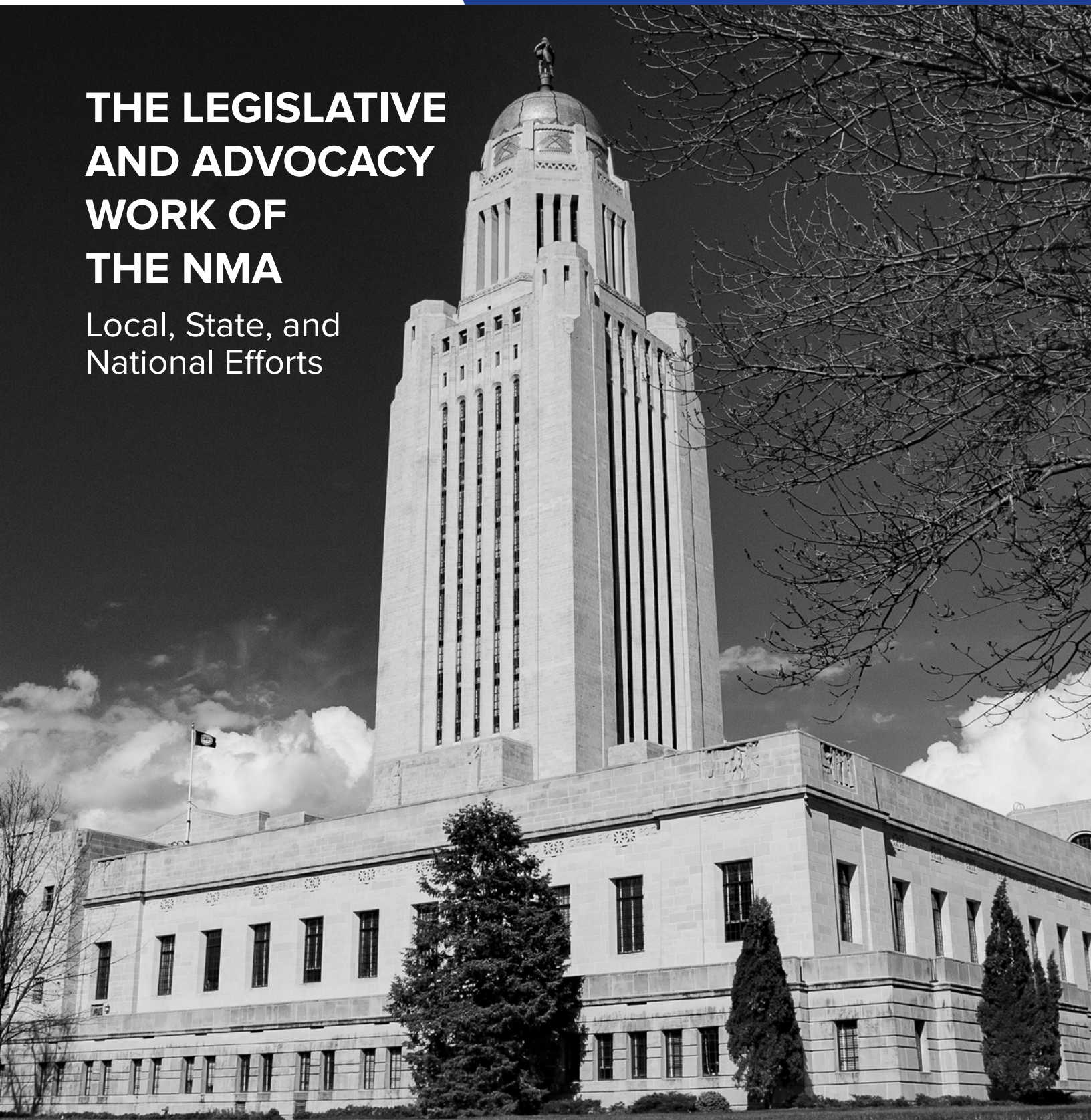


THE LEGISLATIVE AND ADVOCACY WORK OF THE NMA

Local, State, and
National Efforts





ADVOCATE

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President's Message

By Michelle Walsh, MD, FAAP
Lincoln

2020 ...Never in my lifetime did I think we would have to face a pandemic. Our modern medicine, advancing technology, and ability to communicate on all levels seemed superior to prevent any worldwide global medical crisis. As tough as this year has been, I am proud to be a part of a worldwide unification call to action to save lives and promote health in an ever changing environment.

Our Nebraska Medical Association members and staff have worked tirelessly to promote the health of **all** Nebraskans. During this time of need, our NMA has secured necessary PPE, promoted physician wellness webinars and coaching, participated in a vaccine task force, and connected with state and national delegates to stay connected with COVID-19 legislation, among many other important activities. The NMA has received national recognition from the Senior Legislative Attorney with the AMA Advocacy Resource Center. Amy Reynoldson, Executive Vice President of the NMA, has been nominated to be on the AMA SOPP (Scope of Practice Partnership) Steering Committee. This honor will assist us in our efforts to monitor and negotiate the many changes in scope proposals that continually occur, such as the recent Nebraska proposals from Athletic Trainers, APRN's, and Medical Nutrition Therapists in the past 9 months. Additionally, our NMA staff and members have been in full swing maneuvering the complex process of the legislature. You too can make a difference and become involved. There are always opportunities to testify in the legislature, join the NMA Commission on Legislature and Governmental Affairs, assist in addressing a bill's language, or contribute to the Nebraska Medical Association Political Action Committee (NMPAC).

The NMA doesn't just advocate on the behalf of physicians - our mission is to promote the health of

all Nebraskans. Please carefully read the article in this magazine written by Pat Condon, Lancaster County Attorney. The NMA has been working with the Lancaster County Attorney's office to address abuse and neglect in our vulnerable pediatric population. Additionally, we are working with Stephanie Beasley, Director of CFS, to compose a group of interested individuals to work on a strategic planning committee to further evaluate our foster care system. Furthermore, we have met with Nebraska Children and Families Foundation and will be meeting with Child Welfare soon. The Mental Health Association of Nebraska has also been contacted to assist with peer models to help those in need. Our goal is to help prevent children from being abused by helping to recognize a potential danger and correct the situation before it leads to any trauma to the child. This will require education and work on many levels. I challenge you to join me in my endeavor to secure a safer and greater future for our defenseless younger patients.

Additionally, starting in early January 2021, VaxCare will be opening in our state to allow offices to affordably keep vaccines in their offices. VaxCare will pay the cost of these expensive vaccines, stock them in your office, handle the insurance, and will pay you back the administration fee. Look for more information on VaxCare coming soon.

What are your interests and passions? The NMA is here for you and is ready to help you succeed in your goals to boost Nebraskans' health to the next level. Contact the NMA today to get started. Please stay safe and well. You are all essential and play an important role in the lives of so many. Get involved today and make the change you want to see. Thank you.



