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- *Chronic Musculoskeletal Pain in Children: Diagnosis, Treatment and Behavioral Health*
- *Time is Brain: A Panel Discussion on Practical Strategies to Battle the Waitlist Crisis for Autism Diagnosis*
- *Social Media and Kids: The Good, the Bad and the Ugly*
- *Screening and Assessing for Trauma in Pediatric Primary Care*
- *Multivariate Brain-Behavior Relationships within a Transdiagnostic Sample of Adolescents*
- *Benefits of the Online Boys Town Common Sense Parenting Program for Parent and Youth Behavioral Health*

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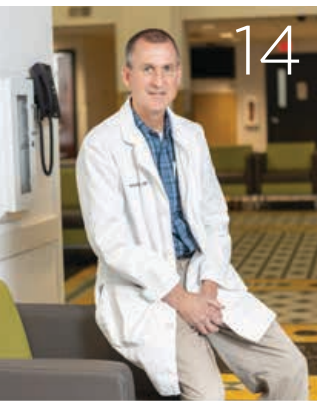

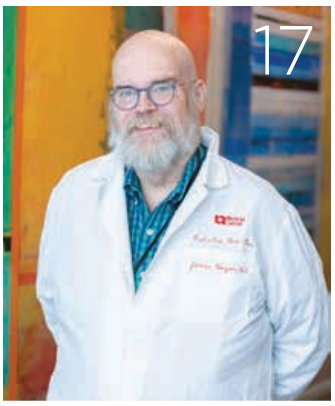

FEATURES

DEPARTMENTS

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Metro Omaha Medical Society

COMING **EVENTS**

RETIRED PHYSICIANS: COFFEE & CONVERSATION

WEDNESDAY, APRIL 9
10 A.M. – 11 A.M.
MOMS Boardroom
7906 Davenport St., Omaha

EARLY CAREER PHYSICIANS – BARTENDER BATTLE WITH OMAHA BAR ASSOCIATION YOUNG ATTORNEYS

TUESDAY, APRIL 15
5:30 P.M. – 7 P.M.
McGrath North – 37th Floor First National Tower
1601 Dodge St., Omaha

RETIRED PHYSICIANS MEETING WITH SPEAKER

WEDNESDAY, MAY 7
10 A.M. – 11 A.M.
UNO Community Engagement Center
6400 S. University Dr. Road. N, Omaha

MEDICAL LEGAL DINNER WITH OMAHA BAR ASSOCIATION "ASSESSING COMPETENCY AS WE AGE"

WEDNESDAY, MAY 14
5:30 P.M. – 8 P.M.
Happy Hollow Club
1701 S. 105th St., Omaha

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Metro Omaha Medical Society

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SHEDDING LIGHT ON SHADOWING

AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

We have so many roles as physicians. One important role is being an adviser and teacher, especially of the next generation of doctors.

All of us want to be a good source of information for premedical students and, for that, we, ourselves, need good information. I had heard, primarily from premed students, that the new requirement to gain acceptance into medical school was 80 hours of shadowing, directly with a physician. Their source was, of course, an unreferenced website on the Internet.

I looked at the AAMC website and found the requirement to be more vague. "Getting clinical experience is important to confirm that medicine is the right career," according to the AAMC, but your application "doesn't necessarily have to include shadowing." In fact, the current AAMC student website refers to a 2016 study that showed that 87% of medical schools indicated they would accept an alternate activity instead of clinical shadowing.

To understand what actually is required, Physicians Bulletin interviewed the deans of admissions at the two local medical schools for clarification. There is much information in their interviews, included in this magazine – information you may share as you are approached about admission requirements.

Some things have changed since we were students. Some things have stayed the same.

Looking at my own undergraduate university transcript, it is filled with math and science – inorganic chemistry, physics, biology, calculus and organic chemistry. I haven't used those for years. I don't ever remember using calculus to help a patient.

English, however, is something I use every day, but I only took one English course. That lone college-level English class and one logic course completed my entire humanities requirement for graduation. The rest of the requirements were obtained through advanced placement testing. That was the tradition "back in the day." Science was king.

Times have changed. All undergraduate majors are now welcome in medical school.

In addition, when I applied, there was not much emphasis on shadowing. My total experience with "shadowing" was when I was a patient once, maybe with an ear infection. Did that prepare me for medical school? Probably not.

A generation later, my son had extensive shadowing experiences before even considering medical school. He lived it every day, coming to the office after school many days, going to the doctor's lounge to wait as I made rounds, and listening to me take phone calls during all stages of his childhood.

One afternoon, his 10-year-old friends were all gathered, ready to go to a local game arcade. I was their driver. The phone rang just as they were putting on coats to load into the car. My son listened intently as I answered the call.

After a few minutes, my son called out to his friends, "Diarrhea. Go ahead and get in the car. Chest pain takes longer."

From listening to my side of the phone conversation and watching my body language, he had determined that the caller had some type of gastrointestinal distress, and that the call probably would be short.

He learned that chest pain calls take more time and attention. He learned that some calls filled his mother with joy, and others, grief. His whole life was one long shadowing experience – 18 years before he became a premed student. I thought that might be enough.

However, his undergraduate adviser told him that he still needed shadowing – so he shadowed some more. His "official shadowing" was through organized volunteer work at a local hospital. Every Saturday morning for 20 weeks, he went for a four-hour shift in the emergency room. He observed a team of health care professionals interacting with patients and one another. His shadowing requirement was officially met.

Opportunities for shadowing, formal and informal, have changed over the years. It has become more structured and regulated.

A physician's workday has changed. Primary care doctors may have been replaced with advanced practice providers. In-person visits may have been replaced with telehealth. Physicians are increasingly hospital-based. A doctor, eager to mentor pre-med students, may work for an organization that sets requirements and limits on shadowing. Most health care systems require training in patient privacy and infection control, along with required immunizations for the trainee.

Teaching the next generation of physicians is in the Hippocratic Oath. The availability of physician shadowing is important to the next generation. It allows them to gain, first-hand, an understanding of the unique role of a physician in health care.

Please take a few minutes to read the advice given by the admissions deans, and consider the shadowing opportunities you or your employer may have to offer. We have an important role and an obligation to the future of medicine.

I hope you enjoy this edition of the Physicians Bulletin.

AI IN MEDICINE: A TOOL FOR PHYSICIANS, NOT A REPLACEMENT

AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

Artificial intelligence (AI) is becoming a more significant part of health care. It's promoted as a tool to improve efficiency, assist with diagnoses and reduce paperwork. But for many physicians, AI still feels like something happening outside of their daily work – designed by tech companies rather than health care professionals. While AI has potential, it must be implemented to benefit physicians and patients.

AI is already used in diagnostics, particularly in analyzing medical images like X-rays and MRIs. These tools scan large amounts of data and flag possible concerns, sometimes faster than a person. However, AI cannot replace physician judgment. Medicine is more than pattern recognition – it requires experience, critical thinking, and the human connection between a physician and their patient. AI can assist physicians, but it must never replace them.

AI is also being tested in treatment planning and prior authorizations. In theory, it could speed up approvals by reviewing patient data and reducing paperwork. But as we've seen before, technology can create as many problems as it solves. If AI is trained on incomplete or biased data, it can reinforce existing barriers to care.

Physicians are overwhelmed with documentation, billing and prior authorizations – taking time away from patient care. AI is marketed as a solution, but we must ensure it actually delivers on that promise.

Electronic health records were meant to reduce paperwork but often created new frustrations. AI must not repeat this mistake. If designed with physician input, AI could help streamline workflows, reduce administrative burdens and allow more time for patients. However, without careful oversight, it could add complexity rather than reduce it.

