

Nebraska Medicine

Spring 2017 | Volume 16, Number 1

NMA Membership

A highlight
of your benefits



Nebraska
Medical
Association

Advocating for Physicians and the Health of all Nebraskans

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Lincoln, NE 68508

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President's Message

*by Todd Pankratz, MD
NMA President*

The year 2017 is off to a fast start, and at the Nebraska Medical Association the staff has been busy advocating for physicians and patients in Nebraska. With the legislative session proceeding full steam ahead, there are already plenty of partisan politics occurring. In spite of that, we are actively reviewing, testifying and monitoring over 100 bills ensuring that the profession of medicine has a unified voice.

One critical member benefit that the NMA provides is helping physicians better understand the role we play in critical public health issues such as opioid abuse and drug trafficking programs and helping guide physicians into the next year on continuing to make patient safety our number one priority. Our 2017 webinar series kicked off in March

with the first program focusing on sepsis. Other topics for the series are opioid abuse and the PDMP, pain management, diabetes prevention and palliative care.

I encourage you to take advantage of these free CME webinars. We will also be debuting a new website to better serve our members and urge you to connect with us on social media and read your STAT email when it reaches your inbox. There is a wealth of information provided in our member communications, and we hope it is helpful to your practice.

One of the biggest member benefits the NMA has fought for and preserved over the years is our Hospital-Medical Liability Act. Sometimes it's easy to take for granted something that has been in place so long, but it's important to remember that without the Hospital-Medical Liability Act, and without the NMA's work to maintain this critical piece of legislation, we'd face the many

challenges our colleagues and their patients from across the country face on a daily basis. You can learn more about the Hospital-Medical Liability Act on page 15 of this issue.

As you read through this issue highlighting member benefits, I encourage you to take advantage of the benefits offered by your membership. I also encourage you to share the benefits of membership with your non-member colleagues and encourage them to join the Nebraska Medical Association. We might not all agree on specific issues, but working together we can improve the practice of medicine and patient care for the state of Nebraska. Let's collaborate as a unified voice to ensure that Nebraska remains a great place to practice medicine with the ultimate goal of providing the best patient care in the nation. □



Executive Vice President's Message

by Dale Mahlman
NMA Executive Vice President

“Love is in the air, everywhere I look around” were great lyrics from a 1978 disco classic. In reality, we are not seeing that in Washington D.C. or Lincoln!



As I sit down to write this column, our 45th POTUS has completed his second month on the job, and our Nebraska Legislature has completed their 56th day of a 90 day session.

These two examples have given me reason to smile and reflect on the democratic process and our ability to agree and disagree. More recently our skills are focusing on the ability to disagree.

In Washington D.C., the new administration is nominating new candidates for the U.S. Supreme Court and members of the cabinet, and in Lincoln our new Legislature finally decided on the final rules on day 49 of this year's session.

On January 24, we held our annual Advocacy Day breakfast at the Capitol and were pleased that over 100 physician members, senators and staffers were in attendance. This networking opportunity

was the best attended event in my 14 years with the NMA. We had new rural senators visiting with some of their constituent physicians who made the trip to Lincoln, we had students from both UNMC and Creighton Schools of Medicine on hand to explain their perspectives and again this year we had a number of health screening services available for all in attendance. You can check out photos from the event on our Facebook page.

It seems our ability to have spirited discussions on issues of importance have been overshadowed by the partisanship, whether real or not, taking place behind the scenes. State level issues center on topics where our membership is the best source of information and education. We have been fortunate to have our physician membership step up and reach out to the legislators and offer input and expertise based on detailed and up-to-date information formulated by your Vice President of Advocacy and Regulation Jina Ragland and our lobbying team. Additionally, we have been thankful that a number of our physician members have been able to testify in person on issues of importance to the NMA. These sometimes exhaustive and lengthy

afternoons benefit from having an NMA member on hand to testify.

In closing, I'd like to highlight the future of medicine: our students, residents and young physicians. Both nationally and locally, these energetic and enthusiastic representatives of the medical profession make their presence known on a variety of issues, whether it be graduate medical education or a public health issue. I have been fortunate over the years to work with Creighton and UNMC students who were active as NMA student chapter members and now remain active as practicing physicians. Our previously mentioned Advocacy Day breakfast featured many of these advocates passionately discussing a wide variety of issues including the HIV screening bill from this session, scope of practice issues and more. The facts of a medical school experience can't be minimized in a legislative hearing; it is a commitment unlike many others. We are always proud of the representation and participation of students, residents and young physicians, and under their leadership we are confident about the profession of medicine and organized medicine moving forward. □

Nebraska Medical Association Insurance Group now serving NMA member physicians

by Scott Morris
Senior Vice President
Harry A. Koch Co.

The election of President Barack Obama and the passage of the Affordable Care Act eight years ago ushered in tremendous change in how employers provided health insurance to employees. Fast forward to today and the election of President Donald Trump is sure to bring more changes for employers. Dealing with change is difficult, but one thing practices and their employees can count on is the NMA's Group Health Plan and the insurance products available through The Nebraska Medical Association Insurance Group (NMAIG).

"A lot of people forget or don't even realize that the NMA has had a health insurance plan for over 30 years," according to Dale Mahlman, executive vice president of the NMA. During that time, Blue Cross Blue Shield of Nebraska has underwritten and administered the plan. "Consistent. That's how I explain it to people who ask," Mahlman added. "We are not always the cheapest option, but for the last 12 years we've benefited by delivering single digit renewals to members with only a few plan changes."

In 2006, the NMA contracted with The Harry A. Koch Company and underwent a thorough review of the plan. Since that time the Koch Company has been the exclusive marketing agency for the NMA Health Plan. The plan has not changed much since it was initially underwritten, but it has some very unique benefits to members. In

my opinion, the pooling of claims is what makes this plan so valuable to a small practice. We know that a practice's individual claims experience has little bearing on their renewal. We also all know how expensive health care services are and that one claim can drive a group's health plan renewal. Blue Cross Blue Shield spreads that claim over the entire plan, softening the renewal for that practice and shielding it from a huge increase.

