Physicians Bulletin

VOL. 45
NO. 2

MARCH/APRIL **2024**

USA $1.95

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ADDRESSING FOOD INSECURITY IN OMAHA: TWO APPROACHES

CONCIERGE MEDICINE CONTINUES TO EVOLVE ▪ A PRODUCTIVE WAY TO SPEND A GAP YEAR

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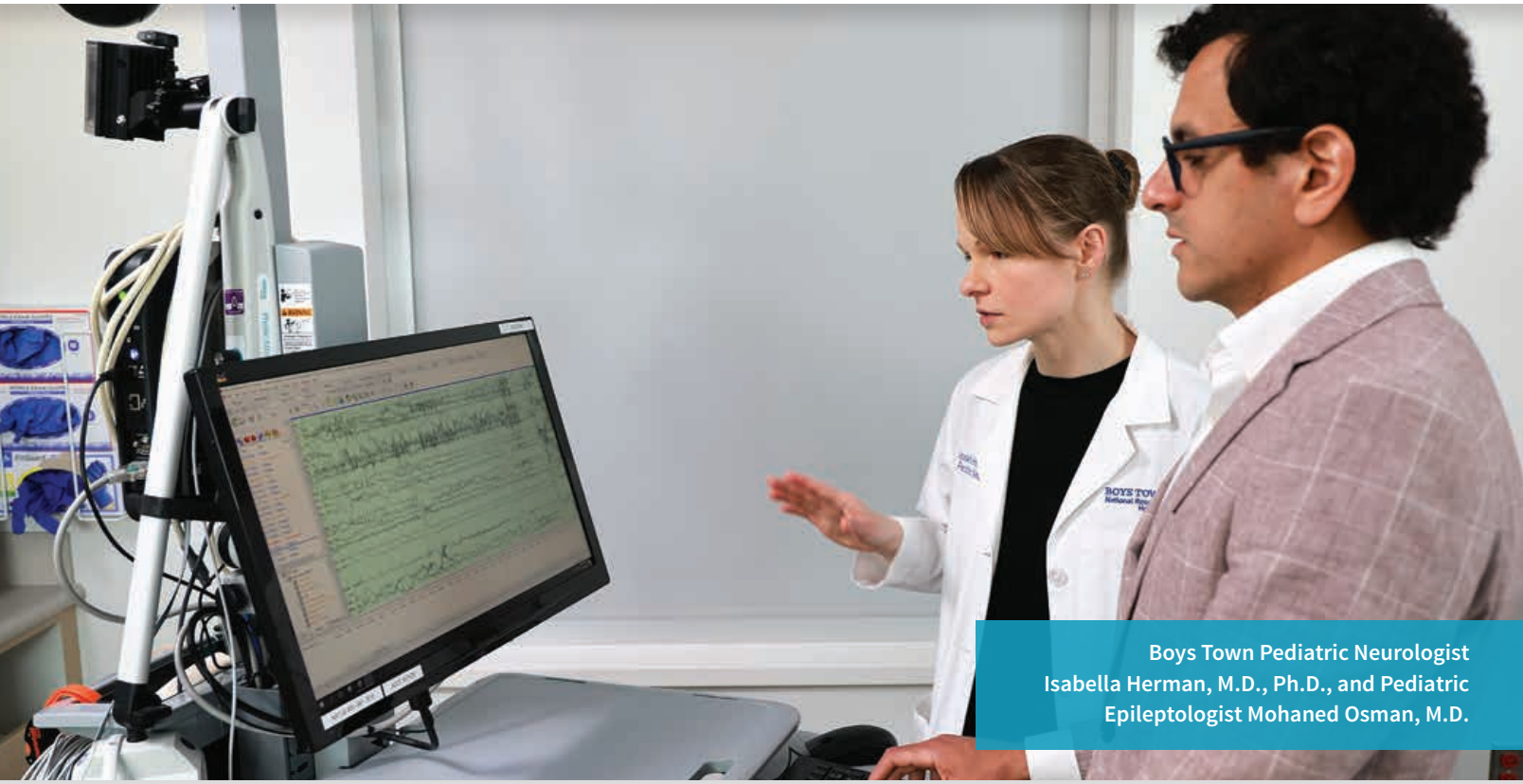

Boys Town Pediatric Neurologist Isabella Herman, M.D., Ph.D., and Pediatric Epileptologist Mohaned Osman, M.D.

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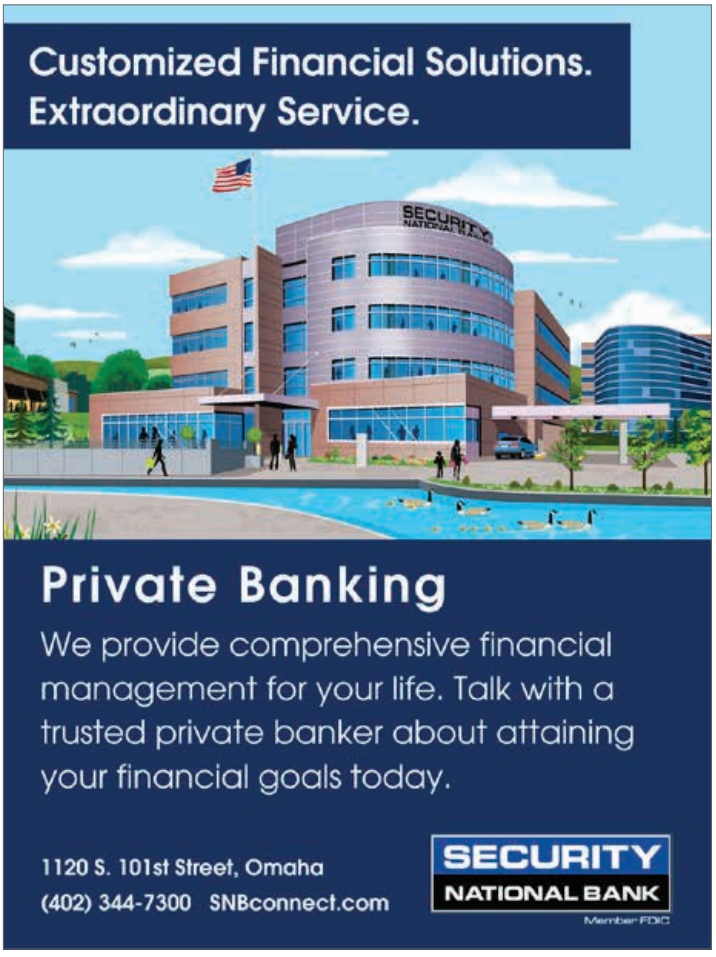

