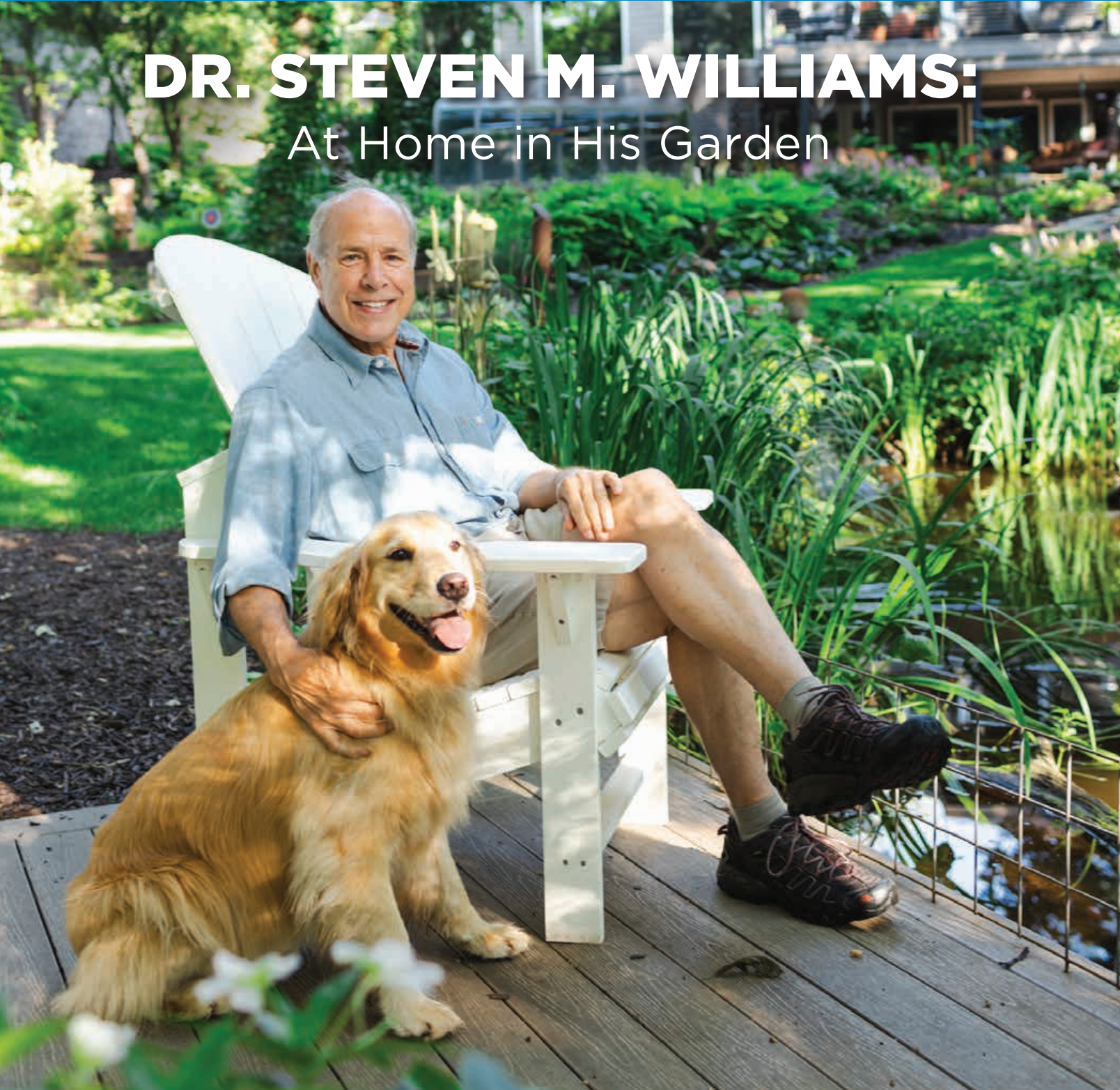


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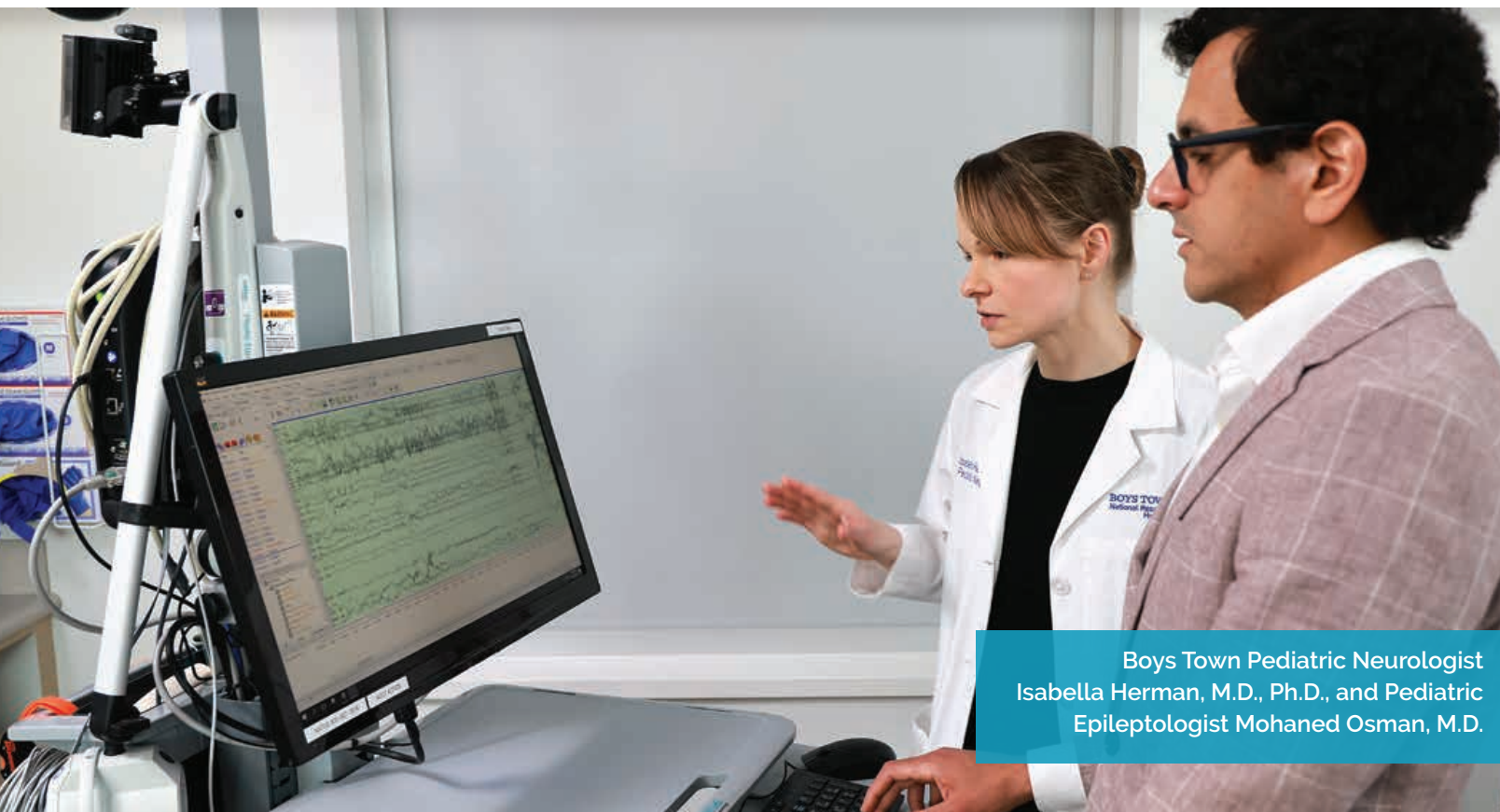
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# COMING EVENTS

## MOMS ANNUAL MEETING & INAUGURAL DINNER

TUESDAY, JAN. 23 | 5:30 P.M. - 8 P.M.

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## AMAZON'S LATEST OFFERING: VIRTUAL CLINIC VISITS



**AUDREY PAULMAN, M.D.**

Editor

*Physicians Bulletin*

It happened to bookstores. It happened to the food industry. It happened to the broadcast industry. It was destined to happen to us as well. As of Aug. 1, Amazon.com is offering virtual clinic visits.

When you reach for your iPad to order something, take a careful look at the banner at the top of the page. There, between the “best sellers” and “back to school” shopping items, is now listed “clinic.”

This care is being offered in all 50 states and Washington, D.C.

The site offers “healthcare for those who can’t wait days.” With a 4.9 customer satisfaction rating, the service advertised is about \$75 for a video visit and about \$35 for a text message visit.

