study from the American Antitrust Institute (AAI) indicates private equity firms are acquiring an increased number of physician practices across many areas of specialization. AAI found that in the span of 10 years from 2012 through 2021, the number of private equity deals increased from 75 to 484 – with the private equity market share in metropolitan physician practices becoming increasingly significant.

The study also correlates increased per-patient expenditure with private equity firm acquisitions. This has raised concerns about impact on competition, according to the institute, based on the increased costs where these firms hold more than 30% of market share.

Private Practice: In the makeup of private practices, we're seeing shifts in size, with a decline in the percentage of physicians working in smaller practices – those with 10 or fewer physicians – of almost 10 percent between 2012 and 2022, according to the AMA Physician Benchmark Surveys. Conversely, the surveys found that the percentage of those in practices with 50 or more physicians grew from 12.2% to 18.3%.

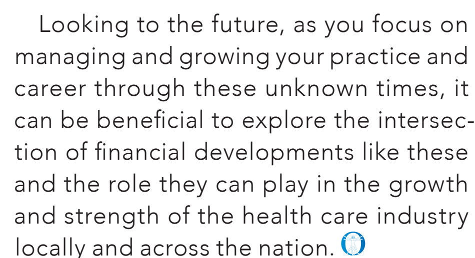
Another trend in private practice relates specifically to ownership. An AMA study into physician practice arrangements notes, specifically, that as physicians retire, newer physicians taking their places are significantly less likely to own practices. Looking at data from private practices during the years of 2012 to 2022, the AMA indicated that 54 percent of owners were between the ages of 45 and 54 in 2012. In 2022, physicians between the ages of 55 and 64 represented 49.7 percent of owners – indicating that of those owning practices in the same range of birth years had decreased about 4 percent. The AMA's analysis suggests these statistics indicate the decline in private-practice ownership comes primarily from the retirement of older physicians with fewer new physicians becoming owners.

Consolidation: In the final months of 2023, headlines reported a significant change in the number of consolidations based on increased mergers and acquisitions. While the height of the COVID-19 pandemic saw a marked reduction in merger and acquisition activity, strong signs of rebound in 2023 suggest this trend of increased consolidation will continue this year and into the future.

A recent analysis of this trend, based in part on a survey by Deloitte, suggests a key question around moves to consolidate involves strategy. Specifically, what is the best way to ensure the consolidation transaction supports the achievement of strategic goals? Another insight from Deloitte's study: Some health care organizations are connecting with innovators in technology and other spaces to better meet the needs and expectations of today's patients and consumers.

"These first months of 2024 are an ideal time to look at recent and continuing trends in health care as you consider any moves you might make."
— JOSEPH HENRY

Looking Ahead: While the remainder of this year could bring changes in a variety of areas that impact the health care industry, these trends in private practice, consolidation and private equity investment are likely to continue, barring significant economic changes.



Looking to the future, as you focus on managing and growing your practice and career through these unknown times, it can be beneficial to explore the intersection of financial developments like these and the role they can play in the growth and strength of the health care industry locally and across the nation.

Sources:

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BEYOND BEDSIDE MANNERS: THE EVOLUTION OF A CALLING TO TEACH AND HEAL

KELSEY TIEKEN, M.D.
General Surgery Resident
UNMC

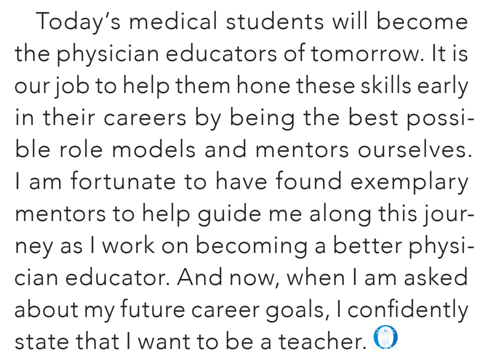
I can't remember a time when I did not want to be a doctor. Growing up, biological sciences and the human body fascinated me. However, with no family members or early mentors in health care, I was naïve to the different roles that can exist within the career of 'physician,' or the fact that among those opportunities was teaching. If you had asked me in high school if I was interested in becoming a teacher, I would have confidently said no. Not because I did not recognize the value of teachers, but because I was an artist and a scientist. I have always loved working with my hands and, to me, medicine was about studying and fixing patients. Conversely, teaching seemed like a separate world.

As I pursued my undergraduate degree as a pre-medical student, I got a job as a teaching assistant for the university's anatomy labs. I began this position excited for the hands-on work studying my favorite subject, but I started to look forward to the sessions for another reason. I loved finding new ways to make concepts "click" for my students. Seeing them learn anatomy and articulate the complex relationships between organ systems as they advanced through the semester filled my bucket so much that I delayed applying to medical school for a year so that I could have another two semesters free to teach this course.

Despite discovering this new passion and starting medical school, I had not connected it to my future as a physician until I met an unlucky young woman during my clinical rotation on the thoracic surgery service. She was recovering from her second lobectomy for lung cancer and her post-operative progression was slower and more emotionally and physically draining than expected. One day, she confided in me that she had no idea what the team was discussing during bedside rounds each morning and wanted to learn more about her daily chest X-rays.

The team was exceptionally busy, but I had some free time that afternoon so I went back to talk with her. I walked her through the anatomy of her X-ray, including what was normal or expected and what was abnormal – the things hindering her recovery from surgery. For the remaining weeks that I spent on that service, it was my routine to circle back and review her imaging with her every afternoon. Within a few days, she independently recognized the anatomy on the scans and its significance to her treatment decisions. These interactions were something I looked forward to, and during the draining process of trying to complete my ERAS application, they were often one of the few things that filled my bucket back up.