Michelle Walsh, MD, FAAP
President, Nebraska Medical Association



Executive Vice President's Message

The Hindsight of 2020



By Amy Reynoldson
NMA Executive Vice President

Is it just me, or did 2020 feel like we were on an endless roller coaster being constructed before our eyes—and included several steep inclines with sharp declines, many twists and turns, and an unnerving number of loopy loops to make even the most avid roller coaster riders a bit nauseous?

I have been known to ride a few great coasters when visiting theme parks...with my favorites being The Hulk and The Kracken. This past year took roller coasters to an entirely new level, one that I am ready to exit to get my feet on solid ground. I am certain we are all ready to catch our breath a bit and feel a sense of normalcy.

As I write this article in mid-December, it appears normalcy may be just around the corner as the COVID-19 vaccines are being distributed and administered. I think it is safe to say that the rollout of the vaccines may be a bumpy ride. At the onset of the pandemic when things were turned upside down, healthcare delivery was clunky and somewhat disorganized when it came to obtaining PPE, testing, submitting for reimbursements, and receiving guidance, just to name a few. We anticipate that the vaccine roll-out may be similar, and we will need to iron out all of the details to have a smooth implementation, as there are many different moving parts to coordinate.

Also, right around the corner is the 2021 Legislative session—we think. The word on the street is that the session will be held with some minor, suggested precautions in place, to keep senators and their staff safe, which we all can appreciate and respect. We are not exactly certain what those will look like, as it will be a wait-and-see as we get closer to the 2021 session. As you can imagine, there is a lot of speculation right now on how the session may unfold, such as public hearings, in-person testimony, whether lobbyists will be allowed to be in the rotunda to access senators and their staff, etc., etc.

What we do know is that senators have been asked to be mindful of the number of bills they introduce. In a typical long session, there could be anywhere from 600-800 (or more)

bills introduced, so it will be interesting to see how this plays out.

What does this mean to the NMA and our priority bills?

The NMA is focusing on introducing two bills. The first one focuses on removing the pre-authorization process for providing Medication Assisted Treatment (MAT) to individuals with Medicaid. The second bill is aimed at strengthening the immunization data collection process for state licensed childcare centers, which are currently required to report data on all children who are enrolled in licensed centers. The NMA sees this as an opportunity to collect better data and also have the centers ensure all children meet regulations and statutes around vaccines for state licensed childcare centers, which only allow medical exemptions. This approach will likely increase the number of children getting vaccinated before entering schools, and address the growing number of children that do not get vaccinated because the parents have a philosophical reason to not vaccinate their children, but use the religious exemption.

Additionally, the NMA is working closely with other organizations on legislation to address physician liability issues, telehealth payment parity, and the removal of step therapy.

Not only is the 2021 Legislative session going to be a little different due to the disruptions from COVID-19, but we are also going to have five freshmen senators entering the body and three returning senators who were previously term limited.

I am hopeful for 2021. Hopeful that we may start to see a return to societal normalcy as it was prior to COVID-19. To give hugs to our loved ones, and spend holidays and celebrations together again. Greet strangers with an elbow bump, or better yet, a handshake. All of these things are going to be possible again because of you, our amazing physicians, who dedicated your lives to providing care for the sickest, worked hard to combat a pandemic through research, allowing science to guide the path to recovery, and the unwavering ability to trudge through the changes in healthcare to get us to the point of having a vaccine. Hindsight of 2020 definitely makes us all excited for what 2021 has to offer. □

Editor's Note

By David H. Filipi, MD, MBA

The phrase “Controlling the Narrative” has become prominent with many Americans unsure of what is actually “true.”

News-oriented media networks compete for the advertising dollar with entertaining, engaging commentary on events of today. They entertain by telling believable tales of possible conspiracies, juicy rumor, and character assignation of villainous opponents. These descend from “Yellow Journalism” of the last century by the competing newspaper empires of Hearst and Pulitzer vying for that same advertising dollar. No longer does Walter Cronkite just read from a dry script.

Nowadays these entertaining pseudo-journalists announce their frightening cautions of vaccination causing autism, COVID immunization as means to inject microchips, and the stupidity of using face masks.

We humans react and learn better from stories such

as these, rather than dry facts. And boy, there are stories! Stories that are repeatedly circling on social media by friends and acquaintances. Hearing enough of the same story, don't we all tend to accept the adage, “Where there's smoke, there's fire?” What is the truth? Who do we believe? Which of our own deeply held beliefs are wrong? How should we act with a friend's differing perceptions of reality?

This becomes the importance of our advocacy. We must use the objective scientific truth to tell our patients, the public, and policy makers the real facts that must destroy harmful rumors and improve the health of Nebraskans.

Many others approach policy makers to enrich themselves in some way. Not us. We do it because it is our duty, our mission, and our conscience. That's why medicine still is a very trusted profession. Most listen and trust the words from Dr. Anthony Fauci. They may change somewhat as science reveals a better truth, but with humble sincerity. The “current” truth is proclaimed, and most Americans listen and believe.

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There are two things I think of every election cycle: “All politics is local” and, “If you're in medicine, you're in politics.” Together, these sayings embody why I am a proud donor to the Nebraska Medical Political Action Committee. As physicians, we have a unique ability to see the many facets of health care, from patient access to billing practices to population health and beyond. Through donating to NMPAC we can help elect legislators who will shape the future of our practices and our state for the better.

Jordan Warchol, MD, MPH
NMPAC Chair

Contribute now at www.nebmed.org/nmpac

Platinum Contributor \$750+

Linda Ford, MD	Bellevue, NE
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Madhu Midathada, MBBS	Lincoln, NE
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Kailash Mosalpuria, MBBS, MPH, FACP	Lincoln, NE
Dee Psota, MD	Kearney, NE
Les Spry, MD	Lincoln, NE
Tod Voss, MD	Pierce, NE
Michelle Walsh, MD	Roca, NE

Other

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Dale Michels, MD	Walton, NE
Diana Nevins, MD, FCAP	Omaha, NE
Michelle Petersen, MD	Lincoln, NE
Alan Thorson, MD, FACS	Omaha, NE

Resident/Student

Olivia Sonderman	Omaha, NE
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Contributions through 12/31/2020

Why Advocate?

*By Dexter Schrodt
Vice President, Advocacy & Regulation;
In-house Counsel
Nebraska Medical Association*

Dexter grew up in North Bend, Nebraska, and attended the University of Nebraska-Lincoln where he obtained a degree in Political Science. In college he held internships with the Attorney General's office and a state political party. After a few years in the private sector, Dexter then attended the University of Nebraska College of Law where he graduated with a concentration in corporate regulation. During law school, he clerked for the former Director of Insurance and a local lobbying firm. Prior to joining the NMA, he worked in the Nebraska Legislature for Sen. Matt Williams. His hobbies include binge watching TV shows with his wife, playing with his golden retriever, and avidly following soccer.

The mission of the NMA is to serve our physician members by advocating for the medical profession, for patients, and for the health of all Nebraskans. Whether it's connecting members with CMEs, keeping them updated with newsletters, managing specialty societies, or disseminating public health information via radio ads, advocacy is at the root of what we do.