Prior authorization is one area where AI could provide real relief. Many physicians experience long delays getting treatments approved, affecting patient outcomes. AI-driven systems are being tested to process approvals faster, reducing wait times. But if insurers and regulators use AI simply as a cost-cutting tool rather than improving access to care, it could make the system even more frustrating. AI must support physicians, not create new roadblocks.

As AI becomes more integrated into health care, we must address privacy, fairness and transparency concerns. AI relies on massive amounts of patient data, which raises security questions. Patients trust their physicians to keep their information safe, and AI should never compromise that trust. Strong privacy safeguards, such as HIPAA compliance, must be enforced.

Bias is another issue. AI systems learn from past health care data, and if that data doesn't reflect all patient populations, it can create disparities in care. Physicians must ensure AI benefits all patients, not just some.

"While AI has potential, it must be implemented to benefit physicians and patients."
— AMY REYNOLDSON

Transparency is critical. Physicians need to understand how AI systems make decisions. A black-box system that produces recommendations without explanation is unacceptable. Physicians should never be expected to follow AI-driven suggestions without knowing the reasoning behind them.

At the Nebraska Medical Association, we are committed to ensuring that AI is used responsibly and that physicians remain at the center of patient care. AI can be a valuable tool but must be implemented thoughtfully, with clear benefits for physicians and their patients. We will continue advocating for policies that ensure AI supports, rather than disrupts, the physician-patient relationship.

AI is not the future of medicine – physicians are. Technology should serve physicians, not dictate how they practice.

MOMS FOUNDATION: WORKING TOWARD A HEALTHIER, VIBRANT COMMUNITY

STEPHANIE HARTMAN, M.D.
Foundation Board President
Metro Omaha Medical Society

It has been my honor to serve as the Metro Omaha Medical Society Foundation president this past year. Thank you for your support as we continue to address our vital mission to identify and provide support to community priorities where physician involvement can make a significant difference in improving the health of the Metro Omaha Community.

Since 2002, the MOMS Foundation has provided community grants as one way to accomplish this mission. In 2024, we awarded over $44,000 in community and match grants within the Omaha Metro. I encourage you to check out the 2024 MOMS Foundation Annual Report for the details of the recipients. This incredible support is possible because of the continued financial generosity of the physician community.

Our foundation's mission recognizes the crucial role physicians play in community health beyond the hospital and clinic walls. We are uniquely positioned with a breadth of medical knowledge at a time when only 12% of the United States is proficient in health literacy skills and only one-third of adults have basic health literacy skills. Because health literacy is connected to health equity, physicians are compelled to engage to be a part of the solution to consequences of social and environmental factors affecting patient health.

Many of our members are individually spending their talents and time forging meaningful alliances with local health agencies, nonprofit organizations, and community groups to address socioeconomic determinants of health. They are tutoring youth, working in community gardens, encouraging community activity by leading gatherings, advocating for criminal justice reform, and expanding mental health access to marginalized individuals. This is not a linear relationship as both the physicians and the community are improved by these investments. When you consider giving the donation of your valuable and limited time it is important to highlight the benefits.

What are some of the benefits?

Building trust: Trust is crucial for effective health care delivery and physicians involved in their communities can enhance the effectiveness and acceptance of health education. Physicians who cultivate this trust through genuine interest in expanding their cultural competency and health care systems invested in an inclusive and diverse work force are the way forward.

Systemic change: Professional physician organizations, including MOMS, recognize the need for engaged physicians to advocate for public health policies that address health inequities for promoting community well-being. Physicians being in partnership with the organizations in the community directly serving those patients is crucial for a full circle approach to long-lasting, meaningful change.

Physician agency: It is no secret; physicians are experiencing a feeling of loss. Engagement with the community or on behalf of community health reduces feelings of physician isolation. These are the communities we live, work and play in, and this involvement can provide a sense of belonging and offer a buffer against the emotional toll of clinical practice.

Continuous learning: This is an area where we as physicians excel within the clinical walls. It is part of our oath. Changes in community demographics, economic forces and environmental challenges all require physicians to be adaptable to provide relevant and effective care. This is an exciting endeavor when physicians commit themselves to discovering community strengths through partnerships with organizations and agencies. Collaborative partnerships with physicians, rather than prescriptive interventions, can ensure community members are active participants and inspire their commitment to learning as well.

> **"Our foundation's mission recognizes the crucial role physicians play in community health beyond the hospital and clinic walls. "**
> — STEPHANIE HARTMAN, M.D.

Impact on medical education: By modeling engagement with community stakeholders, trainees have an identified path to do the same. The Omaha metro area is fortunate to have an abundance of medical students, residents and fellows. Helping them identify what community and collaborations are meaningful to them bolsters resilience of both the community and our rising workforce.

As we look forward to 2025, it's crucial that individual physicians, medical education programs, and health care systems continue to prioritize and invest in community engagement as a core component of health care delivery. The MOMS Foundation will continue to be diligent stewards of your financial contributions and designate grants toward opportunities with expansive reach in the Omaha metro. I would encourage you to consider the other areas of influence you might explore with your time or talents in improving the health of our community so together we are making Omaha a healthier, vibrant community for all.

HIPAA RESPONDS TO DOBBS

GRETCHEN LUSSO, J.D.
Member of the Health Law Practice Group
Koley Jessen Attorneys at Law

"The new rule represents the first time in over a decade that OCR has made substantive changes to the HIPAA Privacy Rule."
— GRETCHEN LUSSO, J.D.

On Dec. 23, 2024, the HIPAA Privacy Rule to Support Reproductive Health Care Privacy went into effect. The U.S. Department of Health and Human Services Office for Civil Rights ("OCR") published the new rule in an effort to protect reproductive health privacy in the wake of Dobbs v. Jackson Women's Health Organization. The new rule represents the first time in over a decade that OCR has made substantive changes to the HIPAA Privacy Rule.

Among those substantive changes is the new defined term "reproductive health care." The term is intentionally broad, encompassing any health care that affects an individual's health in all matters relating to the reproductive system and its functions and processes. Examples include services typically considered within the ambit of reproductive health, such as pregnancy-related and prenatal care, fertility treatments, contraception, and abortion. However, the term also encompasses care more tangentially affecting the reproductive system, such as mammography, and care related to sexual health, such as STI treatment and erectile dysfunction medication.

Due to the broad definition of "reproductive health care," the universe of health records that contain reproductive health information might, in some cases, be quite expansive. The plain language of these regulations suggests that any and all health records containing information related to an individual's reproductive health are subject to the rule. By way of example, any health record that mentions a patient's past or current pregnancy, use of certain medications (e.g., birth control or erectile dysfunction medications), or even a patient's history of certain cancers, such as urological, cervical, or breast cancers, contains protected health information ("PHI") that could reasonably be said to relate to that person's reproductive health care. Even a patient intake form that asks "are you pregnant or planning to become pregnant" would constitute a record that contains reproductive health information.

As far as substantive changes go, this new definition is just the start. Under the new rules, if a HIPAA-regulated health care provider receives a request for medical records that expressly asks for, or that is otherwise broad enough to possibly encompass, reproductive health care PHI, and if the records are being sought for certain purposes, then the provider must obtain an attestation from the requestor before disclosing those records. An attestation is required when the reason for the medical records request relates to health oversight activities, judicial or administrative proceedings (e.g., subpoenas for records), law enforcement activities, or, if regarding a decedent, a disclosure to a coroner or medical examiner.

