

# Physicians Bulletin

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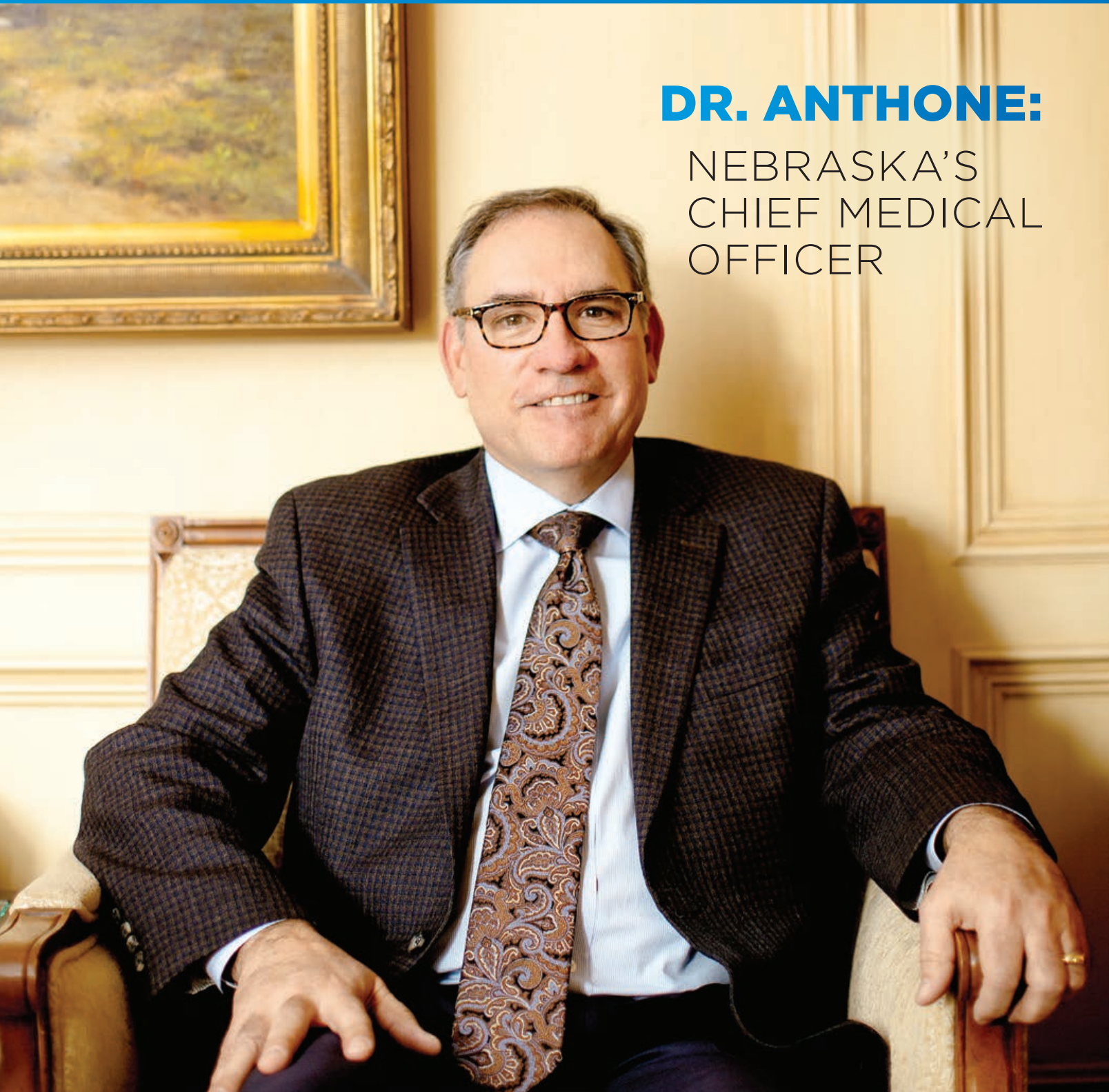
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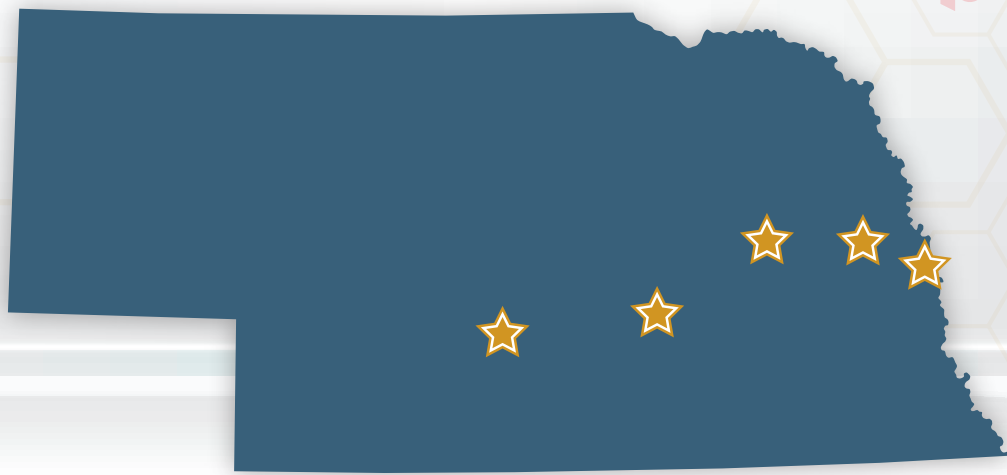
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## MOMS COVID-19 UPDATE

To protect our members and staff, Metro Omaha Medical Society is suspending and/or postponing all member events until June 1. As soon as we feel it is safe to do so, we will communicate new dates for upcoming events.

We have plans in place for our staff to work remotely and our office will continue to operate as normal as possible.

Visit [omahamedical.com](http://omahamedical.com) and [nebmed.org](http://nebmed.org) for the latest physician resources as it relates to COVID-19

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APR  
01

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WEDNESDAY, APRIL 1  
5:30 P.M. - 7:30 P.M.  
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JUN  
03

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APR  
02

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**CANCELLED**

AUG  
06

### POP-UP PHYSICIANS' LOUNGE

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APR  
17-18

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## BEFORE. DURING. AFTER. AND BEFORE.



**AUDREY PAULMAN, M.D.**

Editor

*Physicians Bulletin*

We chose the topics, completed the interviews, and prepared this magazine for production “before.”

As I proof the magazine, I am rewriting this column, I realize that we are in the middle of what I hope is a once in a hundred years event, or “during.”

By the time you are reading the magazine, I hope that we will be entering “after.”

We have had outbreaks before. My grandmother would talk about the 1918 influenza pandemic, changing her 15-year-old life, filling it with fear of the unknown. I personally remember the end of the polio outbreak in the 1960's, and I was in practice during the beginning of HIV.

In the 1980's, a virus was spreading unchecked through the country. The first patient I encountered with the disease came from Florida to live with family due to the illness. He knew he was at risk, but didn't know what he had. When I did an examination, I knew he would soon be dead. I didn't know what would happen to me. The method of spread was unknown, and there was no easy testing at the time. Presumptive diagnosis was based upon history and physical findings. As a physician, I was afraid, for my patient, and for myself.

This column is being written during the CoVid-19 outbreak. Once again, there is concern and panic among the community. And once again, physicians are called to serve and lead during a crisis.

