

Physicians Bulletin

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NO. 3

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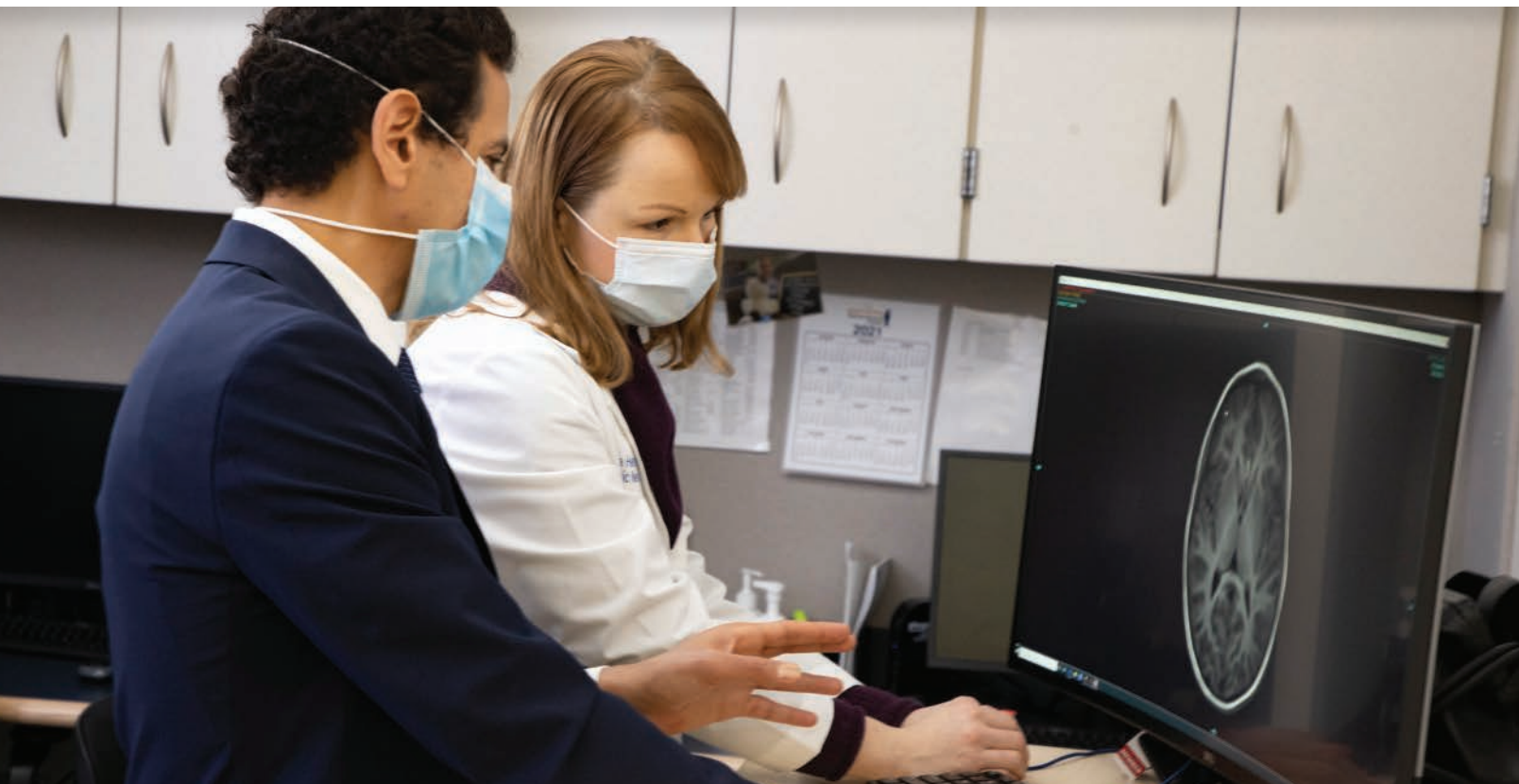
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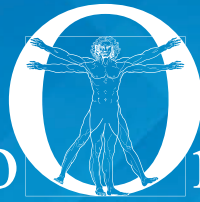
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MOMS RETIRED PHYSICIANS MEETINGS

Wednesdays, June 8, July 13, Aug. 10 | 10 a.m.
UNO Community Engagement Center
6400 University Drive South

MOMS CAUCUS

Tuesday, June 28 | 6 - 8 p.m.
Virtual and In-person Options
MOMS Boardroom - 7906 Davenport St.

MOMS MEMBER PICNIC

Sunday, Aug. 7 | Noon
Danish Vennelyst Park - 9100 N. 31st St., Omaha, NE 68112
Lunch, activities - bring your whole family. Details to come.

MEDICAL LEGAL DINNER: COMPASSION FATIGUE

Tuesday, Aug. 23 | 5:30 p.m. Reception; 6:30 p.m. Dinner and Discussion
The Field Club of Omaha - 3615 Woolworth Ave., Omaha, NE 68105

LEGISLATIVE MEET & GREET

Friday, Sep. 23 | 5:30 - 8 p.m.
MidTown Crossing Club Room - 200 S. 31st St., 9th Floor



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'TO BE A PHYSICIAN IS TO LEAD'



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

“Healthcare organizations need extraordinary leaders to guide them through the complex regulatory, technological, and consumer challenges that characterize the healthcare industry today,” according to Becker’s Hospital Review, restating an op-ed from the Harvard Business Review.

Recent studies demonstrate that hospitals led by physician leaders score higher on quality and financial indicators. I agree that physicians make good leaders of physicians. They share common experiences in education, clinical experiences, and an understanding of clinician motivation.

Quoting Becker’s Hospital Review, “with the right training, the pool of qualified physician leaders will expand greatly.” I agree. I encourage you to get in this leadership training pool. I think the future of health care depends on it going forward.

Unlike most other professions, where future leaders are formally taught, many physicians do not receive formal education on how to lead or manage. For decades, physicians-in-training have been given leadership responsibilities early, as senior medical students and residents are assigned junior medical students and residents for supervision and education. This is done without formal education concerning the trainee’s new leadership position. The tasks of team leadership, such as dealing with problem employ-

ees, coaching others, and conflict resolution are not universally taught. These tasks are instead learned in a system of trial and error, or observation of the behavior of others. This may represent good or bad modeling. For example, sometimes it is more important to be liked than to be a good team leader. Unfortunately, that is perhaps not the best way to learn a skill.

Some progressive teaching institutions, believing that all physicians have leadership roles, have already formalized leadership training programs for residents. Far from the traditionally taught business courses, the leadership didactic can include communication skills and team development. Formal evaluations occur to help identify and mitigate racial or gender biases. One-on-one communication simulations are completed and evaluated to help with skill development and self-assessment. It is possible that all physicians of the future will complete training with formal leadership skills in place.

This training is necessary as the skills that make someone a great physician may not predict his or her skills as a physician leader. For example, being decisive, a plus in clinical care, does not necessarily come with being persuasive. Persuasion is considered to be one of the foundations of leadership, as it is a key part of building consensus, which is critical for long-term change and success of an organization.