The attestation must meet certain conditions. Providers can create their own attestations or use OCR's model attestation, a copy of which is online at hhs.gov/sites/default/files/model-attestation.pdf. In either case, providers should verify that the attestation they received from a requestor contains all information required by the regulations. For example, the attestation must identify the person making the request and describe the specific PHI requested. Most importantly, the attestation must include a clear statement from the requestor that the PHI will not be used or disclosed for a prohibited purpose. So, what is a "prohibited purpose?"

Summarily, the new rule prohibits health care providers from disclosing PHI to persons or entities involved in conducting a criminal, civil, or administrative investigation into any person, or imposing liability on any such person, for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care. The prohibition also extends to disclosures of PHI to persons or entities involved in identifying any person in connection with the foregoing. The prohibition applies whenever the reproductive health care at issue was lawful under the circumstances in which it was provided. Notably, reproductive health care performed by another provider is presumed lawful, subject to limited exceptions.

The attestation requirement is intended to give health care providers a way to verify that they are not disclosing PHI in violation of HIPAA's new limitations on disclosing reproductive health care PHI. According to OCR, another purpose behind the attestation requirement is to put requestors of PHI on notice of the potential penalties for those who knowingly and in violation of HIPAA obtain or disclose reproductive health care PHI. Crucially, however, the onus is squarely on providers to get the attestation. It is the health care provider, not the requestor, who will be subject to punishment for failure to comply with the attestation requirement.

The outer bounds of these new requirements are presently unknown. Given that the genesis of the new rule was the Dobbs decision as opposed to, say, a need to apply stronger confidentiality protections to routine prenatal appointments or a testicular cancer diagnosis, it remains to be seen where OCR will focus its attention in terms of enforcement priorities. Only time will tell how rigorously the new rule is actually applied and enforced. In the meantime, however, risk-averse providers should assume that the rule will be applied and enforced as broadly as it was drafted.

PROVIDING LIFESAVING CARE THOUSANDS OF MILES AWAY

Hans Dethlefs, M.D., had to be asked three times before he agreed to get involved in a program to combat the deadly prevalence of diabetes and high blood pressure among people living in the Dominican Republic.

The request came from retired surgeon, Chuck Filipi, M.D., who with his wife, Frances Ann, and daughter-in-law, Linda, founded a nonprofit organization called Chronic Care International. The Omaha-based organization's mission is to transform diabetes care in a developing world.

When Dr. Filipi asked him to get involved, Dr. Dethlefs recalled, "It was 'No. No. Yes.'" Now, his involvement means multiple trips each year to the Dominican Republic and the Philippines, whose people are the focus of CCI's attention.

"I would say that 'I'm hooked' would be putting it mildly," said Dr. Dethlefs, who serves as president of CCI. "I love the work and I am passionate for it. It aligns well with my vocation." Dr. Dethlefs, who specializes in family medicine, treats patients at OneWorld Community Health Centers.

So, Dr. Dethlefs, along with a team of volunteers, travels to the D.R. three times and the Philippines at least once each year – all at their own expense. While there, they work with and help train local providers who care for those with high blood pressure, diabetes or both.

Since its founding in 2010, CCI has provided lifesaving care for 3,407 people (as of early February 2025). How can he be so precise? Dr. Dethlefs said CCI tracks everyone it serves and monitors their care.

"We (currently) have 1,000 patients – and in the Dominican Republic there's another 499,000 who need care. We strive to be effective with every person that we see, while at the same time being efficient with our limited resources."

"We (currently) have 1,000 patients – and in the Dominican Republic there's another 499,000 who need care. We strive to be effective with every person that we see, while at the same time being efficient with our limited resources."

— HANS DETHLEFS, M.D.

Those are the numbers. The stories that stay with Dr. Dethlefs after each trip abroad come in a bit.

Here is CCI's backstory:

During a conversation in 2009 with a Dominican physician, Dr. Filipi learned that 75 percent of emergency room visits in Santiago's main hospital in the D.R. were from patients with high blood pressure or diabetes. Dr. Filipi's focus, at the time, was on treating people in developing countries with hernias.

He applied for a grant from Chicago Cubs Charities and the USAID for a pilot program to define the prevalence of diabetes, high blood pressure, and their complications in the D.R. and then create a program to combat them.

"That was the birth of CCI," Dr. Dethlefs said.

Dr. Filipi initially partnered with an East Coast physician, Vinayak Kottoor, who laid the groundwork for the program, but realized the program needed greater bandwidth. Enter Dr. Dethlefs.

CCI is a nonprofit organization, which means it relies on grants and donations. The organization conducts fundraisers and encourages financial support through patient sponsorships. For its work in the Philippines, CCI partners with the Kansas City, Kansas-based nonprofit, Unbound, and encourages patient sponsorships through $40 monthly donations. "For $40 a month, donors can sponsor a patient and cover the complete cost of their care."

For just more than $200,000 annually, CCI supports a health care team in both countries, and provides medications and lab testing to patients. CCI supports two clinics in the D.R. and the team in the Philippines that provides care at three locations.

CCI in collaboration with Unbound is conducting a study focused on the impact of diabetes sponsorship in the Philippines. The question posed, as part of a study, is to see if sponsors in the United States who have diabetes realize any personal benefit in their own personal health and well-being by virtue of sponsoring someone else with diabetes who would otherwise not have access to care.

As for its approach to providing care, CCI understands the value of local professionals providing the care. Similarly, CCI's long term vision is that those who receive care will eventually be responsible for the cost of their own care. A partnership with the Creighton University Heider College of Business focuses on the social entrepreneurship aspect of CCI's work, which is geared toward helping patients to become financially independent.

All this leaves Dr. Dethlefs with stories to tell from the growing number of medical mission trips he has made to the D.R. and the Philippines.

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The **Dethlefs** File

Hometown
Frankfurt, Germany

Undergraduate Degree
Creighton University in mathematics

Medical Degree
University of Nebraska Medical Center

Residency
St. Francis in Wichita, Kansas, in family practice

Specialty
Family medicine

Location
OneWorld Community Health Centers

Hobbies
Exercising, gardening, spending time with family and growing in his faith

Family
Wife, Andrea Dethlefs and three children, Allison Dethlefs, Christopher Dethlefs and Rachel Keller, and one grandchild

Why He Joined MOMS
"It is invaluable to practice medicine as part of a large medical community."

FROM PAGE 15

The first is about an older woman in the Dominican Republic.

"She lived in a house right near the clinic and her family asked us to visit her. She had a wound on her heel, which is common with diabetes. She had been in the hospital two months, but they sent her home and told her they couldn't help her.

"Dr. Filipi, a local physician and I visited her. She was bed-bound and miserable."

"We talked outside the house after the visit and Dr. Filipi, being a surgeon, said she needed to have her leg amputated because it wouldn't get better. We all agreed."

"We returned three months later and visited her at her house. She was sitting in a wheelchair without her leg. But she was beaming."

"I said, 'I'm sorry about your leg.' And she just replied, 'I'm just so glad to be alive.'"

"I don't know if it's the culture or the poverty, but the perseverance I see – the life and desire to live is so inspiring."

Then, there's another story – this one is about administering an A1C blood test to determine how well a patient's diabetes is being controlled. The test isn't broadly administered in developing countries, but it is an invaluable blood test for managing diabetes and CCI makes it a priority.

At the clinics in the D.R., patients are grouped in associations, which connect them and encourage them to support one another's care. At one association gathering, its leader, Papito, listened as providers explained the importance of the A1C test.