When we planned this magazine for publication, before the pandemic, we wanted to focus on that part of medicine that is different than seeing patients at the bedside. We at the Physician's Bulletin wanted to shine a little light on the roles our members play in professional education, community outreach, and public health issues.

In the “before,” we selected articles to demonstrate how personal medicine would transition into population medicine. We selected interviews about how public health comes into play, as noted by the article about Dr. Khan who works to make all Nebraskans healthy. The value of home ownership in reducing multigenerational poverty is supported by initiatives such as DocBuild, as sponsored by MOMS. At the state level, Dr. Anthonie is working to make Nebraska Healthier.

This magazine goes to press while the outbreak is escalating, or “during.” The people we feature in this magazine are now actively working in the CoVid 19 initiative. We will run the original stories, as planned, showing these professionals in their “before” roles. In addition, the staff at MOMS will add some CoVid resource information into some available space in the magazine.

MOMS has been active during the outbreak, listening to physicians, organizing initiatives, and providing a voice for physicians. The medical societies are working to push information out to physicians and advocating for us. They are looking for ways to keep us safe.

Please enjoy this magazine from “before.” I hope you are safe and you and your loved ones well.

The next edition of the Physician's Bulletin will hopefully arrive during the “after” time. The lead story of that edition, chosen before the pandemic, will have stories about what happens in the daily activities of MOMS.

And then, once this is over, we will all need to go back to work, because we will enter the next “before” period—before the next crisis needing physicians to work to save the world.

Thank you. You all are amazing. 🌐

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## THE STANDARD



**JOHN PETERS, M.D.**

President

*Metro Omaha Medical Society*

Is it a coincidence or not—having an ophthalmologist be as president of MOMS in the year 2020? Regardless, it got me thinking a bit, so I thought I would share a few thoughts.

First of all, it is the year 2020. Which brings to mind, what do we mean (in medical practice) by the term 20/20? In 1862, Herman Snellen, a Dutch ophthalmologist, was talking with his boss, Franciscus Donders, at their eye hospital. Donders said they really needed a way to measure and standardize what their patients were seeing so we could accurately and systematically follow them clinically, assess treatments, perform research, and advise colleagues and patients.

Snellen, only 28 years old at the time, developed a chart with exactly sized figures and letters that are used to this day. Standardization. A crucial concept in ophthalmology, the entire scientific world and life, in general.

**“The standard is engaging energetically in these areas and sharing what we have learned and what we can do to help our patients, community and profession. Mere 20/50 or 20/60 thinking and acting simply isn’t good enough. This is MOMS. It is 2020, and we are 20/20 people. That’s the standard here.”**

— JOHN PETERS, M.D.

We require this in engineering, manufacturing, cooking and many areas of our lives. It helps us get along and trust our environment and those we encounter in a complex world. This is how we reliably measure ourselves, others and our surroundings. Without it, we would experience tremendous chaos.

In regard to our larger medical community, the same applies. One of the wonderful things about belonging to a medical society, such as MOMS, is that I get to see what I consider “the standard.” And this standard is set by so many of you—those who have been practicing, advocating and leading successfully for years, perhaps decades. It is mani-

fested by the medical students, residents and young physicians I see at the NMA legislative meetings and the Advocacy Breakfast held in Lincoln each January. It is each of us going out of our way to help our patients, supporting each other when times are difficult, and taking care of ourselves despite increasing demands and decreasing rewards.

It involves the professional responsibilities of teaching, research, clinical practice, community service and advocacy. The standard is engaging energetically in these areas and sharing what we have learned and what we can do to help our patients, community and profession. Mere 20/50 or 20/60 thinking and acting simply isn’t good enough. This is MOMS. It is 2020, and we are 20/20 people. That’s the standard here.

**“Thank you to all for the great things you do for your active engagement, making a difference, and setting the standard for what it means to be a physician.”**

— JOHN PETERS, M.D.

Thank you to all for the great things you do for your active engagement, making a difference, and setting the standard for what it means to be a physician. Thank you for this wonderful opportunity to serve this medical society and the community. 🌐

## ADVANCING THE ORGANIZATION



**AMY REYNOLDSON**

Executive Vice President  
Nebraska Medical Association

With spring on the horizon and knowing that the groundhog did not see his shadow, we can only hope that warmer weather is on its way to stay. We also know that this change in season also symbolizes that the legislative session will only have approximately 15 to 20 days left in the short session, scheduled to end April 23.

During the interim, the NMA will be turning our attention to preparation of upcoming events and also a few internal items that need to be addressed. For starters, it has become apparent that the current NMA bylaws are antiquated and are not reflective of current best practices in nonprofit management specific to membership-based organizations. The current bylaws prevent the staff and membership from performing at their maximum capacity and advancing the organization. A committee of members and NMA staff will work collectively to identify sections of the document that need revision and then present to the NMA Board of Directors for approval.

NMA staff will also begin restructuring our member benefits, collaborating organizations and sponsorship levels. The NMA has historically provided about a dozen member benefits, specific for both employed and private practice physicians. Since joining the NMA I have added a handful of member benefits over the last

year and continue to get approached and seek out new opportunities for our members. My goal is to provide member benefits that can be utilized professionally as well as personally. Over the summer, the NMA will be restructuring the member benefits information to specifically highlight those organizations that are providing a service to our members at a discounted or reduced rate and those organizations that are collaborators who want to support the NMA and members but do not offer a service. I am always looking for creative ways to provide value to our members and hope to have a few more on board by the end of the year. I encourage you to check out the NMA website, [www.nebmed.org](http://www.nebmed.org), under the "Benefits of Membership" to learn about existing and new opportunities.


In late January, the NMA rolled out our new sponsorship package. The NMA has transitioned to restructuring the sponsorship levels into a package for each level that includes advertising in the quarterly Advocate magazine, membership directory, annual meeting, and sponsoring Board of Director meetings. We have also added advertising opportunities in the bi-weekly newsletter, STAT, and on the NMA website. Throughout 2020 we will begin to identify and develop other sponsorship opportunities that we can engage our collaborators and member benefit organizations.

Since it is an election year, the NMA will begin organizing legislative candidate interviews. The NMA collaborates with four other health care organizations to host the candidate interviews in both Lincoln and Omaha. This event takes place following the general election in May and provides the NMA staff and membership an opportunity to interview the candidates about health care related

**"Since joining the NMA I have added a handful of member benefits over the last year and continue to get approached and seek out new opportunities for our members. My goal is to provide member benefits that can be utilized professionally as well as personally."**

— AMY REYNOLDSON

issues to identify where they may align. This is a great opportunity to begin to identify candidates that may be supportive of the NMA and the work we do. It also presents an opportunity to identify those candidates that may not align with our organizations mission and to find opportunities to educate them on the importance of organized medicine.

We are also in preparation mode for organizing the NMA Annual Membership Meeting and Banquet, which will be held on August 28, 2020 in Lincoln at the Embassy Suites Hotel and Conference Center. Michelle Walsh, M.D., a pediatrician from Lincoln, will be installed as the new NMA president. 



## IS SAYING 'YES' THE KEY TO SUCCESS?



**MARLEY DOYLE, M.D.**

Psychiatry, UNMC

In residency, one of my mentors advised me to “Say ‘yes’ to everything” as an early career physician. I took this advice and quickly found that I was overstretched and unfocused. Though my schedule was extremely busy, I did not have anything concrete to show for it. This led me to question this advice, and I now operate under a different philosophy: Say ‘yes’ to success and ‘no’ to woe. Here is my system to make the determination.