In addition, previous success at being academically competitive through undergraduate and graduate school also does not predict excellent leadership skills. Being personally successful as a clinical physician does not translate into being able to help other physicians be successful. For a system to succeed, all must succeed.

Just being a great physician does not necessarily make you a great physician leader.

Many of today’s identified successful physician leaders have received formal education, others have received mentoring, and others have had on-the-job training. As a physician myself, when thinking about “physician leaders” I think of the CEOs, CMOs,

and others who occupy corner offices. In reality, however, basic leadership skills are needed universally by all physicians.

There is a saying, “if you want to be a doctor, go to medical school.” I wholeheartedly agree. There is one way to become a physician, and that is through formalized education.

I would like to make another argument. If you want to be a physician leader, go to business school.

Just as a patient deserves the best trained person to complete a procedure, a working physician deserves the best trained person to serve as their leader. I believe education matters.

As stated in the Harvard Business Review, May 2022, the fact is that “TO BE A PHYSICIAN IS TO LEAD.”

If you are a physician reading this, you are a leader. In this edition of the Physicians Bulletin, we have highlighted a few people who have gone through formal training. Some of the training is free, as a benefit of membership in the medical association, and some can be paid for with CME reimbursement. Other programs exist, where healthcare systems provide scholarships. Many pay for it themselves, choosing to own their own education.

Please consider enrolling and attending. I haven’t yet met someone who regretted the additional education—even those who never wanted a large corner office at the top of an organizational chart.

If you want to learn more, feel free to ask at MOMS—there are many there who have completed coursework. MOMS members and staff are always ready to help, it’s just who we are as an organization.

Enjoy reading. 

TIME FOR POSSIBILITY, SELF- REFLECTION



CAROL WANG

Executive Director

Metro Omaha Medical Society

By the time you read this, we will be fully into summer and I can feel the collective determination to have a full, normalized season.

There is, of course, some concern that variants will wreak havoc on the best laid plans but, overall, there is an overwhelming feeling everyone is holding tightly to hope. At least that's my read on the situation.

Which means this promises to be a time where a lot of living is packed into these next three months to bottle the adventures and memories before another outbreak comes or winter hits and the opportunities have passed us by.

And perhaps that is one of the lessons so many of us have taken to heart about the fragility of life and the fleeting nature of time.

Another may be the reminder of how important our relationships are and the priority of making sure those ties are nurtured and that effort needs to be made to keep them strong.

This time of possibility calls for some self-reflection, to take stock of where you are, where you've been and what you want ahead of you.

For many there was a profound sense of loneliness that screams for connections new and old. MOMS is hoping to be part of the community-building process with activities both intimate and large to speak to the variety of ways people can connect.

Physicians really became essential in the discussion of health care policy these last two years. You can use your voice to work on health policy at caucus and then speak with lawmakers and candidates at the legislative meet and greet in September.

This year, we wanted to include our families and have an old-fashioned picnic. We're looking forward to seeing everyone at Danish Vennelyst Park on Aug. 7. I think we've all learned to appreciate the time we can spend together with our families, not to mention the gratitude we feel for what's been endured and sacrificed together.

If you realize you need a little Zen in your interactions, don't forget we have yoga and meditation at the R+R Wellness Center. I have it on good authority that there is often discussion and wine after those classes and it's a good place and time to share the challenges and triumphs of your day.

“This time of possibility calls for some self-reflection, to take stock of where you are, where you've been and what you want ahead of you.”

— CAROL WANG

Our hope is that the Wellness Center lives up to its name of R+R for all of you so that it can be a place of reconnection, but also rejuvenation. Maybe you can find comfort or escape by grabbing a book off the shelf and spending an hour reading if you need some quiet time. I also know people come and have lunch there or meet for a glass of wine at the end of the day; some even bring their computer and do work just for a change of scenery.

Keep an eye on the emails as activities keep popping up. Also know if you are interested in having a book club or wine tasting group, you could hold it in the space and we could help spread the word.

I wish for each of you a summer packed with joy and memories to treasure and plenty of rest and relaxation. I hope we see you around to say hi and that you get a chance to resume friendships and conversations long overdue. 🍷

MEMBERSHIP: THE INNER CIRCLE



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

Membership organizations are experiencing challenges that some may say have been coming for some time now. Many membership organizations are seeing a decline in membership rates, with critics arguing that most people do not want to pay dues to belong to an organization. Organizations are also experiencing a generational divide while trying to find a balance of ways to meet the variety of needs of members that encompass three, four, and even five generations. Boomers continue to find the value and join the dues paying organizations while young professionals tend to migrate to joining the free communities.

Experts from Sticky Branding cite that people want to belong to a “community,” communities that are natural extensions to their digital world or reality. For many, social media is used as a vehicle to connect to this “community” to engage and learn, all of this for free.

Associations, like the Nebraska Medical Association (NMA), must think progressively about how to engage boomers and the younger generations in the organizations to continue to make it relevant, meaningful, and valuable. Membership still has a strong role within the community—serving as the inner circle.

The inner circle is where members find value and therefore are willing to pay membership fees to belong. We all pay membership fees to things that we value,

such as cable television, cell phone service, streaming services, gyms/exercise facilities, online music services, access to a country club, and perhaps even to car washes. As a member of these different services and organizations, we find value and are also included in their inner circle, so the latest and greatest information is shared with those who “belong.”

As a member of the inner circle in organized medicine, are you getting the most out of your membership? I know that it is a stretch to make the comparison of value between Verizon and the NMA, but I am going to give it a try. For many of us, we use our cell phones throughout the day and often depend on them to provide alerts, keep us on track with our schedule, stay up to date on the latest news and scores, communicate with others, and have access to our “communities” at the touch of an app.


The NMA is really no different. We often distribute “alerts” by way of our e-newsletters and magazine, or even a direct email because it is that important. In our communications, we provide you with the most up-to-date information important to your role as a physician. We also provide numerous opportunities for you to network and engage with your colleagues through education and leadership opportunities or even social events. One important component that your organized medicine inner circle provides that a cellular device can’t, is advocacy.

The NMA’s strength lies in our ability to advocate which is enmeshed in our day-to-day work. The term “advocate” is used in a variety of ways, so I think that it is important for all our members to understand what that means to NMA staff. To advocate means that we support, represent, or work on your behalf toward interests and positions as they relate to your profession, to your practice, to organized medicine, and to the patients you serve. We engage in advocacy efforts through legislation, legal and regulatory, policy, payer, and community-related issues, all on national, state, and county/local levels. This work looks and feels different depending on the topic and approach, but it is always at the forefront of what we do for our members.

Our advocacy efforts and positions are driven by you, our members, which include not only the NMA’s legislative position but also areas of focus on issues that are unexpected and often urgent to ensure that patients receive timely and appropriate care. When it comes to unexpected issues, many of them are payer-related challenges that are time intensive to navigate and typically include struggles with prior authorizations, denials, and untimely claims payments. I often learn about the issues by having a member call or email me to explain the situation after they have spent countless hours working on the issue, and often these situations are not isolated incidences.