In reflection, this was my "aha" moment that teaching is an integral part of what we do in medicine. Regardless of the type of practice or specialty we end up in, we all have an incredibly important role as physician educators. We must be able to teach trainees not only clinical knowledge and procedural skills but also how to be effective educators – something that a majority of medical school and residency program curricula do not cover, despite the fact that teaching is one of the main pillars of academic medicine. Improving healthcare in the US relies on our ability as educators to train competent future healthcare providers by adapting to an ever-changing environment, including exponential growth in the amount of knowledge our learners must digest and the technology available for them to accomplish this. But we also have the responsibility to educate patients about their disease processes so that we can empower them to understand and take control of their own health needs.



Today's medical students will become the physician educators of tomorrow. It is our job to help them hone these skills early in their careers by being the best possible role models and mentors ourselves. I am fortunate to have found exemplary mentors to help guide me along this journey as I work on becoming a better physician educator. And now, when I am asked about my future career goals, I confidently state that I want to be a teacher.

> **Today's medical students will become the physician educators of tomorrow. It is our job to help them hone these skills early in their careers by being the best possible role models and mentors ourselves. I am fortunate to have found exemplary mentors to help guide me along this journey as I work on becoming a better physician educator."**
>
> — KELSEY TIEKEN, M.D.

REDUCING DEMANDS ON PHYSICIAN TIME:

Two Local Approaches

Demands for access to physicians is increasing. The growth of electronic medical records and patient portals provide additional opportunities for this access. Measures taken by two local health care organizations were all about addressing the demand on physicians' time.

To understand the rise in demand of physician access, a University of California San Francisco researcher noted that even after pandemic lockdowns ended, physicians fielded over 50% more patient messages than before. The researcher reported that physicians who receive a significant number of portal messages tend to report being burned out, tend to report being more cynical about their jobs and tend to report they are considering leaving their clinical practice.

National Public Radio, in a July segment, reported: "Patients love that direct contact with their doctors – so much so their messages are overwhelming doctors' inboxes. Now, some patients are getting billed by hospitals or health systems for some responses to their message queries."

Dozens of health care systems throughout the United States – Cleveland Clinic, the Mayo Clinic and the U.S. Department of Veterans Affairs among them – have implemented processes where health systems bill patients (or their insurance carriers) for electronic messaging through patient portals. Stipulations apply.

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The **Frankel** File

Hometown
Omaha, Nebraska

Undergraduate Degree
University of California San Diego in animal physiology

Medical Degree
University of Nebraska Medical Center

Residency
University of Texas Southwestern Medical Center in Dallas in neurology

Title
Chief medical officer

Institution
Nebaska Medicine

Title
Associate professor of general neurology

Institution
UNMC

Hobbies
Family, golfing and cooking

Family
Jan Peterson Frankel, M.D.; four children, Sarah Frankel Russell, Emily Frankel, Hannah Frankel and Sam Frankel

Why He Joined MOMS
"Primarily to benefit from physician collegiality, professional support and organizational advocacy for physicians."

FROM PAGE 15

Lindsay Northam, M.D., an internal medicine physician at Methodist Health System, and Harris Frankel, M.D., Nebraska Medicine's chief medical officer, explained how their health systems responded to the growing demand on physician time that emerged during the pandemic and has continued to increase since. Nebraska Medicine started its own billing policy for messaging in September. Methodist Health System has tried to utilize systems to help physicians manage their patient workload more efficiently with telehealth utilization as needed.

Dr. Frankel said Nebraska Medicine took its approach of billing patients for physician responses to their portal queries because "we recognized, as did our physicians, the high number of messages they receive." In 2022, Nebraska Medicine received 1 million portal patient advice requests.

"Not every message is a quick response or a short conversation," Dr. Frankel said. "Some take time to work through."

Nebraska Medicine guidelines regarding what may be billed include:

- Queries that require medical expertise and more than five minutes of provider time.
- Queries about new symptoms that require medical assessment or referral.
- Queries that result in changes to medications.
- Queries about requests to complete medical forms.

Requests through the patient portal that remain unbilled include requests for a prescription refill, to schedule an appointment, follow-up care related to a recent (within the past 90 days) surgery, and a patient update that requires no response.

"Not every message is a quick response or a short conversation, some take time to work through."

— HARRIS FRANKEL, M.D.

Since implementation, Dr. Frankel said, less than 1 percent of the portal patient advice requests have resulted in the patient – or his or her insurance – being billed. "We're obviously being thoughtful about this," he said.

In some situations, Dr. Frankel said, the requests may lead to a recommendation for a telehealth or in-person visit to ensure "the right care at the right time for the right reason."

The benefits Nebraska Medicine's approach from a physician viewpoint, Dr. Frankel said, is "they feel their time is valued. They get rewarded from a work credit standpoint."

Based on Nebraska's Medicine's ongoing review, Dr. Frankel said, "patients report that they realize they are receiving a level of service when they need it most."

"We follow the metrics," Dr. Frankel said, "and continually ask physicians about their workflow and if they are satisfied with the way it's going. We also look and listen to patient comments – the good, bad or indifferent."

Nationally, there is a counterview on the effectiveness on billing for patient portal communication. A Stanford University professor emeritus, for example, wrote (in Pediatric Perspectives from the American Academy of Pediatrics) that the practice made no sense from an administrative perspective because of the high administrative costs associated with it.