"Papito, throughout the meeting, was listening thoughtfully. At the end, he said to the group, 'If I am understanding what I am hearing, we can together impact everyone's A1C results as well as our own."

"Papito just beautifully expressed our vision statement, which is 'A world in which every community saves the lives of those with chronic disease.'"

DR. HARPER'S MISSION: GIVING BABIES WITH SICKLE CELL A CHANCE

For James Harper, M.D., giving babies born in Nebraska with sickle cell anemia a chance to survive and thrive has been the focus of his nearly 50-year career as a pediatric oncologist and hematologist. Along the way, he said, he's seen advancements in care that have aided this effort.

But the biggest impetus for keeping babies with sickle cell disease alive was Nebraska's bold decision decades ago to universally screen its newborns, which drives the statistics he shares to illustrate the impact of the state's innovative approach.

"Babies get diagnosed when they're brand new," he said. "They get antibiotics when they're brand new and the infection risk goes from a 20 percent death rate for those with sickle cell disease to a near 0 percent death rate. That's why we do newborn screening."

As Dr. Harper, an associate professor in UNMC's Division of Hematology/Oncology, steps toward retirement this summer, he paused to reflect on what led him to focus his career on diagnosing and treating patients with sickle cell disease, and his efforts to eliminate its deadly impact.

Screening newborns, he said, doesn't come without controversy. Giving babies with sickle cell disease a chance trumps all, he added.

"Babies are humans. Babies have rights. Babies have a right to live, and a baby has a right to a life without avoidable disease or disability."

Dr. Harper's story begins with his pediatric residency he served at the University of New Mexico in Albuquerque. "New Mexico has like one person with sickle cell. It's just an incredibly uncommon disease there. I actually took care of more cases of bubonic plague while I was there than sickle cell."

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FROM PAGE 17

His time in Florida, where he served a pediatric oncology and hematology fellowship with the University of Florida, was another matter. "When I moved to Florida, I instantly got bombed with sickle cell patients."

One of those was a girl, just 3 or 4 years old, with sickle cell anemia. Dr. Harper said what happened to her in just a few short hours still haunts him:

"I saw this little girl, charming little kid. Lovely family, you know. They just did everything we wanted them to do. Everything was great.

"This is a lovely little kid who always took her medicine. Always did what she was supposed to do. Never missed an appointment. One day, her parents notice that she's a little warm. Then at 5 in the morning, they hear her and get up. She's got a temp of 105 degrees and is drenched in sweat.

"They grab her up, drive her to the to the Children's Hospital, which is only a few blocks from their house. They get an emergency room and everything in emergency room works exactly like a Swiss watch. She got all of the lab work she needed. She got all of the antibiotics she needed.

"Everything was done precisely and correctly and on time. Not a single flaw. At 9 o'clock in the morning, her blood culture was positive. At 11:30, we knew it was pneumococcus."

"At noon, she was seizing. By 2, she was dead.

"And I said to myself, I have never experienced that kind of horror show that the little girl just exploded despite everybody doing everything they should have done exactly on time. Nobody slacked at all."

And this is his point: "I said that really stuck with me and when people ask, 'Should we have sickle cell screened in Nebraska? It was like 'no more little girls like this.'"

Next stop for Dr. Harper: a return to Nebraska to work in pediatric oncology and hematology at UNMC. During the next four decades, treatment advancements, especially the evolution of gene therapy, helped keep children alive. But the greatest advancement for Nebraska, Dr. Harper maintains, was a decision early in his career – one that he advocated for and was part of the decision-making – that has done the most good to keep babies alive.

Dr. Harper, to explain his point, tells another story – one that involves rankings, something he is well aware that Nebraskans take seriously.

This ranking, he said, was so much of an embarrassment, the federal government threatened to intervene.

In the early 1990s, Dr. Harper said, Nebraska had what described as a "horrific" newborn screening program. Nebraska ranked last among the 50 states for newborn screening "and the gap between state number 49 and us at 50 was getting wider all the time."

The federal government approached Nebraska's governor with a message: We tolerate you being last, but the gap between you and the 49th-ranked state has become intolerable. Fix your problem or risk losing Title V block grant funding.

The governor appointed a working group to find a solution and Dr. Harper found himself serving. "We put together a program and then we said, 'Well, should we screen everybody?' And I said, 'Yes, we should screen all the babies.' It really stuck with me and when people say, 'well, should we have sickle cell screened in Nebraska?' My answer was yes, there would be no more of those little ones on my watch.

To explain his reason for taking this stance, Dr. Harper invokes the Declaration of Independence, which, in part, reads that all people have that the right life, liberty and the pursuit of happiness.

And all people, he said, includes Nebraska's newborn babies. Nebraska currently has the only universal screening program, which has at times been challenged in court, among the other 50, although Florida and New Jersey have programs that come close.

"We always win when we're challenged in court, and we're going to keep winning because it's the right thing to do."

"It's been my mission in life to have no more of those little girls. I feel like I operate on the idea that Nebraska babies are special just because they are. You know, Nebraska is a special place and Nebraska babies are special."

Nebraska's stance of screening its newborns led to a paradigm shift among the physicians who provide for their care. "The basic operating concept of sickle cell was it's a childhood disease. They all die before they're an adult." These kids are now healthier than in the past and live into adulthood.

He noted that scientists and clinicians decades earlier experienced a similar shift in their paradigm as cancer went from a death sentence to a disease that was treatable.

The paradigm shift for those with sickle cell disease, he said, means their providers now care for them for the entirety of their longer lives. The evolution of gene therapy and preventing children with sickle cell from having strokes is part of that shift.

Previously, approximately 6 percent of infants with sickle cell suffered strokes by the time they were in their mid-teens. With modern imaging, it was revealed that its actually closer to 50% by age 35 years. "We can find that risk group (through screening) and we can treat them and prevent the stroke. We have a 90 percent effectiveness rate in preventing strokes in children."

Dr. Harper added that the screening has also helped extend the lives of those with cystic fibrosis and other inherited disease. The evolution of gene cell therapy – where a patient's stem cells are removed, engineered with one of two types of gene therapies and then returned to the patient. "When the bone marrow regrows, it does so with cells that don't make sickle cell anymore."

Dr. Harper said he already has plans for his retirement: He's going to take care of his dog, Eddie, a lab mix from a rescue shelter, and spend time with his step-sons.

The **Harper** File

Hometown
Omaha, Nebraska

Undergraduate Degree
University of Nebraska-Lincoln in life sciences

Medical Degree
University of Nebraska Medical Center

Residency
University of New Mexico in Albuquerque in pediatrics

Fellowship
University of Florida Division of Pediatric Hematology and Oncology in Gainesville, Florida, in pediatric oncology and hematology

Specialty
Pediatric oncology and hematology

Title
Associate professor

Institution
UNMC Division of Hematology/Oncology

Hobbies
Ham radio and photography

Family
Two stepsons, Joe and Pat

Why He Joined MOMS
"I wanted to participate in the MOMS Foundation and boost Omaha."

LESSONS APPLIED FROM IMPROV CLASSES

Jon Wood, M.D., knows the value of a response that begins with a "yes," followed by an "and."

This type of response, he said, allows him to acknowledge a statement given by another without negating it – even if he disagrees. After the "yes," comes the "and," where he redirects the statement and provides another point of view – his – or offers a suggestion.

"If I put up barriers, like openly disagreeing – then I am negating their reality and I am not setting them up for success."

Dr. Wood learned this technique during a Healthcare Improv class he took in Omaha several years ago. Applying lessons learned in his improvisation class, he said, has especially helped him during clinic visits to better set up his patients for success.

