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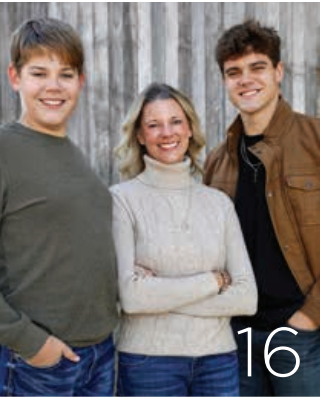
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GETTING FROM HERE TO THERE



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

In Tokyo, I took the monorail from the airport. In Shanghai, the MagLev, a bullet type train, took me directly to city center from the airport. In Paris, it was the train, just like in Chicago. Salt Lake City has the TRAX. Portland, Oregon, has the MAX light rail. The availability and design of public transport has a huge impact on my first impression when traveling to a new city.

Traveling in and out of Omaha by air, there is no such welcoming experience. I park at the airport, but not by choice. There is limited public transportation available at Eppley Airfield.

There is Uber/Lyft, but drivers are not guaranteed to be available if my flight is either very early in the day or late at night. The same is true for taxis.

Omaha's Metro bus service arrives weekdays at Eppley Airfield between the hours of 5:30 a.m. to 8:30 a.m., and from 3:30 p.m. to 6:30 p.m. No bus service welcomes passengers on weekends. Is there a bus available for my 8 p.m. arriving flight? No.

A completed change by Omaha Metro is ORBT, an express bus that runs down Dodge Street to Westroads. Can I take it to the airport? No.

In the planning stages is the three-mile-long streetcar route, near downtown. Like the ORBT, it is anticipated that the streetcar will help redevelopment of property along the route. Can I go home from the airport on the streetcar? No.

In Omaha, I drive to and from the airport, paying to park in the garage, because public transportation is not available. Salt Lake City, a metro area slightly larger than Omaha provides buses 20 hours per day. Rochester, New York, slightly smaller than Omaha metro area, has airport bus services 18 to 20 hours a day, seven days a week.

There are 4,500,000 people who fly through Eppley Airfield each year. Employees work at Eppley 24 hours a day. Bus service to the Omaha airport runs six hours a day on workdays, and not at all on Saturday, Sundays and holidays.

Inadequate public transportation impacts more than my ability to get to the airport.

Transportation directly impacts the health of our city. As city leaders urge citizens to become less dependent on cars, Omahans will try to adapt. This will be more difficult if public transportation is inadequate. The change will impact us all but, in truth, it will impact vulnerable persons more. The concept of public transportation on wellness is not new.

The Robert Wood Johnson Foundation brief "Public Transportation in the US," July 2, 2021, states "New or expanded public transportation options can improve health and health equity by reducing traffic crashes and air pollution, increasing physical activity, and improving access to medical care, healthy food, vital services, employment, and social connection."

This impact of public transportation on health is locally being taught in medical school. Students are now asked to do mapping exercises, determining a patient's route to a medical office, using public transportation. Ability to be get to at a medical visit on time can directly impact a patient's health.

I challenge you to do your own mapping exercise and map your own bus route from home to work and to places that are essential to your well-being. Then, I challenge you to map a typical patient's route to your office.

"Transportation directly impacts the health of our city. As city leaders urge citizens to become less dependent on cars, Omahans will try to adapt."

— AUDREY PAULMAN, M.D.

Is there transportation available for your patients to get to get to see you? Is it accessible? Is it affordable?

There are changes underway for the area's public transportation.


Those changes in Metro Omaha's public transportation system will impact you. It may impact you professionally, in that patients may have difficulty getting to your office or to the hospital. The impact may be personal, impacting the way you get home when your car is in the shop. It may be that employees of your favorite restaurant will no longer have convenient transportation to work.

Information about current bus transportation in Omaha may be found at www.ometro.com, and the planned changes may be found by looking for Metro Next 2022-2030.

It will impact you.

I sure hope the Metro Next project will improve the way Omaha welcomes the 4,500,000 people who come to or leave Omaha through Eppley Airfield each year.

Please enjoy this edition of the Physicians Bulletin as we welcome our incoming president of MOMS, Travis Teetor, M.D.

Thank you to those members who agreed to be interviewed for the articles. 

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A YEAR TO EXPAND MY HORIZONS



MARIA MICHAELIS, M.D.

President
Metro Omaha Medical Society

I had been a MOMS member for many years and served the organization in a variety of capacities before becoming president last January. Even though I thought I knew the ins and outs of our fantastic organization, I cannot believe how much more I learned this year. I joined MOMS when I came back to Omaha after residency.

I began going to social events when they fit into my schedule. I loved the annual Medical Legal Dinner, so I made it a priority to go to that event each year to hear interesting speakers and discussion. I loved being able to choose which activities fit into my life with no guilt or obligation. Then, as I progressed in my career as a physician anesthesiologist, I entered a time when service to my community became more important to me. I began volunteering more with organizations, including MOMS. I served on the Foundation Board, as well as the Grants Selection Committee. I enjoyed talking with my peers from different specialties. It was a privilege to then be able to serve as the president of MOMS this year.

Even though I had become acquainted with many members of MOMS in the past, I took it as a personal goal to meet and connect with even more members this year. It turns out that it is an immense ben-

efit to know people from different hospital systems and from different specialties. I had a close family member with some medical problems this year, and it was a big support knowing that I had many colleagues in different areas who could and would help me with figuring out her best plan of care. It was a huge relief to know that I could contact a person from different hospitals and in different specialties when needed. Being a parent who also has aging parents, it has occurred to me now more than ever that having a dedicated support network of friends who are in the medical community is an incredible resource. MOMS is a way to establish that resource for you.

MOMS has a variety of committees and fun groups within the organization. In addition to the Board of Directors meetings and Executive Board meetings, I was able to attend the Women in Medicine Topgolf Event, the Legislative Meet & Greet, the Medical Legal Dinner, to name a few. I met new people and connected with past colleagues at each event. Through these and other MOMS programs, I was able to collaborate with our sensational MOMS staff and with many of you. I have made new friends and renewed relationships with others.

My year of being the MOMS president is coming to a close, but I am beyond thankful for the opportunity to serve and get to know so much about this wonderful organization and the members who make it what it is: an organization worth being involved with for any physician. I want to encourage each of you to make a commitment to attend one event a year that works with your work/life schedule.

Thank you all for making it a marvelous MOMS year! I look forward to continuing to help other physicians of all ages and specialties find out what wonderful things this organization can help them accomplish. [🔗](#)



MOMS has a variety of committees and fun groups within the organization. In addition to the Board of Directors meetings and Executive Board meetings, I was able to attend the Women in Medicine Topgolf Event, the Legislative Meet & Greet, the Medical Legal Dinner, to name a few.”

— MARIA MICHAELIS

MEDICAL STUDENT ADVOCACY MAKING IMPACT



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

Advocacy efforts of the Nebraska Medical Association are often identified and prioritized by resolutions submitted and voted on by members at the annual membership meeting. In early 2022, I was contacted by a group of Creighton medical students inquiring about the resolution process and seeking guidance on how to proceed. Their topic of interest, removing the Hepatitis C sobriety clause, was one that I was not familiar with, so I connected the medical students with a content expert at Nebraska Medicaid to get their questions answered and the information needed to draft the resolution.