Methodist has focused on helping physicians work more efficiently outside of the patient room. Dr. Northam said physicians are encouraged to participate in an in-person master class that focuses on efficiency and improving workflow. Candidates are identified based on the amount of time

they spend after scheduled work hours on charting. "Most physicians that do so have significant increases in efficiency and improved satisfaction with the non-face-to-face time duties," she said.

Dr. Northam said she works to protect her off time but makes exceptions when, following their clinic visits, her patients require additional communication through the Methodist My Care patient portal. She said she regularly encourages her patients to message her. For queries that require additional time, have multiple concerns or if the questions asked are enough, in nature, to generate a bill, she said, she has the option to call for a telehealth visit.

Telehealth visits are billed to patients and their insurances at the same rates as an in-office visit. Ultimately, the outcome to the issue may be the same, but the patients are more satisfied with this option. Personally, Dr. Northam said, she is more satisfied as the issue is usually immediately addressed with the conversation rather than generating more follow-up messages, which saves her time in the long run.

Dr. Northam said she continues to work toward finding balance in her life. "If I am doing work at work, I want to be able to be efficient. For me, work is work and home is home. Once I am home, I dedicate my time to my family."

Hospitals and health care systems across the metro Omaha area continue to explore ways to provide the quality of care and the physician access patients want in a way that takes into consideration the demands placed on physicians.

Methodist has focused on helping physicians work more efficiently outside of the patient room."…"Most physicians that do so have significant increases in efficiency and improved satisfaction with the non-face-to-face time duties."

— LINDSAY NORTHAM, M.D.

The **Northam** File

Hometown
Norfolk, Nebraska

Undergraduate Degree
Nebraska Wesleyan in biochemistry and molecular biology

Medical Degree
University of Nebraska Medical Center

Residency
Creighton University Medical Center in internal medicine

Specialty
Internal medicine

Title
Medical director of care transitions

Location
Methodist Physicians Clinic

Hobbies
Baking, photography and everything Disney

Family
Husband, Matthew

Why She Joined MOMS
"You find people in MOMS who are like-minded. We need each other."

120 POUNDS LATER:

Dr. Sjulin Now Practices What He Preaches

Dave Sjulin, M.D., admits he always felt hypocritical when he advised his patients that the best way to overcome sleep apnea was to lose weight and lead a healthier lifestyle.

Bottom line, Dr. Sjulin didn't practice what he preached, and often had to qualify the advice he gave to his patients.

"Here I was having sleep apnea and I am overweight," he recalled. "Those were uncomfortable conversations, mostly because they weren't very effective." Dr. Sjulin found he could sympathize with his patients' plight, but he couldn't offer practical, applicable advice.

That's because by 2019 his weight had ballooned to 320 pounds. "When you get to that weight, one of the things that happens is you give up hope that you can get back to a normal lifestyle. When you lose hope, you let bad habits take control of your life."

Four years and 120 pounds later, Dr. Sjulin offers a different message to his patients: "Now, I give my patients immediate actionable advice that they can walk out of my office and start doing." His advice focuses on intermittent fasting, reduced carbohydrate intake and increased exercise.

"My patients see that it works. They are the same patients I have been seeing for years."

To understand how Dr. Sjulin, an ear, nose and throat specialist at Boys Town National Research Hospital, got to his heaviest and then worked his way free of more than one-third of his weight means stepping back to his childhood.

He was born prematurely and was under normal weight through age 5. "I spent the rest of my life making up for that," noting that he struggled with his weight beginning in junior high school.

CONT. PAGE 20

> I made my weight loss goal my most important daily decision. I began to read food labels and learn about counting carbs."
>
> — DAVE SJULIN, M.D.

FROM PAGE 19

At age 40, he fractured his back on a ladder while painting. The consistent back pain caused by a pinched nerve and arthritis that formed in the fracture curbed his physical activity and promoted his weight gain. He developed unhealthy eating habits: For example, on his return home to Omaha from his hometown Shenandoah, Iowa, where he conducted a monthly outreach clinic, he often would stop at Casey's for several slices of pizza. "Then I would come home and have dinner."

His weight peaked. He developed diabetes, obstructive sleep apnea and high cholesterol. He stopped doing longer surgeries that required prolonged standing because he could no longer stand for hours at a time. "My weight restricted what I could do professionally." And personally.

For years, he prayed that God would just take his weight away "in a blink of an eye, and I would have an amazing testimony."

Then, he decided "if I want a miracle, I need to be a part of it. I decided if I didn't like my future, I needed to change it. Turns out while God didn't need me, He wanted me to be a part of my weight loss journey."

The epiphany came while he was playing in a golf event in Shenandoah to honor his parents – who were staunch supporters of the local hospital, and to commemorate Dr. Sjulin's 17 years serving the community through his outreach clinic.

He was standing on the 12th green, supporting himself with his wedge and putter and basically using the clubs as a walker. "My brother asked me, "When are you going to do something about your weight?"

The next day he started his diet and worked to increase his exercise routine. "I learned you can never out-exercise your fork."

"When they ask me what happened? How did I do it? I get the opportunity to tell them my story and hopefully help them too."

— DAVE SJULIN, M.D.

He finally took his own doctor's advice and began intermittent fasting, restricting his carb intake and ramped up his exercise. Ironically, the pandemic helped his effort. With his patient count limited, Dr. Sjulin found he had ample time to exercise daily. He lost 30 pounds in three months – and kept going. "I made my weight loss goal my most important daily decision. I began to read food labels and learn about counting carbs."