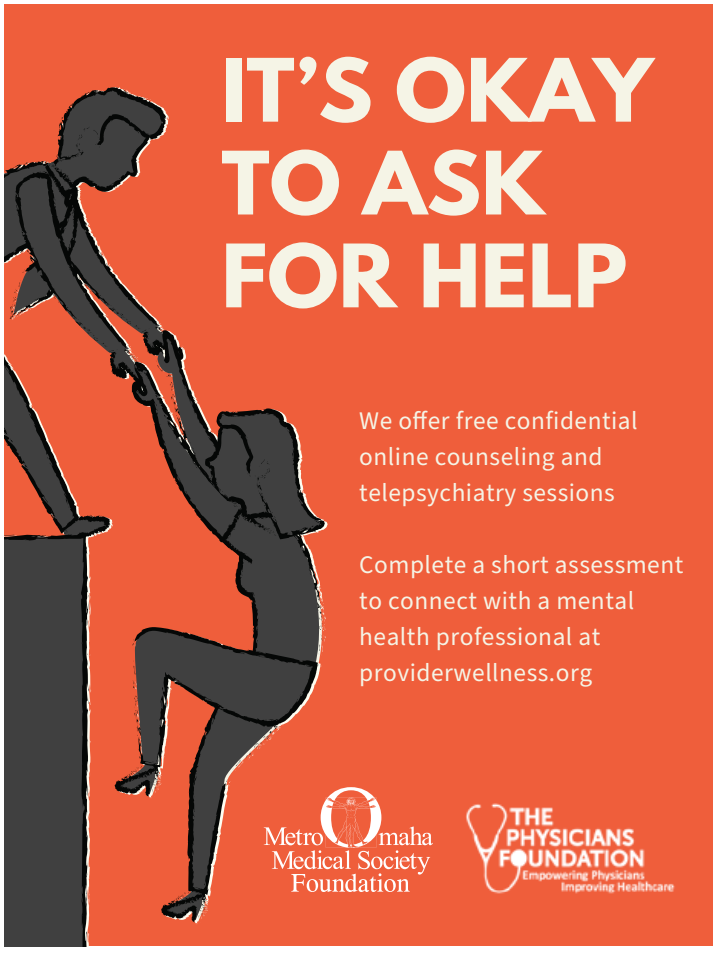

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VOLUME 45, NUMBER 2

A PUBLICATION OF THE

Metro Omaha Medical Society

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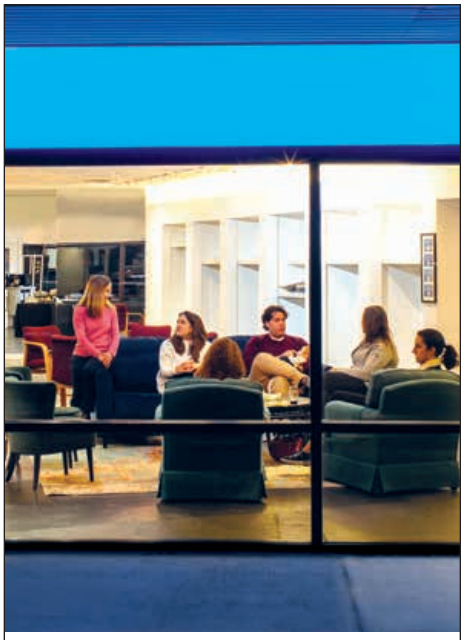

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AN EDITION THAT'S ESPECIALLY A GOOD READ

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

Some stories are just so good that I want everybody to read them. I hope the three feature articles are of interest to you – that you learn something new, or consider getting involved, or change your practice just a little.

Gap Year. There is a story in this edition about a unique gap year program available to preprofessional health students in Omaha. This program allows undergraduate students to experience real, meaningful patient encounters in a medical office – not merely as a student intermittently shadowing the physician, but letting the student have day-to-day experiences in medicine.

Instead of offering only brief, observational experiences, the gap year program provides more of a longitudinal "look behind the curtain" of being a physician, while being a short-term clinic employee. This gives students considering a career in medicine a true look at the practice of medicine, while they observe the day-to-day life of a physician.

Years ago, when I was in private practice, I would hire premedical students as short-term employees. Over three months each year, the student employee would come to work each day, covering for non-licensed clinical employees during summer vacations. The enthusiasm of someone starting his or her medical education was energizing to the entire clinic staff during school physical season. Everyone's days were just a little brighter seeing medicine through the student's eyes.

This innovative idea of a Gap Year is too good to not replicate.

Feeding Hungry Children. Initially, Gov. Pillen did not sign the offering for the Summer Electronic Benefits Transfer Program for Children. This federal program was to provide funding for summer food aid for some 150,000 Nebraska children. Without additional funding, there would be an increased risk of children being hungry when schools that provide lunches are closed for the summer. I wish it weren't necessary. However, hungry children due to food insecurity leads to medical implications. Therefore, physicians have knowledge and deserve to be heard. The Metro Omaha Medical Society Board chose to address the issue, and MOMS joined with the Nebraska Chapter of the American Academy of Pediatrics and the Nebraska Chapter of the American College of Physicians to submit a letter to the Omaha World-Herald Public Pulse. The letter, titled "Feeding Hungry Children", provided information about food insecurity from a physician's perspective. The governor has now chosen to enter Nebraska into the EBT program for this year.

To provide local information about food insecurity, we have interviewed practicing physicians who are local experts working to increase food security.

Concierge Medicine. For the third article, we revisited one of the concierge medical practices locally. The concept of concierge service seems to be growing. Many non-medical businesses are managing growth with membership-based approaches to care – where you pay for access and then are charged for services – from technical support of computers, to accessing heating and cooling repairs, to troubleshooting home appliances. Medicine can also be membership-based. One of Omaha's concierge physicians provides his own insight into the changes and opportunities of his practice. Is this a model that might work for other physicians?

I love it when the Physicians Bulletin comes together. I think this is a solid edition. I am proud that it is sent to every licensed physician in the metro area six times per year. I hope you find something of interest to you today.

"Once topics of interest are identified by the physician group, the magic of magazine production happens. MOMS staff develop questions, identify members to interview, and collect articles for submission."
— AUDREY PAULMAN, M.D.

The editorial board for the Physicians Bulletin consists of six physicians who work together to identify and develop ideas for stories that highlight different aspects of physician life and practice as they exist in Metro Omaha.

Once topics of interest are identified by the physician group, the magic of magazine production happens. MOMS staff develop questions, identify members to interview, and collect articles for submission. Laura, Carol, and Kevin make the stories come to life, and to print. We are blessed to have such a talented team at MOMS.

Thank you to them for their hard work on the magazine. It is appreciated. Special heartfelt thanks to Laura, who is involved with literally every aspect of every article.

While I like all the feature stories in this edition, I especially like the Gap Year story. I view it as a win-win-win situation for the student, the practicing physicians, and the staff at the medical office. I wish there was a way that this could be replicated. Perhaps you could discuss the Gap Year program within your office, or with your clinic administrator, or with your hospital system leaders as a program worth replicating.

It sounds like fun.

Metro Omaha Medical Society

COMING EVENTS

RETIRED PHYSICIANS COFFEE & CONVERSATION

WEDNESDAY, APR. 17 | 10 – 11 A.M.

MOMS Office Board Room

7906 Davenport St.

IMPROV WORKSHOPS WITH OMAHA COMMUNITY PLAYHOUSE

THURSDAY, APR 18 | 6 -8 P.M.
COMMUNICATION SKILLS

THURSDAY, MAY 2 | 6 - 8 P.M.
TEAM BUILDING

MOMS R+R Physician Wellness Center

633 N. 114th St.

DOCBUILD

SATURDAY, APR. 27 | 8 A.M. – 3 P.M.

Location: TBD

MOMS Habitat for Humanity Building Event

No Prior Experience Needed

RETIRED PHYSICIANS MEETING

WEDNESDAY, MAY 8 | 10 A.M.

UNO Community Engagement Center

6400 University Drive South, Rooms 230-231

TOPIC: UNMC/UNK Expansion

Featuring Nicole Carritt, Asst. Vice Chancellor

Metro Omaha Medical Society

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DARE TO SAY YES

CAROL WANG
Executive Director
Metro Omaha Medical Society

I am in a rut. Post-pandemic conditions, I have become someone who is less social, preferring to Zoom for meetings because it means I can stay in my house or office (and also I can do other work at the same time). I love my work from home days that allow me to just plow through the paperwork pile uninterrupted. And I am perfectly happy to sit at home on a Friday or Saturday night and binge watch something. Are you nodding your head in agreement as you read this?

But something MOMS past-president Maria Michaelis said as a challenge to all MOMS members has stuck with me since she made her parting comments: Come to one event this year.

It harkened back to the Shonda Rhimes book, "The Year of Yes." The concept of saying "yes" when your de facto mindset would be no is an opportunity to grow, expand and experience new things. As we get older and time more valuable, people always talk about how experiences are more important than material goods. This gets to the heart of saying "yes" – being open to sometimes being uncomfortable and willing to take a risk.

When I think about the times I have said "yes", even if reluctantly at the time, the results have been new friendships, skillsets gained and career doors opening I didn't expect, not to mention a sense of personal fulfillment and accomplishment. As wiser people have said, you should do something that scares you (not withstanding daredevil and personal safety risks) because it's where you are going to learn the most. I have tried to keep that in mind but admit that I have forgotten that lesson myself lately. If you're like me, how many times have you said after the fact, "oh, I'm so glad I did that"?

So, I am going to amplify Dr. Michaelis's challenge: Do something with MOMS this year. It might mean attending a Women in Medicine, Early Career Physician or Retired Physician event. Make a date to bring a friend or come with someone you haven't hung out with or seen in a while. Want to come to an event but don't know anyone? Laura Polak or I are usually at the events, so let us know and you can hang out with us and we'll make it a point to introduce you to some people.

If you need something less formal, meet me for coffee, lunch, drinks or a walk. One of the joys of MOMS is the connections that are created. I know that Laura and I cherish the relationships we have with all of you. All you have to do is email me at cwang@omahamedical.com and tell me what you want to do and we'll make something happen.