As part of the inner circle, one of the benefits that I encourage all of you to use more often is the staff at the NMA and MOMS. We are just a phone call or email away from assisting you. To drive home my point, I am going to share a recent experience with a clinic administrator who reached out about a payer-related issue she had been navigating for several months. After speaking with this person, I encouraged her to call should she not see any movement in the coming days on the current issue or if any other issues come up. She indicated to me that she was not aware that she could just reach out when issues like this present themselves. I assured her that she can call anytime and that is what we do, we support our members and their staff.

The NMA can’t and won’t even attempt to replace your cellular devices. What we can do is something that your cellular devices can’t do for you. We provide you your “community” for organized medicine. Our efforts and opportunities are driven by your needs. We bring your “community” to life and serve as an extension of your reality.

Make certain you are getting the most out of your membership with the NMA. We want your experience as a member to be just that, an experience where you engage and find value. If you have a need and feel strongly about a member benefit that is not currently provided, please reach out to me to discuss. I am committed to fostering our inner circle, to continue growing and thriving while ensuring that our members can do the same. 

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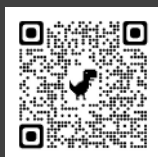
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THE MISCONCEPTIONS OF RANSOMWARE



JOE BROWN

Vice President
Five Nines

In the last two years, every time I meet with health clinics and hospitals, one of the first questions I am always asked about is our approach to cybersecurity. “I don’t want to be in the news or sending my patients a letter because their health information was leaked.”

We’ve all been asked the “what keeps you up at night” question with IT. For most of us, it’s ransomware. It’s a problem plaguing our industry. In March, East Tennessee Children’s Hospital (ETCH), a 152-bed hospital in Knoxville, fell victim to a cyber-attack. In their statement, they said that they identified unusual activity on their network. “We determined that certain documents stored within ETCH’s environment may have been copied from or viewed on the system as a part of the cyber incident between March 11, 2022-March 14, 2022.” www.etch.com/about-us/news/2022/notice-of-data-incident/

ETCH further explained that the information potentially impacted spanned name, date of birth, Social Security Number, driver’s license or state identification numbers, demographic information, medical information, health insurance information, credit or debit card information, financial information, billing information, personal health information, and usernames and passwords.

Set HIPAA aside for a moment. We all know its impact on what we do every day and the requirements we must live up to. For this conversation, let’s go a different route.

Let’s dive into the misconceptions around ransomware, and things you can do to protect your practice, clinic or hospital.

MISCONCEPTION OF RANSOMWARE #1: IT’S NOT SOMEONE IN THEIR BASEMENT WORKING ALONE. It’s easy to imagine the stereotypical hacker in their basement trying to break into your systems. We can visualize it. Discredit one person alone in our imagination. But that’s just not the reality of ransomware. Ransomware is an increasingly professional industry that utilizes networks of attackers working together to identify, infiltrate and extort valuable targets.

It’s also a thriving industry. It’s hard to imagine expert hackers and cybercriminals having affiliate deals, but it’s the reality. Groups offer ransomware-as-a-service (RaaS), a business model where the cybercriminal groups license their ransomware program for use by another party or criminal organization. The criminal organizations have also been known to offer a support desk for organizations who choose to pay the ransom and who need help using the decrypt key.

The ransomware gangs that license their malware usually take much of the ransom payment. However, some of the larger gangs like the Netwalker group, take as little as 20% of the earnings, with their affiliates getting 80% of the ransom. www.cloudwards.net/ransomware-statistics/

In 2021, 78% of all known ransomware attacks were perpetrated by 10 ransomware gangs. techmonitor.ai/technology/cybersecurity/top-ten-ransomware-gangs-fuelling-the-global-cybercrime-spreed

MISCONCEPTION OF RANSOMWARE #2: IT DIDN’T HAPPEN THE DAY YOU NOTICED IT. Think of malware like a Trojan horse. Once it’s inside of the environment, it waits. It learns. It collects data. What are you doing for backups? Can they be deleted? Who are your admins? Can we copy their access? What data do you have? Where is it stored?

For weeks, the intruders are sitting dormant, collecting the data they need to inflict the most pain on your organization.

Remember, the goal is to make recovery efforts so difficult and insurmountable that the only solution is to pay the ransom to decrypt your files.


The median time that attackers stay in your network before detection (dwell time) is 11 days. Eleven days potentially provide attackers with “approximately 264 hours for malicious activity, such as lateral movement, reconnaissance, credential dumping, data exfiltration, and more. Considering that some of these activities can take just minutes or a few hours to implement, 11 days provides attackers with plenty of time to do damage.” <https://news.sophos.com/en-us/2021/05/18/the-active-adversary-playbook-2021/>

MISCONCEPTION OF RANSOMWARE #3: IT’S NOT EASIER TO PAY THE RANSOM TO GET BACK TO OPERATIONAL. A 2016 survey found that 4 out of 5 companies that paid the ransom failed to get their data back from the attackers. A 2021 report estimated that only 8% of victims who paid ransom got all their data back, and 29% were unable to recover more than half of the encrypted data. www.washingtonpost.com/outlook/five-myths/five-myths-about-ransomware/2021/06/10/b1e00344-c8b1-11eb-81b1-34796c7393af_story.html

WHAT YOU CAN DO TO PROTECT YOUR ORGANIZATION: Protecting yourself against ransomware is all about layers. Your largest risk is your employees. Educate them on what not to click in emails through training programs like KnowBe4.

Implement an endpoint detection and response tool like Huntress to scan your environment for abnormal traffic and behaviors.

Utilize a next-generation antivirus like Cylance to prevent the malware from living in your systems. Finally, ensure that your backups are not domain-joined, and that you have immutable copies to work with.

Every organization is a target for someone. As the reality of ransomware continues to innovate, our understanding and defense against it needs to as well. 



RETURNING TO SCHOOL

was by Career Design

Medical degree in hand, Randy Pritza, M.D., thought his days in the classroom were behind him.

"I thought school was over. I envisioned being a cardiologist for the rest of my career and taking care of patients—doing everything physicians do," said Dr. Pritza, who received his medical degree in 1987.

His plans and his approach to education took a 180-degree turn when, 25 years ago, he started considering redirecting his professional career toward medical leadership. He was treating patients at Mercy Hospital in Council Bluffs at the time and was asked to serve on its medical executive committee.

This experience and a conversation with the hospital's president at the time, Marie Knedler, M.D., piqued his interest in medical leadership. After several conversations with Dr. Knedler, Dr. Pritza realized his career was headed in a different direction. And he understood that for him to realize his new career goal, he'd be returning to school to earn a master's degree.