He also found an accountability partner, advice he suggests his patients follow. He competed with a friend to see who could get down to 200 pounds first. The two still argue, he said, about who saw a "1" on their scale first. He also advises weighing daily to see the near immediate consequences of your food choices.

On a side note, while he was his heaviest, Dr. Sjulin sought back surgery to ease the pain caused by arthritis from the back fracture. His surgeon told him he wouldn't operate on Dr. Sjulin until he lost 60 pounds. So, Dr. Sjulin returned for another consult after he had lost 120 pounds.

"He (his surgeon) told me he never thought he would see me again," Dr. Sjulin said. "He told me he didn't think I could lose that kind of weight without surgical intervention." A local weight loss surgeon told him less than 5% of obese people successfully lose weight and keep it off without weight loss surgery. (The back surgery occurred in 2021 and Dr. Sjulin saw strong improvement but is considering a second surgery to address the remaining pain on his left side)

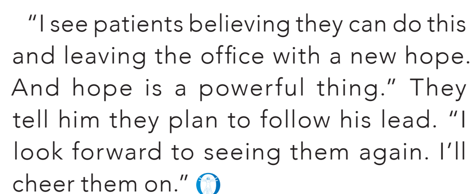
His checklist reads like this: Sleep apnea – gone. High cholesterol and diabetes-gone. Medications no longer needed. And he's no longer restricting surgeries in the operating room. He has hiked in Colorado and Utah, competed in a Sprint Triathlon with daughter Lotte and finished a 100-mile cycle ride suggested by daughter Lucy. "Today when I see my future, I like what I see."

These days, Dr. Sjulin continues his exercise routine – which focuses on cycling – while still watching what he eats. He does give himself permission to indulge on a given day, followed by several days of following his diet. "You just have to do more days right than you do wrong."

He said his patients have also taken notice, and on several occasions, didn't even recognize him. "When they ask me what happened? How did I do it? I get the opportunity to tell them my story and hopefully help them too."

The story he tells his patients comes with the reassurance that they too can experience similar success. The key is getting started, he said, and starting right away – not tomorrow or the next day, week or month. He also tells them it's possible to lose weight without incurring the high costs or risks of weight loss surgery. He shares that with daily discipline practicing healthy habits, you can keep the weight off.

"It doesn't take anything extraordinary. It's something you can go home and start doing right away. You can get started right now – just on your own. You don't need a fancy program.



"I see patients believing they can do this and leaving the office with a new hope. And hope is a powerful thing." They tell him they plan to follow his lead. "I look forward to seeing them again. I'll cheer them on."

The **Sjulin** File

Hometown
Shenandoah, Iowa

Undergraduate Degree
University of Nebraska-Lincoln in English

Medical Degree
University of Nebraska Medical Center

Residency
Creighton University Medical Center in general surgery; UNMC in ear, nose and throat

Specialty
Ear, nose and throat

Location:
Boys Town National Research Hospital

Hobbies
Cycling, cooking, golfing and traveling

Family
Ann Sjulin, M.D., and three daughters, Lucy, Lotte and Jacki

Why He Joined MOMS
"To support the metro Omaha medical community."

DRS. FORD & COUGHLIN:
The Right Time to Resurrect MOMS' Community Internship Program

It's back.

MOMS' Community Internship Program, which was shelved during the pandemic and for several years after, is back – with the same purpose, but a revised format.

The MOMS Community Internship Program, which launched in 1992, provides community leaders with a first-hand look at the intricacies of medicine during their time shadowing MOMS member physicians as they treat patients, perform surgeries and conduct follow-up care.

"It's time to bring this program back because we know the impact it has had on those who have participated in years past," said Andrew Coughlin, M.D., MOMS' Public Relations Committee chair. "We're introducing a new approach to this year's program – one with a goal to be more accommodating to our participants: our community interns and the physicians who serve as their health care partners."

Prior to the pandemic, community interns shadowed their health care partners over a period of one week. The program culminated with a reception where interns and their partners would talk about their experiences.

"It was always a great way to finish the program," Dr. Coughlin said.

But the format didn't take into consideration the busy schedules of physicians and the community leaders with whom they were paired, Dr. Coughlin said. While the internship program was on hiatus, Dr. Coughlin said, MOMS leaders – with Laura Polak (MOMS marketing and membership director) as its champion – explored how the program could be more participant-centric.

Beginning in 2024, community interns and their health care partners will have most of the year to schedule their time together. This approach, Dr. Coughlin said, is aimed to enable greater participation and flexibility from both groups.

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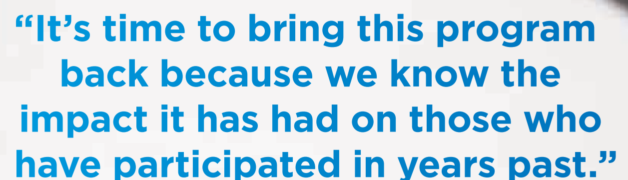


The **Ford** File

Hometown
Jacksonville Beach, Florida

Undergraduate Degree
Texas A & M in zoology

Medical Degree
University of Nebraska Medical Center

Residency
Jewish Hospital of St. Louis, Washington University and St Louis University in internal medicine

Specialty
Allergy and asthma

Title
Founder and president

Location
The Asthma & Allergy Center

Family
Widow of R. Joe Dennis; daughter, Wendy Paulson; six grandchildren and two great-grandchildren

Why She Joined MOMS
"You always should give back to your profession. It's part of the oath we take when we graduate from medical school."