Conditions that can be treated online include such common diagnoses as GERD, skin care, viral infections, hypertension and hyperlipidemia. Thirty-five conditions are listed. According to the website, you can “Quickly treat common conditions with 24/7 video visits and messaging with a clinician. Upfront pricing. No appointments, and no insurance needed.”

Amazon has been in health care before. Amazon Care, one of Amazon’s ventures into health care, ceased operations in

December 2022. Amazon Care was a primary and urgent care offering. Andy Jassy, CEO of Amazon, stated that Amazon Care is an example of “iterative innovation” in health care.

Iterative innovation is usually described as refining a basic concept, in an iterative process. Iterative innovations look at the consumer’s pain point and hope to improve the processes around the consumer’s pain point.

What is the next iteration? Amazon has experience in health care and it has providers. Last November, Amazon bought One Medical in a nearly \$4 billion deal. One Medical is a membership-based primary care practice in nearly 200 locations nationwide, with nearly 1 million enrollees. Amazon also has experience in telehealth, offering employees health care via a 24/7 texting and video service.

Personally, I have seen the innovations being made in the online site over the years. Certainly, Amazon’s processes have made it easier for me to order random household items, like groceries, clothing and furnace filters.

Is the change in health care going to be an iterative or disruptive innovation?

Disruptive innovation, according to Investopedia, is where the innovation transforms expensive or highly sophisticated products or services to make them more accessible and more affordable to a broader market. It refers to the use of technology to upset a structure.

Amazon, which was initially an online bookstore in the mid 1990s is often considered an example of disruptive innovation. By focusing on innovation and customer satisfaction, Amazon’s market share of book sales has grown. Almost 70% of the books sold today come through Amazon.

Will the Amazon health care model be that successful? Will 70% of health care visits be through an Amazon-related provider? I don’t know.

Will the changes be a disruptive innovation to medicine’s status quo? I don’t know. I just know that change has already arrived.

As with any change in medicine, medical associations can serve as valuable resources to physicians in making sense of the changes. The Nebraska Medical Association’s 2023 annual CME meeting was “the Consumerization of Healthcare: Surviving Tech Disruption in Health” by Joel Selanikio. The afternoon presentation was “Artificial Intelligence in Healthcare” by the same speaker.

Interesting topics—Thanks to the medical associations for helping us all find our way to the future.

\*\*\*

In this edition of the Physicians Bulletin, we feature an article about new residencies in the state of Nebraska. Thank you, UNMC and Creighton for answering our questions.

Thanks to Anne O’Keefe. She shared her own perspective as a patient who happens to have experience and knowledge as a physician.

And the third article is about Steve Williams and his gardens. The gardens were on the Monroe Meyer Institute Garden Walk this year. He was interviewed for the Physicians Bulletin shortly after 900 people toured his garden. It’s a big deal. You may have also seen photos and an article about him in the Omaha World-Herald. We are thankful he shared his lifetime hobby of gardening in this edition of the Physicians Bulletin.

Also, thank you to members of the editorial committee, who provide the suggestions for the stories in this magazine. It honestly couldn’t be done without your help.

Thanks for reading. 

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## MOMS MEMBERSHIP: A WISE INVESTMENT



**COURTNEY HELLMAN, M.D.**  
Membership Committee Chair  
*Metro Omaha Medical Society*

What makes membership in Metro Omaha Medical Society and the Nebraska Medical Association different from other organizations? Our member physicians have a unique and valuable opportunity to connect and collaborate with peers across the spectrum – peers representing every medical specialty and practice environment – peers they may not otherwise intersect with. The value of being a part of this broad-ranging membership is the ability to encourage information exchange, address challenges from a variety of perspectives and amplify your voice.

The reasons physicians become members are as varied as our members themselves. Many join to make connections with other physicians in the community. Whether through member events, peer groups or participation on boards and committees, being a member provides a variety of social and professional networking opportunities.

But connecting is just one way you benefit as a member. For some members, MOMS and NMA are a place to have their voice heard – to share concerns, address health care issues and advocate for patients and your profession.

Others find membership as a means to better pursue their passion – on the Editorial board or Public Health Committee, or volunteering in the community.

Where else do physicians' needs come first? MOMS and NMA are truly physician-focused – you, our members, are who steer our efforts. That's why the emphasis on physician wellness has brought forth a variety of resources for members – the R+R Physicians Wellness Center, the MOMS confidential online stress assessment and resources, and the NMA's Lifebridge Nebraska peer-to-peer coaching program – all at no cost to members.

The value is there. You make your membership your own.

This year, you will notice a change in your membership renewal. The MOMS Board of Directors and Membership Committee have approved an increase in MOMS Membership dues. This is the first increase in MOMS Membership dues since 2007.

To put that in perspective, at the start of 2007, a loaf of bread cost \$1.20, a dozen eggs were \$1.68 and Nebraska gas price was \$2.18 per gallon. Over the past 17 years, as operating expenses, IT costs and member event budgets were increasing, MOMS absorbed those increases while continuing its efforts to meet the needs of its members.

**“The value of being a part of this broad-ranging membership is the ability to encourage information exchange, addresses challenges from a variety of perspectives and amplify your voice.”**

— COURTNEY HELLMAN, M.D.

As the MOMS leadership plans for the future, the additional membership dues will offset the increased expenses and position MOMS to continue meeting the diverse needs of its member physicians and its commitment to helping with community solutions for important physician issues including burnout and wellness.

If you are a member, I encourage you to renew your membership and continue to strengthen comradery among physicians in the metro area. Do you have friends and colleagues who are not members? I invite you to reach out and encourage them to learn more about MOMS. [🔗](#)

# BUILDING PHYSICIAN WORKFORCE



**AMY REYNOLDSON**

Executive Vice President  
Nebraska Medical Association

It is no secret that Nebraska has a physician shortage. The physician workforce is a growing concern that has been amplified over the past three years and at times seems impossible to get our arms around it, until recently. To summarize the current shortages in the state, all but two counties have been designated by the State of Nebraska as shortage areas for at least one type of primary care specialty. Fifty-eight (62%) of our counties are designated shortage areas for family physicians.

In the fall of 2022, the NMA was approached about a workforce development initiative that will focus on building a sustainable health care education and mentoring program in schools throughout the state. After learning about the program and other partners involved, it was very clear that the NMA must work collectively with other organizations to rebuild the health care workforce infrastructure.

The Health Careers Pipeline Initiative began as an idea and is being led by the Nebraska Hospital Association (NHA). It is now endorsed and supported by the NHA, NMA, Nebraska Health Care Foundation and Medica. The goals of the initiative include:

- Designing an appropriate and innovative approach to healthcare career exploration in K-12 and post-secondary education system.
- Capitalizing on partnerships with industry and non-profit.

- Sharing resources to expand the reach to rural Nebraska.
- Building a sustainable health care talent pipeline in Nebraska.

The NHA has retained curriculum development experts who are familiar with the process and have a strong understanding of the health care workforce needs. The initiative will be delivered via the community college service areas utilizing the strong foundation of the Educational Service Units (ESUs) by including age-appropriate education that aligns with the current health care team models seen in practice across the state. The programs in development currently include the following:

- After-school programming (grades 3-6) "Healthcare Heroes"
- Summer Camp (grades 3-6) "Healthcare Heroes Mini-Med School"
- Summer Boot Camps: (grades 7-9) "Healthcare Jr. Champions," (grades 10-11) "Healthcare Sr. Champions"
- Health Science Immersion (grades 9-12) "Healthcare Elites"

Projects will be implemented using health care professionals in each community college service area to provide a "real life" feel and opportunity for students to see first-hand the different health care professions that are available in their area. There will be opportunities for NMA members to engage in this initiative with the different programs and grade levels. Students are not always aware of the different opportunities in healthcare or have an unrealistic understanding about a particular career.

The Health Careers Pipeline Initiative is guided by an advisory council that includes representatives from the four endorsing organizations, as well as representatives from K-12 public, private, and higher education, behavioral health, and federally qualified health centers (FQHC). The role of the advisory council is to:

- Lend their skills, guidance, and expert knowledge to the program development and implementation.
- Bridge the knowledge and resource gap.
- Support the goals and objectives of the initiative.

**"It is no secret the  
Nebraska has a  
physician shortage."**


— AMY REYNOLDSON

- Provide recommendations, advice, perspective, oversight, guidance, and expertise.
- Serve as a mentor and trusted adviser.

The NMA is excited to be part of this initiative. We know that multiple efforts are being made across the state to address healthcare workforce but the need for standardized curriculum and resources to effectively implement the programming exists to quantify the reach and growth in the talent pipeline. We know that a student competent in healthcare leads to a committed and competent healthcare workforce. It is never too early to start exploration with fun and interactive engagement.