I'll tell you something I did recently out of my comfort zone: I went to a silent book club outing where people meet at a location and read for an hour. I had gotten out of the habit of pleasure reading and wanted to try this concept but didn't have anyone to go with. I went anyway and was invited to sit with two other people who came alone. I had the pleasure of sitting and enjoying my book uninterrupted, which re-fueled my enthusiasm to get lost in novels again, and at the same time, walked away with a couple of book suggestions and a sense of well-being.

I encourage all of you to take a chance and do something new with MOMS. My hope is it gives you a sense of well-being to get out of your routine and you get to say, "I'm glad I did that" too.

"When I think about the times I have said yes, even if reluctantly at the time, the results have been new friendships, skillsets gained and career doors opening I didn't expect, not to mention a sense of personal fulfillment and accomplishment."
— CAROL WANG

EATING AN ELEPHANT ONE BITE AT A TIME

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

Even though the 2024 legislative session is over, the NMA's advocacy efforts continue as we focus on ongoing, unresolved issues impacting physicians and their patients. Our advocacy priorities haven't really changed over the last 5 to 10 years, but the dynamics and nuances associated with each topic are becoming more and more challenging.

Let's start with the big elephant in the room: prior authorizations (prior auths). Prior auths have increasingly become more challenging, time-consuming and disruptive. We recognize that payers are becoming more complex with their prior auth processes, and we seem to have more impediments or "hoops to jump through." The NMA continues to meet with all major payers regularly to continue the conversation around prior auths and openly discuss our struggles with each of their unique processes, working towards finding solutions that will ultimately benefit the patients, physicians, and the payers.

In the recent legislative session, the NMA supported State Sen. Justin Wayne's prior authorization bill, LB917, which would help address a few of the most common issues. In summary, the bill would give the Department of Insurance director the authority to determine the minimum length of time that a prior auth would be valid, allow prior auths to be submitted electronically, require certain carriers and PBMs to make certain information accessible on websites such as prior auth requirements and restrictions, listing of drugs that require prior auth, and clinical criteria for authorization/reauthorization, and develop a single prior auth form for prescription drug benefits for approval by the director. It would strengthen the appeals process that carriers and PBMs must provide. This bill would be a great start to addressing the complexity of this issue, but not likely to have the support needed to advance.

Another common area of frustration for our members is reimbursement rates. Being asked to do more and get paid less is incredibly problematic, especially when staff salaries, employee benefits and overhead costs have increased alarmingly over the last four years. In 2023, we successfully secured a 3% increase for one-year for Medicaid reimbursement rates. The original request was in partnership with the Nebraska Hospital Association. It was around a 7% increase for two years but was reduced by the administration to a one-year 3% increase with the intention to look more closely at the issues surrounding the current reimbursement rate schedule.

The NMA has begun collecting information on what our member clinics are experiencing with reimbursement rates in outpatient settings. There is no question that the rates are going in the wrong direction and the cost to keep the doors open and provide quality care to patients are going in the opposite direction at a sharper incline. So, how do we rectify this issue? Several states are working through the process of doing a payer assessment fee to access additional federal matching funds to increase the Medicaid reimbursement rates to be equal to Medicare. We are patiently watching to see how that works and learning from their approach, knowing our state has its nuances regarding appropriating funding and implementing assessments.

There is currently an effort in Nebraska focusing on increasing hospital reimbursement rates by using an assessment model to access federal match dollars that would bring in an additional 900 million additional dollars. We are closely monitoring this to see how this plays out and to see if we can use a similar process.

There is no question that we must address this critical issue now. We are working to identify viable solutions and will focus on this work during the interim.

Our coming annual meeting in August will focus on access to care, which is a very broad topic but quickly climbing to one of the top issues the NMA team works on. Access to care issues is often only associated with the rural communities in Nebraska. That could not be further from the truth, and that is precisely why we want to focus on this at the annual meeting. Primary care shortages in Nebraska are no secret and often the topic of most meetings with partners and stakeholders.

So, how do we address this issue since we likely will not have large numbers of physicians moving into Nebraska? We don't have the magic solution, but we have persistence, connections, and ability to work with our members to collect information to create opportunities to ensure Nebraskans get the care they need and deserve.

The NMA advocates that all payers adopt policies that allow patients access to standard of care, including treatment, screening, and preventative health care services. This includes expanding cancer screening coverage, access to continuous glucose monitors, and access to affordable medications, including insulin, to name a few. Several bills were introduced this year to do just that: expand access to care. The NMA was proud to support those efforts.

These are all significant issues that will take more than just the NMA to make improvements. So, when we work on topics such as these, we must continuously ask ourselves, how do we eat an elephant? One bite at a time. We must be committed, methodical, focused, diligent, strategic and utilize our partnerships effectively. This work is at the core of the NMA's mission, and we are here to represent the voices and concerns of Nebraska physicians.

TOP TAX AND ASSET PROTECTION PLANNING ISSUES TO CONSIDER IN 2024 PLANNING

MARY E. VANDENACK, J.D.
Managing Partner, Omaha Office
Duggan Bertsch, LLC

Estate Tax Sunset: The current lifetime gift and estate tax exemption amount is $13.61 million. That means each individual can transfer up to $13.61 million to his or her heirs without paying estate tax. Prior to the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010 (TRUIRJCA), the estate tax exemption amount was lower, and the tax rate was higher.

The current large exemption is scheduled to "sunset" back to a smaller amount (estimated at about $7,000,000 per individual) at the end of 2025. Unless Congress takes further action to extend or modify these provisions, the estate tax laws will revert to their pre-2010 levels starting in 2026.

For those with an estate in excess of the lower exemption amount, consideration should be given to strategies to take advantage of this sunset prior to its sunset. We have Internal Revenue Service guidance that indicates that any use of the larger exemption amount prior to the sunset will be grandfathered.

Consider having this conversation with a qualified estate tax attorney during 2024. Most estate tax planners are advising clients that they must be engaged in 2024 as tax attorney capacity will be in short supply in 2025 if the sunset occurs and reduces the exemption.

Continue Attention to Income Tax Planning: A recent article suggested that younger individuals should focus more on income tax planning while older individuals should give more attention to estate tax planning. Some key income tax planning strategies follow.

Retirement Plan – Maximize use of tax advantaged retirement accounts. Contributions reduce current taxable income and allow for tax deferred growth.

Health Savings Accounts (HSAs) – If eligible, contribute to an HSA. Contributions are tax-deductible, and withdrawals for qualified medical expenses are tax-free. Rather than using the HSA for current medical expenses, you can allow the HSA to grow tax deferred over a long period of time.

Utilize Flexible Spending Accounts (FSAs) – Take advantage of FSAs for healthcare and dependent care expenses, which allow pre-tax contributions to cover eligible expenses.

Income Deferral and Timing – Review income and expenses with a tax professional. To the extent possible, defer income to future years or spread it out over time.

Tax-Efficient Investments – Consult with your investment advisor about tax-efficient investment vehicles such as index funds or municipal bonds to minimize taxes on investment income.

Tax Loss Harvesting – Offset capital gains with capital losses by strategically selling investments at a loss to reduce taxable gains.

Asset Protection – A significant part of any estate plan is asset protection planning. Asset protection planning can be seen as a spectrum that ranges from 'possibility of protection' to "significant protection."

Basic asset protection involves adequate insurance – Malpractice insurance coverage protects against professional liability claims. An umbrella policy can provide extra coverage beyond basic property and casualty insurance.

Protect investment accounts by wrapping an LLC around the investment account and then having a trust hold the LLC – Use an LLC in a state with protective laws and no state income tax.

Consider asset protection in revocable and irrevocable trusts – When you leave everything outright to another, the assets you leave them are exposed to divorcing spouses and creditors. There are simple and flexible ways to create layers of asset protection without unduly limiting access to assets.

Amounts held in retirement accounts have reasonable asset protection – This is not true in all states for inherited accounts.

Segregate personal and business assets – If you are married, consider structuring and titling assets in a manner that will add protection, especially in states with unique protections related to spousal ownership (Nebraska is not among those.)

Utilize Family Limited Partnerships (FLPs) or Limited Liability Partnerships (LLPs) – Such an entity can be used to hold investment assets such as real estate or securities, providing asset protection and potential tax benefits.

For physicians with significant assets, offshore trusts and entities in jurisdictions with strong asset protection laws can offer an additional layer of protection against creditors and lawsuits, although these strategies can be complex and may have tax implications.

Very specific rules apply to asset protection strategies. Failure to comply can result in a legitimate asset protection strategy failing. Consult with an asset protection expert for best results.