Now, 20 years after earning his master's degree in medical management at Carnegie Mellon University in Pittsburgh, Dr. Pritza serves as chief medical officer for CHI Health Clinic and the Physician Network. And, he tells anyone who asks about a career in medical leadership that one requirement is a master's degree in business or a related field. Finally, he tells these young physicians that returning to school can be an enlightening experience—provided you are prepared, understand the time commitment and look at it as an opportunity to learn from your instructors and your classmates.

Dr. Pritza said he recently had a conversation with a young physician—that was surprisingly similar to his discussion years ago with Dr. Knedler. Being on the other side of the conversation, he said, helped him realize the impact Dr. Knedler has had on his career path (more about that later).

CONT. PAGE 16



The Pritza File

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Omaha

Undergraduate Degree
Creighton University
in chemistry

Medical Degree
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School of Medicine

Master's Degree
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for more information

Residency
Creighton University
Medical Center in
internal medicine

Fellowship
CUMC in cardiology

Titles
Chief Medical Officer,
CHI Health Clinic and
the Physician Network;
Associate dean for clinical
affairs, Creighton University

Hobbies
Hiking, skiing, cycling, and
attending symphony and
Broadway performances

Family
Wife, Judy; children,
Christopher, Erin
and Michael

Why He Joined MOMS
"I joined MOMS to become
more involved in the metro
area physician leadership."

FROM PAGE 15

LAUNCHING A CAREER IN MEDICAL LEADERSHIP, DR. PRITZA SAID, REQUIRES THREE PARTS:

- Finding a mentor. "Someone in medical leadership you can talk to on a regular basis. It is a balancing act. Having someone you commiserate with as going through the journey is incredibly important."
- Earn your MBA or a master's degree in a related topic. These days, it's a given, he said, to work in medical leadership.
- Begin gaining practical experience in leading people and understanding the administrative side to health care. This might mean serving on management committee or serving as an officer in a medical society (such as MOMS). "You learn what to do by watching people. You also learn what not to do."

Dr. Pritza said the first step he took toward returning to school was having a candid conversation with his wife, Judy. He knew that she would have to play a larger role in raising their children while Dr. Pritza practiced medicine and took classes. She encouraged him, stating that the timing was now because their children were young.

He took three years of prerequisite courses (mostly in-person, but some online) through the American College of Physician Executives. His master's program at Carnegie Mellon took 15 months, including five one-week stints on Carnegie's campus in Pittsburgh for in-person classes and group work. He chose Carnegie Mellon, he said, because the program featured a strong emphasis on IT and cyber security, an emerging health care topic at the time with the introduction of electronic medical records.

Dr. Pritza found himself in a class cohort of 15 students that included Stephen Lanspa, M.D., an Omaha gastroenterologist. He quickly learned how to manage his time and set deadlines for completing projects and writing papers.

Online degree programs 20 years ago, he said, weren't what they are today. Course materials were provided on

CD-ROM and interaction among classmates meant emailing back and forth. Dr. Pritza said he looks back on his return to academia with fondness.


He found that his courses that focused on finance weren't as beneficial as those that covered his preferred topic—cyber security. The finance courses required students "to grind the data," something that he views as important to understand the process. In hospital leadership, chief financial officers generate the data.

"The biggest benefit of getting that degree is learning to understand how to manage groups of people, how to manage communication with people and their interpersonal skill sets."

Back to that recent conversation with a young physician who is interested in a career in medical leadership. Dr. Pritza said he offered two main pieces of advice: First, make sure your family is supportive. Adding another commitment means time away from family. Second: Set a pace for earning your graduate degree that is manageable. You don't have to finish in a year. Rushing it may lead to burnout. "There's no rush. You have another 20 to 25 years in your career ahead."

Next comes gaining practical experience in medical leadership. Look for opportunities, Dr. Pritza said, but don't jump at the first one. Be prepared to work your way up that corporate ladder, he said. "You may not get the prime role the first time you apply. Pick and choose your path. Look around for opportunities. If you're too picky, you may never find anything."

Your mentor can help you navigate your transition into medical leadership. Use your mentor as a sounding board. Dr. Pritza said he still turns to Dr. Knedler for advice—decades after she discussed the idea of diverting his professional career into medical leadership.

"She tells me her thoughts when I reach out to her with a challenge and suggests ways to handle it. She's a great resource. I haven't found anyone else who has that same ability to relate personally to me. She always gives me a straight answer." 

TRAVELING THE **FAST TRACK**



Stephen H. Williams, M.D., admits he likes to go fast. Really fast. Up to 175 miles per hour kind of fast.

But his passion for driving race cars goes beyond the thrill of speed, he said. "Braking and cornering at speed is more the thrill than total speed," said Williams, an Omaha family physician.

Dr. Williams' introduction to race cars dates to 1995 when an Omaha radiologist, Dennis Strauss, M.D., invited him to Topeka, Kansas, to drive on a

racetrack. Until he did, Dr. Williams said, he didn't realize opportunities for driving on a racetrack were possible. "I was kind of hooked."

He admits that his fascination with the racing hails to his childhood when at age 10 he watched the movie "Grand Prix" with his family at the Omaha Cinerama. "It was kind of the moment that I realized I liked that race car stuff."

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FROM PAGE 17

“When you’re at the wheel going 155 miles an hour around a corner, that’s all you’re thinking about. You can’t have other thoughts. Whatever else is going on has to take a backseat.”

— STEPHEN H. WILLIAMS, M.D.

Once he drove on that track in Topeka, he knew he wanted more. He attended driver’s school—not the driver’s education class we took as teenagers—but the kind of class that would-be race car enthusiasts take to cut their teeth on the sport.

All this led to a passion for driving open-wheel race cars—the kinds driven in Formula One and the IndyCar Series. His next step was to buy a Formula Continental car, which he drove for several years. He later upgraded to a Formula Atlantic race car, which he drives today.

Why this car? Dr. Williams called it the pinnacle car for amateur racers—which is what he is. “This car allows you to corner at 4Gs, 5Gs. It has the best racing technology for amateurs.”

Dr. Williams drives in at least two races a year, conducted by the Sports Car Club of America. He used to drive in more, but now limits himself to June Sprints at Road America in Wisconsin and at least one other.

Maintaining and transporting cars to race sites is a time-consuming task, and Dr. Williams uses an Indianapolis-based company to handle those logistics. He makes his choices for the coming racing season and the company has his car ready at the racetrack and provides a crew—usually two people—to assist him during the race.

All told, Dr. Williams estimates he’s raced nearly 100 times and has bagged—he’s stopped counting—about 15 wins. The trophies winners receive are nice—but so are the incentives racers receive from their sponsors when they win.

Dr. Williams’ red-and-white Formula Atlantic sports three sponsor decals—Hoosier Tires, Toyota Racing Development and TKD. The latter is a personal sponsor—the initials of his three children. “You win a race and have a tire company as a sponsor, and you may receive new tires. A car service company—free oil changes.”



The Williams File

Hometown
Omaha

Undergraduate Degree
Regis College in Denver in biology

Medical Degree
University of Nebraska Medical Center

Residency
Sioux Falls Family Medicine Residency Program in family medicine

Specialty
Family medicine

Institution
Williams Family Medicine

Hobby
Scuba diving

Family
Wife, Lori, and three grown children

Why He Joined MOMS
"To support the local medical community."

