

Physicians Bulletin

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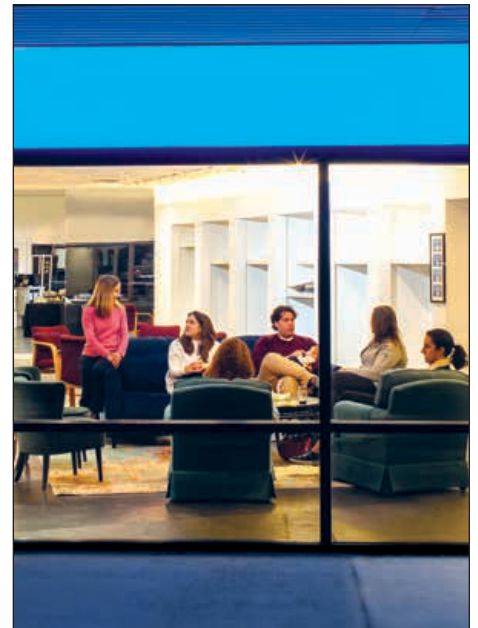
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10 A.M. - 11 A.M.

UNO Community Engagement Center
6400 S. University Drive, 2nd Floor

WOMEN IN MEDICINE CHARCUTERIE BOARD CLASS

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THE IMPORTANCE OF MATTERING



AUDREY PAULMAN, M.D.

Editor

Physicians Bulletin

As surely as the summer comes each year, the migration of physicians begins. With most resident contracts ending June 30, the annual summer flow of physicians occurs. The move may be out of training and to a first practice, or it may be between practices or health systems.

As practices get established and referral patterns develop, each move a physician makes becomes subsequently more complex. Physicians not only have to negotiate a move for themselves but also arrange care for their existing growing patient panel, and participate in resettling of their families.

Moving from one job to another is common. The Bureau of Labor Statistics of the U.S. Department of Labor reports that individuals born in the latter years of the Baby Boom held an average of 12.7 jobs from the ages of 18 to 56. The average number of jobs between the age of 18-24 was 5.6 for U.S. citizens.

If physicians are average U.S. workers, but due to education begin work after the age of 24, that means an average of seven different jobs during their careers.

Are we, as physicians, different than the average U.S. worker?

It used to be the answer was yes. First jobs were classically two-year contracts, with strong penalties including "non-compete" clauses for leaving. A warning sign was present if a physician moved more than three times in a career. This is no longer true. Moving has become commonplace.

Looking at recent data from the Jackson Physician Search and Medical Group Management Association and reprinted by the AMA, "currently practicing physicians of all ages spent about six years on average at their first jobs following residency or fellowship."

The study continues to state that for physicians who finished residency or fellowship in the last six years, the average drops to working less than two years in the first job before leaving.

It is suggested that generational shift, the impact of the pandemic, and enticing signing bonuses may be contributing to the shift. Regardless of the cause, recent graduates are moving out of their first job more quickly than older generations of physicians.

It seems that what entices a physician to take a job is not what keeps them in a job. Physician job candidates list compensation and location as key elements for recruitment. However, once employed, practice ownership and governance models become key elements in retention. Physicians take jobs for money and location, and they leave because of the practice's ownership and governance model.

What do I personally think drives physician retention? I think it is simple. I think it is the recognition of the concept of mattering.

Mattering is knowing that we are seen by others, and they are interested in what is going on. Mattering is knowing that others care about us and recognize that we are important. Mattering is knowing that someone is dependent upon us, and we are needed.

Mattering is important. Mattering may even impact your health and make you live longer. It certainly helps us feel more engaged. Physicians need to matter in their workplaces.

You matter.

In this edition of the Bulletin, we introduce you to three local initiatives taking

"Mattering is knowing that we are seen by others, and they are interested in what is going on. Mattering is knowing that others care about us and recognize that we are important. Mattering is knowing that someone is dependent upon us, and we are needed."

— AUDREY PAULMAN, M.D.

place in the Omaha area. The first is a discussion of opioid use locally and how a CDC grant to the Douglas County Health Department is working to support those with opioid addiction.

The second article interviews Jim Canedy, M.D., about the Clarkson Institute, with a nod to the historical role of Clarkson Memorial Hospital in this community, Dr. Canedy looks forward to the future. Clarkson Regional Health Services (CRHS) is developing programs in-house designed to improve access to high value care, especially in underserved populations. This will include connecting organizations and teams to enhance effectiveness. Publicly available data sets will be used to help inform and guide government, philanthropy, community organizations, and academia. The outcome is for entities in the region to work together in partnerships for common goals.

The third article (and cover story) is about one of the projects that Clarkson Institute is leading – Bridges to Mental Health. This initiative used local data to develop a pathway to expand the mental health care workforce in Nebraska.

Thanks for reading. You matter 

2024 LEGISLATIVE SESSION IN REVIEW AND A LOOK AT WHAT'S AHEAD



AMY REYNOLDSON

Executive Vice President
Nebraska Medical Association

As we head into the summer and interim session, NMA staff are focused on legislative priorities for 2025 and the coming election.

Legislative Wins: The 108th Legislature, second session, concluded on April 18. We had several successes during this session, with the passage of a handful of bills that will expand Medicaid coverage for glucose monitors, pregnant patients at high risk of pre-term or low birth weight and other adverse health outcomes, and lactation consultants and adequate breast pumps. We also saw success with the passage of a couple of preventative measures. LB829 will restrict cost-sharing for integral parts of colorectal cancer screening, including polyp removal completed during a screening colonoscopy. LB885 was amended into LB1073, which eliminates cost-sharing requirements on lung screenings performed with low-dose computed tomography in adults 50 to 80 years of age as provided by the U.S. Preventative Services Task Force Guidelines. And lastly LB62 was signed into law, providing coverage for Medicaid patients that utilize translation and interpretation services. This is a great win for physicians by reducing the financial burden of covering these services.

A few of our successes included getting physicians removed from LB16, which would have created a new path to credentialing based on credentials or work experience in another jurisdiction. The intention of this bill is to streamline the credential-

ing process; however, after receiving feedback from individuals who work closely with the licensing of physicians, this would have made it more cumbersome for physicians and likely would create unnecessary delays. Another win for physicians was preventing optometrists from getting their scope expansion bill out of committee. This bill would have allowed optometrists to perform SLT surgery. The NMA and the Nebraska Association of Eye Physicians and Surgeons (NAEPS) aligned to ensure senators were properly informed about this bill and the dangers it would have created.