**WHO IS ASKING?** Your boss? A colleague? A medical student? Think about the implications of your answer. For example, it may be unwise to say “no” to your boss or say “no” to anything related to your job description. You may have more flexibility in other circumstances, however. Do not be afraid to say “yes, but.” This can help you set the terms of the commitment to fit with your schedule. For instance, “Yes, but could you give me some more background (or time or support)?”

**WHAT IS THE TIME COMMITMENT?** You should always know the time commitment before saying “yes.” If asked to do a leadership position, ask about the term. In my department, all leadership positions are for one year. However, many departments have indefinite term limits, so this is something you want to discuss

before agreeing. If joining a committee or board, ask how often the committee meets and other responsibilities outside of the meetings.

**WHEN WILL I DO THIS?** Once you know the time commitment, it is important to reflect about when you will actually do it. I am a big proponent of scheduling everything into my calendar. This allows me to visualize where the commitment could literally fit. Aside from a work calendar, other responsibilities need to be considered, including the responsibility to your own wellness.

**WHERE DOES THIS FIT INTO MY CAREER GOALS AND VALUES?** Early on, it is difficult to know exactly what your path is. Saying “yes” can open up opportunities and help define your career path. If you are a few years out, you may have your career goals clearly defined. It then becomes easier to evaluate whether an activity helps or hinders your advancement. If you are in academics, you can ask yourself “Will this get me promoted?” If the answer is in the negative, then you must have other reasons to do it. This is where values come into play. If you find an activity energizing, enjoyable and fulfilling, then say “yes.” Perhaps talking to high school students about a career in medicine won’t lead to promotion. But, if you love doing it, then you should.

**WHY ME?** Why were you asked over someone else? Is someone trying to help elevate your career? Sometimes people see strengths and potential that we may not see in ourselves. If it seems like you were selected for your strengths, then think about what you have to offer. If you get the sense that a “warm body” is needed, then you may want to consider carefully.

**“The most important thing to remember is that we all make blunders in our early careers. Each mistake is a learning opportunity that will ultimately shape your career. The only fatal mistake you can make is to stop trying.”**

— MARLEY DOYLE, M.D.

**HOW AM I GOING TO RESPOND?** Once you decide, a graceful response is imperative for either outcome. Be sure to thank the person for the recognition. If you say “no,” always make sure that you give a reason and nominate someone else. Be thoughtful about your reason, and frame your decision in the context of departmental or institutional needs. This is especially important for women.

The most important thing to remember is that we all make blunders in our early careers. Each mistake is a learning opportunity that will ultimately shape your career. The only fatal mistake you can make is to stop trying. Before knowing how you like your steak, you have to try it many different ways. The same is true for careers, so don’t be afraid. 🍷

# DR. ANTHONE:

# NEBRASKA'S CHIEF MEDICAL OFFICER

STORY PAGE 18





**“I didn’t hesitate. I told myself I would never get this opportunity again. This is the way I can make a difference, especially in the state that we love.”**

**— GARY ANTHON, M.D.**



## The Anthone File

**Hometown**  
Omaha

**Undergraduate Degree**  
Benedictine College in Atchison, Kansas, in biology

**Medical Degree**  
Creighton University School of Medicine

**Residencies**  
Creighton University Medical Center in general surgery;  
Royal Lancaster Infirmary in Lancaster, England, in general surgery

**Fellowships**  
Creighton University Medical Center in general surgery research; John Hopkins Hospital in Baltimore in general surgery research; University of Southern California in Los Angeles in colorectal surgery

**Title**  
Chief medical officer and director of Nebraska's Division of Public Health

**Hobbies**  
Family activities, walking, exercising and auto racing

**Family**  
Wife, Ann Anthone; grown children, Joseph Gabrielle, Lauren, Alexander, Emily and Thomas

**Why He Joined MOMS**  
"I like collaboration with my colleagues."

Here are the marching orders Gary Anthone, M.D., has given himself as Nebraska's chief medical officer: Address the state's disappointing rankings in obesity and excessive drinking among adults, and increase the rate of prenatal care for expecting mothers, while not overlooking the deadly dangers of opioid use. Vaping is also on his list of health concerns for Nebraskans.

Dr. Anthone, a general surgeon who specialized in bariatric surgery, serves as chief medical officer and as director of the Division of Public Health within the Nebraska Department of Health and Human Services. He was appointed by Gov. Ricketts in August and confirmed by the Nebraska Legislature in January.

Dr. Anthone said he looked to Nebraska's national health rankings ([www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)) for a roadmap to help define his priorities as Nebraska's top doc. "I am going to use these data as my starting point."

During a discussion about his health agenda for the state, Dr. Anthone also talked about the people who influenced his decision to become a physician, how he chose his specialty, and what led to his appointment.

In a state that cares about national rankings, Dr. Anthone shared some of Nebraska's scores regarding its health. First, he pointed out, Nebraska doesn't have the level of opioid addiction as found in other states. "Nebraska was very proactive in public

**"Nebraska was very proactive in public health and through the Legislature to attack this [opioid abuse] crisis early on," Dr. Gary Anthone said. Nebraska ranks last in deaths tied to opioid use.**

health and through the Legislature to attack this crisis early on." Nebraska ranks last in deaths tied to opioid use.

Part of that early attack on opioid use, he said, was making it difficult to prescribe them. "You just can't write a script anymore and take it to the pharmacy. It's very well-controlled." He pointed out that Nebraska was at the forefront in establishing drug-monitoring programs, which have attributed in the state's strong standing among its peers related to opioid-use deaths.

Despite Nebraska's strong standing, Dr. Anthone said, state officials will continue to monitor the safeguards in place.

Nebraska ranks 45th for excessive drinking among adults. Dr. Anthone said combating alcohol abuse in Nebraska means working across the state's five health divisions, especially behavioral health. He suggested regular screenings during family practice visits to help uncover adults with alcohol addiction so they can receive help.

Nebraska also ranks high in adult obesity per capita. "It's a national problem. One I am passionate about it. As a bariatric surgeon I worked on the opposite spectrum. I was



on the surgical side when nothing else worked.” Battling adult obesity starts at adolescence, he said, with education.

Nebraska’s pre-term birth rate is also one of the highest in the nation. “This is Nebraska. We shouldn’t see a lack of prenatal care.” Ensuring that women receive proper care, he said, will also take collaboration among the health divisions. “We must get moms to reputable prenatal care sooner and see that they stick with it. This ranking was a total eye-opener for me.”

Finally, vaping is in Dr. Anthone’s crosshairs. He said statistics indicate 25 percent of the country’s high school students vape. “Can you believe that?”

Nebraska recently pushed the legal age for buying and using cigarettes and vaping products to 19. A federal law, with enforcement to begin this summer, boosts the age to 21.

The vaping industry uses an excellent marketing ploy that vaping isn’t dangerous, he said. Vaping can lead to nicotine use, he said, and then addiction. “We must keep a close eye on vaping.”

Dr. Anthone said he is blessed to lead a team of health professionals—starting with Dannette Smith, the department’s chief executive officer, and his deputy directors—who are passionate about Nebraska’s health, dedicated to improving it and are extremely talented.

“They’re not in this for the money,” he said. “They are in it to serve our state and its people.”