DR. WILLIAMS SHARED HIS MOTIVATION FOR RACING AND SOME STORIES:


- Is he worried about his safety? "It wouldn't be that much fun if there wasn't a little risk. A little risk is what makes it fun." He quoted author Ernest Hemingway who once stated that fighting bulls, climbing mountains and racing cars were the only true sports. "Everything else to Hemingway was just a game." Dr. Williams' choice of the three was easy: "I like speed."
- Has he ever crashed? Nothing serious. "I hit a wall, crashed into another car. I did get airborne on a track in Ohio. It was a couple seconds." Was he worried? No time to worry. "I just wanted to get back in the race, but I broke my driveshaft. It took me out of the race."
- Is physical fitness important in racecar driving? Weight slows things down. Dr. Williams said his weight has remained constant the past 25 years. Being smaller has a practical component. "It's a pretty snug fit inside the car."
- What about the mental aspect of race car driving? "When you're at the wheel going 155 miles an hour around a corner, that's all

you're thinking about. You can't have other thoughts. Whatever else is going on has to take a backseat."

- And the cost? Race cars aren't cheap. Nor is the cost to maintain and transport them. The thrill of racing covers the cost. "For me, it's worth the cost of admission."
- Will he ever age out of racing? Possibly, but not anytime soon. He's 68 but noted that a recent winner of a Formula Atlantic race in Florida was 77.

Time to talk about speed. Truth be told, Dr. Williams doesn't precisely know what his top speed is during a race. He doesn't know, he said, because his car doesn't have a speedometer. He estimates by the company he keeps on the racetrack. He uses this analogy to describe speed on the racetrack:

If you're driving down Dodge Street and pass a restaurant, a bank and a convenience store, you'd have a reference point and could perceive what your traveling speed is.

"On a racetrack, you have no perception and that's what makes it exciting." 

NMA LEADERSHIP ACADEMY

Earned Their Stamp
of Approval





Joshua Mammen, M.D., Ph.D., figures a person's leadership skills—including his own—can always be refined and refreshed.

With that maxim in mind, Dr. Mammen, chief of surgical oncology at UNMC, decided that participating in the Nebraska Medical Association's Physician Leadership Academy would be a wise investment of his time. Yes, his duties at the University of Nebraska Medical Center keep him busy, but "It's a question that I asked myself: Will it provide value?"

"I feel the program, as well-structured as it is, helped me improve my leadership skills and helped me to perform even better in my role."

— JOSHUA MAMMEN, M.D.

It did, he said. "I feel the program, as well-structured as it is, helped me improve my leadership skills and helped me to perform even better in my role."

Dr. Mammen has participated in leadership classes before. The Physician Leadership Academy stands out, he said, partly because of the one-on-one coaching he received from the academy's instructor—Pam Hernandez, a business executive and business coach, who designed and leads the program.

Kenneth Blad, M.D., brought a different perspective to his participation in the academy. He was transitioning at the time from being an employed physician to becoming part owner of a family medicine clinic. Dr. Blad said that he was mostly unaware of the academy but participated at the suggestion of the former owner of the clinic he bought. "As I now was going to be an owner (of a clinic), I was in charge of so many more things. I felt it was necessary to develop my leadership skills so we could work together more effectively as a four-doctor ownership team."

The experience proved valuable, he said. "I learned about my leadership style and my partners'. It prepared us to work together as a team and know how best to operate—our strengths and weaknesses as a management team."

"This is an opportunity to grow as a physician and as an individual no matter where you are in your professional career," said Amy Reynoldson, NMA executive vice president.

Each class contains between 20 to 25 participants. The make-up of each class, Reynoldson said, is always different: Physicians in their 40s and 50s who are looking at a career shift. New career physicians looking to grow their leadership skills. Physicians nearing retirement who are seeking a new chapter in their lives – for example running for public office. Different specialties. Urban and rural.

The academy recently graduated its fifth class and applications for the sixth class, which begins in October, are due July 31. The class is announced a few weeks later. Nine monthly sessions typically are held the third Friday morning of each month. The first and final sessions are in-person, with a virtual option for the other seven. Graduates of the most recent class are recognized during the NMA's annual meeting, held in August. Participants must be members of the NMA (members of MOMS automatically are members), have earned their medical degree and have a desire to enhance their leadership skills. "They also have to express a commitment to fulfilling the requirements of the program," Reynoldson said.

Reynoldson contacts all potential participants to ensure they understand what the program is and isn't. "When some people hear the term leadership program, they think it's a mini-MBA program. This academy is a journey of self-discovery and focuses on ways to be an authentic leader."

She asks them what they hope to accomplish and what they hope to learn. She also discusses the time commitment—nine 4-hour monthly sessions, one-on-one conversations with Hernandez in between sessions, along with a smattering of homework, self-reflection and some reading.

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The Mammen File

Hometown

Kaplan, Louisiana

Undergraduate Degree

Boston University with a double major in history and medical science

Medical Degree

Boston University School of Medicine in Boston, Massachusetts

Doctoral Degree

University of Cincinnati in Cincinnati, Ohio, in molecular and cellular physiology

Residency

University of Cincinnati in Surgery

Fellowships

Post-doctoral Research at the University of Cincinnati in basic, translation and clinical research; Clinical at the University of Texas, M.D. Anderson Cancer Center in Houston in complex general surgical oncology

Title

Professor and Chief, Division of Surgical Oncology, Department of Surgery

Institution

University of Nebraska Medical Center

Family

Wife, Julie; children, Joshua, Ann, Therese, Isabel and Rachel

Why He Joined MOMS

"I believe it's important for physicians to support each other, and local medical societies are an important part of that mutual support."



The Blad File

Hometown
Lincoln

Undergraduate Degree
Brigham Young University
in Provo, Utah

Medical Degree
University of Nebraska
Medical Center

Residency
Clarkson Family Medicine

Specialty
Family medicine

Location
Midwest Regional
Health Services

Hobbies
Serving at his church, watching and attending Husker football games, taking care of the family pets, and serving as director of BYU Alumni for Midwest Region

Family
Wife, Angie; children, Hannah, Adam, Jameson, Michael, Sarah and Savannah

Why He Joined MOMS
"So that I could get to know all of the local physicians and so they could get to know me as well."

FROM PAGE 21

While perfect attendance isn't mandatory, she said, it is important because participants inevitably form a strong bond among themselves and could fall behind in the curriculum.

Early sessions focus on participants taking research-based assessments, whose results form a baseline for where participants are in their respective leadership journeys and their preferences on how they lead. Those assessment results form the foundation for discussion during later monthly sessions.

At the end of each monthly session, Hernandez asks participants to share with their classmates where their focus for improvement will lie until they come together the following month. They report their progress at the beginning of the following session, meaning she holds them accountable for their professed planned progress.