Since 2006, there has been steady growth in the NMA Health Plan. People are seeing the value of single digit increases and are remaining in the plan. They also like that we have not made many adjustments to the plan such as increasing deductibles and office co-pays which is something we've seen with other plans and markets. NMA's health plan is actively managed and adjusted by how the market is performing. The main goal is to keep coverage affordable for both the practice and the member. This can be difficult, but it's something we are committed to doing.

Because of the success of the health plan and the need practices have for other insurance products, the Nebraska Medical Association created its own insurance agency in 2016, The Nebraska Medical Association Insurance Group or NMAIG. The goal is to bring members unique products and programs to solve their complex insurance needs. To our knowledge the NMAIG is the only insurance agency in Nebraska that is dedicated to serving the needs of physicians and their practices.

The NMAIG is a full service agency staffed by licensed professionals in both Omaha and Lincoln. Some of the products the NMAIG has available for practices includes:

- Professional liability
- Business insurance including workers' compensation and property coverage
- Cyber liability
- Executive benefits
- Personal lines
- Employee benefits
 - Health
 - Dental
 - Vision
 - Disability
 - Life
 - Cancer
 - Critical illness
 - Accident
 - Retirement plans



At the current time, the NMAIG already has preferred pricing with a number of carriers and is working closely with others to bring solutions to the medical community. With an ever changing market, having those relationships with key markets is incredibly important.

In the end, the goal of the NMAIG is to offer physician members an alternative. We certainly know practices have relationships with other advisors, and we respect that. However, if your situation changes or you would like a second opinion, we would welcome the opportunity to demonstrate our service to you. The NMAIG model is different than what most might be normally accustomed to, but we think that can be a good alternative to the products currently on the market. □

How Do You Make Effective Financial Decisions?

by Doug Krasne
President of Doug Krasne Planning &
Heath Lichty
Financial Advisor
The Harry A. Koch Co.



Doug Krasne



Heath Lichty

You have countless financial decisions to make every day. What kinds of advice do you need?

- Tax advice
- Legal advice

- Business information
- Retirement planning
- Banking and credit
- Life and disability insurance needs
- Trust help
- Risk management and liability for assets
- Charitable planning
- Wealth transfer planning
- Personal risk management

And, this is only a partial list!

Where do you get the information you need? Who can you turn to for advice? Who are the experts? How do you know they have the knowledge you need? Are they the best in their fields to advise you? Or, are you better off accessing the internet for information? How many “hits” do you get if you type in a search? Millions? And how often do you proceed

past the first page of results? Maybe it is a friend who introduces you to an advisor. How can they determine who the best person is to advise you?

When you put your team together, who coordinates the flow of information? Is that your job? Does everyone collaborate on decisions so you can evaluate your choices and make the best decision?

If you feel there are “holes” in your process and need help creating your team, the NMA Insurance Group has the resources to help you with these important matters.

If you want to explore other options contact Dale Mahlman, executive vice president, of the NMA. ☐

Atlantic Health Partners

Atlantic Health Partners assists more than 15,000 clinicians by offering the most favorable vaccine prices, purchasing support and program management assistance. We work with leading manufacturers that provide our members with a complete range of immunizations, including pediatric, adolescent, adult, travel, and flu vaccines.

As Nebraska's and the nation's leading vaccine buying group, we provide our members access to discounted

vaccine prices and serve as a strategic business partner. We consistently advocate on our members' behalf to ensure they can successfully provide recommended vaccines to their patients in a financially responsible manner. Whether facing challenges with vaccine procurement, inventory management or reimbursement, Atlantic delivers value to our members by providing prompt, proactive support and guidance with no cost to join or participate.

“We have always received the best vaccine pricing possible with Atlantic Health Partners program. They are very informative on new vaccines, product information or changes. We are glad we signed up!”

– 23rd Family Med, Fremont

To learn more about Atlantic Health Partners, please call 800-741-2044 or email info@atlantichealthpartners.com. ☐

The Nebraska Medical Association is excited to announce our 2017 CME Webinar Series!



'Hot Topics' in Medicine

**Watch the NMA's STAT for updates.
Contact Meghan at meghanj@nebmed.org
with any questions.**

Bryan Health

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Bryan Health and Nebraska Medical Association. Bryan Health is accredited by the Nebraska Medical Association to provide continuing medical education for physicians.

All webinars will be one hour
in length and offer 1 hour
of FREE CME

Opioid Abuse and The PDMP

May

Pain Management

July

Diabetes Prevention

September

Palliative Care

November

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Keeping the **game fair...**



...so you're not **fair game.**

Your Nebraska medicine

is getting hit from all angles.

You need to stay focused and on point—
confident in your coverage.

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with resources that make important
decisions easier.



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The NMAIG P&C Perspective – The changing paradigm in Medical Professional Liability

by Derek Briscoe
First Vice President
The Harry A Koch Co.

With 15 consecutive years of carrier profitability and continued low claim frequency, the professional liability marketplace continues to be extremely competitive. Given the “price war” in the Midwest, it’s no longer adequate for carriers and agents to simply provide coverage and renew it annually. A partnership must be built to understand alignments, consolidations and long-term strategies as well as identifying potential pitfalls along the way.

To support such a partnership, in the summer of 2016, the NMA established a joint venture called the Nebraska Medical Association Insurance Group (NMAIG). This new venture, the NMAIG, has been working with carrier partners and insurance industry specialists to be sure that we remain innovative and adapt with the ever present changes in health care liability. This has always been the practice of the NMA and our staff, but now we’ve formalized our commitment and are excited to be providing first in class insurance services to our membership statewide. The agency will be supported by the Harry Koch Company, an agency that has 100 years of experience

supporting physicians in Nebraska.

With technology, social media and consumerism entering the health care market place, it has created a demand for professional liability claims to be handled much differently than in the past. The paradigm for providers has shifted from “not saying anything except to their attorney,” to dialogue with the affected patient, even to the extent of offering apologies without any acceptance of liability or wrongdoing. Obviously this can be a very slippery slope and we want to make sure that our providers understand the legalities and the best ways to approach such a scenario. Our representatives at the NMAIG are experts in these types of resolutions and can provide assistance as difficult outcomes are resolved.