ARTIFICIAL INTELLIGENCE AND MEDICINE

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

The use of artificial intelligence (AI) applications is the most important new information technology in decades that will change health care. This creates an ongoing necessity for health care systems to regularly assess the impact and risks of AI as its development and deployment is outpacing legal, medical or business changes. The implications carry enormous benefits, risks and unforeseen consequences. Consider these important liability and safety issues:

The practitioner remains responsible for the practice of medicine: Introducing another entity into the care process creates potential liability, and it does not necessarily reduce risk exposure for the provider-user. It is still the licensed provider who is practicing medicine. Apportioning contributions to the outcome may take new forms when AI is used, but current regulatory theories tend to followthe model of "device safety." Liability for AI mishaps potentially involves both device and human accountability. Fully autonomous systems will doubtless begin to appear, but humans are likely to remain in the accountability loop. Legislatures, courts and agencies such as the FDA will determine if additional liabilities attach to entities besides practitioners. There may be claims against vendors when product defects are not apparent or foreseeable. There may also be claims against organizations that fail to use diligence in specifying, acquiring, configuring or maintaining systems or training users. Investigating an AI claim will require determining the exact version and configuration of the tool and manner of its use, and reviewing its activity logs and possibly its operating code.

"The use of artificial intelligence (AI) applications is the most important new information technology in decades that will change health care."
— ALAN LEMBITZ, M.D.

The use of AI needs to be transparent, verifiable, and reproducible: Users of AI applications need to be able to explain in general how they work and what safety measures apply to them. A foreseeable deposition question in a malpractice claim involving AI might be, "Please describe exactly how this event happened." Answering this can be problematic with some applications that operate as black boxes, without user visibility into algorithms that even the developers may not be fully able to explain. Nevertheless, defending good care will require you to show what tool you used, how you reviewed the output from that tool, and the role it played in clinical care and decision-making. Standards of care will begin to incorporate expectations for AI use, as they adopted other technologies (such as EKG and MRI). Guidelines will constantly evolve for what "a reasonable provider in similar circumstances" should do.

Credibility is a challenge; inaccuracies can propagate and be difficult to identify: Credibility of the medical record and the decision-making process will face challenges, as the line blurs between what is generated by AI and what is contributed by human judgment. Similarly to what occurred in EHRs when copy-paste began to be used, the credibility of an entire record can be called into question when content is fabricated or faulty. The fluency of AI-generated records may make it more difficult to spot documentation errors. Rapid propagation of information across networks amplifies the impact of content errors and imposes a higher responsibility upon users to proofread AI-assisted work product. AI tools are only as good as their training data. Building them upon large medical record archives – which are well known to contain inaccuracies and biases – has been shown to produce outputs that can sometimes be strikingly inappropriate, discriminatory, or dangerously wrong. There is an urgent call for explanatory systems that allow users to audit and examine AI thought processes.

Privacy issues are complex and are already challenging current safeguards: Large AI systems typically require data processing by remote cloud servers. When patient data, images or recordings are transmitted to external parties, issues arise about how they are stored and processed, and how the information can be used. For example, many machine learning systems incorporate data they receive into their permanent training sets. This is a different situation from "a transcriptionist in the back room." Patient consent is not required for functions that are simply part of health care operations. But if protected health information (PHI) is re-purposed for uses other than the benefit of a particular patient, there needs to be a specific disclosure and consent. Providers need to understand their user agreements and HIPAA Business Associate Agreements with vendors of applications that involve PHI. Claims that "data are de-identified" need to be verified because it has been shown that large databases can be used to re-identify confidential information that is presumed to be anonymous. Providers who use AI-powered search engines, intelligent assistants, documentation, and decision support applications that have access to PHI need to inquire carefully how vendors comply with HIPAA and other privacy rules.

"Credibility of the medical record and the decision-making process will face challenges, as the line blurs between what is generated by AI and what is contributed by human judgment."
— ALAN LEMBITZ, M.D.

Above: Joel Bessmer, M.D.

CONCIERGE MEDICINE: Continues to Evolve

As an early adopter of concierge medicine nearly 20 years ago, Joel Bessmer, M.D., initially found himself surrounded by skeptics.

"There were a lot of naysayers," he said, "coming from a number of directions."

These days, Dr. Bessmer said, the questions are few and the skepticism is mostly gone. "I see concierge medicine continuing to grow and I see it as an avenue – primary care is getting to be a better choice for physicians." Familiarity with the concept of concierge medicine, he said, is one way it has evolved over time.

Before recounting how concierge medicine has evolved in the past 15 years, some definitions and background: Concierge medicine – also known as concierge care and boutique medicine – is membership-based health care that pairs exclusive, personalized care with accessibility and convenience.

In concierge medicine, physicians have fewer patients, which allows them to spend more time with each patient, focus on prevention, and ensure all of their patients' questions are answered. Patients pay an annual fee to join concierge medicine, but patients get same-day appointments and can access their concierge physician via phone calls or text 24/7. Patients have direct access to their provider for medical advice and routine diagnostic treatment. When patients have major health problems – at home or while away – their concierge physician coordinates specialist referrals and hospital care. This care comes without involvement with insurance carriers or health systems.

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ATBM
MembersMD
FotoFinder

FROM PAGE 15

According to Grand View Research, the U.S. concierge medicine market size was estimated at 6.7 billion in U.S. dollars in 2023 and is projected to grow at a compound annual growth rate (CAGR) of 10.37% from 2024 to 2030.

For Dr. Bessmer, founder and medical director of Members.MD in Omaha, concierge medicine thrives because it offers incentives for aspiring physicians to choose primary care as their specialties and because it allows those who practice it to focus more on preventative medicine with their patients. For patients, he said, concierge medicine provides them immediate access to their care team.

After an initial time starting a similar program at UNMC, Dr. Bessmer said, he decided to launch his own program and found private investors, who appreciated the mindset that a preventative approach to health care is the better approach for the long-term health of patients. Dr. Bessmer started his concierge practice with a patient load of 98, he recalled.

These days, his patient load is 400 – which he says he views as the upper threshold in concierge medicine – and his concierge group includes four other physicians and a total staff of 12.

Dr. Bessmer works exclusively with two registered nurses who spend time with his patients and know them as well as he does. "The team around me is an important part of the care I provide. I have a good understanding of how long providing personalized care takes."

For example, Dr. Bessmer said, he spends up to two hours during an initial visit with a new patient. He spends 90 minutes with them for their annual examinations.

Early on, his patients contacted him by calling his cell phone. "Everyone just had my cell phone number when we started."

Now, patients contact Dr. Bessmer through Spruce, a HIPAA-protected communication messaging system. He responds using his cell phone but the call is routed through another telephone number. His care team also has access to the patient call and can respond.

The transition from cell phone to Spruce is one evolution of concierge care Dr. Bessmer has experienced in the past 15 years. Another is the evolution of ROAMD, an international network of concierge medicine practices. The network, which continues to expand, is in more than 75 U.S. cities and select international locations.

For Dr. Bessmer, this means he has contacts should one of his patients become ill while in a ROAMD-represented city. "We share a reciprocity." The ROAMD network is also linked to the Cleveland and Mayo clinics. "We have an access point should our patients need the type of care provided at Mayo and Cleveland Clinic."

"Ninety-eight percent of the time, it's me managing their care – even for a patient who's traveling."

Another evolution that has elevated concierge care, Dr. Bessmer said, is the emergence of physician hospitalists. "I don't have patients in the hospital that often," he said, "but we have access to them (hospitalists)."

Dr. Bessmer said concierge medicine's focus on education and preventative care is another key to its success. Included in this approach to care, he said, is living a healthy lifestyle, which includes knowing where the food you eat comes from.

He practices what he preaches. He and his wife, Kathy, own and run two farms, which feature cattle, chickens and other livestock, along with a large garden. "We know where our food comes from – and that's important to us."

He tells his patients the same thing.