The medical students submitted their resolution to the NMA, and it was introduced and discussed at the annual membership meeting in August 2022. The NMA membership voted unanimously to approve the resolution and move forward with efforts to remove the barriers to accessing Hepatitis C treatment by eliminating the sobriety clause. Our collective efforts quickly got underway and included outreach to the program staff at Nebraska Medicaid and the Division of Public Health (DPH) to arrange meetings and discuss current authorization criteria and solutions to removing barriers to accessing the treatment.

In October 2022, a meeting was held with the program staff from DPH, Medicaid, Creighton medical students, physician experts and NMA staff to discuss the need to remove the sobriety

clause from the treatment criteria for Hepatitis C. During this meeting, information was shared that Nebraska Medicaid was already looking at ways to remove barriers to accessing treatment and had been considering some changes to the criteria authorization form. The medical students and physicians on the call did an excellent job demonstrating the need to move forward with the consideration. They eloquently shared how the barriers are negatively impacting the patients' health and well-being.

There was ongoing correspondence in the following months with Medicaid and DPH program staff to monitor the work and to ensure that the issue did not get pushed to the side. In March 2023, the NMA was invited to participate in the Hepatitis Elimination Coalition Kick-Off Meeting. This meeting included organizations and professionals who work with individuals impacted by Hepatitis. The goal of the meeting was to develop a strategic plan that promotes collaboration and eliminates Hepatitis as a public health threat. During the meeting, it was noted by multiple individuals that the barriers to accessing treatment need to be reconsidered to achieve the goal.

To our surprise, we learned this issue was brought to the Nebraska Medicaid Drug Utilization Review (DUR) Board meeting by Medicaid program staff in July for consideration. The DUR Board is comprised of eight pharmacists, five physicians, two pharmacy students and pharmacist consultants from the Nebraska Medicaid Drug Program. The goals of the DUR Board are to improve the quality of pharmacy services and to ensure rational, cost-effective medication therapy for Nebraska Medicaid recipients.


At the July 2023 DUR Board meeting, one of the new business agenda items included Hepatitis C revised criteria. Board members discussed current and proposed Hepatitis C medication criteria and authorization forms, including the substance use restrictions. After general discussion, the DUR Board voted unanimously to adopt the revised Hepatitis C medication criteria and authorization

forms. Adopted revisions include removing the required psychosocial treatment readiness evaluation and PREP-C tool, removing the requirement to abstain from alcohol, and removing other substance use disqualifiers. Additionally, requirements added include documentation of counseling to the member on the harms of alcohol/substance use behaviors, encouraging members to abstain from alcohol before and after antiviral treatment, and supporting members for alcohol/substance use counseling during antiviral treatment. The implementation date for these revisions is Jan. 1, 2024.

We know there were several driving forces aside from the NMA advocacy efforts to help create this change, but we believe our interest and efforts were part of the collective impact that helped make it happen.

This is an excellent example of how the NMA advocacy process works and why organized medicine is so effective and important. The medical students recognized that this issue was bigger than they alone and utilized collective advocacy for this issue. Medical students conducted research by collecting information from experts, such as physicians and DHHS program staff, and coordinated discussions with those who have the ability to create change. These efforts painted the picture and demonstrated why we needed to remove barriers to treatment to improve patient outcomes.

This also demonstrates how change can occur without taking legislative action. The NMA staff, medical students and physician experts were strategic in leveraging relationships with individuals at Medicaid and the Division of Public Health to have productive conversations to share our concerns, remaining solution-focused and patient through the process.

I am so proud of the medical students for their dedication and commitment to this issue. This is a great accomplishment for medical students and especially for Nebraskans. 

BECOMING A PARTNER OR BUYING A PRACTICE: WHAT TO KNOW BEFORE TAKING THE PLUNGE



ERIC D. ARGO

Vice President, Private Banking
Union Bank & Trust

Buying into a practice or becoming a partner has lots of benefits, but it is also not something you should dive into without some careful thought. If you are weighing your options, we've rounded up several topics of consideration that can help you ask the right questions, compare the pros and cons, and ultimately make a decision that's right for you and your career. Let's take a look.

Compensation Structure: This is a business, after all, so it makes sense to take a close look at the way compensation is structured. Some questions to consider:

- Will you have base pay?
- Will you be compensated on production? If so, what is the compensation calculation?
- After doing a low/medium/high projection based on some different production levels you think you can achieve, ask yourself: Is this enough to cover both your personal obligations and the investment into the practice?
- If there are funds left over after doctor compensation, what is the dividend policy?
- If you're buying into a building, what does the current lease look like? Is the rate at, below or above market standards? And can the practice afford the proposed lease structure without affecting owner compensation in the practice?

Assessing a Good Deal: Before you buy into a practice or become a partner, you'll want to take a close look at the business — i.e., determine what its financials look like, consider its personnel, assess the state of the equipment and technology. Here are some important to-dos:

- Review the last three years of business tax returns and financial statements, if possible. Look at whether collections are consistent, how much owner compensation is paid out, the average overhead, any expenses, and the purchase price as a percentage of weighted average collections. (Example: If you're buying a dental practice, anywhere from 50% to 85% of weighted average collections is typically considered a good deal, but you'll want to be sure to consider the non-financial items that could be major factors in the overall purchase price.)
- Review the current state of the staff. Do you have enough people? Are you lacking personnel? Will you need to hire or cut back?
- Assess the practice's equipment and technology. Has it been maintained? Does anything major need to be replaced or added? Is the technology current and are clinic records protected? Find out who the IT provider is, what the contracts look like, and whether there is technology you could add to save costs and time.
- Dig into specifics. Find out how many patients there are, as well as their demographics. Be sure to read and review any PPO contracts and lease agreements carefully.

Any one of these factors can be costly to overcome and could be the reason for a low purchase price as a percentage of weighted average collections, so it's important to do your due diligence. It's also wise to set up a time with a trusted lender with industry experience. Come prepared with documentation to address all the factors above, write down your questions ahead of time, put together a personal financial statement, and be sure to bring in your most recent year personal tax return.

Balancing the Practice with Other Debt: It's easy to feel overwhelmed by other outstanding debt you may have when you're deciding whether to buy into a practice. But as long as you have the leadership skills and desire, practice ownership typically allows a personal income that will be your best bet for paying off your debt. Other helpful steps:

- Work with a certified financial planner to help you prioritize your debt vs. invest-

ment plan and help you stick to and achieve that plan.

- Advocate for your patients, when and as you can, to speed up their time between appointments, especially when the outcomes can be serious.
- When buying your first home, pick a purchase price range that allows a payment that doesn't exceed a 30% debt-to-income ratio. Don't forget to include taxes and insurance.
- Consider refinancing your student loans to lower your rates and payments.
- Get creative! Research local and national student loan reimbursement programs available in your area and to your line of work.

Protecting Your Investment: To protect your personal assets, it's a good idea to limit your liability in a potential lawsuit by putting your business investment into a legal entity that makes the best sense for your tax and legal situation. It's always important to consult with your attorney and accountant to make sure you're choosing the correct structure prior to buying into or acquiring a practice or purchasing real estate for your practice.