With all the different ways to advocate to and for our members, some often wonder if advocating with policymakers is worth it or if it is being unnecessarily political. The answer is simple: yes, it is worth it.

Whether in private practice or employed, physicians are undoubtedly impacted multiple times a day by the decisions policymakers and regulators have made. It is vital to have a voice in the room when those decisions are made; often, those that make the decisions see issues from a 30,000 feet level and they need the perspective of how their decisions would impact the practice level.



Make no mistake, there are some issues that have underlying political tension; however, physicians are fortunate to be respected by both sides of the political aisle. The NMA is not an organization (and there are many) that is typically seen with political bias, and we believe that can be traced back to remaining steadfast to our mission of advocating for the medical profession and for patients. Health care is a complex topic, and policymakers and regulators appreciate being able to talk through those complex issues with those that know them best.

Due to the staff at NMA not being health professionals themselves, this makes it crucially important for our membership to be actively involved with our policy advocacy efforts. Whether it is debriefing NMA on what is occurring in practice or testifying at public hearings on behalf of the NMA, any sort of participation helps us be the best advocates we can be, and in turn, we can help continue to make Nebraska a great place for physicians and patients.

At the end of the day, NMA and physician representation needs to be at the table when policy decisions are made by Senators and regulators, because if we aren't, someone else certainly will be, and their interests and motivations might prove to be detrimental to the practice of medicine and the safety of patients in our state. □



2020: A Legislative Session Unlike Any Other

By Dexter Schrodtt

Vice President, Advocacy & Regulation;

In-house Counsel

Nebraska Medical Association

The 2020 legislative session began last January like all others before it, with the introduction of new legislative bills and a sense of unfinished business from the prior year. Property tax and school funding reform, along with the adoption of a new business incentive program, were the primary topics carried over from 2019 and would remain the focus of state legislators up until the final days of the 2020 session.

The 2020 session was set to be the shorter of the two sessions the Nebraska Legislature uses for its biennium schedule; 60 working days for this second session compared to 90 days in the first session of the biennium. However, 2020 would wind up as the latest finishing legislative session since the current biennium scheduling approach was adopted in the 1960s. Due to the COVID-19 pandemic, the Speaker of the Legislature, Sen. Jim Scheer of Norfolk, temporarily suspended the legislative session on March 16th. Senators would not resume the final 17 days of the session until July 20th, with the session ultimately concluding on August 13th, nearly four months after the original scheduled end date.

Although the NMA was not involved in the three main topics mentioned above, there was still plenty of legislation to monitor that would impact physicians and the health of Nebraskans, including two NMA sponsored legislative bills. The first bill we introduced, LB838 by Sen. John Arch of LaVista, was the byproduct of discussions with the Nebraska Nurses Association, the Medical Group Managers Association, and Department of Health & Human Services licensure staff over the ambiguity in Nebraska law surrounding medical assistants, who are uncredentialed in this state. The bill made clear that physicians, as the leader of the healthcare team, have the authority to assign routine tasks to medical assistants in their offices.

The second piece of NMA sponsored legislation, LB1104, also by Sen. Arch, makes a clarification to the peer review law that NMA helped to pass in 2019. Through

court proceedings, NMA was made aware that the peer review law from 2019 was not apparent as to its inclusion of nonprofit entities under the peer review protections. LB1104 simply fixes this issue by making it clear in Nebraska law that nonprofit entities are to be provided peer review protection.

Both LB838 and LB1104 were amended into LB783 by the Legislature's Health & Human Services (HHS) Committee, and eventually passed into law by the entire Legislature as a package. LB783 was supported by the NMA and allows ambulatory surgical centers to keep patients overnight, so long as they do not stay for longer than 24 hours, bringing Nebraska in line with CMS regulation.

There were four scope of practice bills introduced in 2020, and the NMA was heavily involved with all four. Two of the bills were the result of the credentialing review process (more information on this process can be found in the article titled "411 on the 407" on page 16) where the NMA engaged with the professions seeking changes to their scope of practice, to determine if there was a way to modernize scope of practice for the respective profession, while at the same time ensuring patient safety was upheld. In this instance, the two professions were physician assistants and emergency management technicians. Having already reached an agreement together on the scope of practice changes prior to legislation being introduced, these two scope expansion bills passed the legislature with the support of all involved.

By contrast, the other two scope expansion bills brought by The Nebraska Psychological Association (NPA) and the Nebraska Optometric Association (NOA) did not go through a successful credentialing review process prior to legislation being introduced. As a result, the NMA, together with the Nebraska Academy of Eye Physicians and Surgeons and the Nebraska Psychiatry Society, vigorously opposed those two scope expansion efforts. The NPA had hoped to gain prescriptive authority, and the NOA sought to be able to perform certain surgical procedures and injections of the eye. Our opposition to these proposals was successful and the HHS Committee did not advance those two bills.

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Lawmaking Process in Nebraska

BILL INTRODUCTION: Bills must be introduced within the first 10 days of the legislative session, which begins in January. A senator files the bill with the Clerk of the Legislature. The Clerk reads the title of the bill into the record, assigns it a number, and prints copies of it for public and legislative use. The Legislative Fiscal Office prepares budget statements called fiscal notes, estimating the anticipated change in state or political subdivision expenses or revenue under the provisions of each bill. Appropriation bills also are prepared to accompany bills that have a fiscal impact.

BILL REFERRAL: The Reference Committee assigns each bill to the appropriate standing committee.

PUBLIC HEARING: The standing committees hold a public hearing for every bill introduced.

COMMITTEE ACTION/INACTION: A standing committee may act to:

Indefinitely postpone
(kill) the bill

Advance the bill to General File (with or
without committee amendments)

Take no action and hold
the bill in committee

GENERAL FILE: Committee amendments and other amendments, if any, are considered prior to advancement. The bill has three chances to advance before being indefinitely postponed.

ENROLLMENT AND REVIEW INITIAL: All amendments adopted are engrossed into the bill. The bill is reviewed for technical flaws. If such flaws exist, E & R amendments are filed to be adopted on Select File.

SELECT FILE: E & R amendments are considered before any other amendments. The bill has two chances to advance before being indefinitely postponed.

ENROLLMENT AND REVIEW FINAL: Amendments adopted are engrossed into the bill. The bill is reviewed for technical flaws and a Final Reading version of the bill is printed.

FINAL READING: Before the final vote, every bill is read in its entirety to the Legislature, unless three-fifths (30) of the Legislature votes to waive the requirement. The bill must receive a majority vote (25) to pass or a two-thirds vote (33) to pass if the bill contains an emergency clause.

CONSIDERATION BY THE GOVERNOR: The governor may sign or veto the bill within five days if it passes on Final Reading. If it is not signed or vetoed within five days, it automatically becomes a law. The legislature may override vetoed bills with a three-fifths (30) vote.