The **Bessmer** File

Hometown
Plainview, Nebraska

Undergraduate Degree
Kearney State College in Kearney, Nebraska, in biology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in internal medicine (chief resident)

Title
Founder & Medical Director

Organization
Members.MD

Title
Associate professor of general neurology

Institution
Nebaska Medicine

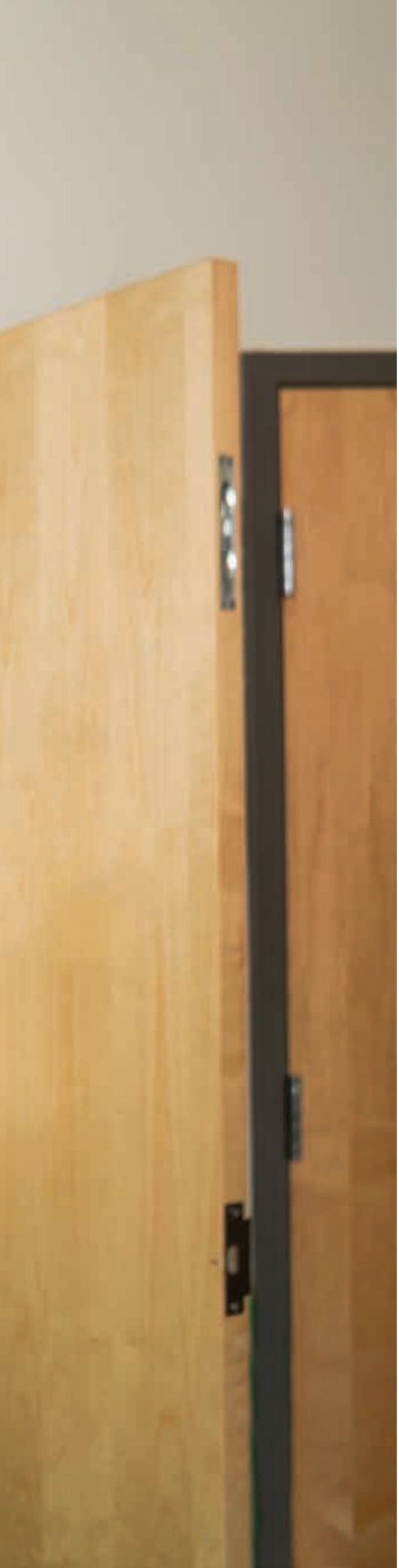
Hobbies
Working on his two farms

Family
Wife, Kathy; children, Kael, Ryne, Luke, Morgen, Cameron, Abigail, Simon, Mary Kate, Gemma, Isaac, Gabriel, Leah, Elijah, Maya, Levi and Cecilia; and five grandchildren

Why He Joined MOMS
"I joined because I was such a longtime UNMC person – that was my whole network. I wanted to get to know more private practice physicians in the community – and MOMS was a great way to do that."

Dr. Faber said she recalled, 10 years ago, when she and her OneWorld colleagues started screening for food insecurity. "Every other patient I saw that day had food insecurity," she said. "I went home and cried."

— DONNA FABER, M.D.



ADDRESSING FOOD INSECURITY IN OMAHA: Two Approaches

Their vantage point may be slightly different, but Donna Faber, M.D., and Maureen Tierney-Brennan, M.D., understand that food insecurity in Omaha continues to present a challenge and it's one that isn't going away.

Dr. Faber, a family medicine physician at OneWorld Community Health Centers, routinely asks her patients questions aimed at helping her determine whether they need help: "Everything going OK with paying your rent? Your bills? And food?"

"I absolutely ask. Unapologetically. Is everything OK? I receive a surprising number of people who need help."

Dr. Faber said she is quick to suggest community resources, such as SNAP and WIC, and offers food and other items from OneWorld's in-house food pantry, which is a local food bank network partner.

Dr. Tierney-Brennan, associate dean for clinical research and public health for Creighton University, serves as part of the Creighton Community Collaborative (launched in 2021 in conjunction with UnitedHealthcare) that assists community-based organizations that address food and housing insecurity, along with access to primary care.

The collaborative, or CCC, works with 15 to 20 organizations and provides financial support along with guidance about how best to deliver their services. "Going forward, one thing is critical: Coordination of efforts across institutions."

"That's our next challenge – getting all people to work together to address food insecurity."

Drs. Faber and Tierney-Brennan seek to address food insecurity head-on. Here are some definitions and statistics that indicate its prevalence in Omaha.

The U.S. Department of Health and Human Services defines food insecurity as "a household-level economic and social condition of limited or uncertain access to adequate food." In 2020, according to department statistics, 13.8 million households were food insecure at some time during the year. Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity.

The United States Department of Agriculture further divides food insecurity into the following two categories:

- Low food security: "Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake."
- Very low food security: "Reports of multiple indications of disrupted eating patterns and reduced food intake."

"Food insecurity is one of the social determinants of health," Dr. Faber said. "It's always been here, and it's worse recently with increases in food prices. Families are still playing catch-up from the pandemic."

In Nebraska, according to 2018 statistics from the Nebraska Legislative Research Office, nearly 240,000 people, of 12.3 percent of the state's population, were food insecure. Children in the state had a food insecurity rate of 16.7 (nearly 80,000 children) percent. A 2023 report issued by the U.S. Department of Agriculture indicated that Nebraska has a higher rate of food insecurity than the national average or any neighboring state other than Missouri.

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The **Tierney-Brennan** File

Hometown
New York City

Undergraduate Degree
Fordham University in New York City in biology

Master's Degree
Harvard School of Public Health in Boston in health policy

Medical Degree
Weill Medical College of Cornell University in New York City

Residency
New York Hospital/ Cornell in New York City in internal medicine

Fellowship
Massachusetts General Hospital in Boston in infectious disease

Specialty
Infectious disease and public health

Title
Professor & associate dean for clinical research and public health

Location
Creighton University

Title
Medical director for clinical research

Location
CHI Health

Hobbies
Swimming, reading and Christmas inflatables

Family
Husband, John Brennan III; two sons, John IV and James

Why She Joined MOMS
"For the community and collegiality."

FROM. PAGE 19

The report noted that food-insecure children experience two to four times as many health problems as food-secure children. In 2016, according to the report, nearly $258 million in additional health-care costs were connected to food insecurity.

Those are the definitions and those are the stats, and Drs. Faber and Tierney-Brennan spend time helping those who live with food insecurity and the organizations that seek to help their plight.

For Dr. Faber, this means asking her patients questions that are pertinent to their well-being regarding hunger and access to food. "It's a health question," she said. "It's just as appropriate to ask as it is, for example, asking about a patient's bowel movements or cycle. You have to ask."

And her patients often respond with answers such as their spouse now has fewer hours at work or their rent was raised – leaving fewer dollars for food, Dr. Faber said.

Their recourse often is to do without fruits and vegetables, which come with higher prices, and turn to less-healthy foods loaded with carbohydrates.

These conversations with her patients often result in an image that draws mixed feelings: A parent carrying a child in a car seat to a nearby vehicle, while accompanied by a OneWorld staffer who is bringing food for the family to take home.

She sometimes treats an expectant mother in her third semester, who reports she hasn't eaten in several days.

"Our saving grace is taking very important approaches – preventing food waste and getting food where it needs to go."

Dr. Faber said she recalled, 10 years ago, when she and her OneWorld colleagues started screening for food insecurity. "Every other patient I saw that day had food insecurity," she said. "I went home and cried."

One step, Dr. Faber said, was through research discovering that OneWorld could qualify as a network partner of the Food Bank of the Heartland. The designation means that the food pantry at OneWorld, which Dr. Faber helped launch, can stock its shelves with food and other items from the organization.

Saving Grace, "a separate organization that does amazing work" – delivers food twice weekly that supports pantry clients and OneWorld employees.

At OneWorld, pantry items are stored throughout – frozen food staples in the freezer in the Women's Clinic break room; a closet in the conference room for non-perishables. OneWorld social workers also refer patients with community resources.

Dr. Faber said she has several requests of her peers – no matter whom they treat and no matter where they practice: Ask patients the questions that provide them with an opportunity to show signs of food insecurity. Then, provide those patients who exhibit signs of food insecurity with a list of community resources. Better yet, have those resource lists segmented by geography – so patients can easily identify those close to where they live.

Finally, she encouraged her peers to financially support such organizations as the Food Bank of the Heartland, whose mission is directly aimed at eliminating food insecurity in Omaha.

Dr. Tierney-Brennan's focus on eliminating food insecurity may come from a different angle, and her involvement with the Creighton Community Collaborative works with community based organizations or CBOs as well as some Creighton based programs that focus on the social determinants of health. "Clearly the biggest of the two are food and housing insecurity," she said, then adding access to primary care.

The three are connected, she said – and deficiencies in one of the three causes a ripple effect in the others. An organization that, for example, helps Omahans remain in their homes and avoid eviction, Dr. Tierney-Brennan said, will have a positive effect in the battle

against food insecurity. "All these issues go hand-in-hand."