As health care continues to evolve, the impact of early intervention programs cannot be understated. A study by University of Michigan, a pioneer in early intervention programs, cited that they were able to reduce their claim frequency by 70 percent and their severity by 80 percent approximately five years into their early intervention program. Obviously there were costs associated with establishing a program of that size and scope, but the impact has been nothing short of amazing. One thing that they’ve identified as a prevailing theme is that patients affected by a bad outcome want reassurance that their experience

won’t happen to anyone else. They want to know, from the provider, what steps have been taken to ensure the necessary changes. Our partners at the NMAIG are here to walk physicians through that difficult process providing guidance and support.

The NMAIG endorses COPIC for medical professional liability coverage and believes that their 3R program is far ahead of any other early intervention programs offered in Nebraska. In fact, COPIC was instrumental in introducing “I’m sorry legislation” that would allow the dialogue explained above without concerns for assuming liability.

This type of program is just one example of things that the NMAIG is doing differently from the current offerings in the market place. We have created this agency to bring the best products to our membership to help protect their business. Our agents have the experience, professionalism and health care specialization to ensure the NMAIG products provide the best coverage for the best pricing available.

We believe that the NMAIG is the best suited agency to handle your insurance needs, not only for your practice, but for the other exposures that come along with your daily lives! For more information please contact Dale Mahlman at (402) 474-4472 or dalem@nebmed.org. □



10 Benefits that NMA Members Receive with COPIC Coverage

1) A 5% Discount on Coverage—

COPIC's exclusive partnership with NMA includes a 5% discount that applies to current NMA members. It's a financial benefit to recognize a shared commitment to improved health care.

2) Professional Education

Opportunities that Arm You with Valuable Knowledge—

COPIC offers an array of in-person seminars and online courses that focus on prominent issues in health care and offer practical guidance on reducing risk and improving outcomes. *In addition, participation in these educational opportunities applies toward an annual premium discount and many activities also qualify for CME credit.*

3) On-Site, No-Cost Reviews that Help Audit Your Internal Systems—

COPIC's Practice Quality Reviews and Safety Risk Assessments are conducted by specially trained nurses who focus on identifying areas for improvement and integrating best practices. These reviews address the challenges unique to each setting by providing customized support. They also provide tangible benefits—*a past study demonstrated that when insureds met review guidelines, there was a notable reduction in dollars paid to claims when compared to the expected average.*

4) Direct Access to Medical and Legal Experts—

Navigating the complexities of health care often requires insight from those who understand the medical, legal, and regulatory environments. COPIC's physician risk managers and legal team work together to answer questions from insureds and provide trusted guidance.

COPIC offers a 24/7 risk management hotline as an added level of support in urgent situations.

5) 3Rs (Recognize, Respond, and Resolve) Program—

COPIC's innovative program helps physicians maintain communication with patients and work toward a resolution when unexpected outcomes occur. Recognized by The New England Journal of Medicine and Health Affairs, the 3Rs Program focuses on preserving the physician-patient relationship while reimbursing the patient for medical-related expenses.

6) Unparalleled Defense—COPIC's defense team vigorously defends insureds when medicine meets the standard of care and works closely with them to ensure they have a clear understanding of the options available as well as the recommended course of action. In addition, coverage applies to the defense costs of issues such as disciplinary proceedings and governmental investigations. COPIC defense stats include:

a) 92% "defend and win" success rate for insureds

b) 86% of claims were closed without indemnity payment

7) Local COPIC Representatives are Dedicated to Personal Support—

Other carriers can offer coverage in Nebraska, but do they have an on-the-ground team available to meet directly with you? The challenges faced by Nebraska medical professionals are unique and that's why you need trusted support from experts who understand your needs because they are part of the local communities.

8) Programs that Provide Financial Benefits for Positive Results—

COPIC rewards those who contribute to improved outcomes through a "distributions" program for physicians and a "profit sharing" program for medical facilities. Both provide premium credits when there is favorable loss experience—meaning COPIC paid out less than anticipated in claims costs—and positive financial conditions. These reinforce a dedication to keeping premiums affordable, while providing immediate financial value.

9) Strong Partner in Legislative

Advocacy—COPIC works closely with NMA to ensure Nebraska remains a great state to practice medicine. *Over the last several years, this includes monitoring and reviewing nearly 100 proposed legislation bills.* And each year, these efforts also involve fostering relationships with legislators while educating them on important issues, and keeping insureds aware of policy changes and their potential impact on health care.

10) Commitment to Improving Health

Care in Nebraska—From medical resident training programs and medical student scholarships to reduced-cost volunteer physician coverage and grant funding, COPIC's dedication touches many aspects of health care in ways that truly make a difference. *In fact, the COPIC Medical Foundation has provided more than half a million dollars to Nebraska initiatives in the form of grants and scholarships.*

NMA is proud to endorse COPIC as its medical professional liability carrier of choice for members. □

NMA Member Benefit – Foster Group

by Ross Polking, CFP, AIF, MBA
The Foster Group

Wealth. You build, nourish and protect it while planning to use it in the future. To truly harness the power of everything you've accumulated, you need a team that not only understands your unique financial situation and challenges, but uses time-tested, academically backed techniques specifically crafted to **preserve your capital, grow your assets** and plan for what lies down the road.



Foster Group has been **serving successful medical professionals and medical organizations for over 27 years**. Operating as a fee-only investment advisor, we deliver **objective, unbiased** solutions that reduce complexity and establish a high probability of success.

Foster Group was founded in 1989. Today, we are a team of 45 individuals, including 14 shareholders*. We manage in excess of \$1.6 billion for approximately 1,000 clients in 35 states*. Over the course of the last decade, we have experienced dramatic growth, which we attribute to the quality of clients we serve and the depth of expertise our team offers.

How Foster Group differs from other investment firms:

- Independent and locally owned. We have no financial or contractual ties to parent organizations, brokerage companies, mutual fund families or insurance companies. This helps minimize conflicts of interest and avoids misplaced loyalties.
- Fee-based (non-commissioned). Only our clients pay us.
- No product or policy to sell.

- Evidence-based, academic investment approach.
- Fiduciary. Our obligation, legally and ethically, is to place our clients' interests ahead of our own at all times. We are the only advisory firm in Iowa and Nebraska certified as a registered fiduciary by the Centre for Fiduciary Excellence (www.CEFEX.org).
- Advanced Planning.
- Nearly 40% of our clientele are medical professionals.
- No lead advisor has left the firm. Ever.