CODIFICATION: If a bill becomes law, it is then codified in the Nebraska Revised Statutes.

2021 Legislative Preview: Looking Ahead to Uncertainty

By Dexter Schrod

Vice President, Advocacy & Regulation;

In-house Counsel

Nebraska Medical Association

The 2021 legislative session, officially the First Session of the 107th Legislature, began on January 6th of this year. Precautions for COVID-19 are in place, including plexiglass dividers on the floor of the legislature, testing for Senators and staff, and a limitation on certain types of lobbyist activity while in session. It remains to be seen whether the Legislature will be forced to pause the legislative session as they did in 2020, but leadership in the body appears to be focused on ensuring that does not happen.

One thing that is certain, the pandemic will be a central theme of the new legislative session. From housing, to schools, to food assistance, and of course to health care, it is likely the impact of the coronavirus will touch a multitude of topics and proposals policymakers will consider. As we do every year, the NMA will review and analyze every piece of legislation that impacts physicians, their practices, and the health of all Nebraskans.

Two topics stemming from the pandemic the NMA expects to be involved in are telehealth and addressing potential liability issues arising from the response to the pandemic. Telehealth was thrown to the forefront of health care in 2020, and policymakers, insurers, and the medical community have taken notice. We believe that there will be legislation looking to reduce the regulatory barriers to using telehealth, which will likely mirror the changes made by executive order during the pandemic. We also anticipate the issue of payment reimbursement parity to in-person services for telehealth services will be introduced for Senators to consider.

Legislation that seeks to limit liability for businesses, health care, churches, schools, and government entities over issues related to COVID-19 is a hot topic in Congress and around the nation right now. The NMA will be engaged in this topic as it pertains to health care providers and facilities. Specifically, in general we will be looking at three aspects of reducing liability for health care: 1) the treatment of COVID-19 patients, 2) public exposure to COVID-19 in facilities and offices, and 3) altered or delayed care for non-COVID patients.

The NMA also plans to introduce legislation of our own to address various health related issues across the state. This includes a bill that looks to strengthen childhood vaccine compliance and improve the childhood vaccine data gathered by the Department of Health of Human Services. Additionally, we are working to introduce legislation that removes barriers for Nebraska patients to obtain or begin Medication Assisted Treatment for substance use disorders.

We anticipate several scope of practice changes will once again be introduced this year, with both the psychologists and the optometrists indicating they will pursue the same expansion of their respective scopes of practice they have attempted the last several years. We also foresee the Board of Nursing seeking to alter scope of practice for advanced practice registered nurses this year by aligning all four APRN practice acts into one single scope of practice.

With 2020 being an election year, there will be some new faces joining the Legislature, as well as some Senators who will be returning after previous stints in office. There will be five individuals sworn in as new Senators on the first day, four from the Omaha area and one from Lincoln. Three Senators, Mike Flood of Norfolk, Rich Pahls of Millard, and Raymond Aguilar of Grand Island, will be returning to the Legislature after having previously served in the body.

Elections also mean there are some Senators who will not be back in 2021, including Chair of the Health and Human Services Committee, Sen. Sara Howard, reaching her term limit of two terms. Sen. Howard will be especially missed as a leading voice for health care and public health in Nebraska. Longtime Omaha Senator, Ernie Chambers, also reached his term limit for the second time having returned to the Legislature in 2012 after previously being term limited in 2008.

The 2021 legislative session looks to be an interesting one, with the COVID-19 pandemic potentially hijacking both the planned schedule and the bills introduced. The NMA looks forward to diligently approaching this legislative session, as health care is sure to be at the forefront of many discussions. Be sure to subscribe to the NMA STAT newsletter to stay up-to-date on the legislative session as it progresses, and do not hesitate to reach out with any questions or comments.



Nebraska Advocacy at the National Level

Being involved in organized medicine means involvement in advocacy efforts and establishing policies at the national level to which physicians and physician member organizations look to for guidance. Nebraska physician, resident, and medical student representation at the American Medical Association is impressive given the size of our state and number of AMA members. These individuals commit a lot of time preparing for meetings, engaging in committees, and have dedicated many hours each year to their work with the AMA. The NMA is proud to see this high-level engagement by our members, and feel that it is only fitting to provide you a snapshot of who represents Nebraska at the AMA level.

PHYSICIANS

Alëna Balasanova, MD, FAPA

I represent Nebraska in the Young Physician Section (YPS) of the AMA, where I also serve on the Strategy and Leadership Committee (SLC) and have chaired multiple handbook review committees for AMA Annual and Interim meetings.

I also represent my specialty society, the American Academy of Addiction Psychiatry (AAAP) in the Specialty and Services Society (SSS) assembly of the AMA. Although I have been an AMA member since 2010, I only began attending meetings in 2017. In 2020 I was honored with the AMA Foundation Award for Health Education. This is the first time a member of Nebraska's delegation has received this award.



Micah Beachy, DO, FACP, SFHM

Micah Beachy, DO, FACP, SFHM is a delegate of the American College of Physicians. He served as a Young Physician delegate from 2015-2018 prior to assuming his current delegate position.



Kelly Caverzagie, MD

Kelly Caverzagie, MD is a Delegate to the American Medical Association from Nebraska and leads the Nebraska Delegation to the AMA. In 2019, Caverzagie was elected to the AMA Council on Medical Education (CME)

which focuses on providing expertise on issues related to Medical Education at the AMA. He has been attending AMA meetings since 1998 and has served in a variety of leadership roles throughout the organization including as a resident member of the CME for three years and Vice-Chair of the AMA Resident and Fellow Section.



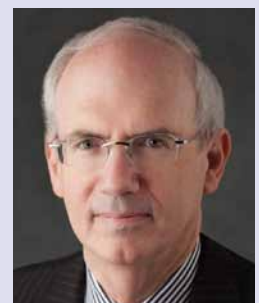
Linda Ford, MD

Linda Ford, MD served in the House of Delegates of American Medical Association (1996-2011) and as Nebraska delegation's chair (2001-2011). Dr. Ford served on Board of Directors of the American Medical Association Foundation (2002-2011) and was its president (2005-2006). She served on all committees of the AMA Foundation including the steering committee for Uniting for the Future of Medicine, a \$10,000,000 major gifts campaign, the first of this kind for the Foundation in its 30 years of existence. Dr. Ford was appointed to AMPAC (American Medical Association's Political Action Committee) 2012-2020 and liaised to the AMA Council on Legislation (2016-2020).



Jeffrey Gold, MD, FACC

I have served as a delegate to the AMA House for the last 16 years, representing the Society of Thoracic Surgeons, and as a part of the Surgical Caucus. I was elected to the AMA Council on Medical Education for two consecutive terms, serving



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Nebraska Advocacy at the National Level (continued)

as the chair in my last term. I have also served as the chair of numerous AMA reference committees, task forces and initiatives. These include an 8-year term (2 years as chair) on the Board of the LCME, and 8-year term (2 years as chair) on the Board of the ACGME.