Melissa Teply, M.D., said she too took an introductory improv class – led by Mike Smith, M.D., whose company provides a series of courses and events all grounded in the art of improvisation – and saw the value of incorporating what she learned in her interactions with her patients. One class followed another until she had completed five courses and kept going

Improvisational theater, often called improvisation or improv, is the form of theater, often comedy, in which most or all of what is performed is unplanned or unscripted, created spontaneously by the performers. In its purest form, the dialogue, action, story, and characters are created collaboratively by the players as the improvisation unfolds in present time, without use of an already prepared, written script.

Through these courses, she said, she embraced a mindset of thinking intuitively rather than deductively. Dr. Teply said she learned to refrain from beginning her interactions with patients with preconceived notions. "I try to go in with a blank slate, and go from there."

During an improv scene, she said, "you are given a blank scene. We don't know who we are, where we are, and we go from there. We figure it out together and that is what makes it fun."

So how does this apply to interactions with patients? Physicians don't always have an abundance of information about their patients during their first visit. "We don't always know who the person is and how they feel, and what they're thinking about their situation."

By adding levity to the situation, working to build trust and making connections, she said, both physician and patient can walk about from the clinic visit feeling better. "My patients appreciate me more because of those connections."

How does she know? They've told her.

The courses culminate with graduation shows, which can draw audiences of five to 70. "It's terrifying," she said, but countered: "The beauty of improv is the people on stage with you are in exactly the same boat as you are."

"It increases your confidence to be in front of a crowd," she said. "When there's laughter, that's the icing on the cake."

CONT. PAGE 23

The **Wood** File

Hometown
Omaha, Nebraska

Undergraduate Degree
University of Tulsa in biology; University of Nebraska at Omaha in pre-medical studies

Medical Degree
University of Nebraska Medical Center

Residency
Lincoln Medical Education Partnership in family medicine

Specialty
Family medicine

Hobbies
Umpiring baseball

Why He Joined MOMS
"I joined MOMS in medical school because being a nontraditional medical student, I recognize that mentorship and networking have been crucial to my journey."

"If you can name the emotion of the situation, it helps you connect with your patient. Emotional validation itself can be therapeutic, even when I never do come up with that perfect plan that's going to solve their problem."

— JON WOOD, M.D.

FROM PAGE 21

Dr. Wood was a fourth-year medical school student when he decided to take an improv class. He had heard previously how much he would benefit from taking the class – and how he would enjoy it.

"Coincidentally, Dr. Teply happened to be in the same class. I knew her name because I had already been interested in hospice and palliative care. We got to know each other because of the class."

Dr. Wood said he wasn't nervous taking the improv class, having previously participated in Toastmasters' Table Topics competitions. "Toastmasters is a very structured environment. Obviously, improv is a lot less."

His expectation going in, he said, was to learn how to use improv techniques within his sphere as a doctor. "I was constantly thinking about how am I going to use this in the future?"

Back to the yes-and-the-and response. A patient tells him he wants his testosterone levels checked, a common request in primary care.

"I said, 'Yes, I'm happy to test your testosterone, and…'"

"We talked about the symptoms he was experiencing. In doing so, I didn't negate his belief in his low testosterone, but I also discovered he likely had an untreated obstructive sleep apnea." A home sleep study followed – which confirmed Dr. Wood's inkling.

The patient – who was in his 60s – returned after treatment for his sleep apnea was underway and reported that he felt like he was in his 30s again. He never did have his testosterone checked because his symptoms were completely resolved.

Another lesson learned through improv that Dr. Wood is incorporating into his patient interactions is active listening.

"In improv, you have to focus on what your partner is saying and not trying to think of your next response. If you're sitting there and thinking about your response – or even worse, interrupting – you're missing the cues your partner is giving you."

The same goes with patient visits, he said. "When you listen to your partner (patient), trust that you will have a response. Frequently, the most valuable cue (information) will come near the end of their thought."

What if they finish and no response immediately comes to mind? "If you're blank, just start 'describing the scene' as they say in improv. Start talking about what's going on."

"If I'm with a patient and I don't know the answer to their question or have a response to the point they just made, I'll say, 'let me summarize what got us here.'"

After summarizing the situation, he said, he transitions into naming the emotion in play. "If you can name the emotion of the situation, it helps you connect with your patient. Emotional validation itself can be therapeutic, even when I never do come up with that perfect plan that's going to solve their problem."

Finally, a lesson learned through improv is to encourage participation among his partners. Professionally, that means the health care team, including medical students and support staff. Be open to questions from the whole team, even in front of the patient.

"You're setting each other up for success. When someone else asks the patient a question (or proposes reasonable management) that I hadn't considered, I don't worry that my patient will think 'why didn't my doctor ask me that?' My patient thinks 'wow, that's a really good question.' The patient gets better care, and is more happy - which in primary care, is the icing on the cake."

The **Teply** File

Hometown
Omaha, Nebraska

Undergraduate Degree
Washington University in St. Louis in film and media studies

Medical Degree
University of Nebraska Medical Center

Residency
University of Michigan in Ann Arbor in internal medicine

Fellowship
Johns Hopkins Hospital in Baltimore in hospice and palliative care

Specialty
Primary care and outpatient palliative care

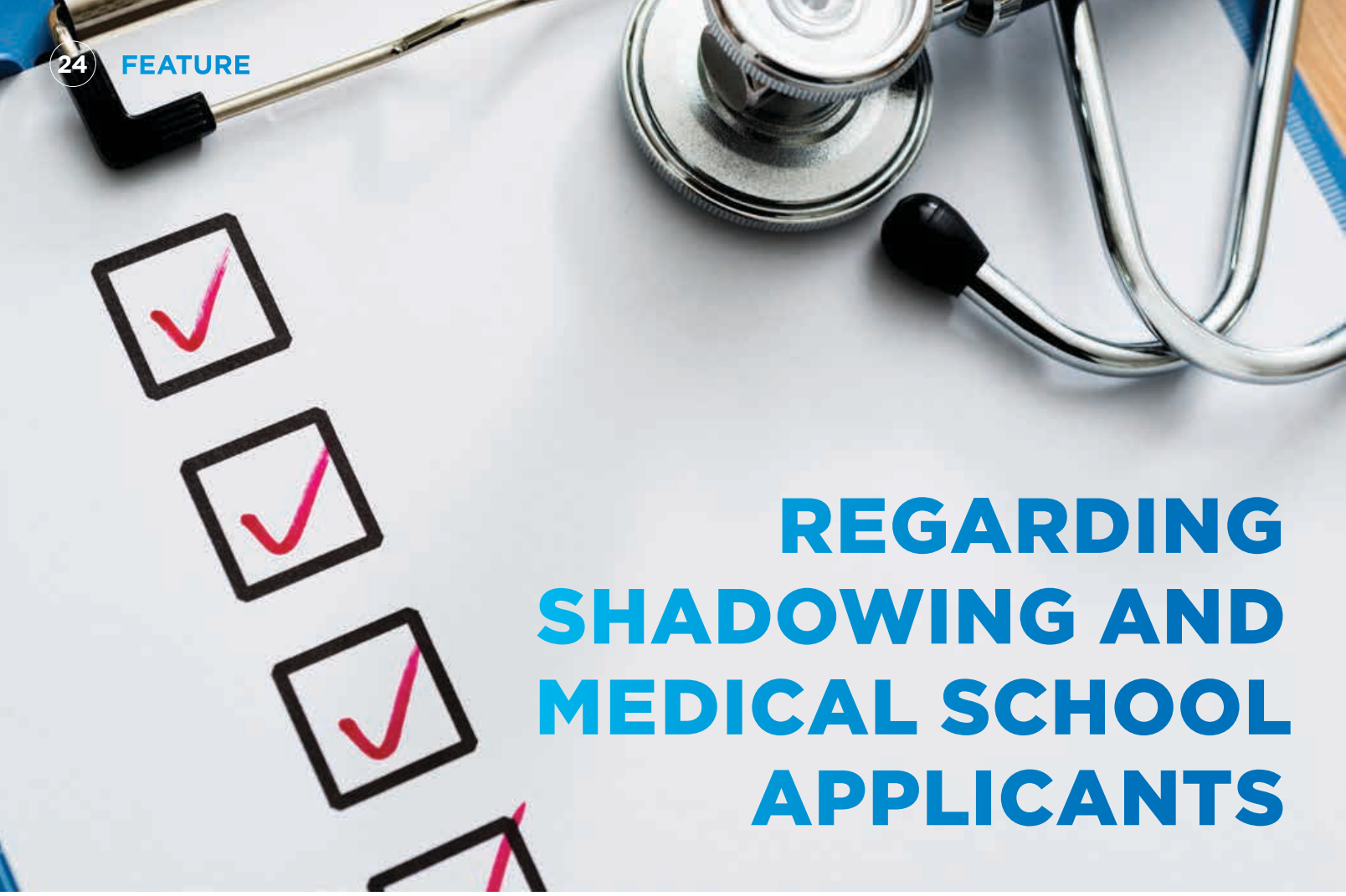
Title
Associate professor and program director for the hospice and palliative medicine fellowship