We work closely with affluent individuals, retirement plans, nonprofits and for-profit organizations to reach their financial goals. By applying an evidence-based approach, we remove much of the mystery, noise and **emotion** surrounding investing. Rather than focus on market-timing strategies and an individual portfolio manager's ability to "beat" the market, we apply a method of investing based on confidence in markets, grounded in economic theory, backed by decades of empirical research and proven by real-world investors. Our approach focuses on structuring broadly diversified portfolios emphasizing dimensions of higher expected returns, strategic rebalancing, cost minimization, tax mitigation, and thorough risk analysis.

Our process combines aspects of investing and financial planning in a cohesive strategy. Integrating efficient tax strategies, estate planning, wealth transfer, and insurance planning, we develop a comprehensive picture of your financial situation and help you implement a plan to reach your goals. We believe the best financial decisions are made by educated clients, so we carefully evaluate each

financial decision—clearly explaining available strategies and potential risks.

Our advanced planning work may focus on the following disciplines:

- Distribution strategies
- Retirement planning strategies
- Cash flow and savings planning
- Debt elimination
- Annual Tax analysis
- Net worth analysis
- Education planning strategies
- Charitable giving strategies
- Insurance planning strategies
- Trust and estate planning strategies and review
- Business and succession planning
- Employment benefits review
- Retirement plan coordination
- Portfolio construction and rebalancing

TEAM

From the inception of Foster Group, we've operated as a team. Individuals and organizations who engage us become clients of the firm, rather than any one individual. In the increasingly complex financial services world, we think it's unrealistic to expect that any individual can "know it all." Operating as a team allows us to utilize team members' strengths to serve our clients more effectively. The concept of "team" also extends outside our walls to strategic relationships with individuals and organizations who inform our thought process across multiple dimensions. Our investment management and financial planning have all been significantly enhanced by contributors outside our organization. Our strategic alliances provide clients access to experts in the areas of estate law, accounting, and risk transfer. These trusted relationships have been built over

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NMA Member Benefit – Foster Group *(continued)*

years through a vetting process that ensures proper fit with our clients' needs and values.

FIDUCIARY STANDARDS

As an Investment Adviser Firm we openly embrace **our role as a fiduciary**, knowing that our advice is solely in our clients' best interest. Operating as fee-only, **we do not sell** products and are only compensated by our clients. We do not receive commissions for any of our recommendations, thus allowing our review and analysis to be **free of conflicts of interest**. Foster Group has been independently certified by the Centre for Fiduciary Excellence (CEFEX) for adhering to industry best practices rather than simply meeting minimum standards.

Part of the impetus for Foster Group's founding was dissatisfaction with the business model then prevailing in much of our industry. This model rewarded the advisor, by compensation, for selling something to the client, potentially creating mistrust. We felt strongly the business model should place the advisor on the same side of the table as the client, as an advocate rather than an adversary. This led us to become one of the first advisory firms in the Midwest to adopt a **fee-only** model for our practice. More recently, well before the current debate in Washington, D.C. over a "fiduciary standard" began, Foster Group determined acting in the role of fiduciary for our clients was the right thing to do.

We believe our growth, and the numerous awards we have received, are directly attributable to this commitment of trust.

- In 1997, we managed just over \$100 million in assets for clients; today, the total is over \$1.6 billion*.
- In 2012, Charles Schwab awarded Foster

Group the Best-in-Business IMPACT Award™, selecting us over the thousands of firms they work with nationwide.

- Rated in the top half of CNBC's Top 100 Fee-Only Wealth Managers in both 2014 and 2015.
- Named the Business Record's 2016 Best of Des Moines Best Wealth Management Company
- Recognized as one of the Best Financial Advisors in Iowa and Omaha by AdvisoryHQ News

INVESTMENT PHILOSOPHY

An overarching principle of our evidence-based investment philosophy is the idea that risk and return are inextricably linked. Gain is rarely accomplished without taking a chance, but not all risks reliably reward investors. Capital market research over the last 50 years has made it clearer that some risks are worth accepting while others are not. Our fiduciary responsibility to clients compels us to help them frame their investment decisions around compensated risk factors while minimizing or avoiding risks that are unlikely to reliably improve the return they experience. Balancing the competing goals of minimizing risk and preserving, or growing, the purchasing power of investment resources is one of the greatest challenges fiduciaries face. There are no perfect answers. We believe the best answers acknowledge that all approaches entail risk in some form; choosing which risks the investor can, and should, accept is the challenge.

Our investment framework relies on the efficiency and resilience of free capital markets and consistently capturing the return they produce. We have **utilized this approach for over 20 years** in

client portfolios. We find this investment approach closely aligns with the fiduciary role of trustees and conservators and, in general, creates a higher probability of success.

INVITATION

We serve hundreds of medical professionals and thus understand their unique financial needs. We know how busy your days are and we work to accommodate your schedule, not ours. We would welcome the opportunity to meet with you at your convenience to discuss how we can be of service to you and, if nothing else, provide you a "Second Opinion" personal financial assessment. **Please visit us today at www.fostergrp.com/nma to start planning for your success.**

**As of 07.01.2016

PLEASE NOTE LIMITATIONS: Please see Important Disclosure Information, Advertising Disclosure Information, and the limitations of any ranking/recognition, at www.fostergrp.com/disclosures. A copy of our current written disclosure statement as set forth on Part 2A of Form ADV is available at www.adviserinfo.sec.gov. Foster Group and its employees are independent of and are not employees or agents of Charles Schwab & Co., Inc. ("Schwab"). Schwab does not prepare, verify or endorse information distributed by Foster Group. The Best-in-Business IMPACT Award™ 2012, part of Schwab's IMPACT Awards® program, is not an endorsement, testimonial endorsement, recommendation or referral to Foster Group with respect to its investment advisory and other services. <http://www.advisoryhq.com/articles/best-financial-advisor-des-moines-reviews-of-iowas-top-advisors-planners/> <http://www.advisoryhq.com/articles/best-financial-advisors-in-omaha-nebraska/> □



by MedJet

You never know where your next trip may lead. That's why there's MedjetAssist, the premier air medical transport membership program for travelers. A Medjet membership is your most reliable and affordable path back to the care of the doctors you trust, where your family members can be by your side. If you are hospitalized 150 miles or more from home, Medjet will arrange medical repatriation and air medical transport all the way back to your hospital of choice in your home country — regardless of medical necessity — and at no cost besides your membership fee.