Michael Visenio, MD, MPH

I serve as Alternate Delegate within the AMA Resident and Fellows Section. I represent the voice of trainees in the AMA House of Delegates and serve as one of its voting members. I've been going to meetings since 2015 as a medical student. My first meeting was in Atlanta, and afterwards became more involved in AMA and NMA. I've held multiple leadership positions within our Medical Student Section. I was first a member of the Committee on Health IT, and most recently a Delegate before graduating. I enjoyed every meeting I've attended and appreciate the mentorship of those from the Nebraska delegation.



Michelle Walsh, MD

As President of the Nebraska Medical Association, I had the privilege of attending the fall virtual AMA meeting as an alternate delegate. I participated in Ref. Comm. D: Public Health and Ref. Comm. F: Finance. Additionally, I attended the 2017 fall AMA meeting as President-Elect of Lancaster County Medical Society. I encourage all physicians in different specialties and areas of experience to be more involved with the AMA to create the change they would like to see.



Jordan Warchol, MD, MPH

I am currently a Delegate for the NMA to the House of Delegates of the AMA. Previously, I have represented Nebraska in the AMA Medical Student Section and AMA Resident & Fellows Section where I was Vice Chair of the Governing Council. In the AMA Young Physicians Section, I represent my specialty society (American College of Emergency Physicians) but always keep the interests of Nebraskans in mind. I also founded the Rural Health Caucus which includes physicians from all over the country who have an interest in the unique needs of patients and physicians in rural areas. I have been attending AMA meetings since my first year of medical school and have been to a total of 17 AMA interim or annual meetings, with no plans to stop any time soon!



David Watts, MD

David Watts, MD is a new alternate delegate in 2020 representing the physicians of Nebraska at the AMA. Nebraska's delegation is small but mighty, and joins North and South Dakota, Iowa, Minnesota, and Wisconsin to form the North Central Medical Conference. Dr. Watts' two primary reference committees were 1) the Committee on Amendments to the AMA Constitution and Bylaws, and 2) the Committee on Science and Public Health. Discussion items from those committees included resolutions regarding the influence of racism in medicine, access to confidential health care services for physicians, and public health implications of legalizing cannabis. Being involved in AMA is an informative experience for him.



(continued on Page 13)

Nebraska Advocacy at the National Level (continued)

STUDENTS

Rebecca Anderson

As a current second year medical student, I have been honored to serve the role of delegate for the UNMC AMA chapter at the 2020 AMA Medical Student Section Annual and Interim meetings. This past June, I was selected as one of 25 female medical students across the country to serve on the AMA-MSS Women in Medicine (WIM) subcommittee for the 2020-2021 term. The goal of WIM is to foster leadership development among female medical students through mentorship, networking, and advocacy while addressing emerging professional issues affecting women through policy development, education, and service.



Natasha Hongsermeier-Graves

Since my first semester of medical school (fall 2018), my roles within the AMA Medical Student Section have included serving as UNMC's first-year class representative, chapter delegate, and chapter president; as Region 2's liaison to the AMA Foundation, alternate delegate to the HOD, and member of our regional resolution committee; and as a member of two national committees—the House of Delegates Coordination Committee and the Membership Engagement and Recruitment Committee. I have facilitated resolution workshops, co-authored resolutions, testified on behalf of our NMA to Nebraska's Health and Human Services Committee, and remained active within the Nebraska Health Policy Network.



Rohan Khazanchi

As the Region 2 Delegation Chair for the AMA Medical Student Section, I was elected to lead our section's delegates from Nebraska, Iowa, Minnesota, Kansas, Illinois, and Missouri. After serving as an MSS HOD Delegate since 2018, my term ended at the conclusion of this meeting. I will be replaced by Natasha Hongsermeier-Graves, who was just elected to serve as an MSS Alternate Delegate with the Nebraska AMA delegation. I also serve as the lone medical student on the AMA Council on Medical Education and was appointed to this role in June 2020. □



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A Legislator's Perspective



By Senator Matt Williams
Nebraska Legislature, District 36

Following my election to the Nebraska Legislature, I was inundated by a constant flow of communications pertaining to a myriad of issues, many of which were not on the campaign radar. They came from constituents, other elected officials, organizations, associations, and

lobbyists seeking support for or opposition to proposals. Some issues seemed easy enough to understand and some seemed complicated beyond belief. Public policy is not created in a vacuum. It requires listening to many voices and seeking out professional experts to ensure details are not lost when looking at an issue from a bird's-eye view. To minimize the role of experts in developing public policy is not only a mistake, it's arrogance at its worst, not to mention a major disservice to constituents.

While State Senators come to the Legislature with their own areas of expertise, no one Senator can be an expert in every subject matter. Likewise, our constituents come from all walks of life and they come to the lawmaking process with their own expertise and life experiences. They also come with an expectation that their representatives will listen carefully, be open to learning about their careers and life needs, and come up with a public policy that is

sound and treats individuals fairly, something the State and Federal constitutions demand.

The Legislature organizes Senators into several Standing Committees with specific subject matter jurisdiction. This allows Senators to dig deeper and enrich their knowledge - become experts - on the specific issues under consideration by the Committees on which they serve. Individual Senators can also seek out detailed information from those with a particular expertise in a subject matter. One mechanism I've found useful is to host roundtable discussions. A roundtable is an informal way for stakeholders and experts to come together and educate each other and gives me a better understanding of the issue at hand.

During the pandemic, I have sought the advice of medical experts and meet regularly with the public health officials in my district. I believe it is my role to reinforce what the experts say is necessary for Nebraskans to protect themselves.

There are many lessons learned in law making, just as there are in all professions. The lessons learned that are common to all of us is that expertise is achieved in many ways, but to achieve any amount, it requires an acceptance that no one is an expert at everything and simply living a good life takes patience, grace, study, and agility, both physically and mentally. ☐



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PAC Involvement Ensures Physicians are Heard

By Jordan Warchol, MD, MPH

Assistant Professor

UNMC Department of Emergency Medicine

In the most recent election cycle, much ado was made about which candidates for federal office did or did not accept PAC (Political Action Committee) contributions, with the underlying assumption being that accepting money from a PAC was not desirable. PACs are often portrayed as having opaque motives and even less transparency about those who provide the money behind them. I would offer, however, that when a PAC is open about how it spends its money, such organizations can help outline the issues and objectives important to the associated group.

A PAC is an organization structured specifically for the purpose of influencing political decisions including candidate selection and election as well as supporting or opposing ballot measures through the donation of campaign funds. Often, these groups are composed of members who are connected by a separate non-profit and are therefore known as connected PACs. The Nebraska Medical PAC (NMPAC) is structured as such and is connected to the Nebraska Medical Association and therefore only members of the NMA, their spouses, or others with direct connections to the association may donate to the PAC.

As a PAC, we wield influence through how we allocate money to various candidates or issues. Our PAC works with NMA staff to determine the races we should contribute to as well as how much money we should put forward. We support only state initiatives and candidates and do not weigh in on any races for federal office, although many other PACs exist for those purposes.