Over the summer, we anticipate that interim studies of interest to the NMA will be prioritized. State Sen. Merv Riepe has introduced a study examining health care delivery systems in rural areas. State Sen. Julie Slama would like to examine the causes of increasing commercial insurance premiums and the impacts on Nebraska businesses. An interim study to examine the role of health insurance for biomarker testing and the use of biomarker testing in public and private payor markets was introduced by State Sen. Eliot Bostar. State Sen. Ben Hansen would like to examine the costs and frequency of rebasing provider rates and to develop a methodology for rebasing such rates. The Health and Human Services Committee would like to examine the structure and processes of the credentialing review process known as the "407 process." State Sen. Myron Dorn is interested in examining the long-term fiscal sustainability of and how to best direct funding and appropriations towards sustaining a strong health care workforce in Nebraska, especially rural communities. These are just a few of more than a dozen health care specific studies introduced so we anticipate that we will be busy this fall engaging in the discussions.


2024 Legislative Candidate Interviews:

Now that the primary election has been held, the NMA will be conducting legislative candidate interviews to learn more about those who will be included in the general election in November. The interviews will be conducted by NMA executive leadership, NMPAC chair, NMA staff and our contracted lobbyists. These interviews serve as a critical time for us to get to know more about the candidates, includ-

ing their positions on important matters that impact physicians. The NMA will be carefully screening the candidates and discussing details with the NMPAC Board of Directors to determine contributions leading up to the November election.

2025 Legislative Priorities: There is no question that prior authorizations must be addressed and seemed to gain some momentum in the 2024 session with the introduction of a bill by State Sen. Justin Wayne. LB917 would have established a standard prior authorization process for health benefit plans and the approval and use of prior authorization forms. This bill had bi-partisan support but was not able to advance from the committee. The NMA has been in discussion with other health care organizations and senators to focus on getting something done in the 2025 session to address this barrier to providing necessary care for patients in a timely manner.

It is also evident that physician reimbursement rates have been outpaced by inflation while other health care providers and organizations have received increases over the last several years. With the passing of LB1087, the Hospital Quality Assurance and Assessment Act, we can see that the current administration is open to implementing an assessment to access additional federal funds to benefit the state. LB1087 is centered around a hospital assessment to bring in nearly one billion dollars with the majority of that going towards increasing hospital reimbursement rates. We are exploring a similar mechanism that would assess the managed care organizations to access federal funding to increase outpatient provider rates. We are hopeful that we can make progress knowing that the funding is available, the administration supports this concept, and we can easily justify the need to increase physician reimbursement rates.

We recognize that we have a tall order in front of us for this next year, so the rest of this year will be focused on getting the groundwork laid so we can address two areas that have a great impact on physicians and their patients. 

MOMS FOUNDATION: YOUR SUPPORT IN ACTION



STEPHANIE HARTMAN, M.D.

Board President
MOMS Foundation

The Metro Omaha Medical Society Foundation identifies and provides support to community priorities where physician involvement can make a difference in improving the health of the Metro Omaha Community.

This is a bold mission. Resources are limited, and the areas to focus on improving health seem endless. The MOMS Foundation Board is committed to the advocacy efforts of the Foundation in the form of philanthropy.

In 2023, we received 15 applications to our grant programs and our selection committee worked diligently to determine what organizations would best serve the Metro Omaha community to improve long-term health. This is not an easy task as the needs are great within the community and the applications are all compelling. We really work to ensure the grant funding has an expansive reach toward our mission. A total of \$25,390.24 was given to seven of our community grant applicants for 2023. Completely KIDS, Girls, Inc., Healing Gift Free Clinic, Intercultural Senior Center, Least of My Brethren, OneWorld, and Project Harmony.

The MOMS Foundation also awards a Match Grant each year to fund a larger project within the Omaha Metro in alignment with the mission of improving health. The MOMS Foundation matches the first \$5,000 in donations from the membership, and this year's 2023 Match Grant Recipient was Saving Grace Perishable

“We will again be reviewing grant applications from local non-profit, health-related organizations whose efforts make a positive impact in our community. The submission deadline is Aug. 1.”

— STEPHANIE HARTMAN, M.D.


Food Rescue. Thanks to your generous donations, we awarded \$13,175 during the annual meeting and banquet.

I had the distinct pleasure of presenting the check to Beth Ostdiek Smith, CEO, president and founder of Saving Grace Perishable Food Rescue. I was also able to learn more about the incredible impact this nonprofit has on our community's food security and how the organization has grown over the past decade. Saving Grace Perishable Food Rescue has a mission to connect perishable food from local food purveyors to local nonprofits that feed our hungry, while raising awareness and educating the community on wasted food and hunger. The money from this match grant is specifically targeted toward the purchase of four large, outdoor refrigerators to be placed in areas of the Omaha metro with low food accessibility and poverty. These refrigerators would allow access to fresh, healthy, perishable food items in neighborhoods where 1 in 4 individuals live in poverty and are at least one mile away from the nearest grocery store.

More than 80,000 people in Douglas County Nebraska experience food insecurity. Food insecurity is defined by the USDA. Individuals experiencing food insecurity have reports of reduced quality, variety, or desirability of diet and may report multiple indications of disrupted eating patterns and reduced food intake. Food insecurity results in increased risk of chronic disease in children and adults, and by working to connect individuals in the Omaha Metro with safe and healthy food options, Saving Grace is working to improve the health of our community.

In addition to improving food access, Saving Grace is also working to improve the impact food waste has on our community's environment. More than one-third of food produced in the United States is wasted and ends up in landfills. Keeping food out of our landfills reduces greenhouse gas emissions, which contribute to global climate change. If you are interested in learning more about Saving Grace Perishable Food Rescue and its mission, please go to <https://savinggracefoodrescue.org>.

Looking forward in 2024, we will again be reviewing grant applications from local non-profit, health-related organizations whose efforts make a positive impact in our community. The submission deadline is Aug. 1. I would encourage you to reach out to those nonprofits you are engaged with to encourage them to apply using the application located on the MOMS website. Nonprofits need a MOMS member as a sponsor for their applications. It is a requirement that is important to show our physicians engaged in the community and because it is your financial support that makes the Foundation possible. We will also be selecting a Match Grant recipient in October 2024 with the focus on addressing a larger need that has been observed in the Metro Omaha community.

