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MOMS: NEW ADDRESS, SAME FOCUS

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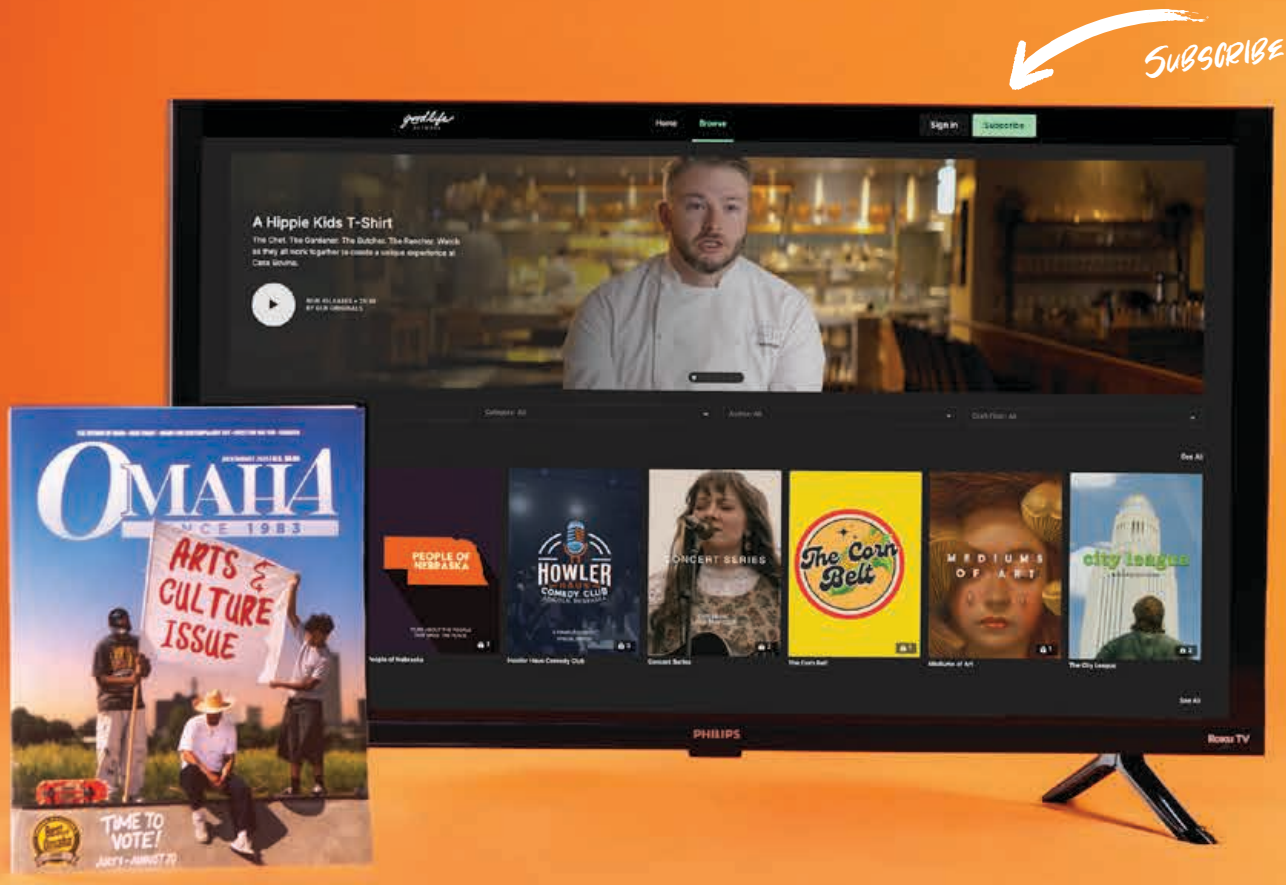
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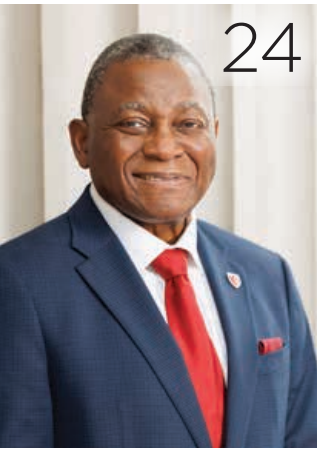
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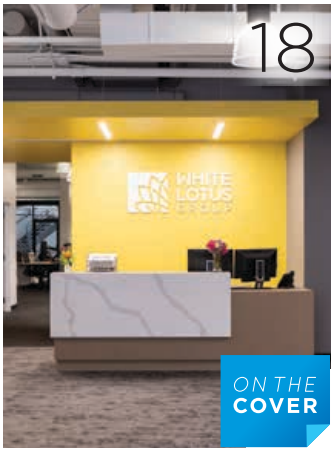
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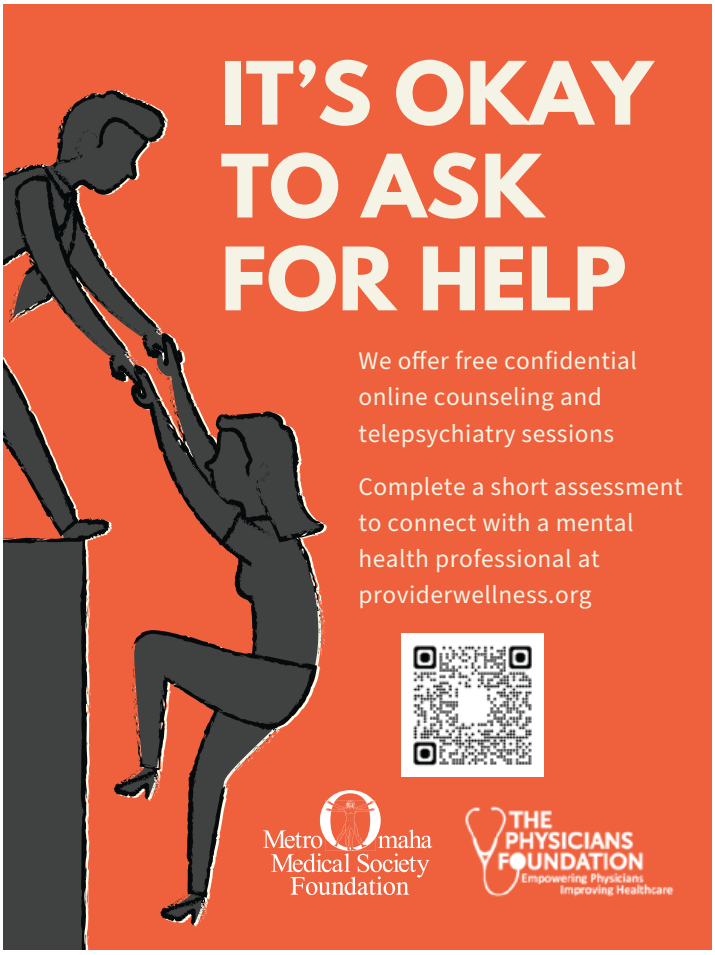