No candidate perfectly aligns with the positions of Nebraska's physicians, but the PAC board tries to focus on candidates who we feel will keep the concerns of our members in the forefront of their decision-making when it comes to legislative matters. Thus, we typically support candidates with diverse backgrounds and from various political parties. Every election cycle, we hold interviews with candidates to gauge their positions on topics important to physicians across our state. We then meet as a board to decide which campaigns we would like to

contribute to, and how much money we would like to give.

We try to meet with candidates in person to deliver our contributions so that they are able to put a face with our donation and know that the physicians of Nebraska are counting on them during the next legislative session. For some members of the Unicameral who hold especially important positions on health care matters or who align with our issues more closely, we will occasionally make an off-cycle donation as well as a gentle nudge to remind them that we are keeping tabs on the work they are doing.

I know that 2020 presented many challenges for our physicians both financially and otherwise. Yet instead of considering your donation to the PAC as an extra expense, I would encourage you to look at it as a way to be sure that the physicians in Nebraska continue to have an influential voice in the ear of the Unicameral. For better or worse, money talks and we want NMPAC to continue to speak loudly. □



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The 411 on the 407

By Dexter Schrodt

Vice President, Advocacy & Regulation;

In-house Counsel

Nebraska Medical Association

It is clear that one topic will always bring together the strongest advocacy effort on behalf of physicians: scope of practice changes sought by midlevel providers. In Nebraska, there is an established protocol for introducing proposed changes to alter scope of practice for a health profession called the “407 process.” You may have heard this phrase tossed around, but not known exactly what it means, as it pertains to scope of practice and protecting against “scope creep” by other professions.

The 407 process, officially called the Credentialing Review Program, was created by the Legislature in 1985 by adoption of LB 407. The idea of the Legislature at the time was that scope of practice issues would always be present among the health professions, especially as modern science and technology continued to advance.

With the bulk of the legislative body having no background in healthcare, senators realized that they might be the wrong group of people to truly go through the issues presented. Therefore, the Legislature thought it best that any changes to scope of practice sought by health professions meet six specific criteria and be first vetted through those that would know the issue best: other health professionals.

Today, the 407 process is still a vital component of thoroughly reviewing proposed scope of practice changes. Nebraska state statute prescribes that a health profession seeking changes to scope of practice, or for a profession seeking initial licensure, an application must be filed with the Chief Medical Officer at the Department of Health & Human Services. The application is then referred to the Board of Health where a Technical Review Committee (TRC) is formed, comprised of Board of Health members, other

health professionals from around the state, and laypeople.

The TRC then holds public meetings to review and discuss the application. The applicant group, the profession seeking the changes, has the opportunity to present their desired changes and any evidence that might show the public will not be harmed by the changes. At these public meetings, both supporters and opponents of the changes also have the opportunity to speak and present evidence to the TRC. After several meetings, the TRC holds a hearing on the application where they take a vote on whether they believe the proposal satisfies the six criteria in state law for allowing the change to take place.

The TRC then sends the application and the result of their vote back to the Board of Health. The Board’s credentialing review committee holds a public meeting on the application, and decides whether to support or reject the finding of the TRC. Following that meeting, the application is presented to the entire Board of Health where a vote is taken on the application. After the Board of Health vote, the final step is for the Chief Medical Officer to make a determination on the application and its impact on Nebraskans.

Typically, for a 407 application to be deemed successful, it requires the affirmative vote of the TRC, the Board of Health, and the Chief Medical Officer. If an application does not achieve approval from all three steps, the Legislature’s Health and Human Services Committee often views that as failing the 407 process.

However, health professionals are not precluded from still seeking their scope of practice changes with the Legislature, which happens often. The difference being that if an application has gone through a successful 407 process, it is viewed more favorably and has an easier path to passage by the Legislature than does an application that did not garner all three affirmative votes. Regardless, the Legislature in 1985 was wise enough to recognize that scope of practice battles would be ever present. □

Beyond the Capitol

By Dexter Schrodt

Vice President, Advocacy & Regulation;

In-house Counsel

Nebraska Medical Association

While the NMA devotes a lot of time and energy at the state capitol building while the legislature is in session, we also advocate year-round in other areas impactful to our members. For example, did you know that the NMA meets regularly with the major health insurers and the Medicaid managed care organizations of Nebraska? These meetings allow us to convey to payers what our members are experiencing in practice; from reimbursement issues to the paperwork required to verify quality metrics, we are able to be a unified voice in communicating with the payers that impact your practice.

The bulk of our advocacy work is done within the many layers of the Department of Health and Human Services. Naturally, we monitor the regulatory process and provide comment on any changes to state regulation which impacts the wide breadth of health care in the state. We also attend every meeting of the Board of Health and the Board of Medicine & Surgery, with the latter routinely asking us to present so that they may stay up-to-date on the state's physician community and the practice of medicine within Nebraska.

Additionally, we maintain constant contact with the Department's licensure division, the Division of Behavioral Health, the Division of Child & Family Services, and the Division of Medicaid & Long-Term Care. Whether it be to relay information from our members to DHHS or to assist the Department in communicating with you, our advocacy relationship with DHHS is a crucial part of what we do.

The NMA participates in numerous advisory groups and committees throughout DHHS, showing that each of these Divisions within the Department value our relationship and the feedback of physicians on their policies or program implementations. For example, the NMA was among a select few to meet the finalists for the director of Medicaid position and provide our thoughts on the candidates to DHHS leadership. We also assist the Department in finding members to serve on the various boards and commissions,

such as the Drug Utilization Review Board, that by law require physician membership.

Likewise, we maintain an advocacy relationship with the Department of Insurance as well. Albeit smaller in scope and frequency compared to DHHS, our communications with the Department of Insurance encompass important topics such as external review of insurance denials and maintenance of the Medical Excess Liability Fund.

Finally, while the American Medical Association manages the bulk of advocacy at the federal level, we do have established connections with Nebraska's Congressional delegation and the NMA participates in quarterly meetings with our regional Centers for Medicare and Medicaid Services leadership. Thus, while our work at the legislature is often seen as the "big ticket" advocacy item, there are countless hours spent advocating for Nebraska physicians and patients outside the legislature that can often have just as big of an impact. ☐



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2020: A Legislative Session Unlike Any Other (continued)

The Legislature did pass LB887, which the NMA worked with the Nebraska Pharmacist Association, designed to help reduce the burden on both physician and pharmacist as it pertains to prescription errors such as an incorrect quantity and dosage form of the commercially available drug. The bill also allows the pharmacist to substitute a drug that has the same active ingredient and dose as the prescribed drug, as well as dispense a multi-month supply if the prescription is written with sufficient refills. Both the NMA and NPA believe this change will reduce the amount of time physician and pharmacist offices have to communicate back and forth with each other over simple fixes to prescriptions.