Other Important Considerations for Liability:

- Will you need to pledge any personal assets as collateral?
- Do you have to make a down payment?
- Will you or your spouse need to personally guarantee?
- Are you properly insured? It's recommended that you insure for life, disability, malpractice and business property, with business overhead as an optional addition.

Assembling the Right Team: Sure, you want to have the right team of health care professionals staffing your practice. But the right team also includes the behind-the-scenes people who keep your business on the straight and narrow. This includes:

- Attorney
- Accountant
- Banker
- Financial Advisor
- Consultant
- IT Partner
- Contractor
- Practice management software company 

CORPORATE TRANSPARENCY ACT: '1984' IN 2024



JOE HUIGENS, J.D.

Member of the Health Law Practice Group
Koley Jessen, Attorneys at Law

“It was a bright cold day in [January], and the clocks were striking thirteen.” Yes, Mr. Orwell, when the Corporate Transparency Act goes into effect on Jan. 1, 2024, roughly 32 million small American businesses and family offices will be required, by federal law, to timely report (and keep updated) certain information about their ownership and control to the Treasury Department’s Financial Crimes Enforcement Network (FinCEN). Those that do not or that report inaccurate information may be subject to a \$500-per-day fine for as long as the report remains unfiled or incorrect. The act also provides for criminal fines and even the possibility of up to two years imprisonment for those who willfully fail to file or update the report. The act is intended to increase the transparency of private company ownership and “help prevent and combat money laundering, terrorist financing, tax fraud, and other illicit activity.”

FinCEN is tasked with implementing the act across the United States. Among other things, FinCEN is charged with establishing a centralized repository of information about the owners and controlling persons of certain privately held entities, as well as individuals who assist with the formation of such entities (like lawyers). FinCEN is trusted to keep said information in a confidential, secure, and nonpublic database, and access to the database is supposed to be limited to U.S. Federal agencies engaged in national security, intelligence or law enforcement activity; state, local and tribal law enforcement agencies; financial


institutions; and a few other select entities and individuals.

The act is purposefully broad and contains only limited exceptions. Companies that must report (called “reporting companies”) include domestic privately held entities, such as corporations, limited liability companies, certain business trusts, and other entities created by filing a document with the Secretary of State. To add some perspective for this audience, that includes private medical practices, dental offices, home health agencies, real estate holding companies, medical equipment companies, ancillary businesses (e.g., DME suppliers), medical billing agencies, and countless other business entities. Unless your business is an insurance company, a bank, is tax-exempt or publicly traded, or files reports with the SEC, the act likely applies to it. There is, however, one exception that might save you the trouble: if your entity operates from a physical office in the United States, employs more than 20 employees on a full-time basis within the United States, and its federal income tax return for the prior year reported more than \$5M in gross domestic receipts, then it is exempt under the exception for “large operating companies.” But beware – if your employee count drops or your entity reports less than \$5 million in gross domestic receipts, the exception would cease to apply and the reporting requirement will attach.

What must be reported? In a nutshell, certain information about the entity itself (e.g., legal and trade names, principal business address (cannot be a PO box or agent address), state where formed, federal taxpayer ID) and certain information about the entity’s “beneficial owners” (e.g., full legal name; date of birth; current street address, unique ID number from a U.S. passport, state or tribal ID document, or state-issued driver’s license, and an image of such document). A beneficial owner is an individual who, directly or indirectly, either: (i) exercises substantial control over the reporting company or (ii) owns or controls 25% or more of the ownership interests of the reporting company. Each reporting company has at least one beneficial owner. What does (and does not) constitute “substantial control” goes beyond the word count for this article, but it would include

senior officers (e.g., president, CEO, COO, CFO, general counsel) and certain individuals who exert substantial influence over any material matter affecting the operation of the company. Also, as alluded to above, the individual who files the document with the Secretary of State to create the reporting company (e.g., lawyer, paralegal, third-party service) must also report.

Reporting companies that are created on or after Jan. 1, 2024, must file an initial beneficial ownership information report within 30 days after the earlier of (i) the date on which the company receives actual notice that its creation/registration is effective or (ii) the date on which the Secretary of State first provides public notice of such creation/registration. FinCEN has issued a proposed rule that, if adopted, would extend the 30-day period to 90 days, but that remains to be seen. Also, bear in mind that if any of the information in the reporting company’s beneficial ownership information report changes, then an updated report must be filed within 30 days after the date on which the change occurs. So, for example, if a beneficial owner is added to (or removed from) the entity, such as due to a change of ownership interest or election to (or removal from) an officer position, or if a beneficial owner’s home address changes, then an updated report must be filed with FinCEN. Fortunately, companies that were formed prior to Jan. 1, 2024, have until Jan. 1, 2025, to file their initial report. That will allow sufficient time to determine whether your business entity is exempt from or subject to the reporting requirement and, if so, who are its beneficial owners.

Suffice it to say, the Corporate Transparency Act will soon add another tedious layer of office administration and personnel data management for those non-exempt entities that must file reports with FinCEN. Reporting companies should start mapping out their internal reporting policies for “beneficial owner” information and making plans for how to stay informed of any changes to that information, such as when a beneficial owner moves into a new house or when new company officers are elected. Additional information regarding the act, reports, and relevant timelines can be found on FinCEN’s webpage at www.fincen.gov/boi. 

MOMS **EVENTS RECAP**

PHYSICIANS MEET WITH NEBRASKA LAWMAKERS



Omaha-area physicians met with candidates and lawmakers at this year’s Legislative Meet & Greet on Sept. 15. The event took place at the R+R Wellness Center and was hosted by Metro Omaha Medical Society, Nebraska Chapter of the American Academy of Pediatrics, Nebraska Psychiatric Society, American College of Physicians and the Nebraska Regional Council of Child & Adolescent Psychiatry.

1. From left, State Sen. Tony Vargas, with Drs. Cori McBride and Micah Beachy
2. From left, Dr. Jill Reel, Dr. Rowen Zetterman, Congressman Don Bacon, Dr. John Peters and Dr. Matt Appenzeller.

NOT JUST GOLF AT WOMEN IN MEDICINE NIGHT

MOMS Women in Medicine group gathered for a night at Topgolf on Sept. 27, where they enjoyed food, fun and networking.

1. Dr. Nancy Handler, left, and Christine Insinger, Strategic Partner Renaissance Financial.
2. MOMS Strategic Partners Christine Insinger (from left) and Natalie Shearer of Renaissance Financial; along with Drs. Ann Edmunds, Linda Collins and Jill Reel.
3. Drs. Lindsay Northam, Katie Honz, Maria Michaelis, Jennifer Hill and Cori McBride.



RETIRED PHYSICIANS GROUP LEARNS ABOUT LIFELONG LEARNING INSTITUTE



MOMS Retired Physicians group met for its final meeting of the year on Sept. 13. Bob Michl spoke to the group about University of Nebraska-Lincoln’s Osher Lifelong Learning Institute (OLLI), for which he serves as director.

1. Bob Michl, director of OLLI, with Dr. Robert Cochran, MOMS Retired Physicians chair.
2. Bob Michl talks to the group about OLLI classes.