Thank you all for your clinical and philanthropic efforts throughout the past year as you work to make the Omaha Metro a healthier place for everyone. 

SET YOUR PRACTICE UP FOR SUCCESS WITH MASTERFUL MANAGEMENT



ERIC D. ARGO

Vice President, Private Banking
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A few tips on how to sidestep common management mistakes and run your practice well.

Leadership sets the tone for your practice's culture — and ultimately, its success. Let's learn from the mistakes and lessons of others to highlight some key best practices that will help your practice be the best it can be.

Mistake #1: No internal controls: This is something many of us may take for granted, but as an owner setting up effective internal controls is critical. Simply put, effective internal controls reduce the risk of loss and ensure the accuracy of your records. Early in the life of your practice, talk with your partners (or a trusted advisor if you're the sole owner) about how to best assign duties to different team members, with the goal of protecting against financial loss. Know your numbers and how they translate to your profit/loss and balance sheet.

Mistake #2: Losing good employees: Little things make a big difference in building team loyalty, and it's not just about salary. Take the time to get to know your staff and what makes them feel motivated, challenged and rewarded. Celebrate their individual differences and strengths and recognize what makes each employee "light up." Remain open to new ideas. It

takes time and effort — you can't fake it — but your employees will see and feel your efforts and be more likely to stay with you.

Mistake #3: Dwelling on the negative:

Of course, when we witness behaviors that go against our expectations, it's easy to say, "Don't do this" or "Don't do that." But focusing on the positive and praising and reinforcing those desired behaviors will go a lot further in building your culture and developing your employees than focusing only on negative behaviors. Recognize your employees when you see or hear something that you like and want to see more of — you'll boost their confidence, keep them motivated, and demonstrate how much you value your team. It's positively powerful.

Mistake #4: Ignoring poor behavior:

When you do witness poor, disruptive, or disrespectful behavior, it's best to address it quickly, clearly, and kindly. It's easy to think poor performance or other issues will just "work themselves out in time," but when an employee is negatively impacting the team, it's time to act. Document your conversations, form an action plan, and follow through. Remember, being clear is being kind.

Mistake #5: Outdated or nonexistent procedures:

Having a centralized file that provides guidance and information about your practice's procedures, policies, benefits, and other information can be very helpful for both you and your employees. Done well, this handbook can also help to prevent and/or protect you from claims of unfair treatment. Have an attorney review it when it's first written and when any significant updates are made. If you're not sure where to start with your own employee handbook, consider hiring a local human resources consulting company or attorney that specializes in employment law. If there are no written procedures for an important task, ask the employee who performs that task to document the process. Be sure to utilize your membership to professional organizations like Metro Omaha Medical Society for resources. [O](#)



Recognize your employees when you see or hear something that you like and want to see more of — you'll boost their confidence, keep them motivated, and demonstrate how much you value your team. It's positively powerful."

— ERIC D. ARGO



LOCAL APPROACH TO ADDRESSING OPIOID ADDICTION

Here is a statistic that begs attention – and action: Approximately 6.7 to 7.6 million adults in the United States are living with opioid use disorder, or OUD. And three others that hit close to home: According to the Nebraska Department of Health and Human Services: Nebraska saw a 33% increase in suspected opioid overdoses in EMS incidents from 2017 to 2022. In 2020, 160 deaths were due to unintentional and undetermined intent drug overdose, with 53% of those having had at least one opportunity for intervention.

Syed Sattar, M.D., who treats those suffering from OUD, and Leah Casanave, DrPH, a Douglas County Health administrator, discussed the dangers and prev-

alence of opioid use and how a federal grant is aimed at helping those battling this addiction.

Another Startling Statistic: Dr. Sattar – who specializes in treating those with addictions, including opioid – provided a statistic that illustrates the deadly effects of the addiction: 150 people die each day from opioid addiction. “While I am talking with you for this story, someone is dying. That’s horrifying.”

When Dr. Sattar came to Omaha in 2001, opioid addiction and overdoses were viewed as an East and West Coast problem. “At that point, our primary focus here was on alcohol and methamphetamines.”

No more, he said.

Opioid overdose and addiction are now also a Midwest problem and Dr. Sattar said he has seen a new element emerge: Drug dealers adding fentanyl to methamphetamines without the buyer knowing it. “Adding fentanyl to the mix takes it to another level. They’re used to the effects of methamphetamine and now they’re not breathing.”

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FROM PAGE 15

Dr. Sattar, after arriving in Nebraska, helped create an addiction training program. He later moved to private practice, where he planned to conduct research. But patients – those suffering from opioid addictions and without insurance – kept asking him to provide care. So, he pivoted his approach. Inroads to Recovery, which also helps those with other addictions – treated 3,500 patients last year.

Dr. Sattar said he has seen inroads in the fight against opioid abuse. In addition to methadone, buprenorphine has emerged as a treatment option for opioid addiction. However, the latter required the prescriber to have an additional license. Congress recently removed that restriction, which makes buprenorphine available for all physicians to prescribe.

Dr. Sattar shared other observations about opioid treatment:

- Research indicates that those suffering from opioid addiction who are not taking maintenance medication have a 99 percent chance of relapsing within 12 months. “They must be given something to take away their cravings.”
- Discussion remains among care providers whether addiction is behavioral or physical. Those who take the former, sometimes suggest that patients who fail to follow their prescribed medications should no longer receive them. Dr. Sattar asked what physician would withhold care from a diabetic who didn’t follow her care regimen. “Not a single provider who would say no.”
- Physicians are more careful to prescribe pain medication to their patients. A decade ago, physicians were “dinged” on performance evaluations when their care didn’t resolve their patients’ pain. “There was a knee-jerk reaction: If still experiencing pain, give pain medication. Now patients are themselves saying they don’t want to be on narcotics.”

The biggest challenge in the treatment process – for providers and their caregivers – is the stigma still attached to someone addicted to opioids. “It’s how we view this person.”

To illustrate his point, Dr. Sattar suggested a scenario in which he specialized in obstetrics and gynecology, rather than addiction psychiatry: “I walk into my clinic waiting room and sees one of my patients. She’s going to say ‘Hi Dr. Sattar. He delivered my baby.’”

However, when he walks into his clinic and see one of his actual patients, they often look away. Society has overcome stigmas attached to other diseases – cancer and AIDs, as examples – the same must occur who those suffering from opioid addiction, Dr. Sattar said.