MedjetAssist was the first to pioneer the air medical transport membership program. Today, MedjetAssist has expanded to provide memberships that offer travel security and crisis response in addition to travel medical protection. So when the unexpected happens, MedjetAssist is the name you want on your side.

MedjetAssist empowers our members to feel safer and more prepared for travel's many possibilities. One of our Medjet members, Dr. Pamela McLain, knows first-hand the importance of being a

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Dr. Pamela McLain –

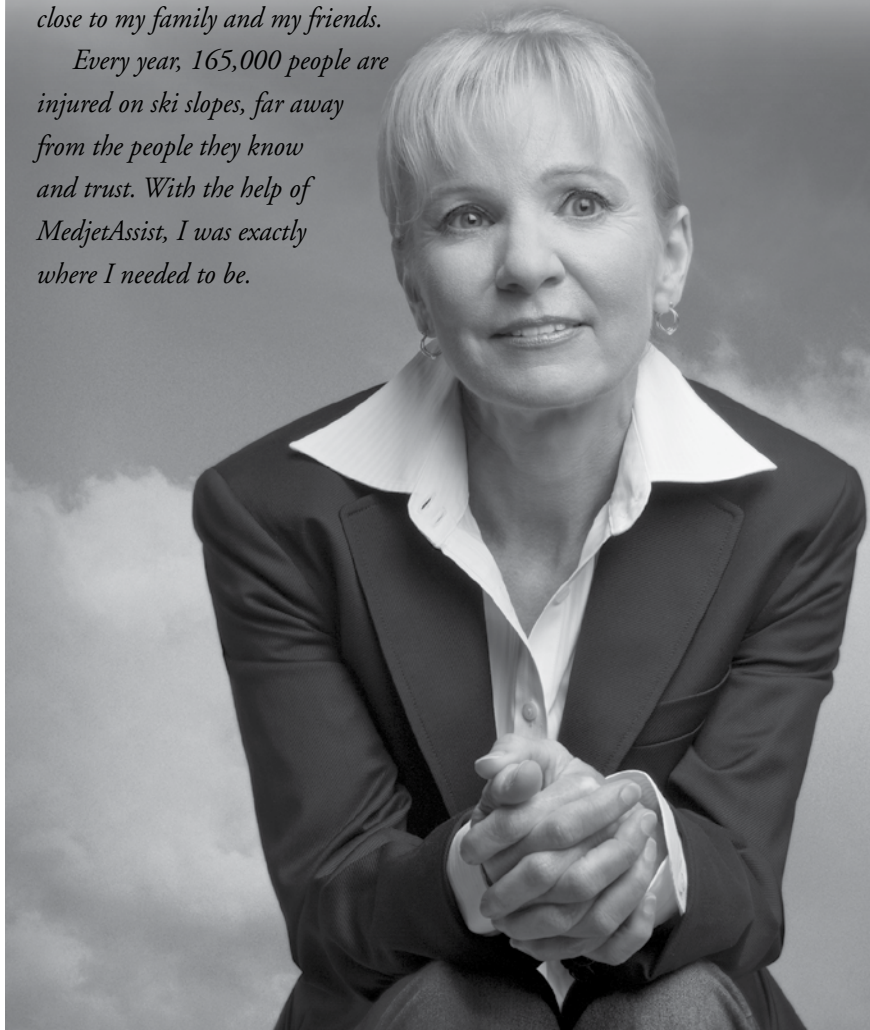
Air medical transport from Aspen, CO to Birmingham, AL

I was trying to squeeze in one last ski run before sunset. I hit a mogul that sent me spinning through the air. I tumbled 50 feet down the mountain, my leg shattered into 12 pieces.

I was taken to a nearby medical facility where they performed emergency surgery. I wanted so badly to be back at my home hospital and under the trusted advisement of my personal physician. My husband made the call to MedjetAssist and they took over.

As a doctor, I am accustomed to dealing with a lot of red tape and delays from insurance companies. This was not the case with MedjetAssist. Every contact I had was kind, compassionate and amazingly helpful. MedjetAssist made all the arrangements. They offered to take me to any specialist anywhere in the world. I chose to go home where I could heal under my own doctor's care, close to my family and my friends.

Every year, 165,000 people are injured on ski slopes, far away from the people they know and trust. With the help of MedjetAssist, I was exactly where I needed to be.



member of Medjet. Dr. McClain and her family were vacationing in Aspen when the unexpected happened.

As a member of Medjet, you not only receive the renowned air medical transport benefits of the Classic Medjet membership but with MedjetHorizon, our newest membership program, you also have access to security and crisis response benefits as well as ground ambulance transfer, specialty hospital transfer, personal travel advisories and medical emergency cash advance. MedjetHorizon has set a new standard in travel protection with a comprehensive suite of health, safety, and crisis response benefits. Feel safer and more prepared for travel's many possibilities by enrolling now in MedjetHorizon.

Special annual Medjet rates are available for members and associates of the Nebraska Medical Association. Members and associates can enroll online at www.medjet.com/nebmed.

For those under the age of 75, CLASSIC MEDJET annual rates are \$235/individual and \$360/family.

MEDJETHORIZON annual rates are \$384/individual and \$539/family.

For those between the ages of 75 and 84, please call Medjet directly at 800-527-7478 to request your Diamond Application. Please reference Nebraska Medical Association to receive the discounted rates.

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Eileen Shirk –

Air Medical Transport from Acapulco, Mexico to Toledo, OH

One minute I was having a blast with my friends in Acapulco. The next I was lying unconscious on the side of the road after a truck hit our Jeep head-on.

I woke up in a crowded emergency room. No one spoke English. When they took me into surgery, I had no idea what they were going to do. It was terrifying. Afterwards, the medication wasn't working and I was screaming out in agony. A friend called my mom in Toledo and she made the call to MedjetAssist.

My dad had a corporate membership through work and had recently added the family. When the medical team came rushing in, I just started crying. I was so overwhelmed with happiness. They identified the severity of my injuries and gave me adequate pain medication. I was moved to my home hospital, where my family, friends and the softest bed in the world were all waiting for me. The doctors in Mexico had missed a badly broken vertebra. Had I stayed there, I could have suffered permanent damage.