Other bills which passed with the NMA's support include the addition of spinal muscular atrophy to the newborn

screening panel, the addition of vaping to the Clean Indoor Air Act to prohibit vape and e-cigarette use indoors, requirements for Medicaid Managed Care Organizations when making material changes to provider agreements, and the creation of a Health Information Technology Board to oversee the state's health information exchange.

When all was said and done, despite the four-month pause due to the pandemic, legislators still had a productive 2020 session and the NMA had a successful one. We were able to gain approval of our two pieces of legislation, and no legislation that we opposed was passed into law. Senators passed some important measures for public health and health care in the state, and ultimately they were able to find a three-way compromise on the property tax, school funding, and business incentives. □

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Mitigating the Risk of Diagnostic Error



By Regina Nailon PhD, RN
Nebraska Coalition for Patient Safety

Diagnostic errors have been identified as a leading cause of preventable adverse care events.¹ Diagnostic error is defined as the failure to: establish an accurate and timely explanation of the patient's health problem(s), or communicate that explanation to the patient.² Research has demonstrated that annually, 1 in 20 outpatients in the U.S. experiences a diagnostic error, with greater than 50% having the potential to lead to severe harm³ or death. Patients might experience harm related to a lack of or a delay in receiving appropriate treatment, receiving unnecessary or harmful treatment, or financial or psychological consequences of an incorrect diagnosis.¹ It is estimated 40,000 to 80,000 deaths can be attributed to diagnostic error each year in this country,⁴ and that most people will suffer a diagnostic error in their lifetime.³ Fifty-five percent of patients indicate diagnostic errors were a chief concern during outpatient visits.⁵

Making an accurate or timely diagnosis is a collaborative process that involves information gathering and clinical reasoning to determine the patient's condition.¹ An accurate diagnosis requires interpreting assessment findings in the context of each individual patient⁶ and is made additionally challenging given that presenting symptoms are highly variable and may oftentimes not be directly related to the condition that was missed.⁷ A provider's clinical reasoning can be influenced by patient factors including how patients present their symptoms and concerns,⁷ and normal variations in test results that are influenced by body mass, age and pregnancy status which have implications for determining normal, borderline, or abnormal findings depending on other aspects of the patient.⁶ Clinical reasoning can also be affected by environmental factors such as time constraints^{6,7,8,9} that impede thorough information gathering, and interruptions such as telephone calls that avert attention away from the patient.⁶ Process breakdowns in the patient-provider clinical encounter also influence accurate and timely diagnosis. These could involve

problems with history taking and physical examination,⁷ performance and/or interpretation of diagnostic tests,^{7,8,10} follow-up and tracking of diagnostic information,^{7,8,10} and review of previous documentation.⁷

Studies examining diagnostic error have demonstrated multiple causes involving system-related factors such as equipment problems, technological failures, and organizational flaws;⁶ and cognitive factors influencing a provider's assessment, often referred to as cognitive error – errors in considering a diagnosis^{6,10,11} and giving appropriate weight to the various differential diagnoses.^{9,10} Cognitive error can result from knowledge deficits, deficient data gathering, and inaccurate clinical reasoning that leads to erroneous verification of diagnostic hypotheses.⁶ Evidence suggests that the majority of cognitive errors in diagnosis occur when the provider is integrating the patient's history and assessment findings with his/her medical knowledge; a process that is considered by some to be automatic and subconscious.¹¹

Various sources of bias may influence cognitive processes in decision-making and impact how a provider observes and perceives data, interprets test results and reaches conclusions.⁹ Biases may involve factors related to the specific case and analysis (including the data, reference materials, and contextual information); the provider's education and training, past experiences, organizational factors, and other personal factors and characteristics related to human nature.⁹ Diagnostic errors can also be attributed to cognitive biases such as availability and confirmation biases.⁶ Availability bias results from a provider's overestimation of the likelihood of a diagnosis based on recent experience with a clinical problem that makes it easily come to mind.¹²

Mitigating the risk of diagnostic error requires that clinicians acknowledge the existence of biases and begin to examine their sources to identify actions that can be taken to minimize their impact.⁹ Learning and improving systems will not occur if one takes a blame and shame approach.¹³ Rather, "preventive interventions must focus on common contributory factors, particularly those that influence the effectiveness of data gathering, and synthesis in the patient-

(continued on Page 21)

Mitigating the Risk of Diagnostic Error (continued)

practitioner encounter,⁷ and steps needed to be taken that will result in providers focusing solely on relevant data.⁹ Strategies might include education and training, consultation (expert consults, second opinion), and feedback (rapid follow up to mitigate harm and prevent future errors).¹¹ Clinical reasoning tools allow clinicians to understand how decisions are made and provide cognitive strategies to mitigate risk.¹⁴ Creating systematic approaches through the use of checklists^{5,8,10,14} or automated decision support tools^{10,11} that make these resources more accessible at the point of care will increase the likelihood that they will be used more frequently.¹¹ Closed-loop communication occurs when every test result is sent, received, acknowledged, and acted upon without failure. Implementing strategies that enhance tracking of patient follow up and diagnostic test results^{15,16,17} is another critical component in reducing error.

Empowering and engaging patients in the diagnostic process can further enhance risk mitigation strategies.⁷ Resources are available with which clinicians can partner with patients and their families to make clinic visits more effective and efficient by engaging the patient in the clinical encounter as a member of the team.^{5,14} Having patients prepare for medical appointments by bringing completed worksheets with information about their concerns and symptoms allows clinicians to review the information aloud with the patient and verify their own understanding of the reason for the patient's visit.^{5,14} Engaging patients in conversation and providing written materials about what to expect after the visit empowers patients to ask questions about the plan of care, and follow up if they have not received results or other information in the agreed upon timeframe – ensuring that closed-loop communication occurs.^{5,14}

Diagnostic error can result from cognitive and system failures. A multi-faceted approach is required to mitigate this risk and improve patient safety and outcomes. □

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Medical Student Update

Nebraska Health Policy Network Goes Virtual



By Natasha Hongsermeier-Graves
and Olivia Sonderman



Now in its third year, the Nebraska Health Policy Network (HPN) continues to grow not only in membership but also in the depth and breadth of discussion at our debate events. Originally created by UNMC medical students Rohan Khazanchi, Laura Newton, and Olivia Sonderman in collaboration with faculty advisor Dr. Kelly Caverzagie, the group is a partnership between Nebraska's leading physician advocates and medical students who desire a deeper education in policy issues impacting the populations we serve. Current UNMC medical student leaders include Keely Reidelberger, Olivia Sonderman, and Natasha Hongsermeier-Graves, and our Creighton medical student leader is Bahareh Jabbari.

HPN meets two to three times per semester to engage in prepared debates among medical students and physicians

on hot topics in health policy. Previous topics have included Medicaid expansion, medical marijuana, gun violence, and healthcare reform. Our last in-person "Dine and Debate" event focused on reproductive health legislation before the pandemic challenged us to adjust to a virtual platform. We miss the camaraderie of discussing health policy over a shared meal, but there are a few perks with the online version—Zoom breakout rooms allow for small group conversation, resources and links are easily shared in the group chat, sessions can be recorded, and more members are able to participate. Preparing for these debates necessitates collaboration among team members and facilitates the building of community with fellow medical students.