Dr. Anthone talked about the people who influenced his life and help direct him to a career in medicine. At the top, he said, is his father, Albert Anthone, who was a machinist for Western Electric. “He could fix anything. We never called a repairman.” His father taught him how to use tools and make repairs. “I thought of the human body as the ultimate machine. The only way to find out how the body worked was to go to medical school.”

A science teacher at St. Robert Catholic School also influenced him. When assigned reports to write, Dr. Anthone recalled, he would look for scientific topics in the encyclopedia. His teacher, Sr. Mary Norean, encouraged his interest by writing “You are a budding scientist” on his papers.

Then, there was the priest who taught Dr. Anthone biology at Benedictine College in Kansas, where he earned his bachelor’s degree. “He (Fr. Eugene Dehner) was the greatest teacher ever. A lot of people think a priest would not teach about evolution and natural selection. He did it in such a way that it influenced how I looked at life and the human body.”


Finally, Dr. Anthone credits Tom DeMeester, M.D., former chairman of surgery at Creighton University School of Medicine. “He took me under his wing. I don’t know why.” Dr. DeMeester convinced him to make general surgery—when Dr. Anthone was leaning toward orthopedic surgery—his specialty. He helped Dr. Anthone land a research fellowship at Johns Hopkins in Baltimore and a fellowship in England where he experienced the country’s national health system. Dr. DeMeester later brought Dr. Anthone to University of Southern California where he would eventually specialize in weight-loss surgery.

This work eventually led to being featured on a segment of the television show “Hard Copy.” After the episode, his clinic phone started ringing from people suddenly interested in bariatric surgery. “They were coming from all over the country for this surgery.” The specialty wasn’t mainstream at that time in the 1990s, he said, and not many surgeons specialized in it like they do now.

Dr. Anthone said he credits his interest in bariatric surgery with his research focus at Johns Hopkins on how the intestines work. He later met the first surgeons to perform the procedure laparoscopically, and heard a presentation about how gastric bypass surgery can stop, if not cure Type II diabetes. “I was smitten by the science behind it.”

The Anthonies later returned to Omaha where Dr. Anthone started a bariatric surgery program at Methodist Health System and then started his own private practice. He was also on the faculty in the Department of Surgery at Creighton.

Dr. Anthone said his entry into public health came after a brief conversation with Gov. Ricketts. “I’ve always been interested in politics, but I don’t consider myself political.” He offered his services to the governor. “About a year later, I got a phone call.” The current chief medical officer had retired and the governor asked Dr. Anthone if he was interested in the job.

“I didn’t hesitate. I told myself I would never get this opportunity again. This is the way I can make a difference, especially in the state that we love.” 

**EDITOR’S NOTE:** *This feature article was written prior to the COVID-19 outbreak in Nebraska.*







# HEALTHIER HOMES= BETTER HEALTH OUTCOMES

STORY PAGE 22





## The Esser File

**Hometown**  
Omaha

**Bachelor's Degree**  
University of Nebraska-Lincoln in chemical engineering

**Master's Degree**  
Medical management from Tulane University in New Orleans

**Medical Degree**  
University of Nebraska Medical Center

**Title**  
Chief Medical Officer, Blue Cross Blue Shield of Nebraska

**Hobbies**  
Cooking, gardening and photography

**Family**  
Husband, Bruce Esser; two daughters, Sara Jansen and Beth Esser

**Why She Joined MOMS**  
"I saw the opportunity MOMS gives us to make a difference in the medical community and the community at large."



Habitat for Humanity knows that home ownership leads to healthier homes. And the benefits extend beyond health. Consider this:

- 74 percent of Habitat home owners reported their health had improved since moving in.
- Poor housing conditions contribute to asthma and other physician illnesses, while decent, affordable housing can help children with asthma address their health challenges.
- "A safe, decent, affordable home is like a vaccine," Dr. Megan Sandel of the Boston University School of Medicine told Congress. "It literally prevents disease."
- Children in home-owning families outperform children in renting families in math and reading achievement tests, and the graduation rate for children of homeowners is 19 percent higher than for renters.

Six years ago, Deb Esser, M.D., was looking for a way to bring physicians together for a good cause, let them work on a project that has little (or nothing) to do with their everyday jobs, and add a dose of fun into the mix.

Dr. Esser, during her term as Metro Omaha Medical Society president, suggested bringing together physicians—and anyone else who wanted to join in—to help build houses for Habitat Humanity. Call it DocBuild and invite MOMS members to participate.

The bonus, they discovered, was they were playing a part of helping new home owners lead healthier lives.

Initially, MOMS physicians were a bit hesitate about wielding a hammer or a saw. "Everyone who signs up is unsure at first that this is for them," said Dr. Esser, chief medical officer for Blue Cross Blue Shield of Nebraska. "We're doctors. We don't do construction."

But they do—and participants in previous DocBuilds know they have been a part of a volunteer project that provides opportunities to help Omahans fulfill a dream.

“Habitat for Humanity helps people become home owners,” said Levi Scheppers, Habitat for Humanity Omaha vice-chairman and chief executive officer of OrthoNebraska. “This is not a handout. The recipients participate in the build. They make their home payments. We’re just helping them achieve their dreams of home ownership.”

Dr. Esser said she’s seen the pride in ownership during her time helping at DocBuilds. She talked about an elderly man “who was up and down the ladder” while helping volunteers build his home. And the extended Vietnamese family—including the couple’s young children, their siblings and their parents—who all pitched in with the home build.

**“Habitat for Humanity helps people become home owners. This is not a handout. The recipients participate in the build. They make their home payments. We’re just helping them achieve their dreams of home ownership.”**

— LEVI SCHEPPERS

Scheppers said Habitat for Humanity, founded in 1976, works in local communities across all 50 states and in more than 70 countries to help people and families in need of decent and affordable homes.

This assistance, he said, can come in the form of building, with volunteer assistance, new homes for recipients. They, in return, assist with construction and repay the low-interest loans on their homes.

Another type of assistance Habitat for Humanity provides, Scheppers said, is low-interest loans to home owners to allow them to make necessary improvements. Imagine this dilemma: Replacing a leaking roof installing a safer stairwell or improving an aging HVAC system—or paying the rent? Assistance from Habitat for Humanity allows home owners to do both, he said.

**CONT. PAGE 25**

## A SAFE PLACE TO CALL HOME

Originally from Burma, Beh Beh faced many hardships. She lived in a refugee camp in Thailand after being forced to flee her village to escape ethnic cleansing.

The youngest of three, Beh Beh watched as soldiers escorted her older brother to the forest, where he was forced to dig his own grave. Shortly after, her older sister died after giving birth.

“A part of me was taken away when I lost them,” Beh Beh has said.

Struggling with an abusive relationship, Beh Beh sought asylum in order to keep her family safe and away from their father.

Beh Beh and her daughter, Amy, lived in Arizona and Oklahoma before moving to Nebraska.

“It’s not the right place for us,” Beh Beh would say. “Arizona and Oklahoma don’t feel like home.”

Once in Omaha, Beh Beh and Amy moved into the Yale Park Apartment complex. They had to deal with leaks, mice, cockroaches and bedbugs. Stressed about their living conditions, Beh Beh often would get sick.

“She was stressed and depressed,” her daughter said. “My older brother and I are what kept her going.”

When Beh Beh heard about Habitat for Humanity of Omaha’s Homeownership Program, she was excited to provide her daughter with a decent place to live.

“My mom not only needed a house to call home but also a state to call home,” Amy said. “She was finally able to do that.”