Through the creation and innovation of the Health Careers Pipeline Initiative, there is an opportunity to create awareness with students about the different health care opportunities in their community such as long-term care, assisted living, clinics, and the different specialists that may visit on occasion. Reinforcing the benefits of working and living in the community that you grew up in often leads to workforce retention.

We know that the physician shortage is problematic and will only get worse if we do not prioritize efforts to retain the current physician workforce, attract new physicians and residents and, most importantly, retain current medical students and young Nebraskans to stay in the state and practice medicine. Currently, Nebraska is only retaining about one fourth of its medical students for residency and many talented high school students are leaving the state to pursue a career in health care.

The Nebraska Medical Association is committed to improving the physician workforce in Nebraska and is excited to be part of the Health Careers Pipeline Initiative. 

## TIPS FOR SELLING YOUR MEDICAL PRACTICE



ERIN BAAS

CPA & Client Advisory Services Director  
Lutz

Are you preparing to sell your medical practice? This significant decision requires careful planning and execution to ensure a smooth and successful transition. Selling a medical practice involves complex financial, legal and operational considerations, making it essential to approach the process with a strategic mindset. Let's explore some key tips to help you confidently navigate the deal and achieve the best possible outcome.

### 1. START EARLY AND SEEK PROFESSIONAL ADVICE:

The process of selling a practice cannot be rushed. Begin planning well in advance to maximize the value of your practice and allow sufficient time for necessary adjustments. Seek guidance from professionals (accountants, attorneys, consultants, etc.) with experience in the aspects of a medical practice. These experts can assist in assessing your practice's financial health, evaluating potential partners, and ensuring compliance with legal and regulatory requirements.

### 2. ASSESS YOUR PRACTICE'S VALUE:

Before proceeding with any negotiations, you must have a realistic understanding of your practice's value. This evaluation should include an analysis of your financial statements, patient base, revenue streams and market position. A professional valuation will provide a clear picture of your practice's worth, allowing you to set appropriate expectations during the negotiation process.

### 3. PREPARE FINANCIAL INFORMATION FOR DUE DILIGENCE:

Conducting thorough due diligence is vital for buyers and sellers to uncover any potential issues or risks associated with

the transaction. As the buyer, ensure that the medical practice you're considering aligns with your strategic goals and has a stable financial and operational foundation.

As the seller, be prepared to provide detailed financial records, operational data and compliance documentation to instill confidence in prospective buyers. Having these documents ready to showcase can help make a transaction smoother. While this list may vary based on specific buyer requirements, here are the key documents you should have readily available:


- **Year-end income tax returns, sales and use tax returns, and personal property tax returns:** These documents provide a comprehensive overview of your practice's financial performance and tax obligations.
- **Profit and loss statements and balance sheets:** Monthly financial statements help buyers understand your practice's revenue, expenses, and profitability over time.
- **Executive summary/overview of the practice:** Provides a concise yet comprehensive overview of your medical practice, including its history, services offered, patient demographics and competitive advantages.
- **Collection reports:** Detailed breakdown of the amounts collected from patients and insurance companies over a specific period, showcasing the practice's revenue collection efficiency.
- **Charges, adjustments, and write-offs:** Comprehensive records of all medical charges, adjustments, and write-offs made, giving insights into revenue adjustments and financial performance.
- **Accounts Receivable (A/R) aging:** An overview of outstanding patient balances classified by the length of time the balances have been due, indicating the effectiveness of the practice's billing and collection processes.
- **RVU (Relative Value Units) data:** RVUs assigned to each medical service provided, helping potential buyers understand the productivity and workload of physicians.
- **Patient makeup:** Demographic information about the patient base, including age groups, gender distribution and medical conditions most commonly treated.
- **Insurance makeup:** Detailed data on the percentage of patients with different insurance types, giving insights into the practice's insurance mix and potential financial risk.

- **Fixed asset details:** A comprehensive list of your practice's fixed assets, such as medical equipment, furniture and technology.
- **Employee reports:** A summary of staff positions, including the number of hourly and salaried employees and their positions.
- **Employee contracts and agreements:** Copies of employment contracts, non-disclosure agreements and non-compete clauses, ensuring buyers have a clear understanding of existing employee commitments.
- **Personnel reports:** Summary of staff performance evaluations, training and certifications, turnover rates, and employee compensation.
- **Purchases and inventory reports:** Helps buyers evaluate supplier relationships, potential cost efficiencies and inventory turnover rates.
- **Insurance policy information:** Lays out your practice's insurance coverage and any possible risks associated with claims.
- **Compliance records:** Documentation of the practice's adherence to regulatory requirements, ensuring potential buyers that the practice operates within legal and ethical guidelines.
- **Copy of lease agreements:** Helps buyers understand the terms, obligations and potential future costs.
- **Litigation involving the practice:** Allows buyers to evaluate any ongoing or resolved legal matters and potential risks associated with the practice.

### 4. COMMUNICATE WITH YOUR STAFF:

The decision to sell your medical practice will undoubtedly impact your staff, who are an integral part of the organization. Open and transparent communication with your team is essential throughout the process. Address any concerns they may have and provide reassurance about job security and the future of the practice. Keeping your staff well-informed can foster trust and promote a smooth transition.

### 5. NAVIGATE REGULATORY AND LEGAL COMPLIANCE:

Health care transactions involve navigating complex regulatory and legal requirements. Ensure compliance with all applicable health care laws, including the Health Insurance Portability and Accountability Act (HIPAA), Stark Law, Anti-Kickback Statute and state-specific regulations. Engage legal counsel experienced in health care transactions to guide you through the process and mitigate potential risks. 

**“It’s important to be candid with those providing your care.” –**

**ANNE MARDIS O’KEEFE, M.D.**

## **DR. O’KEEFE:**

# Candor is Key When You’re a Patient

The conversation could have been awkward. It wasn’t.

Several months ago, Anne Mardis O’Keefe, M.D., found herself visiting with a medical oncologist who shared news she didn’t want to hear, but expected to receive: She had breast cancer (Stage 1).

During their conversation, the medical oncologist asked Dr. O’Keefe whether she wanted her to pretend she wasn’t a physician. “She knew that I was, and her question was a relief to hear.”

She told her to proceed, pretending not to know her background. She wanted to hear everything she would normally tell a patient, instead of potentially omitting details because she assumed she might already know. Their conversation about her biopsy results and next steps was productive and comprehensive, Dr. O’Keefe said. She appreciated her approach.

Dr. O’Keefe said when physicians become patients – basically, a reversal of roles – it’s important to be candid with those providing your care. You help set the tone for the physician-patient conversations, she said, but your knowledge about medicine could create an undesired communication barrier.

“This is the elephant in the (patient) room,” she said. In her case, the medical oncologist knew Dr. O’Keefe was a physician because it was noted on her chart and, she said, she was glad she broached the subject about how their conversation should go. It’s something she suggests all physicians do when treating a peer.

She said she’s finished radiation and is feeling better, but not all the way back.

Dr. O’Keefe said she had always been faithful about getting her annual mammogram. This year, however, she was a couple

months late in getting the examination. “I was mad at myself.”

Her radiologist, following her mammogram, told her she had a mass and she needed a biopsy. “When you’re a physician, you can read between the lines. I was pretty sure I had breast cancer.”

Her pathologist further explained the results and what he recommended. “He did it compassionately,” she said. “He was outstanding.”

Dr. O’Keefe said the expected time between her mammogram and the biopsy was to take three weeks. In this time, she was to have an appointment to order the biopsy, then another appointment. “I felt awful. I felt scared. I felt depressed.” (Dr. O’Keefe shared that she has been treated for depression previously. “We have to be upfront about things like this.”)

She asked a friend (a radiologist) to help speed up the process. “I felt guilty for putting her in that position. She was so kind and good at providing information. She told me it was fine, but I still felt guilty.”

Dr. O’Keefe chose a younger female surgeon, who had received specialized training, for her biopsy. “I just believe the more recent training you have, the most likely you are to use updated treatment and methods.”

Her surgeon explained her options: A total mastectomy or a lumpectomy with radiation. Dr. O’Keefe said she was leaning toward the former based on conversations with friends about the chance of a reoccurrence with a lumpectomy. Her surgeon explained that with radiation and taking medication to block estrogen, the reoccurrence rate with a lumpectomy was the same as having a mastectomy.

“I took her recommendation,” said Dr. O’Keefe. “I am happy with my decision.”

She has subsequently seen a radiation oncologist and medical oncologist, which included the candid conversation.

In previous interactions with physicians, Dr. O’Keefe said, she hasn’t always divulged her profession. “I didn’t want them to change their style.” Her reasoning was she didn’t want them to leave out details because they assumed – as a physician – she would already know the information.

Besides negotiating how the conversation between physician and the patient-physician should go, Dr. O’Keefe encouraged her peers to do what they can to avoid delays between treatment. “Making people wait that long is not good. I know it can be the system but do what you can to help speed up the process.”