“We need to be more accepting. It’s OK to talk about it.”

A Four-Pronged Approach: Thanks to a nearly \$5-million grant (over five years) from the Centers for Disease Control, the Douglas County Health Department has launched a four-pronged program aimed at supporting those battling opioid addiction.

Dr. Casanave said the grant has allowed the county health department to partner with such entities as Well-Being Initiative, Community Alliance, Generation Diamond, the University of Michigan (for program evaluation) and the University of Nebraska College of Public Health.

One focus, she said, is to help physicians and other caregivers find clinical space to support their patients. “Ultimately, we want to help people receive the treatment they need and ensure they don’t have to go through this alone.”

Dr. Casanave, division chief of community health, nutrition and clinic services for Douglas County, explained the four strategies that are part of the department’s initiative funded by the CDC grant:

- **Providing linkage and retention in care:** The focus is on increasing the number of peer navigators available to assist people who have experienced an opioid overdose. “The idea is to have someone who is a peer assist them with getting the services they need.” As an example, navigators can help someone who has been recently released from correctional system find the health care, economic and social needs to get that individual back on their feet.
- **Overcoming the stigma associated with addiction:** The focus is to educate community and clinical practices about how naloxone can and should be used. Another focus is to remove the stigma about care providers that “We don’t want them (those with opioid or other addictions to narcotics) in my waiting room.”
- **Educating providers about the clinical guidelines:** The focus is to ensure that all providers – dentists, pharmacists, physician assistants and physicians – are aware of CDC guidelines related to providing care for those with opioid addictions or who suffered an overdose. The county health department will be requesting assistance in strategizing this work with the Metro Omaha Medical Society.
- **Improving data collection:** This surveillance work involves better tracking the prevalence of opioid addiction. “We don’t have an accurate way to track overdoses in our county. When we receive death certificates of victims, it’s too late. We seek a way to better track surveillance of non-fatal overdoses.” 



The Sattar File

Hometown

Karachi, Pakistan

Undergraduate Degree

Dow Medical College
in Karachi, Pakistan

Medical Degree

University of Nebraska
Medical Center

Residency

Wayne State University
Affiliated Hospital in
Detroit in psychiatry

Fellowship

Mass General Hospital

Specialty

Addiction psychiatry

Location

Inroads to Recovery

Hobbies

Traveling to food
destinations and karaoke

Family

Wife, Fatima Basith;
two grown sons,
Lukmaan and Rayaan

Why He Joined MOMS

"As a way to connect with
the local community and
to contribute to the local
eco-system of health care."

EXPANDING THE MENTAL HEALTH CAREGIVER WORKFORCE



Picture this: A group of eight physicians – most nearing retirement or at least starting to prepare for that stage in their lives – gathered for breakfast on Saturdays to discuss the topic of the day. Their conversations at one point turned to what they might do in retirement to give back to their community and support those in their profession.

“We thought: ‘We don’t know,” said John Mitchell, M.D., a recently retired gastroenterologist. “‘Why don’t we start interviewing community leaders to find out what the greatest needs are.’”

So they did. A presentation by Howard Liu, M.D., chairman of UNMC’s Department of Psychiatry, caught their attention and provided them with a starting point. “He gave us a compelling analysis of the dearth of mental health providers and access in our community,” Dr. Mitchell recalled. “The question was ‘What could we do to help?’”

The group had considered needs in the realms of politics, affordable housing, education and many other issues connected to current events. But Dr. Liu’s analysis stood out. “This is something we know a little bit about and maybe something we could do – and feel confident about what we were doing,” Dr. Mitchell said.

Talk first turned to opening a clinic to serve people suffering from mild to moderate levels of mental illness. “Dr. Harris Frankel pointed out we would be robbing Peter to pay Paul because we would be taking mental health practitioners – there already is a shortage – from one clinic to another.”

This group of physicians was aware of the escalating prevalence of mental health issues in the country, accelerated during the COVID pandemic. The stats filled in the rest of the story: 21% (52.9 million) of adults in the United States experience mental health issues in 2020. In addition, 5.6% of U.S. adults experience serious mental illness that year. While the cause for the increase is multifold, the result is a shortage of appropriately trained health care providers.

In Omaha, wait times to see a psychiatrist or psychologist extended between 8 to 12 weeks. While psychiatrists are best suited to treat those with severe mental illnesses, this leaves an estimated 39 million Americans with mild to moderate mental issues on long wait lists while their symptoms worsen.

Talk narrowed to the workforce of mental health practitioners and how to expand it. The group did its homework and talked with experts in the field. Their conversations led to one with Rhonda Hawks, well-known for championing mental health care in Omaha. They discussed a concept: Train current providers (primary care and specialists) to be more confident in assisting patients who came to them for other reasons, but ultimately needed mental health care.

Finally, after more research and more conversation, the breakfast group had a threefold plan for supplementing mental health care resources in Omaha:

- Enhance primary care professionals’ knowledge and confidence in treating their patients who exhibited mild to moderate mental illness.
- Instill that same kind of confidence among specialist physicians and mid-level health practitioners, something done nowhere else in the country.
- A third unique aspect is to mobilize physicians in retirement (who wanted to continue to assist in patient care) to expand the workforce and provide mental health care – either in-person or by telehealth.

Dr. Mitchell, who now falls into the third category, and Bill Lydiatt, M.D., who falls in the second, worked with their group to form Bridges to Mental Health, a workforce expansion project aimed at increasing the confidence and abilities among primary care and specialty care physicians, along with other health care professionals to manage mild to moderate mental illness.

CONT. PAGE 20



The Max Lydiatt File

Hometown
Bellevue, Nebraska

Undergraduate Degree
University of Nebraska-Lincoln in biology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in psychiatry

Specialty
Psychiatry

Title
Third-year resident

Location:
UNMC

Hobbies
Writing creative nonfiction

Family
Wife, Hannah Lydiatt

Why He Joined MOMS
“To network and meet interesting people.”