DR. BRUNNER-BUCK:

Their Approach to Talking with Their Children About Medical Careers

The conversations they had with their sons occurred over time and in such places as physician lounges, at their dining room table and while riding in their cars.

Instead of talking about the benefits and pitfalls of their careers in medicine, Lori Brunner-Buck, M.D., said she and her husband, David Buck, M.D., focused on their sons' interests and strengths.

"Ever since they understood what we do, we've been very open to the positive aspects and negative ones of practicing

medicine," Dr. Brunner said. "It wasn't just one conversation with them. Our conversations with Joshua have happened over the past 15 years."

And they continue – with both boys as they age. She said she recently broached the topic with her older son, Joshua. She asked him for his assessment of how his parents have guided him. "He told me 'You and Dad have always told me to listen to God's calling and that you'll support me with my decisions as to where my education takes me. I've never felt pressure to

do one thing or the other.'"

Dr. Brunner and her husband have two sons: 18-year-old Joshua, who is a first-year student at the University of Nebraska-Lincoln studying biological systems engineering; and 14-year-old Jacob, a freshman at Elkhorn North who has expressed an interest in mechanical engineering.

While their children grew, the couple didn't try to hide the challenging days they had at work or overemphasize the good ones. For example, their sons were part

of the conversation when their father, an orthopedic surgeon, returned home after treating a young athlete who was badly injured during a game. They also knew when their mother had to rush to the hospital for a high-risk delivery. They've seen their parents experience burnout from their jobs, Dr. Brunner said, and witnessed the conflict that can occur between physicians and administration and insurance carriers.

"Joshua and Jacob have seen the incredible relationships we have with our patients and colleagues. We've shared the exciting part of being in medicine," she said, "and we didn't cover up the heartache and difficult times when patients pass away or families are torn apart."

Their conversations with their sons occurred when they were just starting their medical careers and their children were youngsters. They continued when the two were established in their careers and financially secure. "And a lot in between," Dr. Brunner said.

For the record, Dr. Brunner said, she would welcome the news that one of her sons – or both – were interested in pursuing careers in medicine. At the same time, she said, she and her husband will welcome the news that their sons are taking different career paths with the same positive reaction.

"I truly believe God calls us to do different things," she said. "If they end up in the medical field, that's awesome. If they don't, it's OK with us."

They helped their sons understand that, because of the demands that come with careers in medicine, they might not be able to attend all their games and activities. They promised their boys that someone else from their extended family would be in attendance.

This approach started with their older son, Joshua. "When we were in residency, we tried to put family first," she said. "When we couldn't be there, we made sure that someone invested in his life was there for him." Their support system included grandparents, aunts and uncles, and nannies.

"Ever since they understood what we do, we've been very open to the positive aspects and negative ones of practicing medicine."

— LORI BRUNNER-BUCK, M.D.


They also asked their boys which activities and games were most important to them – that their parents would attend. Dr. Brunner said she and her husband made sure they did.

Later in their careers when they were financially secure, Dr. Brunner said, the couple tried to model their desire to give back. They would include their boys in the decision-making about what causes to support each year. "It wasn't just one conversation with them. Our conversations with Joshua have happened over the past 15 years." And they continue – with both boys as they age.

Dr. Brunner knows her boys are paying attention to what their parents do. The questions they ask, she said, tells her they are applying what they see to what interests them.

Joshua, as a fifth-grader, asked his parents why external magnets couldn't be used to help people with artificial knees and hips avoid additional surgeries when these joints become dislocated. Jacob recently engaged his mother about how medical supplies can be better made available to rural communities with poor infrastructure.

These conversations aren't surprising, she said. "It's like someone who grew up on a farm. They know all about farming. Our guys have grown up in a medical environment. It's part of who they are. What they learned from it, they can utilize this knowledge in life."

Whether they are physicians, engineers or something else. 



The Brunner-Buck File

Hometown

Scribner, Nebraska

Undergraduate Degree

Nebraska Wesleyan
in biology

Medical Degree

University of Nebraska
Medical Center

Residency

Creighton University
Medical Center in internal
medicine and pediatrics

Specialty

Internal medicine
and pediatrics

Location

MedPeds, PC

Hobbies

Singing, playing the piano,
reading and exercising

Family

Her husband, David
Buck, M.D.; two sons,
Joshua and Jacob

Why She Joined MOMS

"I joined to continue to connect with other physicians in our community – to get to know them and to learn about the needs of other physicians, from their perspective."

ADVOCACY IN ACTION

Don't be surprised if Travis Teetor, M.D., spends his year as president of the Metro Omaha Medical Society encouraging physician advocacy.

Dr. Teetor, a pediatric anesthesiologist, said he learned early the importance of physician involvement in the regulatory issues that affect medicine. "It's important to have some say as to what's going on in health care."

Dr. Teetor practices what he preaches about physician advocacy. The Metro Omaha Medical Society is just one organization for which he devotes his time and expertise. Early in his medical career, he became involved with the Nebraska Society of Anesthesiologists, or NSA – and didn't stop with just one organization. "I've enjoyed governmental affairs my whole life."

Medical associations, such as MOMS, play a critical role in fostering collaboration among physicians and their specialties. "MOMS and the NMA (Nebraska Medical Association) are groups that bring all medical specialties together to function as one – instead of specialties fighting for their own interests."

"It's powerful to have an orthopedic surgeon, a primary care physician and an anesthesiologist coming together to advocate for a cause – it lends credence to what they're saying."

The message physicians send about their profession and their patients is critical when it comes to advocating with lawmakers and regulators, he said. "The more people you can talk to about the challenges people face in medicine, eventually someone of influence will hear that message and take it and run."

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**FROM PAGE 18**

Dr. Teetor's passion for advocacy grew from his passion for medicine – an interest he developed in high school. He was always interested in the sciences and did well in his high school courses. His mother, a CRNA, arranged for him to shadow an orthopedic surgeon while he was a senior in Lexington, Nebraska. From that time, he was hooked on medicine and his desire to become a physician never wavered. His commitment was further solidified when he attended a weeklong medical conference for students aspiring to pursue medical careers following his graduation from high school.

Dr. Teetor also credits his mother's work in health care and his father's tenure as a volunteer EMT as great examples that helped shape his career choice in medicine.

His participation in high school athletics meant he sustained injuries, which introduced him to the world of sports medicine and rehabilitation. During his undergraduate studies at UNL, he quickly developed an interest in athletic training and assisted with the football, men's gymnastics and men's and women's track teams. He traveled with the football and men's gymnastics teams as a college senior. While working with the athletes, he also had a chance to work with Dr. Albers, a family physician, who served as the general practitioner for all UNL athletic teams and staff.

When it came time to focus his medical career, he considered orthopedics before gravitating toward pediatrics and anesthesiology – and ultimately combined the two.

Along with his involvement in the NSA (Nebraska Society of Anesthesiologists), MOMS and the NMA, Dr. Teetor has served two terms on the Nebraska Board of Health, including two years as its president. He serves on the medical executive committee at BTRH and also contin-

“It’s important to talk to policy makers and people who influence policy. Whether it’s elected officials at the state or federal levels, Health and Human Service members, or other regulatory officials, it’s important to get your story out there.”