“It was a horrible, stressful time for me waiting.”

Her experience provided her with even more appreciation for nurses and she encouraged her peers to always remember how much they do to care for patients.

“You kind of forget what they do and how much they do,” she said. Their role is so much bigger. They’re not just calling the doctor for you. They’re not just getting your meds and helping you go to the bathroom. They are with you.”

“I am sure physicians don’t always see this unless they’re a patient.”

Dr. O’Keefe shared a story about her interaction with nurses as she was coming out of anesthesia. She admits she was still a bit loopy and not quite fully aware of what she was saying. “I was aware of the challenges nurses had taking care of COVID patients. I asked them in that moment ‘Are you my nurses?’ They said yes. I told them thank you for your service during the pandemic.”

“They just smiled.”

She finished her radiation in July and has follow-up appointments to ensure she is healing. She’s tired, but not as much as she was. She’s also experienced skin irritation because of the radiation.

She’s also feeling better mentally. “My depression is better. For the first two or three weeks after I knew I had cancer, I was very depressed. I have a history of depression. People need to know that it’s OK to talk about it. A lot of people have it. Luckily, I was already being treated for it.”

Dr. O’Keefe finished this conversation about her experience being a patient with four suggestions, including one that is very personal:

- Be candid with the physician providing your care about how much information you want to hear – or don’t.
- Appreciate your nurses. “You’ll appreciate them even more when you’re a patient.”
- Advocate for your patients, when and as you can, to speed up their time between appointments, especially when the outcomes can be serious.
- Advocate for mammograms and other preventive services for your patients. They can save lives, she said. 🗣️



## The O’Keefe File

**Hometown**  
Omaha, NE

**Undergraduate Degree**  
University of Nebraska-Lincoln in biological sciences

**Medical Degree**  
University of Nebraska Medical Center

**Master’s Degree**  
Emory University, Rollins School of Public Health in Atlanta in public health (epidemiology concentration)

**Residency**  
University of Colorado Health Sciences Center in Denver in preventive medicine

**Specialty**  
Public health and preventive medicine

**Institution**  
Creighton University School of Medicine

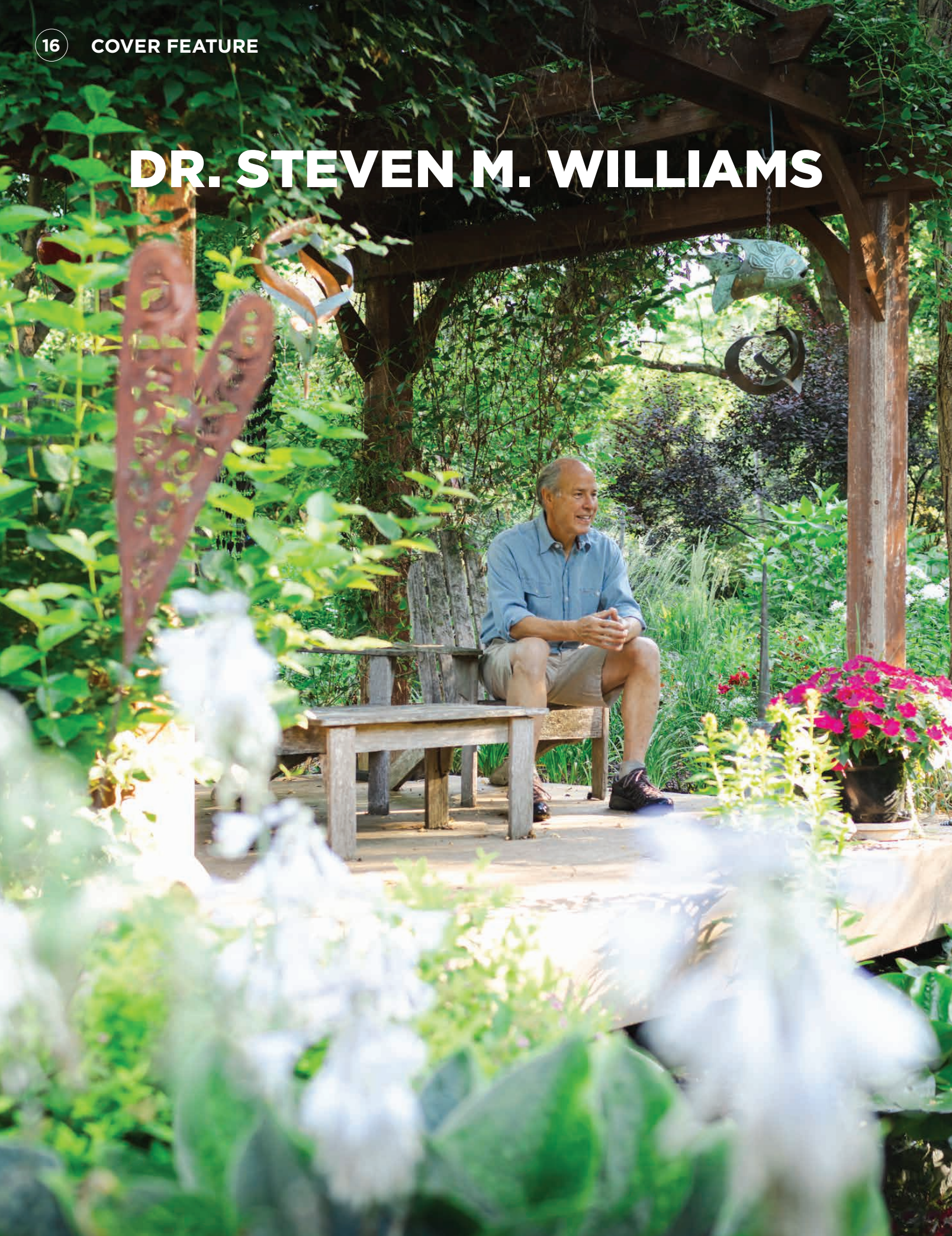
**Title**  
Professor and vice chair of public health, Dept of Clinical Research and Public Health

**Hobbies**  
Listening to live music, learning Spanish and learning to play the mandolin

**Family**  
Her son, Jude

**Why She Joined MOMS**  
“I joined because I didn’t work directly with a lot of physicians. I needed a physician community and MOMS provided it.”

# DR. STEVEN M. WILLIAMS





# At Home in His Garden

If it's Friday morning, expect to find Steven M. Williams, M.D., at the Henry Doorly Zoo – working on the landscaping near the Butterfly Garden. On any other day, look for Williams, a retired family medicine physician, at home in his garden.

Please note: This is no ordinary garden – it's one that extends beyond his backyard to his next-door neighbor's and well beyond. His land encompasses 5 acres – 3 of which he has encompassed into his expansive garden. He's left the remaining 2 acres to the deer, foxes, raccoons, turkeys, wood chucks and barn owls that call his land home. "Those 2 acres are all untouched woods. When you get down to the creek, it's very natural."

Dr. Williams' garden wasn't always all this – he started small and gradually expanded as time allowed, but especially when his children (he has three) grew. Pacing is the point he would make to anyone – especially his peers – who are looking for a hobby and considering gardening.