The Bill Lydiatt File

Hometown

Chappell, Nebraska

Undergraduate Degree

Stanford University in
Stanford, California,
in biology

Medical Degree

University of Nebraska
Medical Center

Residency

UNMC in otolaryngology
head and neck surgery

Fellowship

Memorial Sloan Kettering
Cancer Center in New
York City in head and
neck oncologic surgery

Specialty

Head and neck
surgical oncology

Title

Professor of surgery

Location

Creighton University

Hobbies

Collecting ancient coins,
reading and spending time
with his children and dogs

Family

Wife, Kathy Lydiatt, and
his children Max Lydiatt,
M.D., Joey Lydiatt, DPT
and Samantha Lydiatt

Why He Joined MOMS

"MOMS is a vibrant
organization doing tangible
projects to improve the care
of physicians and to improve
the health of our region."

FROM PAGE 19

The group engaged – with financial support from Rhonda and Howard Hawks Foundation – experts from Massachusetts General Hospital and Harvard University to lead a two-day course in diagnosis and treatment of mild to moderate depression and anxiety. "We didn't know if anyone would show up," Dr. Lydiatt said.

Twenty-two people did. Thirty-six others attended the second session six months later (both held at Clarkson College), which was funded by Behavioral Health Education Center of Nebraska with guidance from Dr. Marley Doyle and Dr. Rod Markin. Collectively, over 40 percent of attendees were physicians, the remainder were mid-level or advanced practice caregivers.

Session attendees left with several resources – including the "Behavioral Health Treatment Guidelines" for primary care by William Miller, M.D., and his associates in Idaho, and the Waco Guide to Mental Health – for in depth information. They also received contact information for local resources and access to the 2022 Annual Psychopharmacology Conference presented by the Massachusetts General Hospital Psychiatry Academy. The sessions were recorded and are available for review at Bridges' administrative home, Clarkson Institute's website (<https://clarkson-regional.com/bridges-to-mental-health/>).

Bridges leaders realized this program needed to prove the concept that they could expand the workforce through these sessions.

Enter Max Lydiatt, M.D. (Bill's son), chief resident-elect in UNMC's Psychiatry Department. The younger Dr. Lydiatt's interest in the program: to design and implement a study (approved by Methodist IRB) to gauge participants' comfort level – pre-session and post-session – for treating patients suffering from mental illness, and publish the results.

"We looked at whether the seminar could increase people's confidence in a variety of ways (specific diagnoses, specific medications, for example)," Dr. Max Lydiatt said. "We found every single domain we studied had a significant difference from pre- to post. The feedback was very positive."

Those results were reassuring, Dr. Mitchell said, which could lead to additional funding for future sessions. Bridges also sought feedback from the State Board of Medicine and Surgery, which endorsed the program.

Another issue is backup when clinical questions arise.

"We knew we needed a backstop for issues beyond us," Dr. Mitchell said.

Dr. Lydiatt put it another way. "We needed someone on the other end of the Bat Phone (for the reference watch the 1970s television show featuring Batman)."

One option is to affiliate with an academic institution. For example, perhaps the senior psychiatry residents could help organize the program, and their involvement could be incorporated into their medical training. The long range hope would be to develop another psychiatry residency training slot.

An aspiration is to create a structure to the Bridges program – possibly a physical freestanding one, one that joins with another organization already providing mental health care, or by providing care virtually. Another issue yet to be resolved is determining how to keep Bridges sustainable. Could the group bill for some services?

Bridges also looked at where mental health providers practice in Nebraska. Some counties have none, others one or two. The next step is to host additional sessions both in Omaha and areas of greatest need in Nebraska.

Bringing people together for these sessions is critical, Dr. Bill Lydiatt said. "We feel there is a role for virtual training, but there's something about being together – particularly when you're trying to gain confidence."

Session leaders – experts in the field of mental health care – instilled this confidence in participants, including Drs. Lydiatt and Mitchell.

“They (session leaders) feel confident that our group can do this with the right training,” Dr. Lydiatt said. “Many of us went in without confidence and we came out feeling we have the tools to do this.”

Drs. Lydiatt and Mitchell, both specialists, said they represent the bookends for the purpose behind Bridges – Dr. Mitchell, a gastroenterologist providing mental health care in retirement; Dr. Lydiatt, a head and neck surgical oncologist, providing care to his current patients who exhibit symptoms of mental health issues.

“We are the physician manifestation of what this program is trying to accomplish. I am still practicing and trying to do it through my practice and John is recently retired and he is going to do it through the other approach,” Dr. Bill Lydiatt said.

The pair shared their takeaways after attending the sessions:


Dr. Mitchell: “As a practicing gastroenterologist, I know how to talk to people with mental health issues, but I did not feel comfortable managing them. This training gave me insight and knowledge to treat or triage them to traditional psychiatric or psychological services. We know when to pass someone on for further care.”

Another Dr. Mitchell takeaway: Don’t hesitate to prescribe medication at the needed level, even if it means increasing dosage.

Dr. Bill Lydiatt: “As a specialist, we see people specifically for complaints that often have a psychiatric origin. For me, it may be difficulty swallowing. That’s a common symptom we see people for. Actually, it may be your anxiety that’s causing this. Let’s talk about it.”

“The session enabled me to talk to people better – with a sense of knowledge and empowerment. It gave me a broader range of medication to try with my patients. And, it gave me a sense of depth to go deeper. If they’re taking something, but it’s not working – go to a greater level.”

“All of this was because I have more knowledge,” Dr. Lydiatt said, “but probably also because I have more confidence.”

For more information about Bridges to Mental Health, including future training sessions, go to www.ClarksonRegional.com and scroll to Bridges to Mental Health. 



The Mitchell File

Hometown

Born in Kearney, moved to Omaha in fifth grade

Undergraduate Degree

Stanford University in Stanford, California, in history

Medical Degree

University of Nebraska Medical Center

Residency

Hennepin County Medical Center in Minneapolis in Internal Medicine

Fellowship

University of Minnesota in Minneapolis in Gastroenterology

Specialty

Internal Medicine-Gastroenterology

Title

Medical doctor (retired)

Hobbies

Biking, sailing, skiing, cooking, history and traveling

Family

Wife, Kathleen Mitchell, M.D.; a son, John B. Mitchell, M.D., and a daughter, Emily Mitchell, M.D.

Why He Joined MOMS

“I joined to foster the collegial aspects of our profession and to improve health care delivery in our region.”

CLARKSON INSTITUTE TARGETS GAP IN HEALTH CARE DELIVERY



With a nod to its roots, Clarkson Regional Health Services looks to uncover gaps in health care delivery and then find ways to fill them. Clarkson Regional Health Services (or CRHS) is an Omaha-based nonprofit organization that has worked to improve and advance health care in Omaha since it formed the area's first hospital in 1869. CRHS continues to make substantial contributions to health care in Nebraska and Western Iowa.