FROM PAGE 23

"There was always a barrier," Dr. Coughlin said. "It was difficult for our participants to pinpoint one week when they could spend time – a half-day, full day or more – together in the clinic and the operating room."

MOMS' Community Internship Program previously has drawn local and state lawmakers, insurance professionals, journalists and other community leaders.

That target audience was by design, said Linda Ford, M.D., who previously led MOMS' Public Relations Committee. "It's important to let community leaders see what we do and the constraints that sometimes are placed on the way we practice medicine." The program also allows participants to see the benefits their communities realize when when both private and public institutions work together rather than in silos.

Dr. Ford said the program needed to be tweaked to better accommodate participants, and the pandemic provided the timeframe. She said she is confident that the revised version will prove to be successful.

Personally, she said, she has never had a patient turn down her request to have a community volunteer be part of a clinic visit. "No one has ever turned us away."

State Sen. Rita Sanders has participated in the internship program twice – once as Bellevue's mayor and later when she worked on former Rep. Jeff Fortenberry's staff. Both times, she said, were learning experiences.

Her first time as a community intern, her partner saw patients at OneWorld Community Health Centers in Omaha. "While I would see OneWorld driving to Bellevue each day, I had never been inside. I received a direct look at what they do from the inside. It was an eye-opener for me."

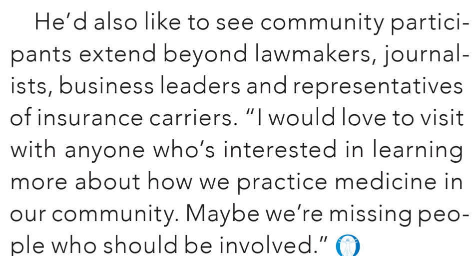
When OneWorld opened a dental clinic in Bellevue, Sanders said, she already was familiar with the organization and the service it provided. She also was paired with a physician who treated hospice patients. During her second stint, Sanders shadowed Dr. Ford at her clinic.

"It's important to let community leaders see what we do and the constraints that sometimes are placed on the way we practice medicine."

— LINDA FORD, M.D.

Sanders said her time spent shadowing physicians has been well worth it. "I learned if a community isn't functioning, we must ask what we can do to assist programs that keep it healthy."

Dr. Coughlin said MOMS would like to grow its cadre of physicians who are willing to be paired with community leaders – whether they can spare a half-day, full-day or more. "It's really a call to action – and a way to be involved with your medical society and serve your community."



He'd also like to see community participants extend beyond lawmakers, journalists, business leaders and representatives of insurance carriers. "I would love to visit with anyone who's interested in learning more about how we practice medicine in our community. Maybe we're missing people who should be involved."

Member physicians interested in participating in the Community Internship Program may register online at https://omahamedical.com/get-involved/community/community-internship-program/.

The **Coughlin** File

Hometown
Council Bluffs, Iowa

Undergraduate Degree
Nebraska Wesleyan University, Biochemistry and Molecular Biology B.S.

Medical Degree
University of Nebraska Medical Center

Residency
University of Texas Medical Branch at Galveston, Otolaryngology-Head and Neck Surgery

Fellowship
Methodist Estabrook Cancer Center in head and neck surgical oncology and microvascular reconstruction

Specialty
Head and neck surgical oncology

Institution:
Methodist Estabrook Cancer Center and Methodist Jennie Edmundson Hospital

Hobbies
Coaching soccer, F3 Omaha and Running

Family
His wife, Jennifer Coughlin; and three children, Claire, Lucas and Julia

Why He Joined MOMS
"To serve the local medical community and advocate for our profession."

NEW MEMBERS

MADALYN ADAMS, M.D.*
Creighton University
General Surgery

OKOE AKOTO, D.O.*
Clarkson Family Medicine Residency Program
Family Medicine

ADEYINKA ALADEJARE, MBBCHB*
Clarkson Family Medicine Residency Program
Family Medicine

JOSHUA BABBIN, M.D.*
Creighton University - Internal Medicine
Internal Medicine

MATTHEW BALLWEG, M.D.*
UNMC - General Surgery
General Surgery

MATTHEW BECAR, M.D.*
UNMC - Anesthesiology
Anesthesiology

CHRISTOPHER DETHLEFS, M.D.*
UNMC - Pediatrics
Pediatric Internal Medicine

PAUL DORAN, M.D.*
UNMC - Internal Medicine
Internal Medicine

CALIN DUMITRESCU, M.D.*
Clarkson Family Medicine Residency Program
Family Medicine

BEATRICE EGBOH, MBBS
Children's Physicians Clinic
Pediatrics

KELSEY FILLMAN, M.D.*
UNMC - Internal Medicine
Internal Medicine

EMILY FLEMINGTON, M.D.*
UNMC - Internal Medicine
Internal Medicine

JAKE FOWLER, M.D.*
UNMC - Pediatrics
Pediatric Internal Medicine

MICHAEL GARNEAU, M.D.*
UNMC - Orthopedic Surgery
Orthopedic Surgery

KATELYN GIBSON, M.D.*
Creighton University - OB/GYN
Obstetrics and Gynecology

LAUREN GLASNER, D.O.*
UNMC - Pediatrics
Pediatrics

JELENA GRIFFIN, M.D.*
Clarkson Family Medicine Residency Program
Family Medicine

HERNAN HERNANDEZ, M.D.
Methodist Colon and Rectal Surgery
Colon and Rectal Surgery