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Metro Omaha Medical Society

ANNOUNCEMENT



MOMS OFFICE HAS MOVED!

After 30 years at our current location, the Metro Omaha Medical Society has moved to a new location.

New Location:
10404 Essex Ct. Suite 100
Omaha, NE 68114

See story and photos on page 18.

Physicians Bulletin

VOLUME 47, NUMBER 5

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Metro Omaha Medical Society

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Metro Omaha Medical Society

COMING EVENTS

RETIRED PHYSICIANS COFFEE & CONVERSATIONS
October 14, November 11, December 9
10 A.M. – 11 A.M.
MOMS New Office
10404 Essex Ct., Ste. 101, Omaha

WOMEN IN MEDICINE CONNECTING FOR A CAUSE: NETWORKING & NOURISHING OUR NEIGHBORS
Wednesday, October 21, 2026
5:30 P.M. – 7 P.M.
MOMS New Office
10404 Essex Ct., Ste. 101, Omaha

EARLY CAREER PHYSICIANS MENTORING PANEL
Wednesday, November 4, 2026
6 P.M. – 8 P.M.
Omaha Country Club
6900 Country Club Road, Omaha

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WONDERFUL THINGS HAPPEN WHEN PEOPLE TALK



AUDREY PAULMAN, M.D.
Editor
Metro Omaha Medical Society

I am recovering from orthopedic surgery. The transition from physician to patient is not an easy one. It means giving up control and trusting that someone else will care for you the way you would care for yourself – if you could. It is a hard process. We have all been there.

I am fortunate. I chose an office where people talked. That made everything so much easier. From the first person who confirmed my last name and date of birth to the last person in my chain of care – the one who wheeled me out of the hospital – they all made it easier – just by talking. To each other. To my husband. To me.

I am so grateful. The front office's receptionist handed me to the nurse, who took me to the technician who did my X-rays. Back in the room, the physician talked with my husband and me. Yes, there was a bit of reviewing films and checking range of motion, but most of the time was spent talking.

A primary care office was suggested for my pre-op physical. I made the appointment and went. They talked to me, too. They knew why I was there. Something worrisome came up during the exam, and a particular specialist was suggested.

Someone from the primary care office talked to the specialist, and the appointment was scheduled almost immediately. Nervous about walking through a new doctor's front door, I was relieved to find four receptionists, all smiling, all ready to greet me. They already knew why I was there. I didn't have to explain myself. My doctors had already talked to each other. I just had to confirm a few things.