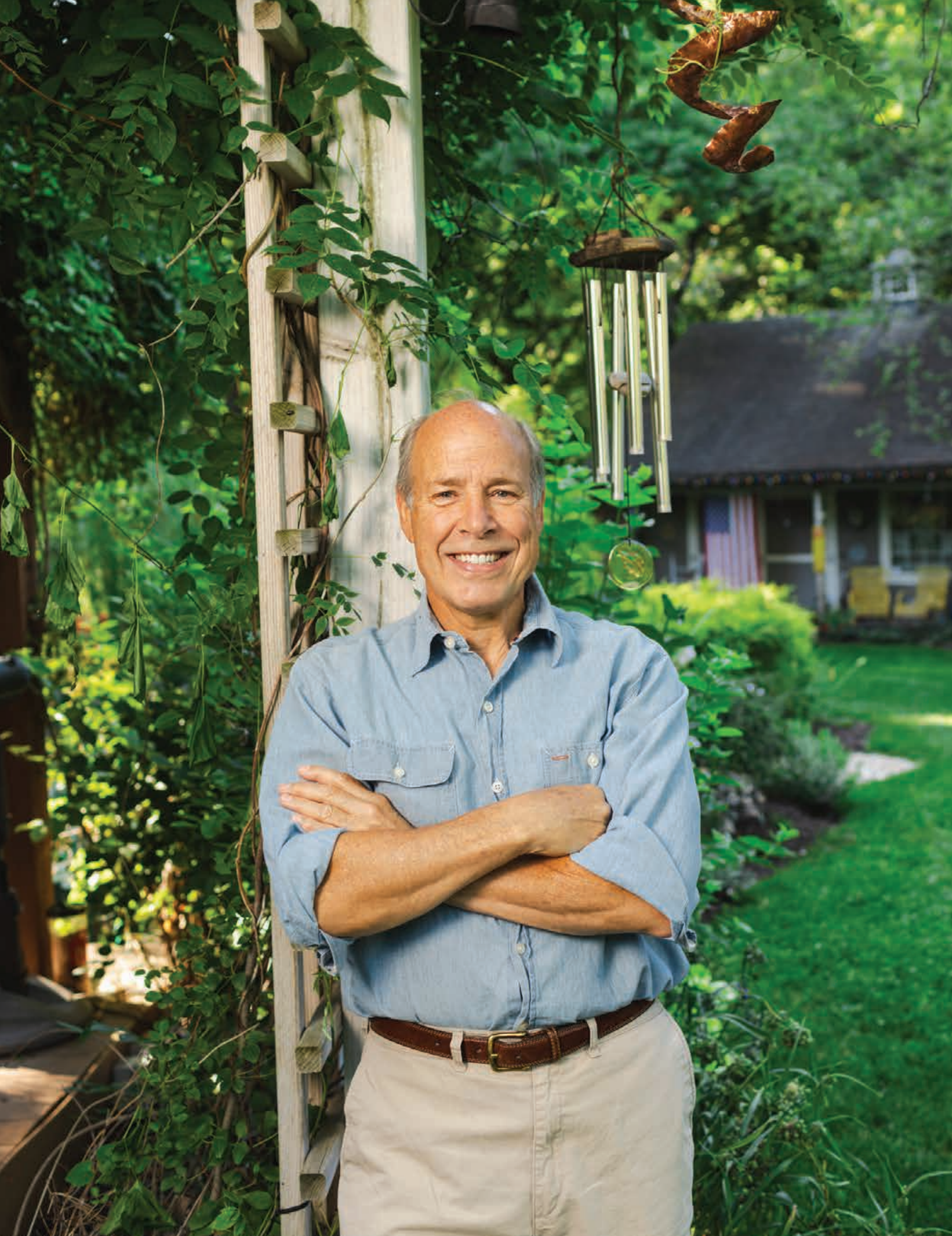
Start with one bed – possibly the size of a large table, he said. "Pick some colors you like and plant where you have light or shade, or in between. The key with any garden is to plant any plant in its favorite place where it will grow."

That's how he started some 40 years ago when he moved into his house in southwest Omaha. He later discovered that his lot was blessed with rich, black soil. "You don't run into dirt like this just anywhere. Put a shovel in – it's black dirt."

Dr. Williams isn't joking when he proclaims that this passion for gardening is genetic. His mother gardened as did his maternal grandfather, a family physician in Iowa City. "Sometimes I think it's the frustrated farmer coming out of me. If gardening wasn't a love, it would be a pain in the rear."

**CONT. PAGE 19**





**FROM PAGE 17**

Dr. Williams, who earned certification as a Master Gardener through the UNL Extension Office in 2007, has transformed his backyard, and the adjacent land sold to him by a retired physician, during the past four decades. He followed the advice he now gives to aspiring gardeners and gradually expanded. The garden, he explained, has been an evolution. First a grassy soccer field, and then transforming into the garden.

He spends his winters – the boring months that make him restless to be outside – exercising and planning for the coming season: What to plant and where. He’s always looking to introduce new varieties. Repeating what he plants in beds from year to year would be boring, he said.

For now, he no longer looks to expand his garden, which may be more suitably called a campus. Over time, he has added multiple garden island beds – spaces devoted to plants, surrounded by grass instead of water. And speaking of water, an offshoot of the Papio Creek winds through his property. He has built two ponds with long cascades into both. He also has created an Asian garden adorned with Asian artwork.

In retirement, Dr. Williams often spends full days in his garden. He always has a golden retriever or two – currently just Hanna – by his side. When time allows, he’ll spend time relaxing in one of the many sitting areas – he calls them garden rooms – he has created in or near his islands. “You’ll see I have lots of rooms out here. This past year is the first time in my life that I’ve actually sat in every chair.”

And he has many – and each, he said, provides a different perspective of his work – better called his passion. The further he gets from his home, the garden becomes more natural and wild. “There are two beds out there that I haven’t even touched.”

All the while, Dr. Williams is mixing in art pieces in his various islands that he’s been collecting locally, regionally and throughout the United States for the past four decades.

Dr. Williams, who turned 70 in August, spent the winter and spring preparing his garden to be a stop on the Munroe-Meyer Garden walk – the third time he’s been included. “It’s an honor,” he said, “but also a great deal of extra work. It is totally worth it for the kids and the organization.”

**CONT. PAGE 20**

**Dr. Williams, who earned certification as a Master Gardener through the UNL Extension Office in 2007, has transformed his backyard, and the adjacent land sold to him by a retired physician, during the past four decades. He followed the advice he now gives to aspiring gardeners and gradually expanded. The garden, he explained, has been an evolution. First a grassy soccer field, and then transforming into the garden.**



## The Williams File

**Hometown**  
Omaha, Nebraska

**Undergraduate Degree**  
University of Nebraska-Lincoln in zoology

**Medical Degree**  
University of Nebraska Medical Center

**Residency**  
UNMC in family medicine

**Specialty**  
Family medicine  
(retired in 2022)

**Location:**  
Worked 40 years at Methodist Physician’s Clinic - Regency

**Hobbies**  
Besides gardening: exercising and sports, in general

**Family**  
Three grown children: Jason, Ben and Carrie; and five grandchildren

**Why He Joined MOMS**  
“I’ve been very active in the Nebraska Academy of Family Physicians and have served as president of it in the past. I joined MOMS and NAFP at the same time over 40 years ago to help support organized medicine in the Metro area. I have been proud of both of their outreach and accomplishments.”

## FROM PAGE 19

Nine-hundred people toured his garden on that Sunday in June. "It was a great time."

Serving as a stopping point on the Munroe-Meyer walk, he said, was an honor that came with the self-imposed expectation that his garden be at its best. He started work even before the winter's snow had melted and didn't stop. Family and friends assisted by helping ready his house for guests. He handled the rest.

"Basically, it was a full year of gardening by June 11. Seven in the morning to 9 at night, each day," he said. "I had to get things done. Now, I can relax and enjoy."

Dr. Williams' garden begs some questions, which he is happy to answer:

Does he or his garden have a nemesis? Actually, he has two. The first, about

which he doesn't know what it's called, is a wild geranium with a pretty purple flower. Don't be fooled by its beauty, he said. "It's very invasive. It wants to be in every bed I have." The second is a woody vine, called Euonymus vine which is great to hold the side of the creek bed in place. "But it's a devil's ivy in every other bed."

"Nothing else bugs me. Those two things are my nemesis."


How many plants does he estimate he has in his garden? Ninety-five percent, he estimates, are perennials; the remaining 5 percent are annuals. "That's still quite a few annuals. It's such a big area." To answer the actual question, he quotes his father, who raised registered angus cattle. "People would always ask my dad 'How many cattle do you have?' He'd say, 'Enough to keep me busy.'"

Where does he buy his plants? He doesn't completely play favorites but has his go-to places. On Fridays after his time at the zoo, Dr. Williams typically takes the long way home with stops along the way to check inventory and prices. His route often includes multiple stops, beginning at Menards in Bellevue, followed by Home Depot and Lowe's. The route may include stops at Mulhall's and Lanoha Nurseries. "If I see a plant that is reasonably priced that I need, I'll buy it."

How does he know how much to pay for plants? To some degree, he said, he knows – but by experience. "I would say I buy the best plant for the best price I can find in town. In any given week, I can tell you pretty much what any plant in town will cost and where – because I shop that much."



How did he find time to garden while raising a family and practicing medicine? He would be at work by 6 a.m. with hopes to be home by 6 p.m. When the children were young the garden area was a sports field, and as they got older, Dr. Williams coached their soccer teams for twelve years, some years two teams at once. When they moved on, the garden evolved into what it is today. "I loved practicing medicine, but this was my release." In retirement, he can spend the whole day in the garden, but certainly misses his patients and staff.

Is he slowing down at 70? Maybe. He doesn't bend over to weed anymore because doing so bothers his back. "I don't fill my bucket as full as I once did, but if I am on my hands and knees weeding, don't get in my way. I fly." 

**"I don't fill my bucket as full as I once did, but if I am on my hands and knees weeding, don't get in my way. I fly."**

**—STEVEN WILLIAMS, M.D.**



# WHAT'S NEW WITH THE GME PROGRAMS AT UNMC AND CREIGHTON

When medical schools add residency programs, they, on one level, are offering more opportunities for students to pursue their chosen specialties. On another level, they are enhancing the care they provide for residents of their states and beyond.