And in between, they have personal conversations with Hernandez. Dr. Mammen said those sessions have helped him apply what he's learned to where he wants to be. He explained: "I tend to be a more concrete thinker. Her coaching allows me to take what I have learned, look at my current situation and look for places I can incorporate those learnings."

Reynoldson and Hernandez provided similar answers on how they know the academy participants are meeting the goals they have for participating in the academy: the progress reports they provide. She shared comments from past participants:

- "This has been a wonderful journey of self-reflection. It has given me a scheduled time to look at myself in my current practice and truly assess how I can become a better leader, physician, and partner (at work and at home). Without this schedule, I would have been much less likely to give myself this time."
- "Great opportunity to develop and foster leadership skills by realizing your strengths and weaknesses to benefit your practice and patients. I didn't realize that by not addressing my daily angst I was in turn condoning their existence. This has led to a healthier, more efficient work environment."


Hernandez said participants often express their surprise that the program focused less on outer game of leadership than on inner leadership. The former focuses on the expected—how to delegate and other topics: the latter focuses on how someone thinks. "When you change how someone thinks, that changes how they see everything—their personal life, their professional life, their goals."

Hernandez said academy graduates often check in with her—especially if they are experiencing transition in their careers. They turn to her to bounce career ideas off her. "It's been great to see them use the academy and what they've learned as a stepping stone—the nudge they needed to go after the next step in their careers and their lives."

Reynoldson said participants share story after story of how their lives were impacted because of their participation in the academy.

Dr. Blad said his experience provided insight into his leadership style and what motivates him. A bonus, he said, was the experience also helped improve his relationship with his family. He said his peers would benefit from participating and this is what he would tell them: "You will gain insight into yourself and you will be able to work through personal challenges and improve on them. The experience will make you a better physician leader as well as a better husband, wife, daughter or son."

The NMA founded this program as a member benefit, Reynoldson said. The NMA receives funding from the Physicians Foundation and its own foundation. Reynoldson said she would welcome additional funding to help grow the program and reduce the financial load its local foundation carries.

This support means the NMA doesn't charge participants. "The fact that it's included in our NMA membership caught me by surprise," Dr. Mammen said. "It's a quality program—and it's free." 

PANDEMIC IMPACT ON PEDIATRICS:

Vaccinations and Well-check Visit Catch-up

The statistics tell the story of the efforts to vaccinate Douglas County residents for COVID-19. They also tell the story about how child immunization numbers dropped during the pandemic—and the need to get wellness checkups for children back on schedule.

“We have work to do,” said Molly Elston, supervisor of clinic operations for the Douglas County Health Department.

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FROM PAGE 23

Elston explained the statistics for COVID-19 vaccinations and child immunizations, while Laura Wilwerding, M.D., a longtime Omaha pediatrician, provided insight on how to right that downward trend.

Part of the challenge, Dr. Wilwerding said, is too many people believe that just because they read something online, it must be true. This misinformation, she said, relates to the COVID-19 vaccination and other child immunizations – and has fed apprehension among some parents about both. “I have conversation after conversa-

tion where I tell parents: Anyone can put something online. It doesn’t make it true. Trust the people who have medical training.”

Misinformation about the COVID vaccinations and immunizations has led parents to sometimes become hostile with their pediatricians. Dr. Wilwerding said she was accused by a parent of receiving kickbacks from pharmaceutical companies to promote COVID vaccines.

Elston suggested that parents still trust their physicians more than they trust state health officials and policy makers, citing a

Kaiser Family Foundation study that indicated 83 percent of parents trust their children’s pediatrician for health information.

Her advice to physicians: “Emphasize the importance of the relationship between pediatricians and parents. When looking at data, they are the one whom the public trusts.”

First the statistics, then Dr. Wilwerding’s insight about immunizations and how to boost numbers.

As of May 3, 72.3 percent of all Douglas County residents who were eligible (ages 5 and up) were fully vaccinated for COVID-

19. For all Douglas County residents, including those under age 5 who were not yet eligible, the percentage was 67. "I think we've done pretty well. Given the resources we had and the restraints we faced, we did well," Elston said.

To help put immunization statistics in context, Elston first referred to a CDC report, which stated that data from 10 U.S. states (not including Nebraska) indicated a substantial decrease in administered vaccine doses from March through May 2020 compared to the same time periods in 2018 and 2019. Although administered doses increased during the period of June-September 2020, this increase was not sufficient to achieve catch-up coverage, the CDC reported. In addition, according to the Journal of the American Medical Association, as of September 2020, childhood vaccination rates and the proportion who were up to date remained lower than 2019 levels. Interventions are needed to promote catch-up vaccinations, particularly in populations at risk for under-immunization.

In Douglas County, immunization rates mirrored those reported by the CDC, Elston said. "As a county, we were doing well in 2017, '18 and '19," she said. "We saw a renewed interest in getting kids up to date for their immunizations." The pandemic followed and parents fell out of the routine of getting their children immunized, she said.

FOR EXAMPLE: Varicella doses administered in Douglas County dropped from about 150,000 in 2017 to just above 130,000 in 2021.

HPV doses administered stood at about 18,000 in 2017, spiked to 20,500 in 2019, then dropped to 17,500 in 2020 during the pandemic. In 2021, doses administered increased to match 2017 numbers. "Doses increased," she said, "but not enough to catch up."

Dr. Wilwerding said it's time to get back on track regarding wellness checks for children. She said she's noticed a hesitancy among parents to get their children in for wellness checks, and that extends beyond concerns about COVID vaccinations.

Their hesitancy is partially fueled by their concerns and misunderstanding of mRNA vaccines, she said. She devotes extra clinic time educating parents, using a decision-making model for discussing immunizations and vaccinations. "Parents ultimately decide what they want to do."


The process is one of balance. On one hand, she said, she is attempting to re-establish trust with the parents of her pediatric patients. At the same time, Dr. Wilwerding said, she must make sure her patients are protected from being infected during their clinic visits. Her clinic, Naturally Healthy Kids, does not use the waiting room. Instead, patients and families wait in their vehicles until called to be roomed immediately. The clinic continues to segregate sick patients from patients scheduled for well visits.

Dr. Wilwerding said she's heard of clinics turning away patients whose parents decline to have their children vaccinated. She encouraged her peers to refrain from this practice. "Those kids need to have care—it's not the child's fault." Keep the lines of communication open while continuing to treat the child, Dr. Wilwerding suggested. "If those children are turned away, you have zero chance of getting them vaccinated. Keep them in your practice and you may slowly get their parents onboard."

Dr. Wilwerding said predicting parental responses when COVID vaccines become available for children under age 5 is difficult.

"Many families in my practice will be so relieved and ecstatic, they will choose to vaccinate kids under 5 immediately. I would estimate another 30 percent will adopt a 'wait and see' approach in the beginning but consider the COVID vaccine. Unfortunately, about 30 percent will also say 'Heck no. Never.'"

Dr. Wilwerding said she will continue her attempts to reassure parents about the safety and effectiveness of all vaccines and to encourage getting immunizations current.