In September, HPN convened virtually for the first time to discuss the widely varied policy approaches that states across the U.S. have taken to address the COVID-19 pandemic. Keely Reidelberger, UNMC M3, coordinated the event and assigned roles to student participants as either state governors or policy wonks. Students then debated

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The Nebraska Health Policy Network's first virtual event focused on different states' legislative responses to the COVID-19 pandemic. Medical students from UNMC and Creighton were assigned to one of six small groups—each representing a different state's legislature—to research, present, and defend the health policy approaches taken by that state.

2020 New Members

through 12/31/2020

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Abigail Delaney, MD

Grand Island

Tyler Bliss, MD

Sarah Creamer, MD

Kearney

Jonathan Blecha, MD

Karolyn Fox-Dahl, MD

Holly Groteluschen, MD

Matthew Johnson, MD

Lincoln

Nadia Abraham, MD

Brent Barta, DO

Casey Bowen, MD

Jordan Bowling, MD

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Alyssa Emodi, MD

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6 Ways to Minimize Medical Liability Risk

By COPIC Patient Safety and Risk Management Department



When it comes to medical liability risks, you can never overemphasize prevention. The best way to avoid adverse outcomes is implementing measures that prevent them from happening in the first place. Read on for a list of six ways to be proactive and minimize your liability.

1. Err on the Side of Overcommunication with Patients

A common culprit of adverse outcomes can be insufficient communication. For example, some medical liability lawsuits allege that significant incidental findings never got communicated to patients. Always make sure to directly communicate to patients the results of any image or test, as well as any recommended follow-up. Take the time to determine the patient's expectations and desired outcome, summarize the conversation, and assess the patient's understanding. In addition, make sure to conduct those conversations yourself, instead of assuming that the discharge nurse or another staffer will do it.

2. Ensure Effective Patient Handoffs

To avoid miscommunication in patient handoffs, adopt two critical habits. First, if you come across anything notable in an examination or test, make sure to assume the responsibility for telling the patient's care team and the next provider to see the person, as well as any personnel responsible for discharge (if it's at a hospital). In addition, make sure your EHR system enables notifications for any abnormal findings, so that every member of a patient's care team will receive an alert when opening the patient's medical record.

3. Appropriately Oversee Advanced Practice Providers (APPs)

Physicians should understand supervisory requirements, such as what qualifications need to be reviewed and how often, as well as what documentation needs to be in place.

One recommendation is to create a specific list for which treatments and procedures require direct oversight and which don't. It's key to review this list on a regular basis, making sure to include and account for new technology and medical advances. And since state licensing boards for APPs dictate rules and regulations for compliance, make sure to stay apprised of Nebraska's policies.

4. Thoroughly Document Patient Communication in the Medical Record

When you're busy and moving from one interaction to the next, making the time to note everything important is one of the biggest challenges of modern medicine. In the effort to keep up, it's easy to forget to include one of the most crucial pieces of any case: the why. Not only do you need to capture what you recommended, said or did, but you also need to document why you recommended, said or did it. Always remember to include your thought process when you're updating someone's medical record.

5. Use Best Practices for Dealing with Nonadherent Patients

When patients seem resistant to following your advice, try to find out where they're coming from in a curious, non-judgmental way. Do they not understand the reason for what you're recommending? Have they heard bad things about it? The more you can understand, the better chance you have of influencing their thought process and their likelihood of being proactive about their health. Since nonadherence can open you up to liability in certain cases, also make sure to take these steps to protect yourself. Note in the medical chart whenever you discuss a recommended action or treatment, why you recommended it, and any objections that the patient voiced (do this whether you're communicating via phone or in-person). In the case of a test result that triggers a treatment recommendation or further action, explain the risk of not following through. If a patient decides against the recommended course of action in spite of that risk, consider using an "against-medical-advice-informed refusal" form to document that a patient has arrived at a decision after thorough discussion, no coercion, and a full understanding of the risks and benefits.

(continued on Page 25)

6 Ways to Minimize Medical Liability Risk (continued)

6. Make Sure Your Electronic Health Record (EHR) Tells a Story

All too often, EHRs—with their series of click boxes and drop-down menus—provide a fragmented account of a patient's treatment and medical status, as opposed to a clear, summarized story. In the past, before EHRs, health care professionals would dictate a summary of the patient's story and what they were thinking to share with a colleague. Now you have to make sure that's coming through in the boxes and drop-down selections of whichever EHR you use. Make relevant notes wherever there's a comment box and review each record to make sure the most important information is clear. In addition, be judicious when using "copy" and/or "paste" and carefully edit and remove irrelevant or unintended content. ☐

Editor's Note (continued)

Further, the process which medicine uses can be used to evaluate "truth" in our larger society. Could a group of respected citizens become a formal peer review group for American media? Does our media have a fundamental goal other than generating a profit for its owners?

On a state level, our duty is the same: To share with non-physicians the truth we know, why the truth is important to lives, and in a narration that is engaging. We are in a vicious battle for truth and human betterment against false and harmful narrations.

Advocacy is our weapon of choice, and to it this issue is dedicated. ☐

Medical Student Update

Nebraska Health Policy Network Goes Virtual (continued)

who had taken the most efficacious steps to protect the interests of its citizens and had to defend their positions to our physician mentors who asked pointed, thought-provoking questions.

November found us discussing healthcare economics, including bankruptcy caused by medical expenses. Ryan Jespersen, a UNMC M3 and long-time active participant in HPN, organized this event and also created a comprehensive resource hub for this topic with key journal articles, links, and videos. Ryan assigned students to represent one of five groups for the debate: health insurers, pharmaceutical companies, physicians and hospitals, patients, and Congress and other legislative bodies.

Concurrently, we are investigating the impact that HPN has on medical students' knowledge and skills when it comes to health policy and advocacy. At the completion of our project, we will share our findings with the medical education community and hope that educators around the country may use HPN as a model for building their own local health policy networks.

Our ultimate goal is to provide a space in which medical students seeking health policy education and experience can connect with physician mentors, explore key health policy topics, and identify avenues for how they can positively impact the healthcare landscape through legislative advocacy. Medical school curricula are time-constrained and lack training on health policy even if students desire it. HPN provides an opportunity for medical students to learn and practice legislative advocacy as early as the first year of medical school, gaining needed experience to ultimately become more effective advocates as practicing physicians.

Since its inception, the HPN has grown to 24 physician members and 35 student members from UNMC and Creighton University. If you are interested in becoming involved with HPN as a physician mentor or medical student, or simply have questions, please reach out to Amy Reynoldson (amyr@nebmed.org) or Natasha Hongsermeier-Graves (n.hongsermeiergraves@unmc.edu). ☐



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