YONI HERSKOVITZ, M.D.*
UNMC - Internal Medicine
Internal Medicine

NATHAN HOGENMILLER, M.D.*
UNMC - Emergency Medicine
Emergency Medicine

CARLOS IZARRA BOSCAN, M.D.*
UNMC - Pediatrics
Pediatrics

M. LAYNE JENSON, M.D., MBA
Boys Town Pacific Street Clinic
Orthopedics and Sports Medicine

STEPHEN KOVACH, M.D.*
UNMC - Internal Medicine
Internal Medicine

SERIN LEE, D.D.S., M.D.*
UNMC - Oral and Maxillofacial Surgery
Oral and Maxillofacial Surgery

MAY LI, D.O.*
Creighton University - Internal Medicine
Internal Medicine

KATHERINE LODHIA, M.D.*
UNMC - Internal Medicine
Internal Medicine

CHRISTOPHER MATHEWS, M.D.*
Creighton University - Internal Medicine
Internal Medicine

AARON MURRAY, M.D.*
UNMC - Internal Medicine
Internal Medicine

BLAKE NEECE, D.D.S., M.D.*
UNMC - Oral and Maxillofacial Surgery
Oral and Maxillofacial Surgery

HANNAH NELSON, M.D.*
UNMC - Surgery
General Surgery

ASHTON NEYLON, M.D.*
UNMC - Internal Medicine
Geriatric Internal Medicine

MOLLIE OUDENHOVEN, M.D.
Children's Hospital and Medical Center
Dermatology

LOGAN PETER, M.D.*
UNMC - Surgery
General Surgery

KRYSTINA PETER, M.D.*
UNMC - OB/GYN
Obstetrics and Gynecology

JAIME PIEPER, D.O.*
Clarkson Family Medicine Residency Program
Family Medicine

ANNA PODBER, M.D.*
Creighton University - Surgery
General Surgery

RAJANI RANGRAY, MBBS
Midwest Gastrointestinal Associates
Gastroenterology

REMMY ROCHA, M.D.*
UNMC - Family Medicine
Family Medicine

JAKE RODGERS, D.O.*
UNMC - Orthopedic Surgery and Rehab
Orthopedics, Surgery

BRIAN SAYLES, M.D.*
UNMC - Internal Medicine
Internal Medicine

JONAH SCHEFFLER, M.D.*
UNMC - Pediatrics
Pediatrics

KRISTINA SEVCIK, M.D.*
UNMC - Pathology
Pathology, Anatomic and Clinical

**Resident*

NEW MEMBERS cont'd

LOGAN SPENCER, M.D.*
UNMC - Internal Medicine
Internal Medicine

GEENA TANGEMAN, M.D.*
UNMC - Family Medicine
Family Medicine

KLAUS THALER, M.D.
CHI Health CUMC Bergan Mercy
Colon and Rectal Surgery

LAUREN TIMM, M.D.*
UNMC - Emergency Medicine
Emergency Medicine

KAITLYNN TOBEN, D.O.*
UNMC - Pediatrics
Pediatrics

VICTORIA VAN ROY, M.D.
UNMC - Dermatology
Dermatology

VANESSA VOSS, M.D.
UNMC - Dermatology
Dermatology

JESSE WEBB, M.D.*
UNMC - Emergency
Emergency Medicine

HANNAH WESSLUND, M.D.*
UNMC - Family Medicine
Family Medicine

NATHAN WHITLEY, M.D.*
UNMC - Pediatrics
Pediatrics

KARI WOLATZ, M.D.*
Creighton University - Psychiatry
Psychiatry

MADISON WOLFE, M.D.*
UNMC - Pediatrics
Pediatrics

ABBY WOLFE, M.D.*
UNMC - Pediatrics
Pediatrics

NICOLE WOZNY, M.D.*
UNMC - Pediatrics
Pediatrics

MORGAN ZABEL, M.D.*
UNMC - Internal Medicine
Internal Medicine

**Resident*

PEDIATRIC SPINE PROCEDURES NOW OFFERED

Boys Town Orthopaedist Layne Jenson, M.D., is now offering scoliosis and spine surgeries to pediatric patients with conditions affecting the vertebrae and spinal cord. Along with sports injuries and limb deformities, Dr. Jenson has a special interest in spinal deformities.

"In the orthopaedic industry, life-changing care is all about restoring function," said Dr. Jenson. "Our patients have trouble doing what they want to do, sometimes because of injury, sometimes because of deformity or some other dysfunction. We have tools to address those problems and restore their ability to move, play and live the way they want to."

The addition of spinal services to the existing range of orthopaedic surgeries only benefits the Boys Town goal of treating the whole patient. Partner surgical intervention with treatment plans that emphasize strength and flexibility, and patients will be leading the active life they're used to in no time,

For more information or questions regarding Boys Town Orthopaedics and Sports Medicine, please call the office at (531) 355-6800.

NEBRASKA'S FIRST SUTURELESS VALVE PROCEDURE

In a groundbreaking medical milestone, the Cardiovascular Surgery team at CHI Health CUMC-Bergan Mercy has performed an aortic valve replacement using a sutureless valve – the first in the state.

Spearheaded by CHI Health Cardiac chief of surgery, Robert Gallegos, M.D., this novel approach signifies a significant leap forward in cardiac surgery.

The procedure, the first of which was performed in November, utilized a sutureless bioprosthetic valve, a major departure from traditional SAVR valves, boasting a design that eliminates the need for a sewing cuff.