"Plans for expanding residency programs are exciting," said Joann Porter, M.D., associate dean for graduate medical education at Creighton University Medical Center. "It's exciting for UNMC and for Creighton to continue to expand their offerings for specialties and for the populations we serve across the state."

Dr. Porter's counterpart at UNMC – Chandrakanth Are, MBBS, MBA – noted that 40 percent or more of UNMC-trained physicians end up practicing in Nebraska and the surrounding states. In some primary care specialties, he said, it can be up to 60 to 70%. "In everything we do, we not only focus on training the next generation of physicians, but also focus our efforts on training physicians that will add to the physician workforce of Nebraska."

Drs. Porter and Are provided updates about their respective graduate medical education programs. Exciting times are ahead for their medical schools, they said.

## DR. PORTER AND CUMC:

Creighton, which also retains 40% of its graduates to serve in Nebraska, has added five graduate education programs in the past half-dozen years, with three being driven by its partnership with CHI Health. The other two, Dr. Porter said, resulted from federal support of hybrid – urban and rural – programs in internal medicine and psychiatry.

The three residency programs added with support, including financial, from CHI Health, are neurology (eight slots), gastroenterology (six slots) and hospice care (one slot).

The new residency program in hospice care, she said, was driven by the Catholic Health Initiative through CHI Health and the ministerial care that results from it. "This program highlights our partnership the most," she said. "Hospice and palliative care are relatively new offerings."

The hospice program offers medical residents the option of an additional degree in the humanities," Dr. Porter said. "It's offered if they want to pursue it."

The other new residency programs resulted from a COVID relief bill enacted

by Congress in 2021. The new residency programs in internal medicine and psychiatry, Dr. Porter said, call for a type of hybrid training – at least 50 percent in a rural setting. This approach, she said, allows for program leaders to remain in urban setting, but provide training in a rural one.

Both programs will be based in Kearney, Nebraska. These programs will provide training in CHI Health hospitals situated in rural areas, she said.

"When our residents finish their training," she said, "hopefully they will take jobs in these areas."

Dr. Porter said adding residency programs is exciting – and Creighton has seven others under consideration as part of its five-year plan. "Ultimately, it's about taking care of the populations we serve," she said.

## DR. ARE AND UNMC:

Dr. Are said UNMC has added about 24 new graduate medical education programs since 2017. "It's our responsibility, as the only state-run medical university, to offer training programs in these areas of expertise so that our trainees can go

**"It's exciting for UNMC and for Creighton to continue to expand their offerings for specialties and for the populations we serve across the state."**

— JOANN PORTER, M.D.



out and practice in our state and the surrounding region.”

Among the new programs, he said, are dermatology, psychiatry and several other fellowship programs.

The vetting process for a new residency program, Dr. Are said, is a three-step approach: review and approval by an internal committee, approval by the appropriate national accrediting body, the ACGME (Accreditation Council for Graduate Medical Education) and to ensure the availability of funding.

“We look to see how it benefits the university, the city, the state and the surrounding region, and then how does it impact other training programs. If it doesn’t satisfy all those metrics, maybe it’s not worth starting the new program,” Dr. Are said.

An internal committee reviews requests for funding for programs. The number of new positions requested and approved varies and is based on the training program under consideration, Dr. Are said. “Some start with only one trainee such as new fellowship programs.”


Dr. Are said that of the 886 sponsoring institutions (entities that house or sup-

port graduate medical education training programs) in the nation -- UNMC and Creighton – are the only two in Nebraska. Smaller sponsoring institutions may offer one or two programs. UNMC, with its 73 programs, falls into the medium-size sponsoring institution.

“As the only state-run medical institution, we take this very seriously,” Dr. Are said. “We want to make sure what’s invested in us is used efficiently to ensure that the state gets the maximum return on its investment.”

On another note, Dr. Are said Vicki Hamm, UNMC’s GME institutional director, has retired after more than four decades on the job.

“Vicki gave 47 years to graduate medical education on our campus. She is a GME gem. There are very few people that I have encountered who have such a good work ethic and a sense of accountability. She’s given her entire life to GME. What we have in GME here at UNMC is the result of the unsurpassed dedication and commitment of Vicki Hamm and our first DIO, Dr. Robert Wigton.

Erin Snow is the new Institutional director. “Erin is a veteran in GME. She brought a wealth of experience to the role and has done exceedingly well,” Dr. Are said. 



**It’s our responsibility, as the only state-run medical university, to offer training programs in these areas of expertise so that our trainees can go out and practice in our state and the surrounding region.”**

— CHANDRAKANTH ARE,  
MBBS, MBA



# MEMBER NEWS

## NMA HONORS MOMS MEMBERS DURING MEMBERSHIP MEETING

Four MOMS members were presented awards at 2023 NMA Annual Membership Meeting Physician Appreciation Luncheon in August in Lincoln.

### NMA YOUNG PHYSICIAN OF THE YEAR

#### Juan Santamaria, M.D.

Dr. Juan Santamaria, an assistant professor in the UNMC Department of Surgical Oncology received the NMA Young Physician of the Year Award. He also currently serves on the MOMS Early Career Physicians Committee and as the chair of the Nebraska Chapter of the National Hispanic Medical Association.

In the words of Dr. Santamaria's nominators: "As surgical residents, we first worked with Dr. Santamaria when he newly joined UNMC faculty, and it was soon clear that he is an effective surgical educator. He sets clear and manageable objectives in the operating room that allow residents to learn technique and to progress through an operation proficiently. Outside of the operating room, he is a strong mentor for residents and medical students pursuing research. Through all his efforts, Dr. Santamaria is the commensurate academic surgeon who elevates all around him.

Dr. Santamaria goes above and beyond to elevate cancer care for patients in Omaha and Nebraska. He is the principal investigator of grants that promote the Nebraska Breast Health Navigation Program and explores efforts to involve more Latinx patients, an underrepresented group, in breast cancer screening and enrollment in clinical trials.

This award is presented to a physician under age 40 who consistently achieves high standards in the practice of medicine and is looked upon as a role model by his or her peers. This physician provides high-level leadership, fosters the spread of medical knowledge, and contributes substantially to their community through service or support.

### DISTINGUISHED SERVICE TO MEDICINE

#### Kristie Hayes, M.D.

Dr. Hayes, an associate professor emeritus in the UNMC Dermatology Department was honored with the NMA Distinguished Service to Medicine Award. She is a long-time MOMS and NMA member, and previously served as an assistant dean for students and multicultural affairs with the UNMC College of Medicine and was the inaugural director of diversity for the UNMC Department of Dermatology.

She has spearheaded numerous dermatology and other volunteer and community initiatives.

Dr. Hayes has trained more than 30 years of trainees — primary care residents and medical students — in dermatology. She has been a mentor to dozens of physicians practicing across Nebraska.

A fearless advocate for underrepresented minorities, uninsured and underinsured patients, Dr. Hayes is an adviser to the Omaha Public Schools and Urban League of Omaha, and has performed volunteer work in Ghana and Jamaica.

As a dedicated volunteer for our state, she has improved dermatologic education and access for countless individuals.

This award is presented to a long-standing physician leader who has made outstanding contributions to the profession of medicine through devoting time and talent, and by bringing about positive change through the advancement of health care access and services.

### 2023 NMA RESIDENT ADVOCATE OF THE YEAR

#### Megan Kalata, M.D.

Dr. Megan Kalata, an ob/gyn resident at Creighton University was honored with the NMA Resident Advocate of the Year award.

Dr. Kalata coordinated an anti-racism workshop to reduce racial disparities and improve maternal and neonatal outcomes. The curriculum addresses specific ways that racism and bias affect a physician's ability to care for patients and was presented to residents, attendings and medical students. This curriculum won the National Junior Fellow Initiative Tool Kit Contest for Diversity, Equity, and Inclusive Excellence through the American College of Obstetrics and Gynecologists.

She has also demonstrated her ability as a leader by teaching her junior residents and medical students. She won the Creighton Golden Apple Award, which is a yearly award given to one Creighton resident or fellow for excellence in teaching. Her passion for the field, her patients and learning is a huge motivator for students.

Megan has worked during her time at Creighton to strengthen the program and is never afraid of creating something new when she sees a need.

This award is presented to a resident physician advocate who has played a crucial role in enhancing the NMA's public policy priorities, in addition to proven and successful outcomes with national and/or state-level advocacy initiatives. Encourages, supports, and motivates their colleagues to participate in NMA advocacy work, while personally advocating for the well-being of physicians, patients, and the communities in which they serve.