"The gaps in health care have changed over the past 155 years, but they still exist," said James Canedy, M.D., president CRHS. "A large gap that has been identified is poor access to mental health care – especially in underserved populations."

Filling that gap is the current focus of the Clarkson Institute, a new initiative of CRHS that takes a design-build approach to project delivery grounded in data and analytics to plan, innovate and measure success in health care programs and projects.

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FROM PAGE 23

First, a look back to 1869. Robert Harper Clarkson, the first bishop of Nebraska for the Episcopal Church, and his wife, Meliora, took notice of the many gaps in health care in Omaha. The area was afflicted by typhus, poor sanitation and a lack of physicians and facilities to care for the sick and injured, especially for women and children. Their work, assisted by the attending surgeon for Union Pacific Railroad, led to Omaha's first hospital – Good Samaritan.

Later named Bishop Clarkson Memorial Hospital, the institution would relocate and later collaborate with the University of Nebraska to form what is now Nebraska Medicine. CRHS is still a co-member of Nebraska Medicine with the University of Nebraska. Clarkson Regional Health Services considers Nebraska Medicine an important community asset and is committed to its continued success, Dr. Canedy said.

In 2016, Clarkson Regional Health Services leadership began to re-evaluate its role, core capabilities and strategic direction. "With the formation and integration of Nebraska Medicine, CRHS was no longer immersed in day-to-day hospital operations. We, however, wanted to continue to make an impact on health care and became increasingly involved in mission-driven programming and expanded its philanthropic support to a diverse group of organizations," Dr. Canedy said.

Through this process, Clarkson Institute emerged, said Torri Criger, J.D., CRHS chief operating officer and general counsel. "The Clarkson Institute will focus on data analytics, internal project development, and philanthropic partnerships with other organizations. For each project, whether internally developed or in partnership with other nonprofit organizations,

Clarkson Institute will provide monitoring and data collection with subsequent analysis to help inform the outcomes of the program or project, share insights, and facilitate innovation."

Currently, Clarkson Institute works with the Omaha Community Foundation to identify potential project partners/grantees and to invite proposals. Projects are chosen and approved through an internal evaluation and selection process, taking into consideration, among other things, potential impact, innovation, and alignment with Clarkson Regional Health Service's mission and priorities. An important component for Clarkson Institute going forward will be reporting and disseminating learnings and insights from these projects.

Clarkson Institute will also provide an initial analysis of the project to help with design, assuring adequate outcomes measures are in place and able to be monitored. The institute will also follow projects and help with insights along the way.

Clarkson Institute, during the past 18 months, partnered with several community organizations to improve access to mental health, Criger said.

While facilities for providing mental health care are critical, Dr. Canedy said, supporting programs that increase access to services or provide work force development is just as important. "And these services need to be in a trusting environment in their community provided by practitioners in their culture or community."

Dr. Canedy and Criger shared the list of those organizations supported by the Clarkson Institute and their impact to date:

- Santee Sioux Nation Society of Care – providing culturally based mental health services, primarily through telehealth. The Society of Care is a trauma and resilience resource for self-identified Native American youth and their families in Nebraska. Society of Care ensures its services are responsive to the cultural, racial, and ethnic differences, including celebrating the uniqueness of each tribe. This approach improved access to care and acceptance for treatment opportunities. The result was more than 1,300 people receiving treatment. Another benefit was workforce development through apprenticeships offered at local high schools.
- Project Harmony – focusing on workforce development to increase access to mental health services. Clarkson Institute's support allowed Project Harmony to fund scholarships, internships and stipends, undergraduate and graduate students obtain training in trauma-informed mental health care. In addition, to tap into the needs of the underserved, Project Harmony used funds received from its partnership with Clarkson Institute to provide expressive art therapy programs and to launch Connect to Wellness, a digital tool that children and their families can access while waiting for therapy.

- OneWorld Community Health Centers – expanding OneWorld’s model of integrated mental health with primary care and increasing its workforce to add Bilingual Spanish-English behavioral health therapists and interpretation services for other languages. With the support from the Clarkson Institute, OneWorld already has added two therapists to provide individual counseling to patients needing mental health care. “We knew the demand was out there among the community, but we did not know the extent of that demand,” OneWorld leaders reported. “The metro area lacks providers for mental health therapy and the hiring pool is limited. We are thrilled to have already added our new counselors.”
- Boys Town – supporting mental health care services and providing care coordination in Grand Island and central Nebraska. Engagement with non-English-speaking families through onsite interpretation services and a language line resulted in more than 200 behavioral health visits in languages other than English.

Boys Town shared a success story about the Creutzberg family that illustrates the impact buoyed by financial support from CRHS:


The Creutzbergs adopted five boys, ages 5 through 14. “There’s never a dull moment in our home. It’s the perfect amount of excitement and controlled chaos seasoned with an abundance of love,” the Creutzbergs shared. “With that

being said, it’s been a challenge to find someone who can keep up with and really support our family.” Their Boys Town care coordinator supervisor was that person.

“Not only does she help with paperwork, she also interacts with our children. She comes up with all sorts of creative and new ideas for us to implement that are helping our family be successful.”

“One of the most valuable things is she always affirms our kids and tells them how wonderful they are. She compliments them and speaks to their strengths in a positive way. At times, our family requires unconventional and unique accommodations that aren’t always supported or viewed as positive compared to ‘normal’ families. As our care coordinator, she always sees these as positive, advocates for them and helps us keep moving toward our goals, together.”

The Clarkson Institute also provided support for Bridges to Mental Health (see story on page 18).

Dr. Canedy said the Clarkson Institute will identify other gaps in health care. Clarkson’s mission is to support or provide innovative health care delivery solutions that align quality, cost-effective services with select population needs. “Our first focus is on mental health. That’s our priority given the need right now in Nebraska.” 



The Canedy File

Hometown
Omaha

Undergraduate Degree
University of Nebraska-Lincoln in zoology

Medical Degree
University of Nebraska Medical Center

Residency
Campbell Clinic-University of Tennessee College of Health Sciences in orthopedics

Specialty
Orthopedic surgery

Title
President

Institution
Clarkson Regional Health Services

Hobbies
Restoring old cars

Family
Wife, Diane Canedy

Why He Joined MOMS
“I’ve been a MOMS member since 1988. I believe it’s important for physicians to have a voice in the community and at the Legislature, and to offer education and information to physicians.”