In 2018, Beh Beh and Amy moved into their fully renovated home. Owning a home improved Beh Beh’s health.



“She doesn’t get as sick anymore,” Amy said. “It’s a good environment and she’s so much happier.”

Their home has also helped Amy focus on her education. Amy received a full-ride scholarship to the University of Nebraska Omaha. Last year, she became a U.S. citizen. Amy said she is working hard to make her mother proud.

“She’s my best friend,” Amy said. “She’s been with me my whole life and she deserved the best. It makes me happy to see my mom happy.” 📍



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## HERE TO HELP

The COVID-19 pandemic is changing how we live. MOMS is here to support the medical community. Below are two efforts we are working on to hopefully make things easier for our healthcare providers and community.

### Is your family in need of temporary childcare services?

MOMS has partnered with local nursing, medical, & early childhood education students to provide childcare services to physician families during this difficult time. If you are seeking to hire a childcare provider, please e-mail [hsmith@omahamedical.com](mailto:hsmith@omahamedical.com)

### Call for volunteers.

If you are a licensed provider and have any availability to help with COVID-19 related telehealth triage and patient care should the need arise, please complete the online form at [omahamedical.com](http://omahamedical.com)



Metro Omaha  
Medical Society



## FROM PAGE 22

This approach speaks to the social determinants of health, Dr. Esser and Scheppers said. (Social determinants of health are the economic and social conditions that influence individual and group differences in health status.) “Reduce stress and improve safety in people’s homes,” Scheppers said. Dr. Esser added: “Providing people with a safe place to live reduces the risk of chronic illness. ER visits go down.”

Which brings this story full circle to the 2020 DocBuild. Dr. Esser recalled a conversation she had at last year’s DocBuild with a first-timer: The family practice physician said she enjoyed the experience and would be back. “I’ll be looking for her,” Dr. Esser said.


DocBuild is open to MOMS members, medical students, residents and clinical staff—and their families. No experience in home-building is necessary. Participants sign up by going to [Omahamedical.com](http://Omahamedical.com). Each day is divided into three-hour shifts and participants can sign up for one or more shifts.

This year’s Docbuild was originally scheduled for April 17 & 18, but is postponed. Watch for an update once the new date is finalized.

“For those who have helped previous years, you know what a worthwhile experience this is,” Dr. Esser said. “For those who will be first-timers, I guarantee you will walk away knowing you lent a hand to someone in need.”

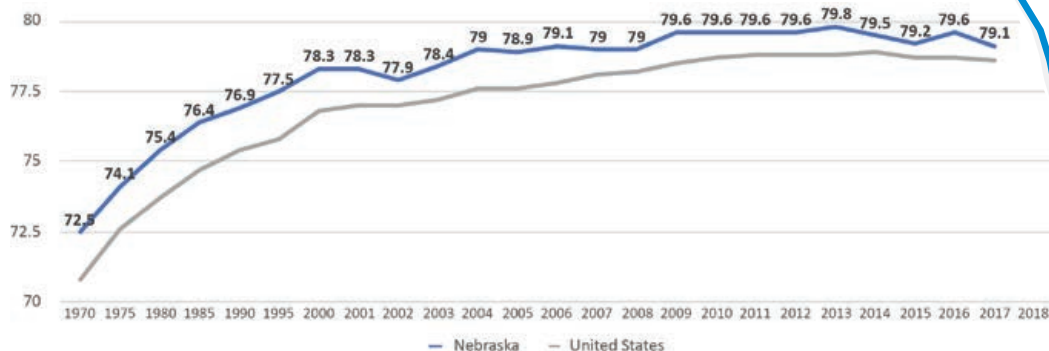
**“For those who have helped previous years, you know what a worthwhile experience this is. For those who will be first-timers, I guarantee you will walk away knowing you lent a hand to someone in need.”**

— DEB ESSER, M.D.

“And you may just know how to put up drywall or install carpet.” 

# HOW TO HELP NEBRASKANS LIVE LONGER

## TREND OF AVERAGE LIFE EXPECTANCY AT BIRTH IN U.S. AND NEBRASKA FROM 1970-2017



Source: United States Mortality DataBase. University of California, Berkeley (USA). Available at [usa.mortality.org](http://usa.mortality.org) (data shown on 2020-01-09 08:21:06).

Nebraskans, this is a not trend to celebrate.

The life expectancy for Nebraskans has decreased from 79.8 years in 2013 to 79.1 years in 2017, the latest figure available.

While Nebraskans are above the national average, they should take note about the decrease—and take action, said Ali Khan, M.D., dean of UNMC's College of Public Health.

On a positive note, the Centers for Disease Control and Prevention recently reported a slight increase in life expectancy in the United States: 78.6 in 2017 to 78.7 in 2018. (The CDC attributed the decrease to such factors: a decrease in cancer deaths, the infant mortality rate and deaths from unintentional injuries.) The increase came after four years of consecutive decreases in the national life expectancy rate.

Dr. Khan noted that while the life expectancy in high-income countries (especially Japan, Switzerland, Spain and Italy) is 83 years or better. "We're already five years less, despite what we say that we have the best health care in the world."

So what's to blame for, especially, the lackluster stats for Nebraska, Dr. Khan asked. "Diseases of despair," he said, meaning suicide, and drug and alcohol abuse. Obesity in adults is another cause, he said, noting the state ranks 35th worst in this category. "How can this be? We're a farm state," he said.

Here's another figure Nebraskans should note and address, he said: The state ranks third worst in health equity. "Remember, health care is only 15 percent of what it takes to be healthy."

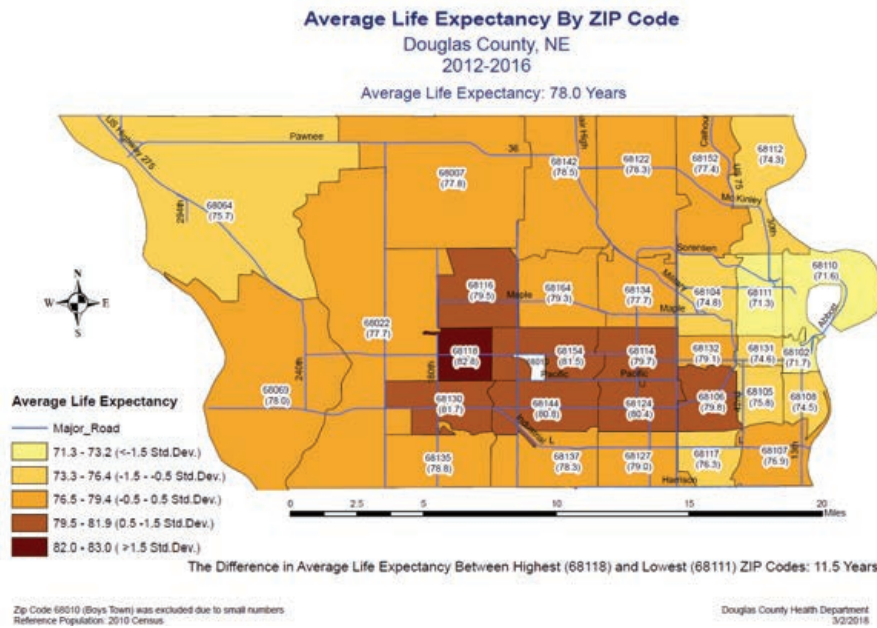
Other variables, he said, are education, work environment, living environment and transportation. Dr. Khan said Nebraskans should take note of what he calls the "Big Five" that speak to these areas: (see "Big Five" information box)

### DR. ALI KHAN'S "BIG FIVE"

- 1 Exercise, 30 minutes of moderate exercise five days a week.
- 2 Fruits and vegetables, five to seven servings of fruits and vegetables each day.
- 3 Adequate sleep.
- 4 "Get a friend," to avoid social isolation.
- 5 "Don't poison yourself"—meaning tobacco, alcohol and opioid use.