Every year, 50 million people are seriously injured in automobile accidents worldwide. Many of them are hundreds of miles from the best health care. I've completed two marathons since the crash in Mexico. I'm not sure I would have been able to accomplish that had MedjetAssist not stepped in.



4 Ways to Be a Debt-Free Doctor

by LendKey,

Your student loan refinancing partner

Students that graduate from med school nowadays are almost guaranteed a career. Unfortunately, they're also likely to be loaded down with student loans.

The average med school graduate takes out \$278,000 in student loans, not including what they borrowed for their undergraduate degree. Even though physicians can earn between \$150,000 and \$300,000 a year, it still takes them years to pay off their loans.

In fact, some figures show that being a doctor can result in lost money worth \$800,000. According to BestMedicalDegrees.com, the amount of time spent in med school and residency equals \$800,000 in lost wages. This begs the question: when is medical school worth it? If you're in it for the salary, you'll likely feel too stressed to continue your training. But if being a doctor is important to your satisfaction, then the finances will even out over time.

Read below for our tips on paying off your med school loans quickly, so you can focus more on patients and less on patience.

Refinance – And Do It Early

One of the easiest ways you can decrease how much you end up paying is by lowering your interest rate. Thankfully, more lenders are catering to med school graduates who want to refinance their loans. Some can also refinance those loans while you're a resident. This is crucial, because residents usually earn around \$40,000, which

makes paying back \$250,000 difficult.

The earlier you refinance, the more you'll save in interest. Because many doctors have 25-year terms on their loans, they're likely to pay tens of thousands in interest. Check out this calculator (<http://www.lendkey.com/refinance-student-loans/NMA/?sk=AFF-NMA>) to see how much you could save.

Choose a Career in the Public Field

The most effective way to pay off your loans quickly without making extra payments is the public service loan forgiveness program. If you work for a public institution, like a 501(c)(3) designated hospital, for 10 years, you'll have the rest of your loans forgiven by the government. There are also programs where you can work in an underserved or low-income region and receive loan forgiveness.

Make sure to plan ahead if this is the way you want to go. You'll have to pay taxes on the amount forgiven. Talk to a tax professional or do some research to make sure you have enough cash to pay Uncle Sam.

Negotiate a Signing Bonus

Nowadays, many doctors receive a signing bonus when they start working for an employer. According to recent surveys, the average signing bonus is \$24,037 with some reaching six figures. That means that on average, the signing bonus is almost 10% of the average med school debt.

You can use the signing bonus to put a down payment on a house or pay for a wedding. But if you want to pay off your

loans, putting the signing bonus toward your debt can decrease how long it takes you to become debt free.

It's important to use windfalls like a signing bonus because they can make a big dent in your principal. The less your principal is, the less you'll pay in interest.

Have a Strategy

If you want to be debt-free faster, there are two ways you can pay off your loans quickly: the snowball method and the avalanche method. These methods only work if you have more than one loan taken out.

The avalanche method involves paying off your loans in order of highest interest rate to lowest. By paying more on the loan with the highest interest rate, you'll be saving more in the long run. Once you're done paying off that loan, you tackle the loan with the next highest interest rate. This is the smartest way to pay off your loans if saving money is your primary concern.

However, the snowball method could also be the most effective way to pay off your loans. This method involves paying off your debt in order from smallest balance to largest. As soon as you pay off the smallest balance, take the amount you were paying and add it to the next smallest loan. Studies show that people who use the snowball method to pay off their debt, are more motivated and more likely to pay off their loans than those who use other strategies.

For people who are easily distracted, the snowball method is the best choice. It will keep you inspired to see how much progress you're making. If you're a

(continued on Page 19)

Nebraska Hospital Medical Liability Act

- 1) Due to the diligent work of the Nebraska Medical Association leadership, the Nebraska Hospital Medical Liability Act was passed in 1976. The Act was created in response to the malpractice insurance crisis of the 1970s. Most states without a cap are experiencing the same crisis today.
- 2) The Act was challenged in 1977 and was found constitutional. In 2000, the cap was again challenged due to a court case where the award to the plaintiff exceeded the cap. The Nebraska Supreme Court upheld the cap as constitutional in May 2003.
- 3) In 1976, the cap, which is on both economic and noneconomic damages, was \$500,000. There is no provision limiting recovery for pain and suffering. The amount of the cap was raised to \$1,000,000 in 1984, \$1,250,000 in 1992, \$1,750,000 in 2004 and was raised to \$2,250,000 in 2016. These raises were necessary for a cost of living adjustment.
- 4) As a result of the legislation, an Excess Liability Fund was created. To fund the Excess Liability Fund, physicians pay a percentage of their malpractice premium to the State Fund ranging up to 50%. The State of Nebraska Department of Insurance sets this percentage. The amount of malpractice insurance required by the state to participate in the Fund was raised from \$100,000/300,000 to \$200,000/600,000 in 1986 and to \$500,000/1,000,000 on January 1, 2005. The percentage paid to the state has been as low as 5% and was 50% for several years. The surcharge for 2017 is 26%.
- 5) The underlying limits for malpractice insurance were increased in 2005 because of the growth in frequency and severity of the cases being filed in the State, causing the Fund to decrease. As a result of this action, we are now seeing the fund stabilize.
- 6) There is an opt-out feature in the cap. Patients can choose to opt out of the malpractice insurance cap prior to receiving care. In such cases, the NMA has stepped in to assist patients in finding care.
- 7) Physicians, CRNAs and hospitals are covered by the law and are allowed to participate in the Fund.
- 8) Nebraska does not have punitive damages because of a provision in the State Constitution.
- 9) If physicians do not participate in the Excess Liability Fund, they are not covered under the cap.

Since 1976, the Nebraska Hospital Medical Liability Act has served Nebraska patients and health care providers by reducing the cost of professional liability insurance premiums and through that, reducing the cost to the patient. The Act has also attracted physicians into the state and made it more attractive to recruit physicians into rural areas by keeping professional liability insurance premiums amongst the lowest in the nation. These low rates help recruit and keep doctors in Nebraska.