Institution
University of Nebraska Medical Center

Hobbies
Curling, reading Brene Brown books and listening to podcasts

Family
Husband, Benjamin Teply, M.D., and three sons

Why She Joined MOMS
"I think it's important to be connected to local groups that support physicians and advocate for our profession."



REGARDING SHADOWING AND MEDICAL SCHOOL APPLICANTS

For the record: While they differ slightly, the admissions requirements for Omaha's two medical schools do not include a minimum of 80 hours of direct shadowing with a physician.

But that doesn't mean shadowing isn't viewed as an important part of a medical school application, admissions officers for UNMC and Creighton said.

"UNMC has no minimum requirement for anything," said Wendy Grant, M.D., associate dean for the College of Medicine admissions and student affairs at UNMC. "No minimum research requirement, volunteer requirements. No minimum anything related to shadowing exposure."

"We want our applicants to show they have an understanding of what they're getting into if they pursue a career in medicine." And shadowing, she said, is an important way to gain that insight.

And at Creighton: "We don't have a defined number of hours for any of our requirements regarding direct shadowing," said Stephen Cavalieri, Ph.D. associate dean of admissions for Creighton University's School of Medicine.

> **"We don't have a defined number of hours for any of our requirements regarding direct shadowing."**
>
> — STEPHEN CAVALIERI, PH.D.

Shadowing, however, is a critical component of a student's discernment about pursuing a career in medicine and being able to articulate why the profession is for him or her, Dr. Cavalieri said. "Shadowing is one way to gauge whether the applicant knows something about medicine other than what they've seen on television."

Drs. Cavalieri and Grant understand that physicians in the Omaha medical community often are asked about the requirements for entry into medical school – especially shadowing requirements – by their friends and their friends' children. Drs. Grant and Cavalieri shared insight about what their institution looks for from the medical school applicants who ultimately are admitted to their respective College of Medicine.

Another point the two shared: Shadowing with physicians provides valuable insight about what a life in medicine entails. Shadowing with physicians who specialize in different aspects of medicine provides even greater insight about the opportunities and challenges the profession holds. Shadowing, however, isn't the only pathway to acceptance into medical school and a career in medicine, Drs. Cavalieri and Grant said.

Dr. Cavalieri and Creighton:

Creighton's admissions staff realize that opportunities for aspiring physicians exist

beyond shadowing that provide insight into medicine and can be a valuable component of an application for medical school Dr. Cavalieri said: Volunteer at a hospital or clinic. Get a job as a medical scribe. Volunteer as an EMT or work as a medical assistant.

One way to find opportunities, he said, is to start with your personal physician and ask for a connection for shadowing or some other type of entry into the health care environment.

Gaining an idea of the many facets to medicine can enlighten the student who seemingly has already settled on a specialty or subspecialty. Students who have their minds set on a specialty or subspecialty early "may be doing that to the exclusion of all else," Dr. Cavalieri said.

Dr. Cavalieri also encouraged his peers – when they are asked for advice – to de-emphasize the need to major as an undergraduate in one of the sciences.

"The No. 1 misperception out there is you have to major in biochemistry or molecular biology. You don't have to do that. We like applicants who may have other majors like literature or philosophy. The key is to get the appropriate amount of science in those four years to prepare you for the academic rigors of medical school."

Bottom line, he said, "You can major in almost anything you want, as long as you get the appropriate amount of science courses."

Finally, encourage undergraduate students to do their homework before applying to medical schools. A key component is to review a medical school's mission statement.

Some are more research-based, he said, but others – including Creighton – look for students with a passion for service. Creighton looks for students who serve others – for example, volunteering at the Siena Francis House. Not because they want to check a box "but because it's something in their DNA – the desire to do service for others."

Dr. Grant and UNMC:

UNMC realizes that a student's path to acceptance to medical school takes different routes – especially if the student must finance his or her undergraduate degree and has limited opportunities for shadowing, Dr. Grant said.

Shadowing is important, and students with limited time and exposure, she said, will have to make the most of their opportunities. "Getting dressed up and spending time in a different environment (with a physician) can be an important growth opportunity."

The desired outcome of shadowing, Dr. Grant said, is for students to experience the full scope of options medicine offers and be able to explain (in their interviews) why this career is for them. The process for each applicant, she said, will be different.

"You can spend four hours shadowing, be able to talk about your experience and show insight," Dr. Grant said. "It also depends on what else you've done. What else beyond going to class. Some students do research. Some work."

"If you had zero shadowing, an applicant would struggle to explain why he or she wanted to be a physician."

Dr. Grant offered advice for students (and physicians to pass on) in their undergraduate years who are considering a career in medicine:

- Get involved in your university's pre-health organizations. Involvement exposes students to the various aspects of medicine.
- Schedule an appointment with UNMC's admissions office "at any time in the process."
- Choose an undergraduate major based on interest, not necessarily one that you think is the desired pathway to medical school. Complement your studies with the pre-med requirements.

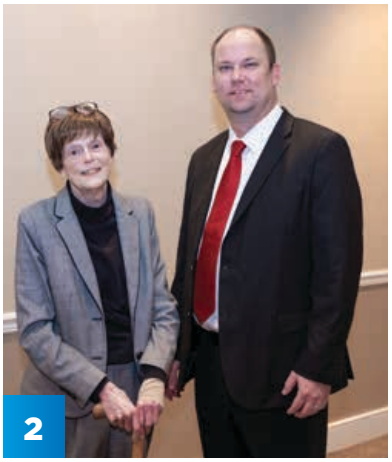
> **"UNMC has no minimum requirement for anything. No minimum research requirement, volunteer requirements. No minimum anything related to shadowing exposure."**
>
> — WENDY GRANT, M.D.

An applicant's grade-point-average is important, but a 4.0 isn't required for acceptance into medical school, Dr. Grant said. A "C" in a science class can be a red flag, she said. Did you try? Did you make that grade a learning experience? "As a surgeon, I don't use organic chemistry. What taking the class taught me was a completely new skill set."