MEMBER NEWS


DR. BIERNER HONORED AS TOP JOURNAL REVIEWER



Samuel Bierner, M.D.

Samuel Bierner, M.D., received the David Rush Dunton, Jr., MD Award for 2023 Top Reviewer for the American Journal of PM&R.

Dr. Bierner received the award in February at the Association of Academic Physiatrists Annual Meeting in Orlando. Among his other numerous honors, Dr. Bierner is a three-time recipient of the Physician's Recognition Award from the American Medical Association.

Dr. Bierner joined UNMC in 2016 as the founding chair of the department of physical medicine and rehabilitation. Since founding the department, Dr. Bierner has added a four-year accredited residency and a brain injury fellowship approved by the Accreditation Council for Graduate Medical Education. 

Omaha Area Physicians Have Their Own Space for R+R...



633 N. 114th Street

(In Miracle Hills between Salon Aura & Pho 76)

Accessible 24 hrs/day

Email cwang@omahamedical.com
or call (402) 393-1415
for the door access code.



What's Your R+R? You decide:

Rest + Relaxation
Rejuvenate + Re-energize
Regroup + Reconnect

Take advantage of this space and utilize its resources to support one another in a space just for physicians courtesy of the Metro Omaha Medical Society Foundation.

LOUNGE AREA | BEVERAGES | SNACKS
PRIVATE DISCUSSION ROOM



DR. STECKER RECEIVES FULBRIGHT SPECIALIST AWARD

Chris Stecker, Ph.D., senior scientist and director of the Spatial Hearing Lab in the Center for Hearing Research at Boys Town National Research Hospital, was recently awarded a Fulbright Specialist Award from the U.S. Department of State and the Fulbright Foreign Scholarship Board. Dr. Stecker will travel to Kosice in the Slovak Republic for three weeks to complete a project at the Institute of Computer Science at P.J. Safarik University.

"In the Boys Town Spatial Hearing Lab, we study how people use sound to understand the world around them," Dr. Stecker said. "On the Fulbright research project, we will be studying how people use multiple senses – vision, hearing and balance – to support spatial awareness. We are particularly interested in studying realistic, complex 'scenes,' such as places with lots of people talking and other sound sources."

Dr. Stecker will be working with a Safarik University colleague, Professor Norbert Kopco, and his students. Scientists from the United States and throughout the world, including Austria, France, Australia, Greece and Slovenia, also will be involved in a workshop held during the exchange.

"Our goal is to develop and test new ways to study spatial awareness in everyday listening and communicating," Dr. Stecker said. "The Fulbright Specialist Award is exciting as it allows time for us to live and work directly alongside our international partners. Too often, scientific exchanges are limited to a few days at a conference and hard problems take longer to solve. We may not solve everything in three weeks, but it will give us time to better analyze the problems and align our approach. I hope that this will be the start of a long and fruitful program of research." [🔗](#)



TREATMENT TARGETS STAGE 3 DIABETES PROGRESSION

The CHI Health Diabetes Clinic recently announced a new and groundbreaking treatment for adults with Stage 2 Type 1 Diabetes, an infusion aimed to delay the progression of Stage 3 Diabetes.

People with Stage 2 Type 1 Diabetes experience a decline in insulin production but are not yet completely dependent on insulin therapy. This treatment, a monoclonal antibody infusion, was approved by the FDA in 2022 and has been shown to preserve insulin production.

The treatment consists of 30-minute infusion sessions over the course of two weeks, working to target the immune cells responsible for attacking the insulin-producing beta cells in the pancreas. By preserving beta cell function, patients with Stage 2 Type 1 Diabetes can remain off insulin for up to four years or longer.

Screening for Type 1 Diabetes and delaying the need for insulin allows patients and caregivers time to learn the skills to better manage the disease and treat underlying conditions and comorbidities, for better health outcomes down the road.

CHI Health is the first health care provider in Nebraska and Iowa to offer this revolutionary treatment to adults. The CHI Health Diabetes Clinic is a multidisciplinary clinic that brings together nurse practitioners, pharmacists, diabetes educators, registered dietitians, and more to provide comprehensive care for patients with Diabetes, including access to the latest and most advanced treatments. [🔗](#)



NATIONAL ASSOCIATION OF EPILEPSY CENTERS BESTOWS LEVEL 4 DESIGNATION

Children's Nebraska has been accredited as a Level 4 Pediatric Epilepsy Center for 2024 and 2025 by the National Association of Epilepsy Centers (NAEC). Recognized as the highest level of accreditation for epilepsy care, the designation is earned by programs that offer clinical expertise, facilities and capabilities necessary to provide advanced medical and surgical evaluation and treatment. The accreditation is the latest achievement for Children's growing Pediatric Neurosciences team, which offers the region's most comprehensive pediatric epilepsy program and is dedicated to improving the lives of children and families experiencing epilepsy and seizures.

Level 4 centers such as Children's provide routine care as well as specialized services to treat the most complex forms of epilepsy, providing intensive neurodiagnostic monitoring; extensive medical, neuropsychological and psychosocial diagnosis and treatment; complete evaluation for epilepsy surgery and a broad range of innovative, leading-edge surgical interventions for uncontrolled seizures.

Children's neurosciences team collaborates in its specialized epilepsy care from Children's Neurosciences Center, led by division chief of pediatric neurosurgery, Arnett Klugh III, M.D.; division chief of pediatric neurology, Sookyong Koh, M.D., Ph.D.; surgical director of epilepsy and pediatric neurosurgeon, Afshin Salehi, M.D.; and epileptologist, Spriha Pavuluri, M.D. The team comprises three neurosurgeons, eight neurologists including three sub-specialized epileptologists, seven advanced practice providers, dozens of nurses and many more support team members. It partners with colleagues in the Epilepsy Monitoring Unit, Hospital Medicine, Neurodiagnostics, Neuropsychology, Neuroradiology, Nutrition, Surgical Services and others to deliver the best outcomes and experiences for children and families.

More information can be found at ChildrensNebraska.org/Epilepsy. [🔗](#)




CLASS OF 2024 MATCH DAY IN REVIEW

In March, 164 Creighton University School of Medicine students matched into residency and fellowship programs across the country, 95% of whom matched into their No. 1 specialty of choice. Students matched into 19 different specialty areas, with 38% matching into primary care specialties. Internal medicine, pediatrics, obstetrics and gynecology and general surgery were also among the most popular specialties.