"I truly want families to know my only motivation is the health and overall wellbeing of all children." 



The Wilwerding File

Hometown
Omaha

Undergraduate Degree
University of North Texas in biology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC/Creighton University joint program in pediatrics

Specialty
Pediatrics and breast-feeding medicine

Institution
Naturally Healthy Kids

Hobbies
Music, theater, good food, wine and travel

Family
Partner, Jeff Hansen; four grown children—Kailey Snyder, Margo Wilwerding, Anna Wilwerding, Meena Wilwerding; and two grandchildren

Why She Joined MOMS
"For support and connections in the community because I am in a small private practice. (Originally because I participated in the MESS)"

NEW MEMBERS

JENNA ALLISON, M.D.

Pediatric Hematology/Oncology
Children's Specialty Physicians/UNMC

JOSHUA EUTENEUER, M.D.

Neonatal-Perinatal Medicine
Methodist Women's Hospital

NATALIE LYNCH, D.O., MA

Family Medicine/Family Medicine Obstetrics
UNMC/Nebraska Medicine

MICHAEL MCGAHAN, M.D.

Emergency Medicine/Family Practice

BLISS O'BRYHIM, M.D.

Ophthalmology
Midwest Eye Care

MADELINE RIPA, M.D.

Ophthalmology
Midwest Eye Care

MEMBER NEWS

DR. BALASANOVA RECOGNIZED FOR WORK WITH RESIDENTS



Psychiatrist Alëna Balasanova, M.D., received the 2020-2021 Irma Bland, M.D., Certificate of Excellence in Teaching Residents by the American Psychiatric Association (APA) and its Council on Medical Education and Lifelong Learning.

The certificate recognizes Dr. Balasanova's outstanding and sustaining contributions in educating residents. The award was established in honor of the late Irma Bland, M.D., and serves as a tribute to her unique and creative contributions to psychiatric education.

"I felt very honored to be counted among our country's most dedicated psychiatric educators of residents. It feels fitting that Dr. Bland was a psychiatrist and psychoanalyst," Dr. Balasanova said. "Similarly, my teaching contributions span from addiction psychiatry to psychodynamic psycho-

therapy. This is the beauty of psychiatry: It's a field that is as diverse as they come, and teaching residents to integrate every part is most rewarding of all."

Dr. Balasanova is part of the growing addiction medicine division in the UNMC Department of Psychiatry. Dr. Balasanova said UNMC is not alone in developing clinical and educational addiction medicine programs.

"This is a trend seen both nationally and locally. Part of it likely has to do with the substantial increase in substance use and other mental health problems seen during the COVID-19 pandemic," she said.

Along with her work at UNMC, Dr. Balasanova serves as the chair of the MOMS Early Career Physicians group and sits on the board of directors for the Coalition on Physician Education on Substance Use Disorders. [🔗](#)

MOMS EVENT RECAP



1



2

PHYSICIAN WELLNESS SESSION

The MOMS R+R Wellness Center was pleased to welcome Dr. Heather Forkey on May 11 for a session on physician wellness.

1. Dr. Forkey discussed the natural physiologic responses to traumatic stress—offering physicians a new perspective to consider.
2. Dr. David Ingvoldstad and Dr. Michael Feloney



1



2



3

DOCBUILD - HABITAT FOR HUMANITY EVENT

Twenty-plus medical students and physicians came together on Saturday, May 14 to help build Habitat for Humanity homes.

1. MOMS DocBuild volunteers with the Habitat for Humanity crew.
2. Longtime DocBuild volunteer Dr. Paul Coleman works to prepare a garage for roof trusses.
3. Andrew Lambrecht of LovelySkin and John Wood, a fourth-year medical student work together.



1



2

RETIRED PHYSICIANS

On May 11, Dr. Ernie Goss, the MacAllister Chair, Professor of Economics at Creighton University, discussed the current state of the economy with MOMS retired physician members.

1. Dr. Ernie Goss (left) with MOMS Retired Physicians chair Dr. Robert Cochran.
2. More than twenty MOMS retired physicians came out to the event on the UNO campus.




BOYS TOWN NATIONAL RESEARCH HOSPITAL AWARDED \$12.5 MILLION COBRE GRANT TO STUDY PEDIATRIC BRAIN HEALTH

Boys Town National Research Hospital will create a new Center for Pediatric Brain Health using funding from a \$12.5 million COBRE (Center of Biomedical Research Excellence) grant that was recently awarded from the National Institutes of Health (NIH). This grant is renewable at a similar funding level for up to 15 years.

The Center for Pediatric Brain Health will be an important new part of the recently created Institute for Human Neuroscience. The center will support four early-career researchers who will focus on different issues affecting pediatric brain health, including radon exposure, pubertal hormone levels, the impact of hearing loss on language processing, emotional dysregulation, and how the emergence of psychiatric traits is related to brain network reconfiguration.

"This center grant will lead to major breakthroughs in pediatric neuroscience and position Omaha and particularly Boys Town as an international hub for pediatric brain research and clinical care," said Tony Wilson, Ph.D., Patrick E. Brookhouser Endowed Chair for Cognitive Neuroscience, director of the Institute for Human Neuroscience, and principal investigator at the Center for Pediatric Brain Health. "These centers are not very common, and centers focused on pediatrics are even more rare."

Boys Town Hospital is focused on taking the research conducted at the Center for Pediatric Brain Health and using it to develop the best treatment options for patient care in pediatric neurology and other specialties.

COBRE grants are meant to fund a succession of new researchers in specific scientific areas. As the four current investigators complete their studies, additional newly recruited researchers will move on to the grant—with the possibility of funding 12 to 15 scientists over 15 years. A COBRE grant is a way of supporting the next generation of researchers and building regional capacity for excellence in a specific target area, such as pediatric brain health. 



TWO FAMILY HEALTH CENTERS SLATED TO OPEN NEXT YEAR


To better support wellness in a growing population, CHI Health Clinic is building two new family health centers in the Omaha Metro. Using an innovative model of coordinated care, CHI Health Clinic Elkhorn and CHI Health Clinic Immanuel will offer a broad spectrum of outpatient services under one roof.

"The pandemic has emphasized the importance of maintaining one's underlying health, and we know that starts with access to a trusted primary care provider," said Michael Schooff, M.D., CHI Health primary care medical director said. "When that provider can also refer you to specialty services within the same building, health care becomes convenient and accessible."

From primary care to priority care with walk-in access, X-ray, labs, physical and occupational therapy, a diabetes clinic with certified educators, and behavioral health access with a psychiatrist on site, these clinics are a one-stop-shop approach to ensure the needs of the entire family can be met in one location.

CHI Health Clinic Elkhorn will offer specialty care services such as orthopedics, neurology and cardiology on site, and is slated to open in spring 2023. CHI Health Clinic Immanuel will be located just steps from the hospital, for easy access to additional care as needed. Estimated to open in summer 2023, it will be the largest CHI Health Family Health Center built to date.