— TRAVIS TEETOR, M.D.

ues to attend legislative conferences in Washington for the American Society of Anesthesiologists each year.

He joined MOMS as a medical resident and continued his membership when he began working at Boys Town National Research Hospital. BTNRH’s director at the time, Patrick Brookhouser, M.D., promoted involvement in local medical societies – and Dr. Teetor followed his example. “It was almost his expectation that you became involved in your local medical society,” Dr. Teetor said.

While serving as an officer for the NSA, Carol Wang, MOMS executive director, approached him about serving on the board of directors of MOMS. It was an easy yes, Dr. Teetor said. His involvement evolved into serving as an officer, first as secretary-treasurer, then as president-elect. Beginning in January of 2024, he will assume the role of president from Maria Michaelis, M.D.


His term as president, he said, will be spent increasing awareness about the value of membership in MOMS, and encouraging his fellow members to further strengthen their advocacy efforts.

“It’s important to talk to policy makers and people who influence policy,” he said. “Whether it’s elected officials at the state or federal levels, Health and Human Service members, or other regulatory officials, it’s important to get your story out there.”

Conversation about his time spent advocating about governmental and regulatory matters also led to a discussion about maintaining work-life balance. He stated that, “The key is balancing everything that is part of your life, including work, family and faith.”

The faith side, for him, involves attending worship services at his church and his involvement with the Fellowship of Christian Athletes as a board member. His family time, he said, revolves around a great deal of time spent coaching all three of his kids in multiple sports. He’s coached his children’s flag football, tackle football, basketball and baseball teams. “Coaching allows me to spend time with my children, as well as provide a good role model of other athletes that I coach.”

Another component in his desire for balance in all aspects of his life, Dr. Teetor said, is a desire to further his education. Earning a master’s degree in business administration, he said, has appeal. Dr. Teetor said, “There are many programs that make it possible to earn your MBA online or through a hybrid format.”

In order to maintain good work-life balance, which, he said, helps avoid burnout is: “Don’t allow your work to consume you day in and day out. Find things that interest you. That excite you. Things that you feel are important and valuable.” 



The Teetor File

Hometown

Lexington, Nebraska

Undergraduate Degree

University of Nebraska-Lincoln in exercise science and athletic training

Medical Degree

University of Nebraska Medical Center

Residency

UNMC in Pediatrics
UNMC in Anesthesiology

Specialty

Pediatric Anesthesiology

Location:

BoysTown National Research Hospital

Hobbies

Coaching, golfing and barbecuing

Family

His wife, Wendy Teetor, and three children

Why He Joined MOMS

Please read the story

DR. LACY:

Residency Partnership Reaps Benefits for All Involved

Jordan Lacy, M.D., knows from first-hand experience the value of the partnership MD West ONE has with UNMC to provide neurosurgery residents with experience in a private practice setting.

At any given time, MD West ONE hosts two to three UNMC neurosurgery residents with several surgeons serving as their preceptors. The partnership means these residents receive training in an academic setting and a private practice. It's the best of both worlds, Dr. Lacy said.

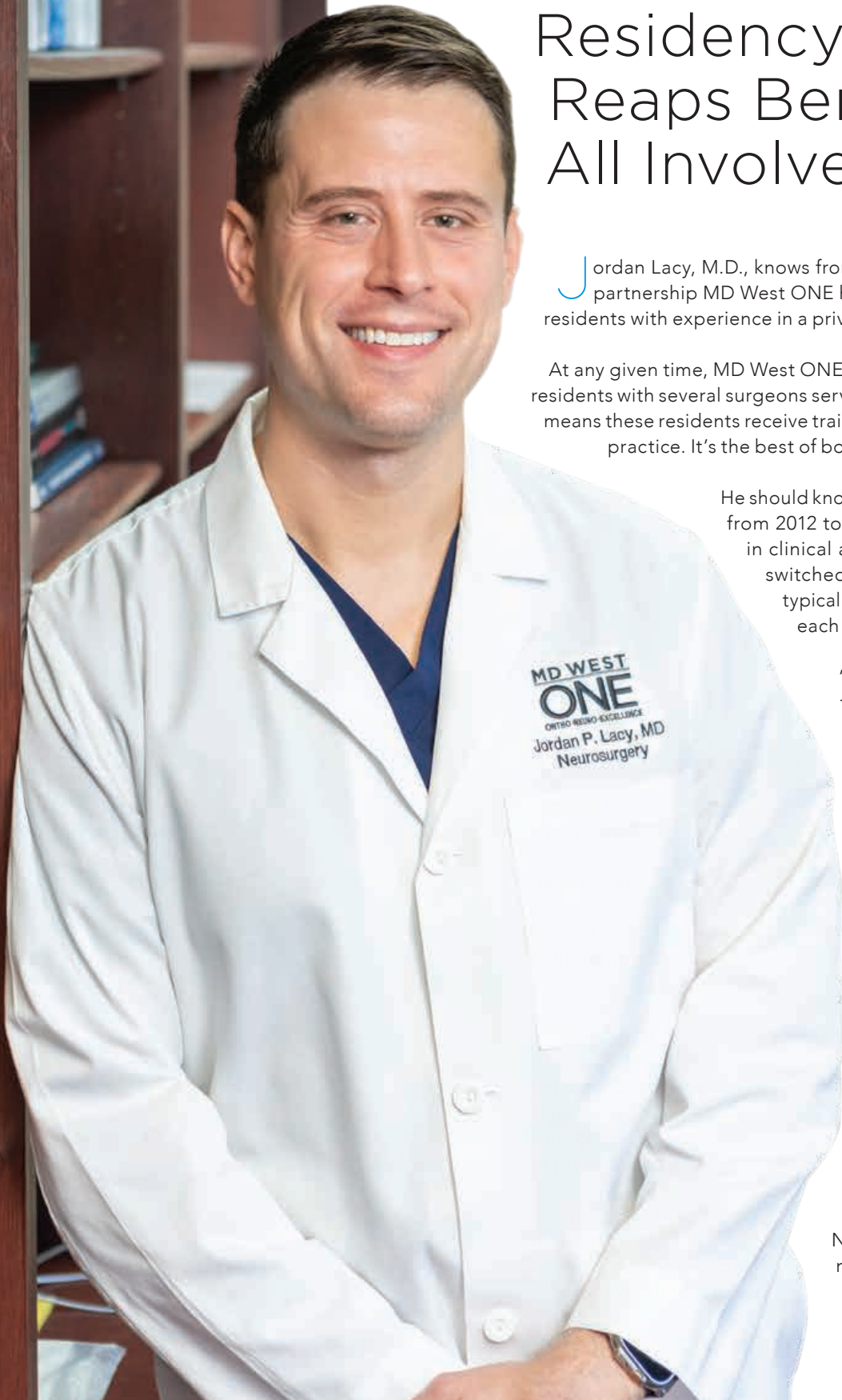
He should know. Dr. Lacy served his residency at UNMC from 2012 to 2018 and spent time at MD West ONE in clinical and surgical settings. Now, his role has switched 180 degrees. He works with residents, typically spending between four and eight hours each week with them.