A moment for some background on the CCC: Its ability to assist organizations is enhanced because the collaborative crosses Creighton's colleges: dental, medicine, law, business and others. One example of cooperative approach, Dr. Tierney-Brennan said, is Creighton's business college provides financial advice to single parents living in north Omaha. "This encompassing approach has enabled us to assist all aspects of CCC's efforts," she said. Funding comes from 2 Medicaid MCOs who wish to devote their excess profits to reduce these SDOH concerns.

The executive steering committee of the collaborative includes representatives from Creighton University, the Douglas County Health Department and community members.

The CCC's assistance varies by organization, Dr. Tierney-Brennan said. "We work with each organization to try to determine what key things they want to see."

"Is it the number of meals served? Is it pounds of food delivered? Or, is the number of people for whom eviction was avoided?"

While the CCC looks to help organizations improve their processes for serving their mission-based audiences, she said, the collaborative also collects success stories, which it doesn't hesitate to share. Dr. Tierney-Brennan said she has many, which she shares on behalf of the organizations CCC assists.

One is an organization that works with pregnant mothers in north Omaha, providing them with food and education and information about nutrition and how to cook nutritiously in a culturally appropriate way.

Another is about a father and child who received assistance through a program in the CU dental school called Healthy Smiles that provides preventative dental care to children in schools. The father who brought his child in for a check-up was suffering from a tooth abscess – and didn't have the money to see a dentist. Program staff referred the man to their after-hours program, where he received care.

"The program's dental technician got a huge hug."

The connection between health care and food insecurity? "You can't eat if you can't chew."

One important component for the organizations assisted by the CCC is to establish trust with the people and the communities they serve. The CCC, with representation that starts with Creighton and extends into the community, has two members who live in north Omaha.

"This work really requires the establishment of these trusted partnerships," she said. "We have a team that works to achieve this."

The Creighton Community Collaborative's assistance varies by organization. "We work with each organization to try to determine what key things they want to see. Is it the number of meals served? Is it pounds of food delivered? Or, is the number of people for whom eviction was avoided?"

— MAUREEN TIERNEY, M.D.

The **Faber** File

Hometown
Omaha, Nebraska

Undergraduate Degree
Yale University in New Haven, Connecticut, in Spanish language and literature

Medical Degree
The University of Miami Leonard M. Miller School of Medicine

Residency
West Suburban Medical Center in Oak Park, Illinois, in family medicine

Fellowship
West Suburban Medical Center in maternal child health

Specialty
Family Medicine

Title
Family Medicine physician

Location:
OneWorld Community Health Centers

Hobbies
Reading, watching movies and traveling with her family

Family
Husband, David Quimby, M.D.; one daughter, Katya, and one son, Alex

Why She Joined MOMS
"I joined to get to know other physicians in the Omaha area."

A PRODUCTIVE WAY TO SPEND A GAP YEAR

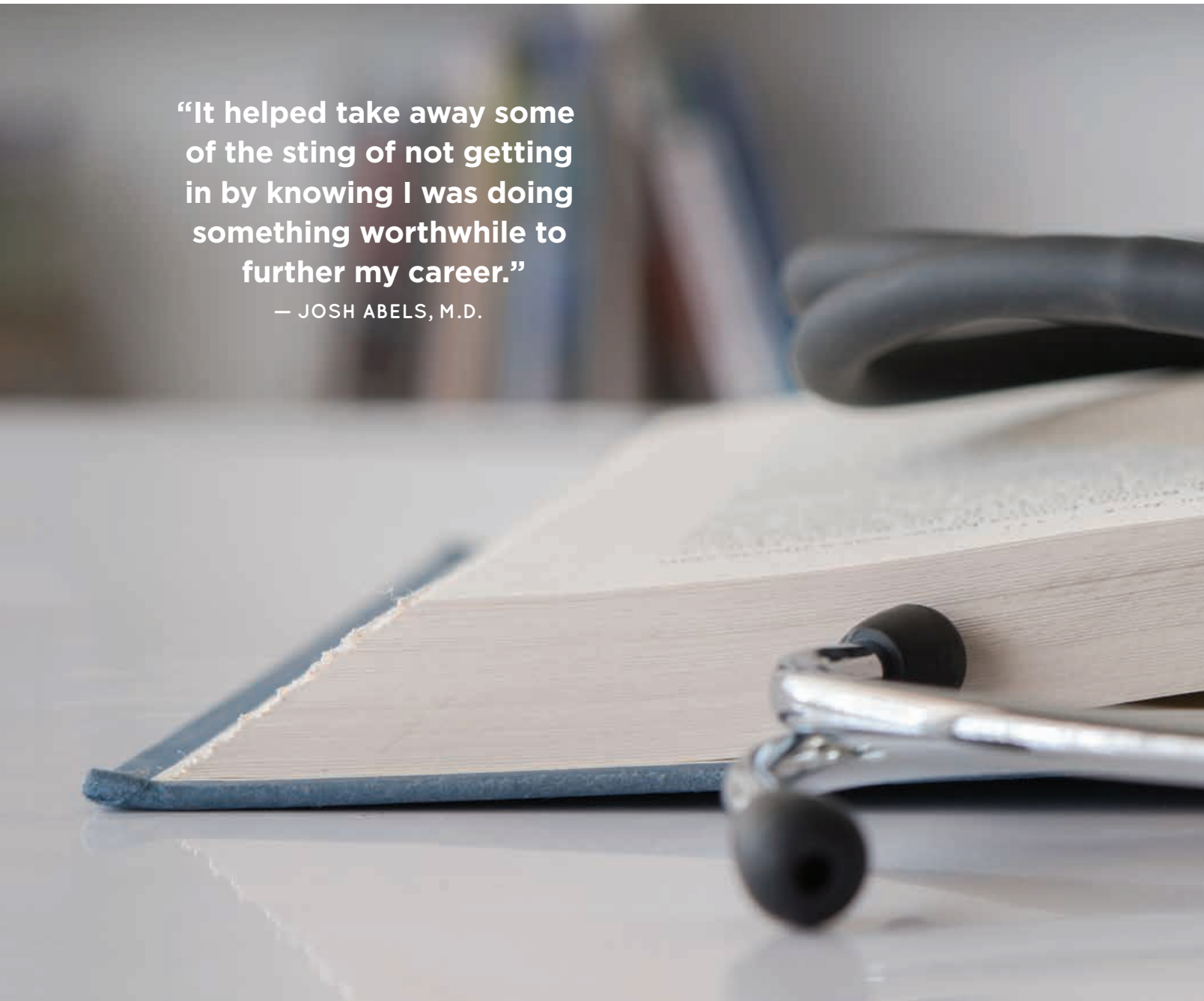
Josh Abels admits he was down after receiving notice that UNMC had wait-listed his application for the 2017 medical school class.

The feedback he received from UNMC's decision was not about his grades or test scores, but rather his lack of patient care experience.

That's when Anthony Griess, M.D., reached out with an offer: Would Abels want to be the first participant in his Gap Year Program for aspiring health professionals at Dermatology Specialists of Omaha, or DSO?

His response was an easy yes, Dr. Abels said (spoiler alert: You now know how this story ends). "It helped take away some of the sting of not getting in by knowing I was doing something worthwhile to further my career."

Dr. Abels, an anesthesiology resident at UNMC, participated in Dr. Griess' Gap Year Program in 2017, and was affectionally referred to as the "Gap Year." This



"We decided we did not want them just to shadow – anyone can shadow. To a large degree, we wanted them to become an integrated part of our clinical care team, and basically learn how to work with patients."

— ANTHONY GRIESS, M.D.

title remains for the participants, or "Gap Years," who have followed.

Gap Years gain clinical experience, take medical histories, assist with procedures and navigate the electronic medical record. Dr. Griess said, "We decided we did not want them just to shadow – anyone can shadow. To a large degree, we wanted them to become an integrated part of our clinical care team, and basically learn how to work with patients." The program is 14 months in total, with the last two spent orienting the incoming Gap Years.

Dr. Griess speculated and Dr. Abels agreed, that Gap Years would likely join the program and work unpaid in order to gain the experience and receive a letter of recommendation. However, Gap Years are paid a respectable wage, approaching what other entry level clinical staff earn at DSO. "That was a bonus," Dr. Abels said.