Geography must also be considered when addressing life expectancy in the state. Dr. Khan noted a 10-year difference in life expectancy among ZIP codes in Douglas County alone. According to the Douglas County Health Department and





based on 2012-16 data, the life expectancy, for example, for those in the 68111 (north Omaha) ZIP was 71.3 years, compared to 82.8 in the 68118 ZIP (near 80th and Pacific). A similar 10-year difference can be found throughout Nebraska, when comparing rural to urban areas.

Nebraska officials came together to address the national opioid crisis, he said, and the state ranks first for fewest drug deaths. He called for a similar attack on tobacco and alcohol use. Both are on his list of priorities for making Nebraska a healthier state:

• **TOBACCO USE:** It's the leading cause of preventable death in the world, in the United States and in Nebraska. Increase the age for tobacco use and "tax tobacco in every way, shape and form until people decide it's just not worth it."

• **ALCOHOL USE:** "We cannot be the 45th in the nation for alcohol use. We are one of the booziest states in the nation. That's not acceptable." Medicare should pay for screening, assessments, and interventions, he said.

• **OBESITY:** "It kills me to see obesity in a farm state." Get more vegetables on children's plates. Promote bike lanes and sidewalks. Place sales tax on candy and soft drinks. "I'm not calling for additional taxes on candy and pop. Just sales tax. You can't tell me they're the same as broccoli and flour. They should be taxed."

Dr. Khan called on the extended community—physicians, health organizations and institutions, the governor, the Legislature, the Nebraska Health Department and community organizations to "gang up" to address health equity by "saying, we're going to do it right."



## The Khan File

**Hometown**  
Brooklyn, New York

**Undergraduate Degree**  
City University of New York, Brooklyn College

**Medical Degree**  
State University of New York, Downstate Medical Center

**Residency**  
Internal medicine/Pediatrics, University of Michigan Medical Center

**Fellowship**  
Applied epidemiology, Centers for Disease Control and Prevention

**Title**  
Dean

**Institution**  
College of Public Health, University of Nebraska Medical Center (UNMC)

**Hobbies**  
Exploring farm-to-table restaurants and farmers' markets

**Family**  
A daughter, Aliya; and two sons, Salim and Rabi

## A CALCULATOR FOR DETERMINING LIFE EXPECTANCY

Nebraskans who want to get an indication of how many more years they can expect to live can use the Life Expectancy Calculator for Adult Nebraskans, created by UNMC's College of Public Health and found at <https://publichealth.unmc.edu/lcc/#>.

Where one lives in Nebraska is a key factor, said Ali Khan, M.D., dean of UNMC's College of Public Health. Plug in the requested information—including information about exercise, healthy eating and your ZIP code—for a calculation for how many additional years you can expect to live.

# HOW—AND WHY— THEY TOOK LEADERSHIP ROLES IN MOMS





Their paths to leadership roles in the Metro Omaha Medical Society have a similar look.

David Ingvoldstad, M.D., and Lindsay Northam, M.D., credit colleagues for encouraging them, first, to join MOMS and, then, to help lead the organization.

“When I joined Midwest Eye Care, all the partners were members,” Dr. Ingvoldstad said. “Pete Whitted was on the board and a past president at the time and encouraged me to get active. I respect Pete. If he felt it was a good idea, I thought this was something to do.”

Dr. Northam credits her partner at Methodist Physicians Clinic, Lori Brunner-Buck, M.D., for her entry into MOMS. “As new partners, she very quickly introduced me to MOMS and got me involved with the Women in Medicine Group.”

And so it began.

**CONT. PAGE 30**



## The Ingvoldstad File

### Hometown

Sioux Falls, South Dakota

### Undergraduate Degree

University of New Hampshire in ecology and evolutionary biology

### Executive MBA

University of Colorado, Denver, in health care management

### Medical Degree

Medical College of Georgia

### Residency

University of Missouri-Kansas City in ophthalmology

### Fellowship

University of Nebraska College of Medicine in vitreoretinal disease and surgery

### Specialty

Medical and surgical treatment of the vitreous and retina, diabetic eye disease, and cataracts

### Location

Midwest Eye Care

### Hobbies

Running and playing the cello

### Family

Wife, Ashley (a psychiatrist); son, Jackson; and daughters, Alexandra and Whitney

### Why He Joined MOMS

Answered in the story



## The Northam File

### Hometown

Norfolk, Nebraska

### Undergraduate Degree

Nebraska Wesleyan University in biochemistry and molecular biology

### Medical Degree

University of Nebraska Medical Center

### Residency

Creighton University Medical Center in internal medicine

### Specialty

Internal medicine

### Location

Methodist Physicians Clinic

### Hobbies

Baking, photography and everything Disney

### Family

Husband, Matthew

### Why She Joined MOMS

Answered in the story

## “MOMS promotes physician leadership, and has endless opportunities for involvement. Any physician with a desire for leadership should speak out.”

— LINDSAY NORTHAM, M.D.

### FROM PAGE 29

Dr. Northam said she quickly realized she wanted to be part of the MOMS leadership team. She initially served as chairwoman of the Women in Medicine Group. “MOMS promotes physician leadership,” she said, “and has endless opportunities for involvement. Any physician with a desire for leadership should speak out.”

For his part, Dr. Ingvaldstad joined the MOMS board, while also taking on leadership positions with his specialty society, the Nebraska Academy of Eye Physicians and Surgeons. “I realized caring for patients goes beyond the clinic,” he said. “It means getting into your community and it means advocacy. MOMS is an organization that is perfectly suited to help physicians fulfill that mission.”

Carol Wang, MOMS executive director, encourages members to follow Drs. Northam and Ingvaldstad’s lead: Join the organization and realize the benefits membership brings. Then, step up that involvement by serving on a committee or becoming involved with a group.

Their next step was joining MOMS’ executive committee. Physicians who have been members for three years or more and have served at least one year on a MOMS committee are eligible.

Dr. Ingvaldstad said he knew accepting the role of secretary/treasurer might lead to serving as president-elect, then president. He said he viewed his first year on the MOMS executive committee as a trial period. He determined the time commitment was manageable and visited with a former president before accepting the invitation to serve in that position. He credits

the MOMS staff. “They do the heavy lifting. We give input and share our expertise. The MOMS staff excels at driving the organization forward.”

During her time as secretary/treasurer, Dr. Northam said, she was exposed to the inner workings of MOMS and the Nebraska Medical Association. “Very quickly, I knew I wanted to serve as president and be a continued part of the executive team and board of directors.”

Wang said that many members who begin their leadership path through MOMS go on to other leadership roles. To get started on this path, Wang suggested members identify a committee of interest and reach out to her. “We are a physician-driven organization and we encourage our members to be part of that mission,” Wang said. “By serving on one of MOMS committees, member physicians gain knowledge and experience, make valuable connections, and open the door to other leadership opportunities.”

Drs. Ingvaldstad and Northam said they both enjoyed their terms as president, and personally benefited from the experience. They also would encourage their peers to get involved.