"We appreciate having the opportunity to teach the next generation of surgeons," said, "and to provide them with a different perspective to practicing medicine."

explained what makes this residency partnership unusual: Typically, medical residents with similar specialties would reside solely in an academic health center. Through the partnership with UNMC, medical residents gain experience from a different perspective, which complements the training they gain at the medical center.

Residents at MD West ONE, for example, experience the continuum: from inpatient clinic, to surgery and then post-operative care. They experience the breadth of how medicine is practiced in the country – not purely academic.

The partnership between UNMC and MD West ONE, Neurosurgery, dates to the mid-1990s. Dr. Les Hellbusch, M.D., developed the partnership. Dr. Leibrock, M.D., the longtime chief of the



“Yes, it definitely takes time and additional effort. We get payback by far more. We get to see young physicians develop and grow their surgical skills. It’s well worth it. I am excited about the program’s long history of active stewardship to the profession. I feel a sense of loyalty to the people who helped me. I want to pass that on to the next generation of surgeons.”

— JORDAN LACY, M.D.

section of neurosurgery at UNMC. The program grew as both organizations flourished, Dr. Lacy said. Over the past 25 years, he said, the program, with just minor adjustments, has remained mostly constant – except for the UNMC program’s growth along with MD West ONE growth.

“When the program started at Midwest Neurosurgery, both programs were a fraction of the size they are now,” he said. “It’s been beneficial to us and to UNMC.”

But the true beneficiaries, he said, are the aspiring surgeons whose residency experience is more robust and well-rounded.

Dr. Lacy – along with John Treves, M.D., Andrew Gard, M.D. and MD West ONE’s other neurosurgeons— all work with neurosurgery residents assigned to MD West ONE. Residents can spend parts of a day or their entire days with their preceptors. The residents help with weekend coverage at Methodist Health System.

Dr. Lacy said he personally benefits from working with medical residents. It’s important that his surgical skills remain sharp and his knowledge base remains current. Working with residents – because of the

questions they ask, but also because of their training— helps keep him current on advancement in technology and practice, he said.


“Yes, it definitely takes time and additional effort,” Dr. Lacy said. “We get payback by far more. We get to see young physicians develop and grow their surgical skills. It’s well worth it.”

And the program’s success is personal, he said. “I am excited about the program’s long history of active stewardship to the profession. I feel a sense of loyalty to

the people who helped me. I want to pass that on to the next generation of surgeons.”

The partnership has an overarching benefit that extends beyond UNMC and MD West ONE: Experiences such as this public-private partnership may encourage new physicians to remain in Omaha, in Nebraska and in the region once they finish their residencies. UNMC’s mission is to provide health-care professionals for the state, he said, and this program speaks to that mission.

“One of the things this program is known for is producing high-caliber, technically competent surgeons. They don’t always stay in Nebraska or the region. But many do.”

Count Dr. Lacy as one of those who did. And count Dr. Lacy as one who is encouraging others to follow his example by remaining in Nebraska to practice his specialty. 



The Lacy File

Hometown
Omaha, NE

Undergraduate Degree
University of Notre Dame
in business science

Medical Degree
University of Nebraska
Medical Center

Residency
UNMC in neurological
surgery

Specialty
Cranial, spinal, and
peripheral nerve surgery

Institution
MD West ONE

Hobbies
Traveling, horseracing
and sports, in general

Family
His wife, Elaina Lacy;
a daughter, Iliana

Why He Joined MOMS
“I think it’s important to be
a member of the active
medical organizations
in our community.”

DR. BHATIA: Why She Left Nebraska - and Came Home Again

Supriya Bhatia, M.D., cites a desire to get away from Nebraska winters as one reason she chose to receive her medical training outside the state. She credits a desire for her children to grow up surrounded by extended family for her return to the Cornhusker state.

"Community and family will keep us in Nebraska," Dr. Bhatia said, "and I really like my job."

Dr. Bhatia, a child and adolescent psychiatrist at Creighton University's Student Counseling Center, talked about why she and her husband left Nebraska for her medical residency and how having their children grow up surrounded by their grandparents, aunts and uncles, and cousins brought them home again 10 years later.



First some background: Dr. Bhatia's parents came to the United States from India. Her father, who worked in Creighton's Department of Psychiatry and training program, came to the United States first. Her mother and older sister followed a year or so later. Dr. Bhatia was born in Nebraska and grew up away from most of her extended family.

She grew up in Omaha and didn't consider going to medical school elsewhere. "I had a place to live. My supports were in place, knowing medical school was going to be pretty stressful."

When it came time to seek her residency in psychiatry four years later, Dr. Bhatia only considered programs in places other than Nebraska. "I had been living with snow for over 20 years. I wanted to try a different climate."

Her parents – both educators in Creighton's Department of Psychiatry – didn't try to persuade her from joining them at work, and she decided a little distance might be best. "I wanted to keep my parents as my parents. It was about going out on my own."

She applied to 20 residency programs and interviewed at 11. Those interviews took her to such states as North Carolina, Georgia, Pennsylvania, Wisconsin, California, Minnesota – "I know, still snow" – Colorado – "Yes, snow, but also sun."

When she opened her envelope on Match Day at UNMC, she read UC, Davis. "I think you end up where you are supposed to be." She quickly grew to appreciate the cultural diversity she encountered at work and the opportunity to explore a new part of the country. She appreciated the diversity of people she got to work with in the community.

Dr. Bhatia married her husband – Jeremy Roose, an immigration attorney and now a stay-at-home dad – during her second year of residency. In California, the newlyweds later bought a home and had a supportive community. They had their first child – daughter, Naima – during her fourth and final year of her residency.

"I wanted my children to have a different experience than I did. When I was growing up, most of my family was still in India. I wanted them to have those relationships."

— SUPRIYA BHATIA, M.D.

Then came a life decision: Seek a fellowship to continue her training or begin her professional career. And where? She chose the latter and the family moved to Oregon where Dr. Bhatia worked in the Community Psychiatry Program at Oregon Health and Sciences University in Portland. Two years later, Dr. Bhatia said she was ready to pursue additional educational training and accepted a child and adolescent psychiatry fellowship at Oregon Health and Sciences University. Shortly after she matched for her fellowship, Dr. Bhatia learned she was pregnant with daughter No. 2, Anika.

With her fellowship completed two years later, Dr. Bhatia and her husband, also an Omaha native, faced a decision: Where to locate? California and Oregon were options, but they chose a return to Omaha.

"I was more eager to return," she recalled. "It wasn't a hard decision. I think he (her husband) understood my desire to come home."

Family was the driving force behind their decision. "I wanted my children to have a different experience than I did. When I was growing up, most of my family was still in India. I wanted them to have those relationships."

They returned to Nebraska in June – months removed from the last snowfall and months before the next one. Dr. Bhatia said watching her children play in the snow has been joyful. "When you have kids, you get to see how much they love being in the snow. It helps you remember how fun it can be. It's beautiful and the sun still comes out."