What sets this sutureless valve apart is its remarkable efficiency, reducing the typical operating time by one-half when compared to conventional SAVR procedures. This time-saving aspect holds tremendous promise, especially in cases involving multiple procedures or higher-risk patients. A shorter operating time translates to reduced exposure to anesthesia and less reliance on the cardiopulmonary bypass machine, ultimately leading to swifter and smoother recoveries for patients.

Another benefit of this technique is its compatibility with Transcatheter Aortic Valve Replacement (TAVR) procedures that opens avenues for easier valve replacements without the need for reopening the patient, fostering a progressive approach to future cardiac interventions.

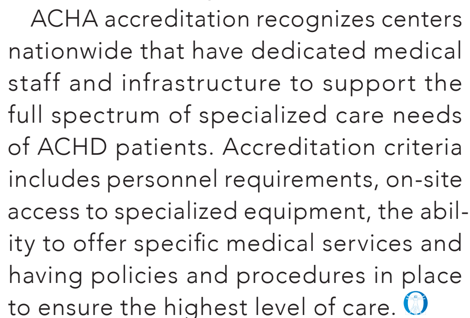
As of December, Dr. Gallegos and his team have successfully done six cases.

ADULT CONGENITAL HEART DISEASE PROGRAM BECOMES FIRST TO RECEIVE RE-ACCREDITATION

The Adult Congenital Heart Disease (ACHD) program at Children's Nebraska is the first nationally to be awarded re-accreditation by the American Congenital Heart Association (ACHA). The Midwest & Omaha Congenital Heart and Aortopathy program is the only one of its kind in the region and is a collaborative partnership between Children's Nebraska's highly specialized cardiac care team and Nebraska Medicine.

Established in 2017, the ACHD program is led by medical director Jonathan Cramer, M.D., a pediatric and adult cardiologist at Children's and Nebraska Medicine, and surgical director Ali Ibrahimiye, M.D., a pediatric cardiothoracic surgeon at Children's and Nebraska Medicine.

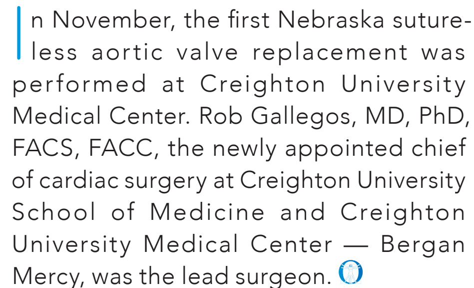
With a team of cardiology and heart surgery experts and the latest techniques and resources, the ACHD program helps children with the most complex needs transition seamlessly to comprehensive adult congenital heart care for a lifelong care experience that begins at Children's. Congenital heart disease (CHD) is the most common birth defect in the United States, diagnosed in close to 1% of U.S. births, and two-thirds of the CHD population are over 18 years old.



ACHA accreditation recognizes centers nationwide that have dedicated medical staff and infrastructure to support the full spectrum of specialized care needs of ACHD patients. Accreditation criteria includes personnel requirements, on-site access to specialized equipment, the ability to offer specific medical services and having policies and procedures in place to ensure the highest level of care.

FIRST CARDIAC PROCEDURE OF ITS KIND IN NEBRASKA

In November, the first Nebraska sutureless aortic valve replacement was performed at Creighton University Medical Center. Rob Gallegos, MD, PhD, FACS, FACC, the newly appointed chief of cardiac surgery at Creighton University School of Medicine and Creighton University Medical Center — Bergan Mercy, was the lead surgeon.



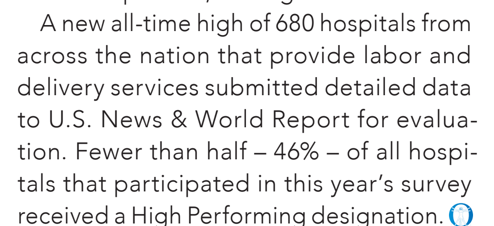
RECOGNITION 'VALIDATES' WORK BY MATERNITY CARE TEAM

U.S. News & World Report, the global authority in hospital rankings and consumer advice, has named Methodist Women's Hospital as a 2024 High Performing Hospital for Maternity Care (Uncomplicated Pregnancy).

This is the highest award a hospital can earn for U.S. News & World Report's Best Hospitals for Maternity Care. Once again, Methodist Women's Hospital was the only hospital in Nebraska to earn this status in 2024. The hospital was recognized for the same honor in 2022-23.

"We're very proud of Methodist Women's Hospital for earning this recognition for the second year, and, to be the only hospital in Nebraska on the list," said Josie Abboud, president and CEO of Methodist Hospital and Methodist Women's Hospital. "We consistently deliver nearly 5,000 babies a year, led by our very experienced and talented team of providers and staff members delivering the highest quality of care. Our effort in this space has been extensive, and being recognized validates the tremendous work being done by our entire team."

Best Hospitals for Maternity Care is an annual evaluation designed to assist expectant parents and their doctors in making informed decisions about where to receive maternity care. The U.S. News & World Report Best Hospitals for Maternity Care methodology is based entirely on objective measures of quality, such as C-section rates in lower-risk pregnancies, newborn complication rates, exclusive breast milk feeding rates, early elective delivery rates, birthing-friendly practices and transparency on racial/ethnic disparities, among other measures.



A new all-time high of 680 hospitals from across the nation that provide labor and delivery services submitted detailed data to U.S. News & World Report for evaluation. Fewer than half – 46% – of all hospitals that participated in this year's survey received a High Performing designation.