**MEMBER NEWS cont'd**

**2023 NMA STUDENT ADVOCATE OF THE YEAR**


**Wyatt Lanik**

Wyatt Lanik, a fourth-year medical student at UNMC, was awarded the NMA Student Advocate of the Year Award. His involvement has included: UNMC NMA Student Delegate, UNMC AMA-MSS Chapter Delegate, member of AMA-MSS Region 2 Committee on Legislative Action, Policy Vice Chair and Chair for the AMA-MSS Committee of Scientific Issues.

Lanik’s commitment to advocacy has inspired other students to get involved and positively impact their communities. He has helped develop other students’ skills as advocates, providing guidance and support to those interested in medical advocacy through his role as UNMC’s AMA Delegate.

He has helped to develop educational programming for students interested in medical advocacy through his work on local policy and resolution writing workshops. Wyatt’s work has shown that he is committed to ensuring that future physicians are well-prepared to be advocates.

As he approaches his final year of medical education, Wyatt has begun succession planning to ensure the future of organized medicine is bright at UNMC. He has worked to empower his colleagues to take on leadership roles within the student chapter of the AMA, and provided them with the resources and support they need to succeed.

This award is presented to a medical student advocate who has played a crucial role in enhancing the NMA’s public policy priorities through state or national advocacy initiatives, advocates for the wellbeing of physicians, patients, and the communities they serve, and motivates fellow students to participate in NMA advocacy work. 

# MOMS EVENTS RECAP

## EARLY CAREER PHYSICIANS GROUP COMBINES FOOD AND CONVERSATION

MOMS Early Career Physicians gathered in late August at the R+R Wellness Center to network and chat with several physician mentors while sampling food from Caribbean Delights.



## SIMULATION IN MOTION IS TOPIC FOR RETIRED PHYSICIANS

MOMS Retired Physicians group met in July to learn about Simulation In Motion – Nebraska, which seeks to enhance the quality and accessibility of emergency medical education to rural and frontier areas by delivering high-quality, technologically advanced simulation training. Phillip Oelschlager led the discussion and provided a tour of the truck.



1. MOMS Retired Physicians Chair, Dr. Robert Cochran, with Phillip Oelschlager of SIM-NE.



## MAYOR PROVIDES CITY UPDATE TO MOMS RETIRED PHYSICIANS

Members of the MOMS Retired Physicians Goup received an update about the city from Mayor Jean Stothert during their August gathering. The group met at the UNO Community Engagement Center.

# NEW MEMBERS

**ALI BIN ABDUL JABBAR, MD\***  
Creighton University  
Internal Medicine

**FADERERA ADEWOLE, MD\***  
UNMC  
Transplant Surgery

**LINUS AMARIKWA, MD\***  
UNMC - Truhlsen Eye Institute  
Ophthalmology

**MUHAMMAD ASGHAR, MD\***  
Creighton University  
Neurology

**TYLER AUSTIN, MD\***  
UNMC  
Anesthesiology

**VARNICA BAJAJ, MD\***  
UNMC  
General Surgery

**KATE BEDNARKE, MD\***  
UNMC  
Internal Medicine

**CASEY BEHNKE, MD\***  
UNMC  
Internal Medicine

**MICHAEL BETHEL, MD\***  
Anesthesia West, P.C.  
Anesthesiology

**GARIMA BHANDARI, DO\***  
UNMC  
Internal Medicine

**HAILEY BUCKINGHAM, MD\***  
UNMC  
Anesthesiology

**PATRICK CARDEL, MD\***  
UNMC  
Internal Medicine

**CHANCE COSGRIFF, MD\***  
UNMC  
Family Medicine

**LOGAN DAVIS, MD\***  
UNMC  
Physical Medicine & Rehabilitation

**SABINA DHAMI, MD\***  
Creighton University  
Internal Medicine

**JUSTIN DUNN, MD\***  
UNMC  
Rheumatology

**LORELLE DUNN, MD**  
CHI Lakeside  
Emergency Medicine

**IFUNANYA EJIKEME, MD\***  
UNMC  
Anesthesiology

**AHMED EL-SHAER, MD\***  
Creighton University  
Internal Medicine

**MITCHOLL FLOURA, MD\***  
UNMC  
Neurology

**SANDRA FRIMPONG, MD\***  
UNMC  
Internal Medicine

**KACI GRIFFIN, MD\***  
UNMC  
Internal Medicine

**BAILEY HASSMAN, MD\***  
UNMC  
Otolaryngology

**JAMES HAZEN, MD\***  
Creighton University  
General Surgery

**JAKE HERBER, MD\***  
UNMC  
Family Medicine

**RYAN HIGGINS, MD\***  
UNMC  
Otolaryngology

**BRENT HORSWELL, MD\***  
Creighton University  
Obstetrics & Gynecology

**BENJAMIN HURLEY, DO\***  
UNMC  
Physical Medicine & Rehabilitation

**SIMONE JACOBY, MD\***  
UNMC  
Internal Medicine

**LAKSHMI GOPINATH JAISANKAR, MD\***  
Creighton University  
Family Medicine

**MARK JEDRAS, MD\***  
UNMC  
Neurology

**MUHAMMAD KARIM, MD\***  
Creighton University  
Internal Medicine

**CHRISTOPHER KEENAN MD\***  
UNMC  
Anesthesiology

**FARAN KHALID, MD\***  
Creighton University  
Internal Medicine

**BROOKE KOEBELE, MD\***  
UNMC  
Urology

**SHUAI LI, MD, PHD\***  
Creighton University  
Clinical Pathology

**JOHN LLAMOSO, MD\***  
Creighton University  
Family Medicine

**RUKEVWE MADUSOR, MD, MPH\***  
UNMC  
Transplant Surgery

**JOSEPH MAURICE, MD**  
Creighton University  
Obstetrics & Gynecology

**NICHOLAS MIELKE, MD\***  
Creighton University  
Internal Medicine

**KARISHMA MISTRY, MD\***  
Creighton University  
Internal Medicine

**CHYDUBEM NWAIWU, MD\***  
UNMC  
Internal Medicine

**ALEXANDER OGDEN, DO\***  
UNMC  
Family Medicine

**RUTVIJ PATEL, MD\***  
Creighton University  
Internal Medicine

**XIAOHAN PENG, MD\***  
UNMC  
Neurology

**ALEX PFEIFFER, DO\***  
UNMC  
Family Medicine

**SHADASHALIN PIERCE, MD\***  
UNMC  
Anesthesiology

**MITCHELL PITLICK, MD**  
Allergy, Asthma & Immunology  
Associates PC  
Allergy & Immunology

**CHRISTIAN POLLEMA, MD\***  
UNMC  
Psychiatry

**STEPHANIE RADILL, MD\***  
UNMC  
Family Medicine

**ANNA RICE, DO\***  
Creighton University  
Internal Medicine

**HALEY RILEY, DO\***  
UNMC  
Neurology

**CHARLOTTE RITCHIE, MD\***  
UNMC  
Psychiatry

**ABIGAIL ROHR, DO\***  
UNMC  
Family Medicine

**MASON ROHR, DO\***  
UNMC  
Pediatrics

**THOMAS SAFRANEK, MD**  
Total Wellness  
Infectious Disease

**TONY SATROPLUS, MD\***  
UNMC  
Otolaryngology

**SYED SATTAR, MD**  
Inroads to Recovery  
Addiction Psychiatry

**KALIE SAVAGE, MD\***  
Creighton University  
Internal Medicine

**ANDREW SCHMIDT, MD\***  
UNMC  
Neurological Surgery

**ALEXANDER SCHMITZ, MD\***  
UNMC  
Radiology

**RYAN SHOGREN, MD\***  
Anesthesia West, P.C.  
Anesthesiology

**MARCELLUS SINGH, MD\***  
Creighton University  
Internal Medicine

**KALKENA SIVANESAM, MD\***  
UNMC  
Anesthesiology

**KEITH SMITH, DO**  
LifeServe Blood Center  
Clinical Pathology

**PERRY SMITH, MD\***  
Creighton University  
Internal Medicine

**SARAH SMITH, MD**  
UNMC/Nebraska Medicine  
Pediatric Internal Medicine

**IAN SOUTH, MD\***  
UNMC  
Anesthesiology

**STEVIE STAUBLE, DO**  
Offutt Women's Health  
Obstetrics & Gynecology

**CLAIRE STAVENGA, MD\***  
UNMC  
Psychiatry

**ABIGAIL TESNOHLIDEK, MD\***  
UNMC  
Anesthesiology

**TAYLOR THIEMAN, MD\***  
UNMC  
Dermatology

**LESLEY TOWERY, MD\***  
UNMC  
Family Medicine

**JACLYN URBANEC, DO\***  
Creighton University  
Internal Medicine

**ADVAIT VASAVADA, MD\***  
UNMC  
Family Medicine

**JEFFREY WARNER, MD\***  
UNMC  
Ophthalmology

**BRITTANY WEAVER, MD\***  
UNMC  
Family Medicine

**MARK WESTBROEK, MD\***  
UNMC  
Pediatrics

**CHRISTOPHER WILES, DO\***  
Anesthesia West, P.C.  
Anesthesiology

**JESSE WOO, MD\***  
Creighton University  
Psychiatry

**STEVEN YACKLEY, MD\***  
UNMC  
Internal Medicine

**TRISTEN ZIMMERMAN, MD\***  
UNMC  
Emergency Medicine

**LUIS ZUNIGA, DO\***  
UNMC  
Internal Medicine

\*Resident or Fellow



## SECOND PEDIATRIC NEUROLOGIST ADDED TO PROGRAM


Mark Puccioni, M.D., joined Boys Town Pediatric Neuroscience as a full-time team member in August. Dr. Puccioni has been a community partner with Boys Town Pediatric Neuroscience department and Boys Town Craniofacial since 2012.