"We're not going anywhere. This is home." 🌍



The Bhatia File

Hometown
Omaha, Nebraska

Undergraduate Degree
Creighton University
in psychology

Medical Degree
University of Nebraska
Medical Center

Residency
University of California,
Davis in Sacramento
in psychiatry

Fellowship
Oregon Health and
Sciences University in
Portland, Oregon, in Child
and adolescent psychiatry

Specialty
Child and Adolescent
Psychiatry

Hobbies
Cooking, spending
time with her two dogs
and gardening

Family
Her husband, Jeremy
Roose; their two daughters,
Naima and Anika

Why She Joined MOMS
"I joined to reconnect
and stay connected
with other medical
professionals in Omaha."

MEMBER NEWS

DR. TRACY NAMED ACAAI PRESIDENT-ELECT



James Tracy, D.O.

James Tracy, D.O., was elected ACAAI president-elect of the American College of Allergy, Asthma and Immunology (ACAAI) at its AC Annual Scientific Meeting in November in Anaheim, California.

Dr. James Tracy is a board-certified allergist and graduate of the University of New England College of Osteopathic Medicine in 1984 and has been practicing allergy and immunology for 33 years. He completed his fellowship in allergy and immunology at Wilford Hall U.S. Air Force Medical Center.

Dr. Tracy currently is partner with Allergy, Asthma & Immunology Associates and has academic appointments at the University of Nebraska and Creighton University. He helps manage 19 outreach clinics throughout Nebraska.

Dr. Tracy has served on the ACAAI Advocacy Council, the Annual Meeting Program Committee, the Board of Regents, the Budget/Finance Committee, the Ethics Committee, and the ACAAI Foundation Board. Dr. Tracy was recognized as a Distinguished Fellow of the College in 2019. He received the Bela Schick Lecture and Distinguished Service award in 2020.

Dr. Tracy is a long-time MOMS and NMA Member and served as chair of the MOMS Membership Committee for six years. [📄](#)

DRS. LEU AND LY RECEIVE ONEWORLD MILARGO AWARDS

OneWorld Community Health Centers annually presents a Milagro award to members of the community who have helped make miracles happen for their patients. Two of this year's recipients are MOMS members.



Kirsten Leu, M.D.

Kirsten Leu, M.D., is an oncologist with Nebraska Cancer Specialists who has donated care for over a dozen OneWorld patients since 2007. Most of these cases are complicated and involve years of expensive treatment that patients would not otherwise be able to afford. Dr. Leu is passionate about staying up to date regarding cutting-edge cancer treatment options and educating patients and their families on their diagnosis, often overcoming language and other barriers to communication in the decision-making process. Dr. Leu works with patients and their families to review national guidelines and clinical trial options to determine the best plan for each patient's care.

Dr. Leu attended medical school at the University of Iowa and completed her residencies at the University of Wisconsin and her fellowship at the University of Michigan. [📄](#)



Quan Ly, M.D.

Quan Ly, M.D., is a professor of surgery in the UNMC Division of Surgical Oncology. She specializes in the management of gastrointestinal, liver, pancreas and bile duct cancers.

Besides actively caring for patients with cancer, she is also actively involved in training the next generation of surgeons, doing pancreatic cancer research and engaging in administration at the local and national level. Administratively, she was named the inaugural vice chair of Diversity, Equity and Inclusion for the Department of Surgery and created a DEI committee launching several projects to improve cultural competency as well as working with health centers to increase patient access to cancer preventative colonoscopies and mammography. She is the associate director of DEI for the Cancer Center and a member of the National Cancer Center Network panel for Esophageal Cancers and Gastric cancers. [📄](#)

MEMBER NEWS cont'd

DR. GARVIN ELECTED
PRESIDENT-ELECT OF
ABOS BOARD

Kevin Garvin, M.D.

Kevin Garvin, M.D., has been elected president-elect of the American Board of Orthopaedic Surgery for a one-year term. He will become president in October 2024.

The ABOS Board of Directors consists of 21 members, which includes 12 active directors, six senior directors, two directors-elect and one public member director. ABOS board members serve one 10-year term while the public member director serves a three-year renewable term. Nominations to the ABOS Board of Directors come from the American Orthopaedic Association, the American Academy of Orthopaedic Surgeons and the American Medical Association.

Dr. Garvin earned his medical degree at the Medical College of Wisconsin. He completed an orthopaedic surgery residency at the University of Arkansas for Medical Sciences and a hip fellowship at the Hospital for Special Surgery. He currently serves as the chair of the UNMC Department of Orthopaedic Surgery and specializes in hip and knee reconstruction, as well as treatment of musculoskeletal infections.

In 2018, he was elected to the ABOS Board of Directors and has served the board in many capacities, most recently as chair of the ABOS Oral Examination Committee.

Dr. Garvin is a long-standing member of the Metro Omaha Medical Society and the Nebraska Medical Association. [🔗](#)

PEDIATRIC SPECIALTY CLINIC
OPENS IN LINCOLN

Boys Town National Research Hospital recently opened the new pediatric specialty outreach clinic in Lincoln, located inside the St. Elizabeth Medical Center.

The clinic, which opened in August 2023, serves pediatric patients needing specialized diagnosis, treatment and management of conditions relating to rheumatology, gastroenterology, neurology and neurosurgery.

Providers at the Boys Town Pediatric Specialty Clinic are Jon Vanderhoof, M.D., pediatric gastroenterology; Rose Pauley, pediatric gastroenterology; Mark Puccioni, M.D., pediatric neurosurgery; Vincent Morris, pediatric Neurosurgery; Adam Reinhardt, M.D., pediatric rheumatology; and Isabella Herman, M.D., Ph.D., pediatric neurology.

"We're proud of continuing to grow our services in the state," said Jason Bruce, M.D., executive vice president of Healthcare and director of Boys Town National Research Hospital and Clinics. "Expanding our specialty services to Lincoln means our existing patients receive the care they need, without the commute, and new patients have access to life-changing care closer to home." [🔗](#)

FIRST IN REGION TO USE NEW
HEART TECHNOLOGY

CHI Health Interventional Cardiologist Himanshu Agarwal, M.D., and the Structural Heart Team at CHI Health CUMC Bergan-Mercy earlier this year performed a mitral valve repair with a new device.

This device was approved by the FDA in 2022 after it was found to be as effective as the existing one, which CHI Health has been using successfully for years. The new device has a few subtle, but important design advantages. It can be placed in the commissural part of the valves, which are those that leak on the edges that cannot be done with the previous device. There are also subtle technical differences that can help surgeons navigate challenging anatomies, such as its larger size, center spacer and contoured paddles. These slight distinctions allow for a broader range of patients to be treated, some of whom would not benefit from the existing device.

Both procedures are non-invasive and critical to treating mitral valve regurgitation patients before they develop afib, pulmonary hypertension and heart failure. Neither require general anesthesia, and most patients are discharged the very next day.

The Structural Heart Team at CHI Health CUMC Bergan Mercy is an accredited Center of Excellence and has a strong track record of procedural success and clinical outcomes. That is why Dr. Agarwal and the team were chosen to be the first in the region, and the first within CommonSpirit Health, CHI Health's parent company, to use this device. As of October 2023, the team has successfully done seven of these procedures. [🔗](#)



ANCC MAGNET PRIZE RECOGNIZED EXEMPLARY PATIENT CARE

Children's Nebraska has been named the 2023 recipient of the American Nurses Credentialing Center Magnet Prize. Each year, this prize is presented to one Magnet-recognized organization nationwide whose care team initiative best represents exemplary achievements in patient care services that result in positive outcomes. The Press Ganey-sponsored award was presented at the 2023 ANCC National Magnet Conference and ANCC Pathway to Excellence Conference. Children's Nebraska nursing colleagues, along with 13,000 nurses from across the United States and more than 20 other countries, were present as the \$125,000 prize was awarded.