"CHI Health Immanuel has provided exceptional care to people in and around North Omaha for over a century, but the community has outgrown the current clinic space within the hospital," Dr. Schooff said. "We also know that hospitals can be an overwhelming place for families, so by creating a dedicated facility for clinic care, we can improve patient experience."

The new clinics will also provide drive-up options for quick and convenient testing, treatment and vaccinations for things such as COVID-19, strep and influenza. 



MEDICAL STUDENTS MATCH AT 99 PERCENT RATE


Cheers and celebrations marked Match Day in Omaha and Phoenix on March 18 as the Creighton University School of Medicine matched 92% of its graduating students to their desired specialties. In all, 99% of graduates were accepted into residency programs, a figure Michael Kavan, Ph.D., associate dean for student affairs, said he is confident will soon be 100%.

Dr. Kavan noted that 163 students participated in matching programs this year. Of these, 155 participated in the National Resident Matching Program, two in the San Francisco Match, one in the American Urological Association Match and seven in the Military Match, with some students participating in more than one program.

The students matched into 23 different specialties, the most popular being internal medicine (25 students), pediatrics (22 students) and emergency medicine (15 students). In addition, 10 students matched into family medicine and three into medicine-pediatrics.

These were followed by anesthesiology (14), diagnostic radiology (11), obstetrics and gynecology (11), general surgery (10), psychiatry (9), orthopedic surgery (6), pathology (4), neurological surgery (3), dermatology (2), interventional radiology (2), neurology (2), otolaryngology (2), physical medicine and rehabilitation (2), and plastic surgery (2). Students also matched into anesthesiology-pediatrics, ophthalmology, radiation oncology and transitional programs.

Students matched into residencies in 30 states and the District of Columbia, including: 19 students matching in California, 18 in Nebraska, 15 in Arizona, 12 in Missouri, 11 in Texas, seven in Colorado, and six each in Minnesota, Virginia and Wisconsin, among others.

In addition to matching at Creighton University, with partners in both Omaha and Phoenix, among the prestigious programs where students matched were Mayo School of Graduate Medical Education; Northwestern; Dartmouth; Children's National; George Washington University; Emory; UC-San Diego; University of Washington; Rush University; Duke; and Johns Hopkins. 



EMPLOYEES PRESENTED DEPARTMENT OF DEFENSE PATRIOT AWARDS

Four Methodist Health System supervisors were recently presented with Department of Defense Patriot Awards for their support of employees who are members of the National Guard.


The supervisors were honored with the awards during presentations by volunteers representing the Nebraska Employer Support of the Guard and Reserve (ESGR).

"The Patriot Award was created by ESGR to publicly recognize individuals who provide outstanding support and cooperation to their employees who, like the citizen warriors before them, have answered their nation's call to serve," said Ron Boro, an ESGR volunteer. "Supportive supervisors are critical to maintaining the strength and readiness of the nation's guard and reserve units."

Chelsea Craig, service leader for the Methodist Hospital and Methodist Women's Hospital emergency department, and Jen Tran, forensic nurse examiner team leader, were nominated for their support of Capt. Amye Dusatko, a member of the Nebraska Air National Guard. Dusatko is a registered nurse in the Methodist Hospital emergency department.

Maureen Holstein, director of operational innovation for Methodist Health System, was nominated for the Patriot Award for her support of Maj. Bryce Johnson, a member of the Iowa Air National Guard. Johnson is an operational innovation specialist for the health system.

Michael Ortmeier, senior director of clinic operations for Methodist Physicians Clinic, was nominated for the Patriot Award for his support of Capt. Emily Mahon, a member of the Nebraska Air National Guard. Mahon is a physician assistant with Methodist Physicians Clinic.

ESGR, a Department of Defense program, seeks to foster a culture in which all employees support and value the employment and military service of members of the National Guard and Reserve in the United States. 



A STANDARDIZED APPROACH TO TREATING INPATIENTS SUFFERING FROM OPIOID MISUSE

A decision-support tool that went live six months ago is having a dramatic impact. It alerts a provider who orders an opioid for certain patients to also prescribe naloxone, also referred to as Narcan.

"The goal with this project was to ensure more patients on opioids have access to naloxone," explains Alena Balasanova, M.D., director of addiction psychiatry education.

Naloxone is a nasal spray that can reverse the effects of an opioid (narcotic) overdose. It is generally covered by the patient's insurance or available at no cost at certain pharmacies and it's one tool providers use to reduce harm.

Chris Bultsma, Pharm.D., senior pharmacy application analyst, created a new Best Practice Advisory (BPA) in One Chart that alerts a provider who places a new order for an opioid for patients who meet certain criteria.


Since the August 2021 go live, the number of prescriptions for naloxone filled at our pharmacies has increased 61 times.

"I'm so proud of the work of this team to get more naloxone into the community," says Dr. Balasanova. "We've taken the lead on this important work and it's really made a difference."

"We've made several refinements to when the BPA fires based on feedback from clinicians," said Kristin Daniel, Pharm.D., coordinator of pain stewardship, who says each month the data and feedback is reviewed by the Pain Steering Committee.

Dr. Balasanova said naloxone prescriptions are dramatically up across the state of Nebraska, as well, thanks to the initiative. The Nebraska Department of Health and Human Services plans to approach other health systems to also consider an alert like this.

"Nebraska overdose rates have increased and nationally, drug overdoses are higher than they've ever been," she said.

In December, a new order set went live at Nebraska Medical Center, designed to provide a systematic way to assess a patient's opioid withdrawal and provide evidence-based treatment options. 



U.S. NEWS & WORLD REPORT INCLUDES PRIMARY CARE PROGRAM IN RANKINGS


In the U.S. News & World Report 2023 Best Graduate Schools rankings, the University of Nebraska Medical Center's primary care program ranked seventh out of 124 institutions across the country.

UNMC also tied for seventh in most graduates practicing in rural areas and 19th in most graduates practicing in primary care fields. Primary care is considered family medicine, general internal medicine, general pediatrics or internal medicine pediatrics.

Other UNMC programs also received rankings in the 2023 report.

Each year, U.S. News ranks professional school programs in business, education, engineering, law, medicine and nursing, including specialties in each area. The data comes from statistical surveys of more than 2,150 programs and from reputation surveys sent to more than 23,200 academics and professionals, conducted in fall 2021 and early 2022.

The rankings evaluate schools on faculty resources, academic achievements of entering students and qualitative assessments by schools and residency directors. The research rankings include two measures of research productivity, while the primary care rankings incorporate two metrics for graduates going into primary care. The Best Graduate Schools rankings are based on expert opinion about program excellence and statistical indicators that measure the quality of a school's faculty, research and students.

"We are pleased that UNMCs educational programs are ranked among the best in the country," said Dele Davies, M.D., senior vice chancellor for academic affairs. "The primary care and rural rankings are particularly gratifying because we have a long-standing commitment to primary care education and rural communities. These rankings also underscore our commitment and strengths in other health disciplines." 



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

FAX APPLICATION TO:
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