DONOR AND DOCTOR MAKE WEDDING UNFORGETTABLE

When it came to picking the best man for his wedding, Ben Clark knew who it should be right away – even if it was someone he had never met.

Clark underwent a bone marrow transplant at Nebraska Medical Center in August 2012. The stem cells came from halfway around the world from a German stranger named Jan Rolfes.

"When Ben told me he wanted to ask Jan to be his best man, I thought it was a beautiful idea," says Ben's wife, Jayme. "I knew this was Ben's way of honoring Jan for his life-saving donation."

The two met for the first time the day before the wedding, which took place Sept. 16 in Sioux City, Iowa. Rolfes matched with Clark after signing up as a potential donor through DKMS, an international registry. Clark reached out to Rolfes by email several years back, but they had never met until the wedding brought Rolfes from Sweden, where he's currently living, to the United States.

Rolfes wasn't the only connection to Clark's life-saving transplant on the big day. He also invited Greg Bociek, M.D., his medical oncologist, to witness the ceremony.

"I was so excited it all came together," Clark said. "Once I found out Jan was coming, my next goal was to get Dr. B. at the wedding. I wanted him to be able to meet my donor."

Dr. Bociek said one of the most fulfilling things about caring for patients is getting to see them grow, change and live their lives to the fullest.

"I was incredibly touched to hear his donor was going to be his best man and was thoughtfully reminded by Ben's case manager that I had selected Jan as his donor from among a few potential other choices," Dr. Bociek said.

DRS. ANDERSON-BERRY, SIMONSEN NAMED TO AMERICAN PEDIATRIC SOCIETY

Ann Anderson-Berry, M.D., Ph.D., executive director of the Child Health Research Institute, and Kari Simonsen, M.D., chair of the UNMC Department of Pediatrics, have been named as new members of the American Pediatric Society.

Founded in 1888, the APS is North America's first and most prestigious academic pediatric organization. Drs. Simonsen and Anderson-Berry, will be recognized during the APS Presidential Plenary at the Pediatric Academic Societies 2024 Meeting, which will be held in May in Toronto.

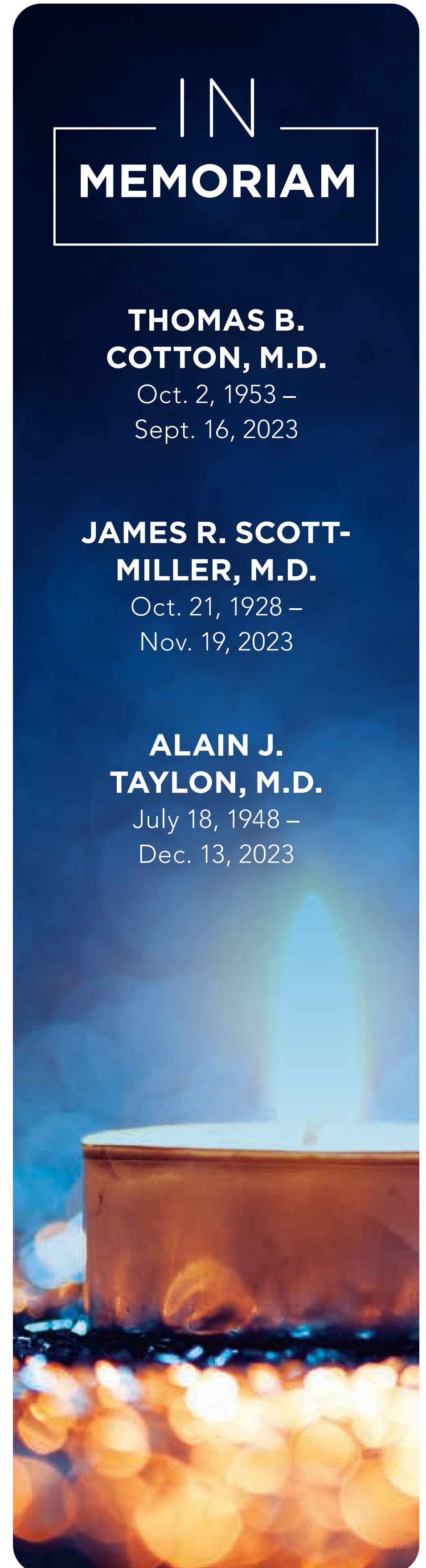
APS members are recognized child health leaders of extraordinary achievement who work together to shape the future of academic pediatrics.

"It is an honor to be recognized with Dr. Simonsen and other members of the 2024 class of the American Pediatric Society," Dr. Anderson-Berry said. "It is my hope that the work that I have done in child health research and advocacy has had an impact on the care and wellbeing of children here in Nebraska and beyond.

"This recognition is a direct result of the increased investment of time and resources in academic pediatrics at Children's Nebraska and UNMC," she said. "Being part of APS recognizes that the work done at our institutions has national impact and value, and will allow us to have continued influence in recruitment, grant funding and program development over the coming years."

"The APS is delighted to welcome this outstanding group of pediatric physician/scientists, pediatric surgery-scientists, and pediatric psychologists in North America," said APS President Michael DeBaun, M.D.

The APS is dedicated to the advancement of child health through the promotion of pediatric research, recognition of achievement and cultivation of excellence through advocacy, scholarship, education and leadership development. Members of APS are recognized as academic leaders in pediatrics, and they contribute to the overall progress of child health while inspiring the next generation of child health professionals.



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*

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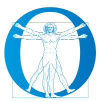

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