The cap also helps to cut down on nonmeritorious lawsuits. In states without the cap, jury awards and settlement claims can be astronomical. This leads to huge increases in malpractice insurance rates for physicians, which in turn can have a negative effect on patient access to care.



Ask a Lawyer

What is the “Rural Exception” Under the Stark Regulations?



The regulations promulgated under the Stark Law include a number of exceptions to certain ownership and compensation financial relationships

between physicians or physician family members and designated health services (“DHS”) entities.

A financial relationship may exist if a physician or an immediate family

member¹ of a physician has an ownership or investment relationship with a DHS entity. An ownership or investment relationship can involve equity, debt or other means including an ownership or investment interest in an entity that holds an ownership or investment interest in a DHS entity.

The Stark Law prohibits a physician from making referrals for designated health services to a DHS entity for which payment otherwise may be made under Medicare where the physician (or a member of the physician’s immediate family) has a financial relationship with that entity. This is the case unless an exception under the statute or regulations applies. “Designated health services” include any of the following services as they are defined by the Stark regulations:

- 1) Clinical laboratory services.
- 2) Physical therapy, occupational therapy, and outpatient speech-language pathology services.
- 3) Radiology and certain other imaging services.
- 4) Radiation therapy services and supplies.
- 5) Durable medical equipment and supplies.

- 6) Parenteral and enteral nutrients, equipment, and supplies.
- 7) Prosthetics, orthotics, and prosthetic devices and supplies.
- 8) Home health services.
- 9) Outpatient prescription drugs.
- 10) Inpatient and outpatient hospital services.

One key exception for physicians in Nebraska is the “rural” exception, 42 C.F.R. § 411.356(c)(1).

A “rural” provider may receive DHS referrals from a physician who has an investment or ownership interest in that entity if the entity furnishes substantially all (not less than 75 percent) of the DHS that it furnishes to residents of a rural area and is not a hospital or specialty hospital.

Although a referring physician or referring physician’s family member cannot legally have an ownership or investment interest in a hospital, there are many other types of DHS providers in which such an interest could permissibly exist provided the entity furnishes at least 75 percent of its services to persons residing in a rural area. This means that a referring physician or a referring physician’s immediate family member could own and the physician could make DHS referrals to such non-hospital DHS entities without violating the Stark Law.

A “rural area” is an area that is not an urban area as defined at 42 C.F.R. § 412.62(f)(1)(ii). An “urban” area is a Metropolitan Statistical Area, or MSA, as determined by the federal Executive Office of Management and Budget. Nebraska currently has four MSAs: (1) the Omaha-Council Bluffs NE-IA MSA comprised of Douglas, Sarpy, Washington and Saunders

counties in Nebraska, (2) the Lincoln MSA comprised of Lancaster and Seward counties, (3) the Grand Island MSA which includes Hall, Merrick and Hamilton counties, and (4) the Sioux City, IA-NE-SD MSA with Dixon and Dakota counties in Nebraska. There are also a number of “micropolitan areas” in Nebraska such as Norfolk, Beatrice, Hastings, and Kearney, however, these areas are not considered to be within a MSA. Consequently, the Nebraska counties outside of the four MSAs named above would be considered rural.

As a result, the Stark Law allows a physician to refer DHS services to a non-hospital DHS entity in which the physician or the physician’s immediate family member has an ownership or investment interest if the DHS entity provides not less than 75 percent of the DHS to persons residing in a rural, non-MSA area. □

1) “Immediate family member or member of a physician’s immediate family means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.” 42 C.F.R. § 411.351.

Ask a Lawyer is a feature of the Nebraska Medicine. If you have a legal question of general interest, please write the Nebraska Medical Association. Answers to submitted questions are provided by the Nebraska Medical Association’s legal counsel, Cline Williams Wright Johnson & Oldfather, L.L.P., 1900 U.S. Bank Building, 233 S. 13th St., Suite 1900, Lincoln, NE 68508–2095. The answer in this issue was provided by Jill Jensen of the Cline Williams Law Firm. Questions relating to specific, detailed, and factual situations should continue to be referred to your own counsel.

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Improving the 5 Dimensions of the Diagnostic Process

New research identifies strategies to reduce diagnostic errors

By COPIC's Patient Safety and Risk Management Department

Building upon the landmark 2015 Institute of Medicine's "On Improving Diagnosis in Health Care" study, a recent *Annals of Internal Medicine* article¹ examines five dimensions of diagnosis, along with strategies to reduce diagnostic errors in hospitalized patients.

The strategies highlight the importance of first understanding how these errors occur, and then developing practical ways to improve results.

"Defining whether a diagnostic error has occurred can be difficult. Diagnosis evolves over time, often across multiple providers and settings. Standards for diagnostic accuracy and timeliness for

most conditions are ill-defined, and physicians must constantly achieve diagnostic rigor with judicious use of tests or procedures," note the researchers in the article.

"In view of these conceptual challenges, the term 'error' should be used only when unequivocal evidence suggests that a key finding was missed or not investigated when it should have been. Errors should also be framed as learning and improvement opportunities, not moments for assigning blame."

Analysis of diagnostic errors by the researchers showed that they generally arise from a mix of individual cognitive factors and system-related factors. Often times, there is a breakdown during the patient-physician encounter and identified problems include poor

data gathering, misinterpretation, overconfidence in diagnostic judgment, or knowledge deficiency.

System-related factors often emerge

from breakdowns in communication, coordination and teamwork, or from a lack of robust policies and procedures.

In conclusion, the researchers mention that "Diagnosis determines most therapies and procedures that hospitalized patients receive. With so much at stake, efforts to understand and prevent diagnostic errors represent a new horizon of opportunities for hospital medicine." □

1) *Ann Intern Med.* 2016;165:HO2-HO4.