"Any medical school would prepare me to be a physician, but only as a Bluejay can I care for the whole person, train as a woman for and with others and practice patient-centered care as an empathetic and compassionate medical professional," said Julia Griffin, fourth-year medical student on the Omaha campus going into dermatology. "Creighton's experiential learning and community engagement opportunities have prepared me to be a culturally competent physician to elevate the level of medical care that people receive in Nebraska and in my global community."

Fourth-year Phoenix student Youssef Challita, who is pursuing a career in inpatient adult psychiatry, concurred: "Creighton prepared me to be a physician who focuses on the whole person. Creighton taught me to consider things like life at home, access to medications and how other barriers to care can create context and empathy for the patients we serve."

He called a Creighton education "well-rounded," adding, "I feel very prepared to enter residency not only as a knowledgeable resident but also as a good co-worker and active member of my community." 


METHODIST RECOGNIZED FOR NURSING EXCELLENCE

Methodist Hospital and Methodist Women's Hospital recently attained Magnet recognition, the highest national honor for nursing care, for the fifth consecutive time.

The American Nurses Credentialing Center (ANCC) Magnet Recognition Program distinguishes health care organizations every four years that meet the highest standards for nursing excellence. Of the more than 6,000 U.S. hospitals, only 53 have earned Magnet recognition five times. There are currently five Magnet hospitals in Nebraska, and Methodist was the first in the state to achieve Magnet status in 2004.

"This fifth achievement not only puts Methodist in prestigious company nationwide – it also reaffirms the tireless efforts and dedication of our nurses while reinforcing the core values that guide our work every day," said Teri Bruening, vice president and CNO of patient care services for Methodist Hospital and Methodist Women's Hospital. "It's a testament to past leaders and staff members who were trailblazers in starting us on this journey 20 years ago. And it validates Methodist Health System's continued support of compassionate, innovative approaches to patient care and outcomes."


To achieve initial Magnet recognition, organizations must pass a rigorous and lengthy process that demands widespread participation from leadership and staff. This process includes an electronic application, written patient-care documentation and on-site visits.

Health care organizations must reapply for Magnet recognition every four years based on adherence to Magnet concepts and demonstrated improvements in patient care. An organization reapplying for Magnet recognition must provide documented evidence of sustained and improved Magnet concepts, performance, and quality over the four-year period since the organization received its most recent recognition. 

LEADERSHIP CHANGES ANNOUNCED

Nebraska Medicine recently announced several changes to the its senior leadership structure.

"Extraordinary organizations never stand still," said James Linder, M.D., CEO. "Nebraska Medicine will continue to evolve to meet the needs of our patients, to create the best possible work environment for the thousands of extraordinary colleagues here, and to be ready for the future." Those changes are:

- Michael Ash, M.D., will serve as president and chief operating officer, a promotion from his prior role of executive vice president-chief operating officer. In his 10 years with Nebraska Medicine, Dr. Ash has directed the health system to a position of national leadership in clinical quality and safety, and in information technology excellence.
- Kelly Vaughn will serve as chief nursing officer, leading thousands of nurses in Nebraska Medicine hospitals, clinics and support areas.
- Sue Nuss, Ph.D., is starting the new role of clinical workforce development officer for Nebraska Medicine and as an assistant vice chancellor at UNMC. Dr. Nuss will formulate solutions to the ongoing workforce shortage by building the pipeline between UNMC, Clarkson College and other regional nursing and allied health schools.
- Kyle Skiermont, Pharm.D., is being promoted to senior vice president of operations. This expanded role will allow Dr. Skiermont to continue leading pharmacy and cancer while also taking on leadership responsibilities for ambulatory, diagnostic and procedural services.
- Julie Lazure has been named vice president-nurse executive. In this position, Lazure will assume administrative leadership of Bellevue Medical Center and other hospital-based nursing departments. Additionally, she will lead nursing practice and provide operational leadership to Nebraska Medical Center's Innovation Design Unit.
- Tiffany Joekel has been promoted to vice president of government affairs. Joekel serves as a liaison to the organization's public partners, including local, state and federal legislators. 



DR. SMITH TRANSITIONS TO NEW ROLE AT UNMC

Following a 22-year career as chair of the UNMC Department of Obstetrics and Gynecology, Carl Smith, M.D., is stepping down from that role. He will remain as chair until a successor has been identified and assumes the role.

Dr. Smith, a 1978 UNMC medical school graduate who became chair of the department in 2002, will not retire and will continue to work clinically after moving away from his leadership role.

"I still enjoy practicing medicine and intend to be active clinically for a bit longer," he said. "It's time to do something different and to let other people share in the joy of leadership."

Dr. Smith first came to UNMC as faculty in 1988, following a residency while in the Navy and a fellowship in maternal fetal medicine at the University of Southern California. He left, briefly, in 1999, to become obstetrics chair at the University of Arkansas, but he was lured back to UNMC in 2002 by longtime department supporter Leland Olson, M.D., and James Armitage, M.D., then-dean of the College of Medicine.

During his tenure, Dr. Smith served 12 years in the dean's office as the senior associate dean for clinical affairs and later four years as chief academic officer for Nebraska Medicine.

He also worked with Dr. Olson and Dorothy Olson and their family to create a physical home for the Olson Center for Women's Health.

"I'm deeply grateful to the Olsons and their family for their continued support," Dr. Smith said. "One, to recruit me back to Omaha in 2002, and then to continue to support the growth and development of the department. That kind of support made a lot possible that would otherwise have been impossible to do."

MOMS EVENTS RECAP

IMPROV WORKSHOPS FEATURE PLAYHOUSE FACILITATOR

MOMS teamed with Omaha Community Playhouse facilitator Will Treinan to host a series of four workshops at the R+R Wellness Center this spring, each focusing on different skills: brainstorming and problem solving, presentation skills, communication skills, and team-building.



Drs. Tiffany Tanner (left), Ryan Burkholder and Brett Kettelhut and facilitator Will Treinan.



Drs. Ryan Burkholder (left), Brett Kettlehut, Audrey Paulman, Paul Paulman, Mark D'Agostino and facilitator Will Treinan.



Drs. Ryan Burkholder (left), Jill Reel, Tiffany Tanner and Brett Kettelhut.



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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