Said Dr. Ingvaldstad: I look back fondly at the year. I like to think I was part of the solution and part of one of the many people who have contributed to the profession of medicine in a positive way.

As for getting involved: “Leave your mark. Be able to say you were part of the solution.”

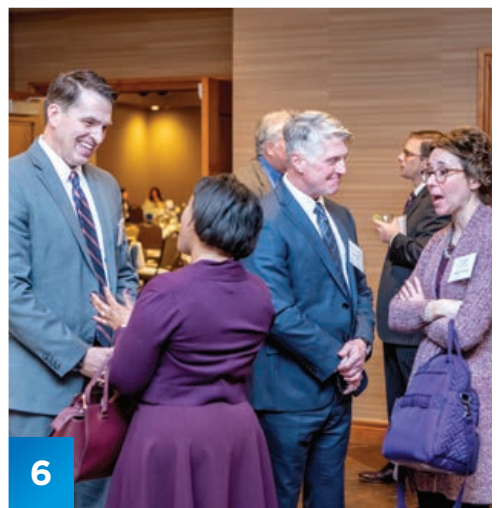
Dr. Northam said: “I was able to create new and solidify old relationships, while becoming a more involved member of the physician community. The connections and friendships I have made are priceless.”

Then, she talked about another benefit she received for serving as MOMS’ president: “I now have a fancy gavel.”

## As for getting involved: “Leave your mark. Be able to say you were part of the solution.”

— LINDSAY NORTHAM, M.D.





## MOMS 2020 ANNUAL MEETING AND INAUGURAL DINNER

Members bid farewell to outgoing president, Dr. Lindsay Northam, and watched as she passed the gavel to Dr. John Peters on Jan. 29 at Tiburon Golf Club. More than 100 members, guests, strategic partners and grant recipients enjoyed the evening, which also included speakers Cheryl Logan, OPS superintendent, Gary Anthone, M.D., chief medical officer and director of the Division of Public Health at Nebraska DHHS, and a silent auction benefiting the MOMS Foundation.

1. 2020 MOMS Executive Committee, from left: Richard Lund, M.D., president-elect; Lindsay Northam, M.D., immediate past-president; and John Peters, M.D., president. Not pictured: Travis Teetor, secretary/treasurer.
2. Mobility Equipment Restoration was presented with a check for \$12,950. We thank all who contributed to this year's MOMS Foundation Match Grant.
3. MOMS members, their guests, strategic partners and grant recipients enjoy the networking reception before dinner.
4. William Palmer, M.D., Jeff Hottman, M.D., and guest, Bridget Hottman, and John Peters, M.D., chat during the networking reception.
5. Laura Wilwerding, M.D., and guest, Jeff Hansen, visit with Brett Kettelhut, M.D.
6. MOMS Foundation Board member Stephen Hug and guest, Tom Elser, visit with Omaha Public Library Foundation representatives, Jo Giles and Wendy Townley.



## PHYSICIAN WELLNESS COLLABORATION BREAKFAST

Health care leaders and wellness professionals met February 13 at Happy Hollow Club to discuss physician burnout. Steven Wengel, M.D., chair of the Metro Omaha Medical Society Task Force on Physician Burnout, presented some of the latest statistics and studies related to burnout. They also discussed MOMS efforts and invited everyone to work together and share his or her successes in the battle against burnout.

1. Jaime Damkroger, OrthoNebraska HR director, Dave Zauha, OrthoNebraska chief administrative officer, Jim Canedy, M.D., MOMS Burnout Task Force member, and Carol Wang, MOMS executive director.
2. Steve Wengel, M.D., chair of the MOMS Burnout Task Force. [📷](#)



## MEDICAL LEGAL DINNER

The 2020 Medical Legal Dinner, now in its 43rd year, was once again hosted by the Metro Omaha Medical Society and the Omaha Bar Association in mid-March at Omaha Marriott. The evening featured a presentation by Matthew Garlinghouse, Ph.D., clinical neuropsychologist at Nebraska Medicine and assistant professor in the Department of Neurological Sciences, titled "THC, CBD, and the OPD: Can there be therapeutic use of endogenous cannabinoids in Nebraska."


1. Over 100 physicians, attorneys and guests attended the event.
2. MOMS Member Physicians, William Lowndes, M.D., and Linda Ford, M.D., converse during the networking reception. [📷](#)





## EARLY CAREER PHYSICIAN TRIVIA NIGHT

Early Career Physician members and guests from MOMS and three other specialty societies, Nebraska Chapter of the American Academy of Pediatrics, Nebraska Chapter of the American College of Physicians, and the Nebraska Psychiatric Society, gathered on Feb. 27 for networking and trivia at The Kaufmann Room. Over 25 people attended the collaborative event.

1. (From left) MOMS members Micah Beachy, M.D., Michael Visenio, M.D., Jordan Warchol, M.D, and guests.
2. Trivia players celebrate a correct answer.
3. MOMS Early Career Physicians chair, Alëna Balasanova, M.D., gives remarks. 




# 2020

## METRO OMAHA MEDICAL SOCIETY

# BOARD OF DIRECTORS DUALITY OF INTEREST DISCLOSURES

These disclosures are based upon the information provided on each new oncoming board member's signed Duality of Interest Disclosure Form.

For a sample of the Metro Omaha Medical Society Duality of Interest Policy or the Duality of Interest Disclosure Form, please email [laura@omahamedical.com](mailto:laura@omahamedical.com). 



**KRIS McVEA, M.D.**

*Receives Compensation from:*

OneWorld Community Health Center

United Healthcare

Nebraska Total Care



**ANDREW COUGHLIN, M.D.**

*Also Serves On:*

American Academy of Otolaryngology – Head & Neck Surgery

Nebraska Academy of Otolaryngology

America Head & Neck Society

Nebraska Wesleyan University  
Theta Chi Fraternity



**SARA MAY, M.D.**

*Nothing to disclose*



**ANN POLICH, M.D.**

*Nothing to disclose*



# NEW MEMBERS

**Christopher Corder, M.D.**

Urology  
*The Urology Center, PC*

**Brent Deibert, M.D.\***

Ophthalmology  
*UNMC Residency*

**Abigail Delaney, M.D.**

Reproductive Endocrinology & Infertility  
*Methodist Reproductive Health Specialists*

**Jennifer Dwyer, M.D.**

Urology  
*The Urology Center, PC*

**Sean Figy, M.D.**

Plastic Surgery  
*UNMC/Nebraska Medicine*

**Jordan Holmes, M.D.**

Gastroenterology  
*Midwest Gastrointestinal Associates, PC*

*\*Resident*



### TOP-OF-THE-LINE SOUND RESEARCH FACILITY AVAILABLE AT BOYS TOWN NATIONAL RESEARCH HOSPITAL

Boys Town National Research Hospital has added a 400-square foot anechoic chamber—anechoic, meaning “no echo”—to its research facilities at the downtown hospital. This is the most advanced facility of its kind in the region and is helping Boys Town Hospital advance hearing research.

“The sound system in the chamber can simulate classroom noise environments that help researchers understand how children develop the ability to focus on one person who is talking without being confused or distracted by other speakers or noises,” said Chris Stecker, Ph.D., Director of the Spatial Hearing Lab. “This research is relevant for things like refining hearing aid and cochlear implant technology so that they convey the best possible spatial and voice information. Interestingly, the same equipment can also be used to demonstrate for others how a noisy world sounds through a hearing aid or cochlear implant.”