Dimension of Diagnostic Process	Strategies of Improvement
The patient-physician encounter	Allocate time and nurture skills to communicate effectively with patients; improve clinical reasoning by critically reflecting on decisions; utilize Web-based decision-support resources and other colleagues
Performance and interpretation of diagnostic tests	Collaborate with lab professionals and radiologists to develop an appropriate strategy and to interpret test results; seek face-to-face communication in difficult-to-diagnose cases
Follow-up and tracking of diagnostic information over time	Clarify responsibilities and processes for following up on abnormal findings and results; use health information technology tools, such as electronic triggers and notifications, to ensure follow-up of pending test results; do not overlook diagnostic data obtained before the current hospitalization, visit or encounter
Subspecialty consultation-related communication and coordination	Use direct communication for critical decisions; reevaluate the diagnosis as a team when multiple consultants are involved
Patient-focused strategies	Encourage patient/family participation; improve engagement through clear discharge instructions and a follow-up plan; encourage patients to be proactive in ensuring that the post-discharge evaluation is done in a timely manner

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4 Ways to Be a Debt-Free Doctor *(continued)*

focused person who just wants to save money, the avalanche method probably makes the most sense.

Stay Focused

After years of med school, it may be difficult to reign in your spending once you're earning a doctor's salary. But if becoming debt-free is your main goal, you'll have to commit to a budget and monitor your spending.

Pick a strategy and stick to it. Use the discipline you developed in med school and heal your finances.

To see how much you can save in 3 minutes by refinancing your student debt, be sure to visit NMA's exclusive student loan refinancing partner, LendKey, <http://lkrefi.com/nma-members>. □

New Members

Grand Island

Babak Farivar, MD

Kearney

Bhavish Aubeelauck, MD

Ahmad Bader, MD

Chung Chen, MD

Patricia Cronin, MD

Ryan DeBlis, MD

Muhammad Khalid, MBBS

Abhisekh Sinha Ray, MBBS

Lincoln

Colleen Baker, MD

Noah Beadell, MD

Erik Bowman, MD

Aaron Braun, MD

Christopher Crawford, MD

Andrew Glenn, DDS, MD

Adnan Khalid, MD

Sachin Lamichhane, MD

Lee Marshall, MD

Zachary Martens, MD

Kailash Mosalpuria, MBBS, MPH

Monica Oldenburg, MD

Kyle Pfeifer, MD

Aaron Robinson, MD

Ryan Shelstad, MD

Michael Swerczek, MD

Sherri Thomas, DO

Andy Craig, MD

North Platte

Shri Rayavarapu, MBBS

Sri Suravarapu, MBBS, MPH

Omaha

Matt Appenzeller, MD

Emily Braun, MD

Michael Clegg, MD

John Cook, MD

Robert Devin, MD

Benjamin Hall, MD

Tanner Hill, PhD

Aidan Hoie

Richard Hubbell, MD

Kosta Matrov, MD

Rachel Mercer, MD

Matthew Nadler, MD

Cathleen Peterson-Layne, MD, PhD

Sarah Schmoker

Chad Shuff, DO

Olivia Sonderman

Anup Sura, MD

Eric Villanueva

Adam Vossen, MD

Ord

Gregory McClanahan, MD

Necrology

Edgar Smith, MD

Omaha

1/1/2017

Carlos A. Prendes, Sr., MD

Lincoln

1/12/2017

Lawrence R. James, MD

Omaha

1/14/2017

John M. Casebolt, MD, MS

Lincoln

2/2/2017

Morris F. Skinner, Jr., MD

Gothenburg

2/4/2017

Dennis DeRoin, MD

Louisville

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Omaha

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Make your goals systematic in 2017

by Marcus Iwig, CPA, CFP

Provided by the Foster Group

I don't like New Year's resolutions very much. The whole thing feels overwhelming, especially after just surviving the holidays. Also, it seems like a difficult time of year to make big, wholesale changes! For instance, deciding to start exercising when it's 10° below out, kids have before- and after-school activities, and if you aren't recovering from the flu or a cold, you are just about to get it. It seems like June would be a better time to make exercise resolutions, right as the weather gets better, school lets out and (hopefully for you) vacation is on the horizon. That being said, January 1st is a good time to make financial planning resolutions. The tax year is just beginning, raises and bonuses are handed out, and you've likely just spent time reviewing your benefit elections at work.

All the standard financial resolutions are out there; save more, pay off debt, maintain budget, go out to lunch less (which might be both a financial and health resolution). Those are all good resolutions on which I love to see clients make progress, but most of us know how hard it is to accomplish any resolution. Some studies have indicated it takes, on average, more than two months to form a new habit.¹



It's very difficult to make a change to daily routines, mostly because we are all so busy. And, if you are like me, you may be unfamiliar with routine all together. The good news is you can leverage technology to help you make significant progress in your financial life in 2017!

If you are in residency, or starting your first full-time position, and trying to figure out how to manage or begin eliminating debt, start by setting and maintaining a budget using software that has an app for your phone. This will make it easy to enter and monitor expenses on the fly. Once you know how much extra you can afford to devote to your loans each month, utilize bill pay at your bank and set up your monthly payment to include the extra.

Maybe you just paid off your loans and you're trying to decide what to do with your extra cash-flow, or you might be well into your career and have found cash may pile up, but is ultimately spent instead of saved for retirement. One way to ensure extra cash-flow goes to work for you is to have it automatically transferred each month. Many payroll departments allow you to have portions of your paycheck sent to two separate places; once you decide on a savings goal, consider having unneeded cash-flow sent directly to an investment account. You'll learn to live without it and it takes one conversation with your payroll department or bank versus a conscious monthly effort to track cash-flow and move money. There's a side benefit

in that you also become a systematic investor and don't fall prey to trying to time the markets with large chunks of cash.

The nice thing about financial planning resolutions in this day and age is once you make them, you can use technology to automate the process giving you a higher probability of success by eliminating the daily conscious effort to create a new habit.

1) <http://jamesclear.com/new-habit>

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The information and material provided in this article is for informational purposes and is intended to be educational in nature. We recommend that individuals consult with a professional advisor familiar with their particular situation for advice concerning specific investment, accounting, tax, and legal matters before taking any action. ☐

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If you used the property for the greater of 14 days or 10% of the total time rented, then it is considered a vacation home by the IRS. You can write off most expenses associated with the vacation home, but you will have to prorate the expenses between personal use and rental use. Oh, and the pesky IRS says that if it's a vacation home, then you can't create a loss. So, even if you have a nice depreciation charge or other expense to offset the revenue, you can take your income down to zero, but you can't create a loss to offset your other income.

There is, however, a way to rent it out for 14 days or less and not report the rental revenue as taxable income.....

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