"We're thrilled to bring Dr. Puccioni on as a full-time neurosurgeon," said Deepak Madhavan, M.D., chief medical officer and vice president of medical affairs at Boys Town National Research Hospital. "He's been an excellent community partner and has been part of life-changing procedures for many Boys Town patients. His experience and commitment to providing excellent care makes our neuroscience team even stronger."

An Omaha native, Dr. Puccioni completed his medical degree and neurosurgery residency at the University of Nebraska Medical Center (UNMC). He completed his pediatric neurosurgery fellowship at Children's Medical Center Dallas/University of Texas Southwestern. Dr. Puccioni is board certified in pediatric and adult neurosurgery and is the only pediatric neurosurgeon in Nebraska to be inducted into the American Society of Pediatric Neurosurgeons.

In 2019, Boys Town Hospital recognized that the region was lacking sufficient medical care for Midwestern families in need of specialized neurological care. It became Boys Town's objective to provide quicker, more proximal and more advanced access to care.

Boys Town Pediatric Neuroscience has since grown to be the largest program in the region with 11 neurology specialists including epileptologists, neurogeneticists, neurosurgeons and board-certified, fellowship-trained neurologists.


The addition of a second neurosurgeon to the Boys Town Pediatric Neuroscience program means more children have access to the world-class imaging technologies available at Boys Town and the advanced surgical interventions that can be provided based on those findings. 



## RECOGNITION OFFERS 'RAY OF HOPE'

In a significant stride toward advanced stroke care, CHI Health CUMC Bergan-Mercy has been recognized as a Comprehensive Stroke Center. This certification, offered in collaboration with the American Heart and Stroke Association and The Joint Commission, is a testament to the hospital's commitment to exceptional health care. The designation is the highest level of certification a hospital can receive and places it among an elite group.

The Comprehensive Stroke Center certification signifies that CHI Health CUMC Bergan-Mercy possesses the expertise, resources and infrastructure to provide comprehensive stroke care for even the most complex cases. The hospital's dedication to meeting rigorous standards, including advanced diagnostics, cutting-edge treatments and multidisciplinary collaboration, is reflected in this recognition.

"With stroke being a leading cause of serious long-term disabilities and mortality, access to specialized care is paramount," said Randall Pritza, M.D., system senior vice President CHI Health. "This achievement not only elevates CHI Health CUMC Bergan-Mercy's standing but also offers a ray of hope to individuals and families during critical moments, reaffirming that their well-being remains at the forefront of our mission." 



## NEW BEHAVIORAL HEALTH HOSPITAL SLATED FOR COUNCIL BLUFFS


According to American Hospital Directory data, there is a shortfall of more than 300 inpatient behavioral health beds in Iowa and Nebraska.

To address this need, Methodist Jennie Edmundson Hospital and Acadia Healthcare recently announced plans to build a state-of-the-art behavioral health hospital in Council Bluffs, Iowa. The 96-bed hospital will include 24 inpatient beds dedicated to serving the mental health needs of children and adolescents, as well as provide outpatient services. This new facility will address the growing unmet need for accessible, high-quality behavioral health services in the region.

Methodist Jennie Edmundson Hospital is an affiliate of Omaha-based Methodist Health System.

Pending regulatory approval, the hospital is anticipated to open in 2026. It will be operated through a joint venture partnership between Jennie Edmundson and Acadia, the largest standalone provider of behavioral health care services in the United States. Together, the organizations will invest more than \$55 million in expanding behavioral health resources in the region.

"Patients of all ages in the region will have access to the specialized behavioral health care they need in a carefully designed environment," said David Burd, president and chief executive officer of Methodist Jennie Edmundson Hospital. "Methodist partnered with Acadia Healthcare because they are preeminent experts in behavioral health. This hospital will be a tremendous resource, and this partnership will help strengthen our level of expertise and implement proven best practices while enhancing the quality and number of behavioral health services available to patients throughout the area."


Jennie Edmundson and Acadia are in the process of securing land for the hospital. Construction will begin once all regulatory approvals are obtained. 

## WELCOMES CLASSES, MAKES MOVE INTO NEW CENTER

Some news and notes from Creighton University Medical Center:

Members of the new medical school class of 2027 began their journey to become Creighton physicians in July at their white coat ceremony. With 20 seats added to the program this year, the new class is the largest in medical school history, totaling 252 students. The class is comprised of students from 31 states and Canada, they speak 28 languages, 10% already has an advanced degree and 15% is first generation.

Creighton also recently celebrated a new class of physician assistant students starting their journey to become Creighton health care providers. Between the Phoenix and Omaha campuses, there are 64 students comprising the class of 2025. On Creighton's Omaha campus, the incoming class consists of 28 students, only seven of whom are drawn from Nebraska, displaying the wide reach of Creighton's medical programs. Other states include Colorado, Iowa, Idaho, Illinois, Kansas, Minnesota, Missouri, North Dakota, South Dakota and Tennessee. Twenty-five percent of the classes is first generation.

The Creighton University School of Medicine recently made the move into its new home at the CL & Rachel Werner Center. The center will be shared by all health science disciplines (approximately 3,700 Creighton students), providing the perfect space for interprofessional collaboration. Students will enjoy casual interactions and studies in lounges, collaborating in simulation labs and attending lectures in the new classrooms. 

## DR. ARE NAMED CEO OF GLOBAL SURGICAL CANCER FORUM


Chandra Are, MBBS – the Jerald L. and Carolynn J. Varner Professor of Surgical Oncology & Global Health and dean for graduate medical education at UNMC – has been named the first chief executive officer of the Global Forum of Cancer Surgeons.

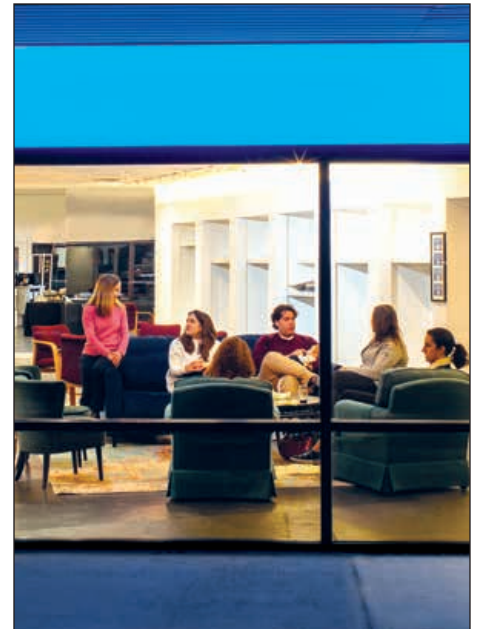
The GFCS, which Dr. Are helped create in 2017, aims to address the inequities in access to cancer surgery globally, including in the United States. The forum was formed under the auspices of the Society of Surgical Oncology, the largest single-country surgical oncology society in the world, to promote surgical care for cancer patients through a multidisciplinary approach for patients here and across the world. Formerly the founding director, Dr. Are said his new role is part of the evolution of the organization as it looks to broaden its impact.

"Of all the inequities we are held responsible to address as health professionals, the most important one is to address inequities in access to care, including cancer care," Dr. Are said. "Our hope is that the GFCS will play a key role in that endeavor, here and globally through optimizing clinical care, streamlining education, promoting research, enhancing the workforce and addressing inequities."

The GFCS consists of 15 reputable surgical oncology societies from across the world and the leaders of these societies. Through these 15 societies, the GFCS represents about 75% of the global cancer burden by incidence and mortality.

As the first CEO of the GFCS, Dr. Are, who holds a master's of business administration degree, will work with cancer surgery leaders from the United States and around the world to address the inequities in access to cancer surgical care within an multidisciplinary construct.

Dr. Are is a faculty member of the Fred & Pamela Buffett Cancer Center. 



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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

**FAX APPLICATION TO:**  
402-393-3216

**MAIL APPLICATION TO:**  
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**APPLY ONLINE:**  
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