The chamber is isolated from outside noise and vibrations by sound-deadening insulation, thick walls and floor-to-ceiling, triangular, anechoic wedges, 19 inches tall. The wedge shape, size and arrangement are designed to control all but the lowest frequency sound reflections within the booth. A floating mesh floor suspends chamber occupants above additional wedges. These features make the chamber incredibly quiet, with almost none of the reflected sounds we subconsciously filter out throughout the day.

The anechoic chamber, in all its quiet capabilities, will make a loud statement when it comes to hearing and sound research. Boys Town Hospital thanks the National Institutes of Health and the Great Plains Institutional Development Award for Clinical and Translational Research (IDeA-CTR) for the financial support of the chamber. For more information about the chamber, please visit [boystownhospital.org/research](http://boystownhospital.org/research).

This project is supported by the National Institute of General Medical Sciences, U54 GM115458, which funds the Great Plains IDeA-CTR Network. [🔗](#)



Imagine better health.<sup>SM</sup>

### BURN CENTER REOPENS AFTER MAJOR PROJECT

The state’s only verified burn center, CHI Health St. Elizabeth Regional Burn and Wound Center, reopened Jan. 27 after a major redesign and refurbishment project. It was made possible by a \$1.8 million gift from the estate of Frank Phillips “Phil” Giltner.

Almost 50 years ago, the former president and chairman of First National Bank of Omaha nearly died in a car accident and spent months recovering at St. Elizabeth. After a 41-year career at First National and 60 years of marriage to his wife Martha, Giltner died in 2008.

“We are extremely honored to receive this gift from Mr. Giltner, a highly respected banking executive and pillar of the community,” said Cliff Robertson, M.D., CHI Health CEO. “This project allows us to truly enhance the multidisciplinary care we provide patients and their families.”

The reopening unveiled new physical therapy space, new shower and updated tub rooms, plus floor-to-ceiling murals depicting Nebraska scenery taken by Nebraska artists including Michael Forsberg, a regionally renowned conservationist photographer. “All the murals are of Nebraska landscapes, which are not only beautiful but provide distraction therapy for patients and their families,” Dr. Robertson said.

The burn center earned verification from the American Burn Association and the American College of Surgeons in 1996 and has maintained it. The verified designation recognizes the burn center for offering specialized care, services, equipment and staff trained to treat the most critical burn injuries; leadership in research, education and prevention; and a resource to area hospitals.

Today, the burn center serves 600 patients a year—from pediatric to geriatric—needing everything from general burn and wound care to critical care. [🔗](#)



METHODIST

### MD WEST ONE PARTNERSHIP ENHANCES OPPORTUNITIES FOR ORTHOPEDIC CARE

The physicians of Methodist Physicians Clinic Orthopedics joined MD West ONE in March with the goal of providing the most advanced, efficient and cost-effective care in the Omaha area.

As a result, the expanded MD West ONE practice is home to nine neurosurgery and spine specialists, and 23 orthopedic specialists. Additionally, MD West ONE specialists are now seeing Urgent Care patients at Methodist Physicians Clinic HealthWest.

The move is latest in a collaboration that continues to benefit patients. Methodist Hospital has been a partner with the physicians of MD West ONE and Midwest Surgical Hospital for more than 11 years.

MPC Orthopedics and MD West ONE will continue their clinic practice at their current locations, while evaluating possible clinic opportunities on the Methodist Jennie Edmundson Hospital campus.

Surgical services will be available to patients at Methodist Hospital, Methodist Physicians Clinic HealthWest, Methodist Fremont Health, Methodist Jennie Edmundson Hospital and Midwest Surgical Hospital. The physical therapy team at Methodist Physicians Clinic will continue to offer therapy services at any of their locations in the area.

At Methodist Physicians Clinic HealthWest, a new Urgent Care location operated by MD West ONE is open and providing emergent orthopedic care.

Discussions between Methodist and MD West ONE are underway regarding a single medical office building that will be constructed for future clinical operations with an attached ambulatory surgical center and orthopedic urgent care.” [🔗](#)





### CARING FOR THE 'MOST MARGINALIZED PATIENTS'

Patients with serious infections requiring weeks-long antibiotic treatment are often sent home with a peripherally inserted central catheter, or a PICC line. However, this is not typically the case for patients with a history of intravenous drug use.

"Traditionally, physicians have been hesitant to use home IV antibiotics in patients who inject opioids and develop serious infections, citing clinical and medicolegal concerns about these patients using their IV lines to inject drugs," said Nicolás Cortes-Penfield, M.D.

The reason: "Stigma," said psychiatrist Alëna Balasanova, M.D. "100%"

It turns out, evidence instead shows that IV opioid users can safely receive home antibiotics treatment—when paired with evidence-based medication-assisted treatment (MAT) for opioid use disorder.

So, the medical and pharmacy directors of the UNMC home IV antibiotic program, Dr. Cortes-Penfield and Bryan Alexander, Pharm.D., reached out to UNMC and the Nebraska Medicine Addiction Psychiatry team, led by Dr. Balasanova and VaKara Meyer Karre, M.D., psychiatrist.

They came together to create an evidence-based protocol.

"Prejudice toward people with substance use disorders may lead us to offer suboptimal treatment strategies, such as recommending prolonged hospitalization for IV antibiotics, which in our experience often leads these patients to leave against medical advice before finishing an adequate course of therapy," Dr. Cortes-Penfield said.

But, Dr. Balasanova said, collaborative evidence-based strategies can result in the effective treatment of both conditions. Properly treated, "Their substance use disorder can go into remission just like anything else," she said.

The team will work together with inpatient teams to identify patients who have severe infections from injection opioid use who are candidates to be safely treated with home IV antibiotics and MAT.

"Our goal is to ensure we provide extraordinary care to our region's most marginalized patients," Dr. Balasanova said.



University of Nebraska  
Medical Center

### DR. GRANT TAKES ADMISSIONS ROLE WITH COLLEGE OF MEDICINE

Wendy Grant, M.D., has been named the new associate dean for admissions and student affairs in the UNMC College of Medicine, said Bradley Britigan, M.D., dean.

Dr. Grant, an abdominal surgeon for UNMC/Nebraska Medicine, has served as associate dean for student affairs since 2017 and was assistant dean for six years before that. She has served on the admissions committee since 2011.

Her new position was announced after Jeff Harrison, M.D., was appointed the new chair of the UNMC Department of Family Medicine in January and stepped down as associate dean for admissions and students.

"I am honored to be asked by Dr. Britigan to take on this responsibility," Dr. Grant said. "Having worked with Dr. Hill before he retired and seeing how these two areas are intertwined, it makes sense to integrate the admissions and student affairs responsibilities.

"Right now we have an incredibly strong team that coordinates and implements the admissions and student affairs process," she said. "We already function as a consolidated unit in the office. This foundation makes the transition possible. We will be looking to recruit two more assistant deans—one for admissions and one for student affairs."

Dr. Grant will now help recruit and retain students to the college along with providing academic and career guidance to students. She also plans to continue Dr. Harrison's recruitment efforts in rural areas.

"There are incredible opportunities to recruit students from rural and urban Nebraska," Dr. Grant said. "It is our obligation to educate the students who will take care of the people of our state."



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# APPLICATION FOR MEMBERSHIP



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

## PERSONAL INFORMATION

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

## EDUCATIONAL AND PROFESSIONAL INFORMATION

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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