Children's Nebraska will use the funds to further develop its prize-winning Project Austin program, which bridges the knowledge and training gap between the hospital and first responders in the home communities of children with complex health care needs.

Designed and led by clinical nurses, Project Austin aims to personalize and better coordinate care for children with medical complexities. Specialized plans are co-created by the family, providers and Project Austin team, tailored to each child's diagnosis and individual needs. The plan is then shared with local Emergency Medical Services and Emergency Department teams within the child's home community so they are prepared and trained on how to appropriately provide treatment. This shared knowledge builds community awareness, ensures continuity of care between hospital visits and improves patient outcomes.

Project Austin started with 15 patients in 2015 and now serves more than 1,900 of the area's most medically vulnerable children across an eight-state region. The program maintains partnerships with nearly 500 EMS systems and more than 170 hospitals. Since 2015, the program has delivered a 27 percent reduction in hospital admissions, a 23 percent reduction in emergency department visits and a 50 percent decrease in overall hospital length of stay. [🔗](#)



INSTITUTE ESTABLISHED, MINI MEDICAL SCHOOL HELD

Creighton president, the Rev. Daniel S. Hendrickson, Ph.D., recently announced Creighton's newly established Institute for Population Health. The IPH will target issues of health justice in health care and in the community and be headed by Scott Shipman, M.D., executive director. A symposium was scheduled for late October.

The Creighton School of Medicine Office of Diversity, Inclusion and Belonging hosted annual Mini Medical School events throughout the fall for middle school and high school students in the Phoenix and Omaha areas. Participants gained insights into careers in medicine, including clinical exam skills and physiology, while parents attended panels and presentations from experts to better support their children in higher education. [🔗](#)



RATING EARNED THROUGH 'EXCELLENT PATIENT EXPERIENCE'

Methodist Hospital recently received a five-star Overall Hospital Quality Star Rating from the Centers for Medicare & Medicaid Services (CMS).

Methodist Hospital was one of seven hospitals in Nebraska to earn the five-star designation. A total of 483 hospitals across the country obtained five stars.

In the recent CMS report, Methodist Jennie Edmundson in Council Bluffs and Methodist Fremont Health were also recognized in the report, each receiving a four-star rating. A total of 803 hospitals earned four-star status. This marked the third consecutive year that Methodist hospitals were awarded the five- and four-star recognitions.

"We truly believe that we provide exceptional care in our communities," said Steve Goeser, president and CEO of Methodist Health System. "Our teams work diligently on a daily basis to provide an excellent patient experience to all."

The CMS star rating system, launched in 2016, assigns stars based on 48 measures in five categories: mortality, safety of care, readmission, patient experience, and timely and effective care.

The overall star rating summarizes a variety of measures across five areas of quality into a single star rating for each hospital. Once reporting thresholds are met, a hospital's overall star rating is calculated using only those measures for which data are available.

Hospitals report data to CMS through the Hospital Inpatient Quality Reporting Program, Hospital Outpatient Quality Reporting Program, Hospital Readmission Reduction Program, Hospital-Acquired Condition Reduction Program and Hospital Value-Based Purchasing Program. Overall star ratings aren't calculated for Veterans Health Administration or Department of Defense hospitals. [🔗](#)



CONNECTING PEOPLE WITH HEALTH RESOURCES IS CWC GOAL

Nebraska Medicine and UNMC have embarked on a joint effort with a singular goal: Improve the health of those who live in North Omaha. This will be taking place in a first-of-its-kind facility called the Community Wellness Collaborative (CWC), located within the Highlander neighborhood in North Omaha.

The overall mission of the CWC is to connect the people who live in the area with health resources by providing support and resources through education, training and building career pathways.

“The CWC will let us be more proactive about putting preventive measures in place to improve the health of our community,” said Shanda Ross, Nebraska Medicine director for engagement, outreach and belonging. “We’re thrilled to become part of the neighborhood, listen to members of our community and see how we can transform lives.”

Located at 30th and Patrick streets, the building is part of the Highlander neighborhood’s purpose-built communities’ revitalization efforts to support residents and tenants in and around the area. With a goal of helping reduce disparities within the 68111 ZIP Code area, the medical center’s programming and initiatives will start with its community health needs assessment and improvement plan and move efforts forward in partnership with community members.

Medical center leaders plan to work with Highlander residents to figure out what barriers to healthy lifestyles currently exist and how to best break down those barriers. They also plan to use the space to help with career opportunities, to recruit and host community pathway programs and to hold community engagement days and informational sessions.

DATA SHOW STATE’S PHYSICIAN NEEDS BEING MET

A recent report by the Association of American Medical Colleges ranks UNMC high in the number of college of medicine graduates who practice in primary care, as well as the number of graduates practicing in rural areas and graduates who remained in the state of Nebraska to practice.

The AAMC Missions Management Tool, which provides annual reports, tracked students who graduated from UNMC between 2008-2013 and are now 10 to 15 years into their careers, said Kelly Caverzagie, M.D., associate dean for educational strategy and learning environment for the UNMC College of Medicine.

UNMC was above the 90th percentile for the number of graduates practicing in primary care and the number of graduates practicing in rural areas, both of which have continued to increase during the past five years.

UNMC also was in the 83rd percentile among all medical schools in the nation for its medical graduates who stay in the state.

Dr. Caverzagie credited the numbers to UNMC’s “continued dedication to producing doctors from the state of Nebraska.

“We’re not talking about recent graduates who are going into residency,” he said. “These are doctors who have been in practice 10 to 15 years. Of the doctors that graduated from the UNMC College of Medicine back then, 31.8 percent are practicing in primary care and 42 percent are practicing in the state.”

In short, UNMC is transforming medical care in Nebraska.

“We’re looking now at a class that is 15 years out in the world, and they are hitting the benchmarks that we were hoping they would hit,” Dr. Caverzagie said. “We are doing what we want to do. Nebraska needs doctors, especially primary care doctors, and it needs doctors who practice in rural areas.”

NEW MEMBERS

JOHN HARBISON, M.D.

*Omaha Facial Plastic Surgery P.C.
Facial Plastic Surgery*

JOSEPH MOONEY, M.D.*

*UNMC – Pathology & Microbiology
Anatomic and Clinical Pathology*

*Resident

IN MEMORIAM

PATRICK W. BOWMAN, M.D.

Nov. 10, 1944 – Oct. 14, 2023

MATTHEW P. LATACHA, M.D.

Jan. 4, 1976 - Sept. 10, 2023

ZIAD LOUIS ZAWAIDEH, M.D.

Nov. 28, 1951 – Sept. 23, 2023





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:
Metro Omaha Medical Society
7906 Davenport Street
Omaha, NE 68114

APPLY ONLINE:
www.omahamedical.com



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