MOMS EVENTS RECAP

MOMS ANNUAL MEETING & INAUGURAL DINNER

Wednesday, January 29th, the Metro Omaha Medical Society hosted its Annual Meeting & Inaugural Dinner at Field Club. Pam Hernandez, physician coach with the NMA Physician Leadership Academy was the keynote speaker. Dr. Travis Teeter, outgoing president, passed the gavel as Dr. Cori McBride was inaugurated as the 2025 president. The evening also recognized MOMS Strategic Partners and MOMS Foundation grant recipient. Youth Emergency Services was presented the donations from the MOMS Foundation Annual Match Grant. And finally, Dr. Deb Romberger was presented the Distinguished Service to Medicine Award.



1. Photo (from left): MOMS 2025 Executive Committee: Drs. Tiffany Tanner, Treasurer; Cori McBride, president; Andrew Coughlin, president-elect; and Travis Teetor, immediate past-president.

2. Photo (from left): Dr. Deb Romberger, recipient of the MOMS Distinguished Service to Medicine Award with MOMS 2024 President Dr. Travis Teetor.

3. Photo: Dr. Cori McBride addresses members after being inaugurated the 2025 MOMS president.

4. Photo (from left): Kalisha Reed, Executive Director of Youth Emergency Services (YES) accepts the MOMS Foundation Match Grant from MOMS Foundation president Dr. Stephanie Hartman.

EARLY CAREER PHYSICIANS GROUP PACKS TOTES FOR A CAUSE

MOMS Early Career Physicians gathered in February at Omaha nonprofit Heart Heroes to pack Totes of Hope – a special care kit for each pediatric heart patient having heart surgery at Children's Nebraska Hospital – in honor of Heart Month.

Photo (from left): Drs. Juan Santamaria, chair of the Early Career Physicians group, Eric Villanueva, Daniel Milyavsky, Michael Visenio and Ananya Ray.

MEMBER NEWS

DR. McBRIDE INAUGURATED AS MOMS PRESIDENT

Cori McBride, M.D., was inaugurated as president of the Metro Omaha Medical Society in January at its Annual Meeting and Inaugural Dinner and will serve a one-year term.

Dr. McBride is a bariatric surgeon who is engaged in several national societies related to metabolic and bariatric surgery, and advanced fellow education. She has done significant work related to bariatric fellow curriculum and education. She has also served on the MOMS Board of Directors and as the co-chair of MOMS Women in Medicine Group.

She is a professor in the UNMC Department of Surgery, Division of General Surgery, MIS & Bariatric Surgery and serves as both the chief, Division of General Surgery, MIS and Bariatric Surgery for UNMC Department of Surgery and as the co-director, Advanced GI MIS/Bariatric Surgery for Nebraska Medicine.

After completing her undergraduate degree at University of Texas Health Science Center in Texas, she went on to complete residency at the University Hospital and Clinics in Columbia, Missouri, and an advanced laparoscopic fellowship from the Medical College of Virginia in Richmond, Virginia.

DR. ROMBERGER PRESENTED DISTINGUISHED SERVICE TO MEDICINE AWARD

The Metro Omaha Medical Society, at its Annual Meeting in January, recognized Debra Romberger, M.D., with the Distinguished Service to Medicine Award with great gratitude for the mentoring of so many physicians and for elevating the quality of medicine in the community.

In her role as immediate past chair of Internal Medicine at UNMC, she has helped shaped generations of physicians in the state. At the same time, she has made community involvement an important aspect of her personal life and currently serves on the MOMS Foundation Board. She has trailblazed the path as chair of the largest clinical department at UNMC, championed organized medicine and invested herself in the greater Omaha community.

Dr. Romberger completed her undergraduate degree at the University of Kansas, as well as residency and a pulmonary, critical care fellowship the University of Kansas Medical Center before coming to UNMC and completing a fellowship in pulmonary medicine.

The Distinguished Service to Medicine award is presented to a member physician in recognition for distinguished service to patients, significant contribution to the practice of medicine, and efforts to further the MOMS Mission of meeting the diverse needs of its member physicians in their roles as both providers and patient advocates.

NEW MEMBERS

SERENITY BASHFORD, M.D.
OneWorld Community Health Centers
Pediatrics

KERRY BERNAL, M.D.
Midwest Gastrointestinal Associates
Anatomic and Clinical Pathology

ANDREW BLAZEK, M.D.
The Urology Center
Urology

BRENT BRUCK, M.D.
Midwest Eye Care
Ophthalmology

CHARITY EVANS, M.D.
UNMC Surgery
Trauma Surgery

AMANDA HOLMQUIST, M.D.
Mid-City OB Gyn
Obstetrics and Gynecology

MICHEALA MCCARTHY, M.D.
MDWest One PC
Orthopedics Hand Surgery

JESSICA MORAN-HANSEN, M.D.
Ear, Nose & Throat Consultants
Otolaryngology

TAYLOR NOEL, M.D.
Neuroradiology

MARY ELIZABETH NULL, M.D.
Children's Nebraska Specialty Pediatric Center
Pediatric Medical Genetics

THOETCHAI PEERAPHATDIT, M.D.
Midwest Gastrointestinal Associates
Gastroenterology

JORDAN STEGMAN, M.D.
The Urology Center
Urology

SARAH SWENSON, M.D.
Children's Nebraska
Neonatal-Perinatal Medicine

ERIC VILLANUEVA, M.D.
Methodist Health System
Physical Medicine and Rehabilitation

CARISSA WIESELER, M.D.
Radiology Consultants
Cardiothoracic Radiology

AMIR ZAHRA, D.O.
Nebraska Cancer Specialists
Radiation Oncology

WORKSHOP GEARED FOR FAMILIES WITH CHILDREN WHO ARE DEAF OR HARD OF HEARING

Roots and Wings, a free workshop for families of children newly identified with hearing loss, will take place June 27-28 at the Boys Town Lied Learning & Technology Center. Event supporters include Boys Town National Research Hospital, Nebraska Regional Programs (NRP) and Early Hearing Detection and Intervention (EHDI).

The weekend event is designed to be an enjoyable experience for families to spend time together while enhancing their understanding of their child's hearing profile and communication options, networking with others, and discovering community and educational resources.

Workshop topics include learning about the child's hearing and listening development, developing partnerships for the journey and supporting communication and language development. There will also be family and community panel discussions.

The principles guiding Roots and Wings include respecting the child who is deaf or hard of hearing as an individual whose unique nature, strengths and learning style are to be celebrated; honoring each family's unique beliefs, traditions and strengths, as it is the family's right to incorporate these values into their decisions for their child; and empowering families by providing unbiased and up-to-date information to support the promotion of optimal social, emotional, communicative and educational development in their children.

Registration deadline is April 30 and interested families can contact Daisy Corona at (531) 355-5017 or Daisy.Corona@boystown.org.

This workshop is limited to 15 Nebraska families who have recently learned their young child is deaf or hard of hearing. Priority is given to families with children aged 5 years and younger who have been diagnosed within the past year. Free child care is provided during parent sessions and accommodations are available for families traveling to Omaha.

ENDOSCOPIC ENDONASAL SURGERY NOW AVAILABLE

CHI Health CUMC-Bergan Mercy has been designated a Multidisciplinary Team of Distinction for endoscopic endonasal surgery by the North American Skull Base Society (NASBS), marking a significant advancement in minimally invasive brain and skull base surgery in Nebraska.

Leading this effort is Douglas Hardesty, M.D., a fellowship-trained neurosurgeon, and Daniel O'Brien, M.D., a fellowship-trained rhinologist, who specializes in this surgical technique.