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The Griess File

Hometown
Minden, Nebraska

Undergraduate Degree
TUniversity of Nebraska-Lincoln in biology

Medical Degree
University of Nebraska Medical Center

Residency
University of Nebraska College of Medicine in internal medicine; University of Missouri in dermatology

Fellowship
Dermatology Associates of Tallahassee in Mohs Micrographic Surgery

Specialty
Mohs Surgery

Location
Dermatology Specialists of Omaha

Hobbies
Karaoke, playing pinball, collecting stamps, coaching, and playing wallyball

Family
Wife, Amy Cannella, M.D.; three children, Gus, Vivian, and Anton

Why He Joined MOMS
"To be part of the Omaha medical community."

FROM PAGE 23

The program has a strong track record of seeing its graduates further their medical training. 20 of the 22 Gap Years from the past seven years have been accepted into medical or physician's assistant school. The other two are enrolled in master's degree programs and still plan to pursue admission to medical school.

The genesis of Dr. Griess' Gap Year Program came from a discussion between two friends who were also former medical school classmates while playing hooky during a Mohs meeting in San Antonio. Over coffee, Dr. Griess was intrigued to learn about his friend's success with a "gap year" program in Boston. As the friend described the program, he suggested Dr. Griess start one in the Midwest.

"I decided it was a cool idea," Dr. Griess recalled, "but I wasn't sure I would do it."

Soon, Dr. Griess learned through family connections that Abels had been waitlisted. "Josh was a good candidate. He just did not get in on the first try," Dr. Griess said. In that moment, he decided to launch the program and invited Abels to be his first Gap Year. "I call him our maiden voyage. We gave him an opportunity to demonstrate career exploration and mitigate the issue he had with his previous application."

The program has evolved during the past seven years, and now includes twelve 90-minute lectures on topics such as cell biology, histology, microbiology and immunology. One bonus, Dr. Griess said, is that the Gap Years are paid to attend the lectures – which may be a first. "You will never find a lecture series when you get paid to attend."

Then he added: "So they better stay awake."

Dr. Griess said his partners saw the program in action and asked to expand it to other providers. Everyone benefits, Dr. Griess said. "Make no mistake. It is a valuable workforce addition for us. It is a win-win."

Dr. Griess said Gap Years partner with their assigned physician to review their grades, MCAT scores and patient care experience, working to improve their application for the next cycle.

By completing a year of clinical experience, Gap Years have an advantage when starting professional school. "They're ahead of the curve," said Amy Rau, program coordinator. "They excel when it comes time to learn procedures in medical school."

Gap Years infuse a sense of energy into the clinic, are motivated to learn and work extremely hard, Rau said. "They come to us with no medical experience and when they leave, they are as efficient as our regular clinical staff. They invigorate all the staff to be better."

Gap Years are quick to share news of their acceptance into medical or PA school. "No one celebrates more than we do when one of them gets the MCAT score they need or that letter of acceptance," Rau said.

Although there are myriad benefits for the Gap Years, the providers and the practice, Dr. Griess said that the best part of the program is the return on investment, watching with pride as the Gap Years' medical careers unfold and they become the next generation of medical professionals.

Gap Years infuse a sense of energy into the clinic, are motivated to learn and work extremely hard.

— ANTHONY GRIESS, M.D.

2024
Metro Omaha Medical Society Board of Directors
DUALITY OF INTEREST DISCLOSURES

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

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

LINDA COLLINS, M.D.

Serves in Official Capacity:
Planned Parenthood Advocates of Nebraska Board Member

JUAN SANTAMARIA, M.D.

Receives Compensation from:
Food & Beverage payments from Agendia Inc., Sentra and Axogen

Serves in Official Capacity:
Chair, Nebraska Chapter, National Hispanic Medical Association (2023)

JENNIFER HILL, M.D.

Disclosures:
Shareholder and partner, Omaha OB/GYN Associates, PC, 2013 – present
Co-President, Omaha OB/GYN Associates, PC, January 2024 – present
Chair, Dept. of OB/GYN, CHI Lakeside Hospital, January 2024 – present
Member, Nebraska Medicaid Pharmacy & Therapeutics Committee, 2019 - present

JOEL MICHALSKI, M.D.

No Disclosures

EMILY PATEL, M.D.

Serves in Official Capacity:
Co-founder and board member, Campaign for a Healthy Nebraska PAC

MOMS **EVENTS RECAP**

TRIVIA NIGHT: WOMEN IN MEDICINE

The MOMS Women in Medicine group gathered at the R+R Wellness Center for an evening of food and drinks, networking and trivia in early February.

1. Drs. Ananya Ray, from left, Tina Scott-Mordhorst, Sheilah Snyder and Jane Carnazzo
2. Drs. Tiffany Somer-Shely, left, Linda Collins and Kari Krenzer.
3. Dr. Chelsea Chesen, left, Laura Polak and Dr. Jennifer Hill

EARLY CAREER PHYSICIANS NIGHT OUT

MOMS Early Career Physicians gathered at Escape Omaha on March 7 for a fun challenge of working together to escape their "locked" rooms. Afterwards, they enjoyed an evening of networking and dinner at Saffron Urban Indian Kitchen.

(from left) Back row: ECP Committee members Drs. Hernan Hernandez, Juan Santamaria, Kelsey Tieken and Michael Visenio. Front row: Drs. Travis Schrier, Elizabeth Maginot, and Ananya Ray.

Dinner at Saffron:
(from left) Drs. Travis Schrier, Kelsey Tieken, Ananya Ray, Juan Santamaria, Hernan Hernandez, Elizabeth Maginot and Micheal Visenio and Laura Polak with MOMS.

MOMS EVENTS RECAP cont'd

ANNUAL MEETING

Here are the headlines from the 2024 MOMS Annual Meeting and Inaugural Dinner, which was held Jan. 23:

Dr. Travis Teetor inaugurated as 2024 MOMS President

Travis Teetor, M.D., is an anesthesiologist with Boys Town National Research Hospital and has served on the MOMS Board of Directors in various roles since 2016, as well as on the MOMS Foundation Board. In addition, he has served on the Nebraska State Board of Health, as president of Nebraska Society of Anesthesiologists, on the NMA Legislative Committee and Specialty and Subspecialty Societies Committee, and on the Committee of Finance for the American Society of Anesthesiologists Dr. Teetor was presented the 2016 NMA Young Physician of the Year recipient.

MOMS Foundation Match Grant Presents $13,175 to Saving Grace Perishable Food Rescue.

A check for $13,175 was presented to this year's Match Grant recipient. The first $5,000 in MOMS member donations were matched by the MOMS Foundation. MOMS Foundation president Stephanie Hartman, M,D., presented the check to Beth Ostdiek Smith, CEO, president and founder. Funds will be used to purchase refrigerators that will be place in Omaha food dessert areas. These will be stocked regularly with fresh, nutritious food to serve people experiencing food insecurity.

Rhonda Hawks Presented MOMS Community Service Award

MOMS recognized Rhonda Hawks with the Community Service Award. Hawks has championed health for Omaha and the state and used her immense influence and philanthropic prowess to advance mental health access. She was part of opening Lasting Hope Recovery Center, continues to be a longtime advocate and a lead fundraiser for Community Alliance's new building at 72nd and Mercy streets; innumerable projects for UNMC, UNL and UNO, Omaha Community Playhouse, Methodist Hospital, Project Harmony and Creighton University and others.

NEW MEMBERS

RYAN BURKHOLDER, M.D.*
UNMC
Gastroenterology

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

GRAYSON HUBEN, M.D.**
UNMC – Internal Medicine
Internal Medicine

MARK JENSON, M.D., MBA
Boys Town Pacific Street Clinic
Orthopedic Surgery

BRIANNA JOHNSON-RABBETT, M.D.
UNMC
Endocrinology, Diabetes and Metabolism

KATE KOLLARS, M.D., MPH
OneWorld Community Health Centers
Family Medicine

ROSLYN MANNON, M.D.
UNMC
Nephrology

GEETANJALI RATHORE, M.D.
UNMC
Pediatric Neurodevelopmental Disabilities

ANANYA RAY, M.D.
Children's Physicians
Pediatrics

RYAN SHOGREN, M.D.
Anesthesia West, P.C.
Anesthesiology

JAMES STEIDLER, M.D.
Radiology Consultants of the Midwest
Radiology

JASON TALMADGE, M.D.
ENT Specialists P.C.
Otolaryngology

CHRISTOPHER WILES, D.O.
Anesthesia West, P.C.
Anesthesiology

**Fellow* ***Resident*

PEDIATRIC SPEECH-LANGUAGE THERAPY AVAILABLE AT MAPLE STREET CLINIC

Boys Town opened a new pediatric speech-language therapy clinic at the Boys Town Pediatrics Maple Street Clinic. Speech-language therapy needs are on the rise throughout the metro area, and a third clinic increases accessibility for all Omaha children, whatever their needs may be.

Boys Town is uniquely suited to care for patients with speech and language needs due to its relationship between research and clinical care. Boys Town is internationally known for hearing and language research.

Boys Town speech-language pathologists work with children and families to address a range of communication concerns, from speech delays to swallowing concerns to developmental language and communication disorders, including autism, hearing loss, apraxia, voice, fluency, and cleft lip and palate.

Therapy services are also available for children who are deaf or hard of hearing at the downtown medical campus location. This clinic specializes in the development of skills along the auditory-visual continuum and serve patients seeking to to develop listening and spoken language skills, as well those who need support developing their visual communications skills, such as sign language. Services for Spanish-speaking families are also available.

DOUBLE ROBOTIC LUNG CANCER SURGERY MARKS A FIRST

Erin Gillaspie, M.D. – just a few weeks into her tenure as the founding chief of thoracic surgery for CHI Health in late December – and her team performed one of the first double robotic lung cancer surgeries in Nebraska, and the first within CHI Health.

"The patient's CT scan showed a very small cancer tumor in the left lower lobe, so he was an ideal candidate for this procedure," Dr. Gillaspie said. "The challenge of small cancers is they can be hard to find and remove, but with advancements in technology and the right tools, we can give ourselves a clear path to remove the cancer and preserve lung."

The first part of the two-pronged procedure involves the injection of dye into a small lung cancer nodule using robotic navigational bronchoscopy. That dyed area lights up and helps guide the boundaries of resection for remove the cancerous nodule via segmentectomy. This method, and combination of surgical precision and robotic assistance leaves much of the patient's healthy lung tissue intact.

"This approach differs from traditional methods of lung cancer surgery in which the entire lobe. In cases where the nodule is small, this cutting edge procedure allows for precise and clean margins, which leads to better patient outcomes and the robotic approach allows for less pain and faster return home," Dr. Gillaspie said.

Together with oncology, research and surgical teams, Dr. Gillaspie is building a multidisciplinary thoracic care program at CHI Health.

"There is an incredible opportunity to really create a premiere program," Dr. Gillaspie said. "Nebraska is overall underserved from the thoracic standpoint, so it's critical that we work together to serve the population and provide access to the best possible care, clinical trials and surgical interventions."

NEW INSTITUTE AIMS TO IMPROVE HEALTH CARE OUTCOMES

Through the newly established Institute for Population Health, led by executive director Scott Shipman, M.D., Creighton will use its wide-ranging expertise to generate ideas and policies on the issues of health justice in health care and in the community to improve health care outcomes in Nebraska and across the United States.

Creation of the new institute is motivated by the continuing failure of the U.S. health care system to produce results commensurate with the amount of money invested. More than $4.3 trillion was spent on health care in the United States in 2021, which represents 18.3% of the entire U.S. gross domestic product. Per capita expenditure is 60% above the average of seven affluent G7 countries and yet the United States experiences the lowest life expectancy, a worsening deficit with recent declines in U.S. life expectancy that predate the pandemic.

In addition, the difficulty of accessing health care remains a national challenge and is a particular threat for rural populations. The U.S. Centers for Disease Control and Prevention estimates that more than 46 million Americans, about 15% of the population, live in rural areas and that rural residents are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease and stroke than their urban counterparts. In Nebraska, according to the Nebraska Department of Health and Human Services, 35% of the population lives in rural areas, more than double the national average.

The institute's work will be guided by the understanding that 80% of the factors that determine health outcomes can be attributed to social and economic factors such as health behavior and physical environment, while the remaining 20% can be attributed to factors affected by health care.

Particular attention will be given to better understanding and addressing the factors driving widespread health inequities and inequities in access to high-quality healthcare.

METHODIST

University of Nebraska Medical Center

EXPANSION BENEFITS WOMEN AND FAMILIES

In an effort to create more space for women in need of medical and surgical care, Methodist Women's Hospital has completed a $16.3 million expansion.

The hospital attracts families from a five-state region and is home to providers who deliver nearly 5,000 babies annually. Almost 800 of those babies require more specialized care from the hospital's neonatal intensive care unit (NICU), which previously used adult care areas of the hospital for patient overflow. Over the past three years, those adult care areas were utilized 80% of the time, limiting valuable space for women in need of surgical, outpatient infusion and cancer care services.

As part of the hospital expansion, 14 rooms were added to the area's largest NICU – now home to 67 beds.

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

The expansion was made possible through the For All Women capital campaign – a Methodist Hospital Foundation initiative – that has also raised funds for AngelEye Health, a virtual NICU patient engagement platform for families and loved ones.

HEART, VASCULAR RESEARCH BOOSTED BY $11.8 MILLION GRANT

A grant awarded to UNMC's Center for Heart and Vascular Research signals the future of the medical center's leadership in tackling diseases that are the leading cause of death and hospitalization in Nebraska and across the United States.

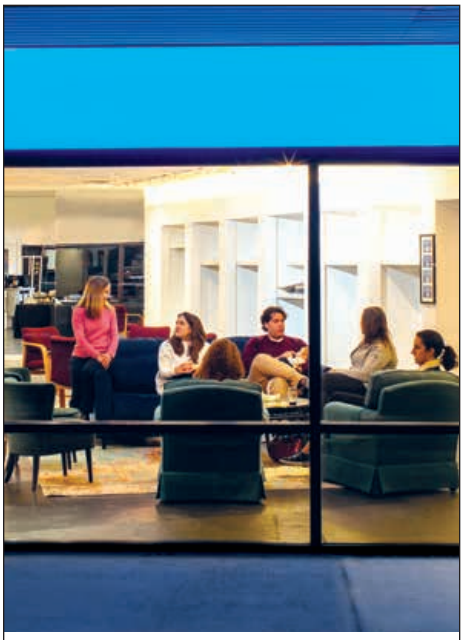
The Center for Heart and Vascular Research, under the direction of principal investigator Rebekah Gundry, Ph.D., recently was awarded more than $11.8 million by the National Institutes of Health to create a Centers of Biomedical Research Excellence (COBRE) focused on finding answers for heart and vascular diseases. The COBRE is a considerable stamp of approval and source of support from the National Institutes of Health and its National Institute of General Medical Sciences.

"The achievement of this significant and prestigious National Institutes of Health COBRE grant officially marks heart and vascular research as the latest of UNMC's signature programs of expertise, yet another way we are proud to lead our nation and the world," said UNMC Chancellor Jeffrey Gold, M.D.

"But most important," Dr. Gold continued, "the work done thanks to this support will someday make a true difference in the lives of our patients, and the families who love them. This is why we go to work every day."

The COBRE will grow a center that develops early career researchers, promotes collaborative research, and supports research into heart and vascular diseases through cutting-edge infrastructure and invaluable mentoring.

This is UNMC's third funded COBRE as an institution.



R+R

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APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

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

PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____

Birthdate:_____Gender: ☐ Male ☐ Female

Clinic/Group:_____

Office Address:_____Zip:_____

Office Phone:_____ Office Fax:_____Email:_____

Office Manager:_____Office Mgr. Email:_____

Home Address:_____Zip:_____

Home Phone:_____Name of Spouse:_____

Preferred Mailing Address:

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

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

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:_____

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

Residency Location:_____Inclusive Dates:_____

Fellowship Location:_____Inclusive Dates:_____

Primary Specialty:_____

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

_____ _____

Signature *Date*

FAX APPLICATION TO:
402-393-3216

MAIL APPLICATION TO:
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7906 Davenport Street
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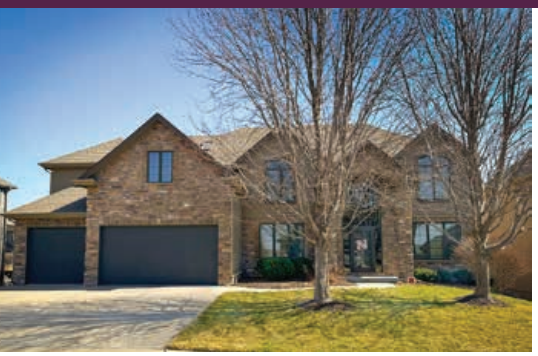

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