Endoscopic endonasal surgery allows for the removal of tumors and other skull-base pathologies through the nasal passages, eliminating the need for large scalp incisions or craniotomies. This approach offers several advantages, including reduced recovery time, fewer complications, and improved visualization of critical structures.

Working in collaboration with ENT specialists, CHI Health's multidisciplinary team utilizes high-definition endoscopic technology to treat pituitary tumors, meningiomas, skull base cancers and cerebrospinal fluid leaks, among other conditions.

While endoscopic endonasal surgery is not suitable for all patients, it provides an important alternative to open procedures, particularly for lesions at the midline skull base. The multidisciplinary team at CHI Health ensures that each case is carefully evaluated to determine the optimal surgical approach.

GLOBAL CONFERENCE MIDWEST FOCUSES ON HEALTH DISPARITIES

Global Health Conference Midwest, hosted by Creighton University School of Medicine, is an interprofessional, student-led conference that seeks to address health disparities among marginalized populations, nationally and internationally.

This year's conference titled, "Reframing Our Homes: People, Places, and the Planet," welcomed speakers from many disciplines to address topics like homelessness and street medicine, social media, planetary health and lead poisoning, a problem unique to our geographical home. Students and professionals also engaged one another at the community fair and presented posters at the research symposium where colleagues from many disciplines were encouraged to discuss how to reduce social inequalities in health care and provide solutions for modern world problems.

Alongside the conference was also the Great Plains Native American Health Symposium, an initiative to amplify native voices in the diversity, equity and inclusion conversation and the interconnectedness of our spiritual, mental and physical well-being.

METHODIST

EHLERT NAMED PRESIDENT AND CEO

Mick Ehlert, an executive with over three decades of experience in health care leadership, has been promoted to president and CEO of Methodist Physicians Clinic.

Ehlert, most recently MPC's chief operating officer, assumed his new position earlier this year. He succeeds Todd Grages, who retired after nearly 20 years in that role.

Ehlert began his career with MPC in 1998, when he was named regional administrator for the Omaha area – overseeing 18 clinics and about 60 providers. In that role, he was responsible for operational and strategic affairs for those clinics with a special emphasis on primary care and women's health services.

He was promoted to vice president of MPC in 2014 and oversaw all primary care and women's health services clinics. Ehlert was named chief operating officer for MPC in 2018. During his career at MPC, the organization has grown from employing about 125 providers to nearly 500.

Prior to joining Methodist, Ehlert was employed with Iowa Health System (now UnityPoint Health) from 1993 to 1998, serving as director of clinic operations for its Waterloo clinic networks as well as associate administrator of Allen Memorial Hospital in Waterloo.

Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.

KENNEY SELECTED FOR NEW ROLE

A longtime Nebraska Medicine leader is taking on a new, future-focused role for the organization.

Ryan Kenney has been named vice president of Strategy Enablement, leading Market Intelligence, Strategic Planning and Operations Alignment, Process Engineering, and AI and Advanced Analytics Engineering.

"We're fortunate to have an experienced leader who has a track record of turning strategic ideas into actions that benefit our patients," said Michael Ash, M.D., president and chief operating officer. "Ryan and the group of experts he leads in this work are the right people to keep Nebraska Medicine focused on the future."

In his more than 16 years with Nebraska Medicine, Kenney has used his industrial engineering and business administration degrees to improve processes, lead clinical programs and, most recently, in establishing the financial planning and analysis team.

"I've seen the positive impact we can have for patients and our communities when we listen to their needs and respond with an innovative and strategic mindset," Kenney said. "That is the most important part of this role – making sure Nebraska Medicine expertise can be there when and where patients need us."

University of Nebraska Medical Center

DR. ROMBERGER RECEIVES DISTINGUISHED SERVICE TO MEDICINE AWARD

Debra Romberger, M.D., was recognized earlier this year by the Metro Omaha Medical Society with its Distinguished Service to Medicine Award.

Dr. Romberger stepped away from her role as chair of the UNMC Department of Internal Medicine, which she had held since 2015, on Jan. 1 to move to the UNMC College of Medicine Dean's Office in a special advisory role.

The Distinguished Service to Medicine Award is presented in recognition for distinguished service to patients, the Metro Omaha Medical Society and the people of the Metro Omaha area, as well as their significant contribution to the practice of medicine and care of patients. Recipients must be a member of the Metro Omaha Medical Society and be nominated either by a fellow member physician or the MOMS Board of Directors.

"The board wanted to recognize Dr. Romberger's dedication to medicine in leading a department that has had tremendous impact on patient care and the training of generations of physicians," MOMS executive director Carol Wang said. "Just as important, her ascension as a pioneer, being one of the first female chairs of a clinical department at UNMC. And furthermore, her dedication to MOMS – where she currently serves on the MOMS Foundation Board – and her service to the community in various community roles."

"She has paved the way for others and mentored physicians and been an important leader and voice in medicine and we wanted to honor her contributions," Wang said.

APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

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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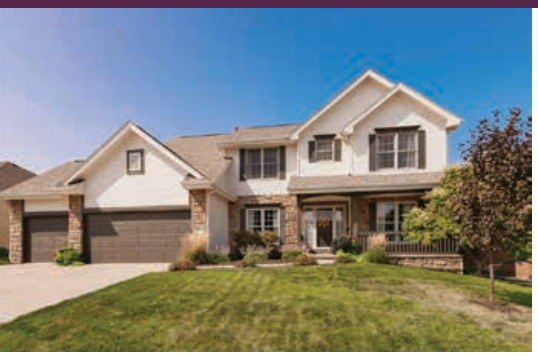
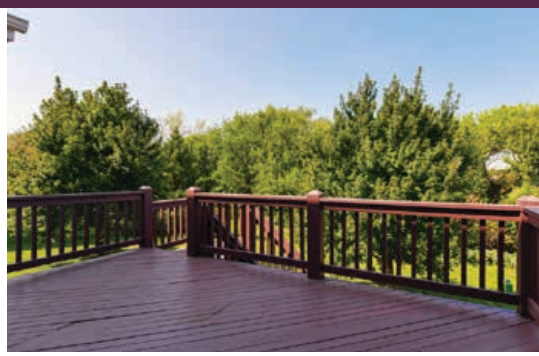
ADDRESS SERVICE REQUESTED

Exceptional Two-Story Walkout Backing to Trees in Palisades!





9614 S 173RD AVENUE | $525,000

Stylish craftsman with cozy front porch, stone accents, newer exterior paint, and lush landscaping. Entry is flanked by formal living room (could be used as office) and dining space. Family room has stone fireplace with built-ins, wall of windows, and ceiling fan. Spacious kitchen has birch cabinets, granite counters, walk-in pantry, breakfast bar with seating, and wood floor. Extra large dinette has large windows and opens to private deck with green space and trees. Main floor powder bath with wood floor. Drop zone with lockers and main floor laundry with utility sink just off the garage. 2nd level showcases 4 large bedrooms (all with walk-in closets and bath access). Primary suite has 2 closets, double sinks, tile shower, and private toilet. Bedroom 2 is en suite with walk-in closet. Opportunity to finish lower level with egress windows and bathroom (rough-in). Back patio just off the lower level slider. Roof and gutters (2013). Convenient location to schools, I-80, new Hy-Vee, Tiburon Golf Course, and Chalco Hills Recreation Area.

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KAREN JENNINGS

Realtor/Real Estate Agent
OMAHA MAGAZINE'S Best of Omaha™ 2025 Winner
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