I was through that secondary pre-op clearance in a flash, and cleared for my elective surgery. The receptionist invited me back to see the specialist in a month, once everything related to the surgery was behind me.

Then my orthopedic office's nurse called to confirm she had all the information she needed and that I was cleared to go. From there, communication moved mostly to electronic messages, with detailed pre-op instructions arriving right when I needed them. Each time I had a question, I was given a human's number to call.

And what surprised me most: every single time, the person on the other end already knew about me.

Those who know me know I can tell a story over and over, with great enthusiasm. There was no opportunity for that here. They already knew what concerns I'd raised and what I needed, before I even had to open my mouth.

They seemed to know all about me and my worries. How comforting. How rare. How wonderful.

They knew what had gone well, what hadn't and what I could expect next.

Not once did I hear "I'll see if I can find someone else." Not once did anyone say "I don't know."

And most important of all: They talked to each other, and they talked to me.

It sounds like such a small thing. Talking. But anyone who has moved through the health care system lately knows how rare it has become, and how much its absence costs. We have built elaborate infrastructure – portals, apps, message queues – that too often function as walls instead of bridges. Patients are handed a login instead of a conversation and asked to repeat their story to every new face because the last face never wrote it down or wrote it down somewhere that no one else could see.

"I am fortunate. I chose an office where people talked. That made everything so much easier."
— AUDREY PAULMAN, M.D.

What I experienced was the opposite: a system where information moved faster than I did: where the specialist's office was expecting me before I arrived, where the nurse calling to confirm my clearance already knew what the pre-op physical had found. That kind of coordination doesn't happen by accident. It takes people who see communication as part of the clinical work itself, not an administrative afterthought squeezed in between patients.

It also takes a culture that makes that communication possible – one where a receptionist has time to greet a nervous patient by name, where a nurse can pick up the phone instead of forwarding a form, where the words "I don't know" are followed by "but I will find out" rather than silence.

Health care workers are stretched thin. Everyone knows this. Which is exactly why it matters so much when a team makes room for the two-minute conversation that saves a patient from repeating a frightening diagnosis for the fifth time, or that catches a detail the chart missed. Talking is not the opposite of efficiency. Done well, it is what efficiency looks like from the patient's side of the table.

I was a physician once, now a patient learning to trust other hands. What got me through the process wasn't just skill, though there was plenty of that. It was people talking to each other, and to me. I hope more health systems learn what my orthopedic office already knows: that conversation is not a courtesy added on top of care. It is care.



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OPPORTUNITIES TO ENGAGE, CONNECT AND LEAD



AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

Fall is an exciting and important time for the Nebraska Medical Association. As we move toward the end of the year, the NMA has several key events that offer opportunities for our members to engage, connect with colleagues, shape the organization's future and prepare for the coming legislative session.

I encourage all of our NMA members to take advantage of these opportunities. Your involvement is what makes our organization strong, and your voice is essential.

NMA Annual Business Meeting – Oct. 8: Our annual (virtual) business meeting will be held on Oct. 8 at 7 p.m. This is one of the most important opportunities each year for members to participate in the governance of the NMA. The meeting provides a comprehensive look at where the organization stands today and where we are headed.

During the meeting, we will provide a "State of the NMA" update, highlighting the work accomplished over the past year and the priorities that continue to guide our organization. Members will also receive an update on the NMA's financial position, providing transparency into the organization's financial health and stewardship of member resources.

We will announce the election results for the NMA Board of Directors and recognize the physicians who have stepped forward to serve in leadership roles. Strong physician leadership is fundamental to the NMA, and I am grateful to everyone willing to give their time and expertise to serve our profession.

Perhaps the most engaging part of the meeting will be consideration of the eight resolutions submitted by NMA members. This is an important component of our democratic process. Members will have the opportunity to testify on the resolutions, share their perspectives and propose amendments. Members will vote on the resolutions following the annual business meeting via an electronic platform, allowing all NMA members to participate in this important process.

I encourage members to review the resolutions on the NMA website in advance and come prepared to participate. The strength of the NMA's policy comes from the thoughtful discussion and diverse perspectives of Nebraska physicians.

NMA Husker Tailgate – Oct. 10: Just two days later, we will shift gears from business to fellowship at the NMA Husker Tailgate on Oct. 10, when the Nebraska Cornhuskers host Indiana.

Events like the tailgate remind us that membership in the NMA is more than policy and advocacy. It is also about building relationships. With physicians practicing in communities across the state, it can be difficult to find opportunities to meet colleagues outside our immediate practice or specialty.

The tailgate provides a relaxed setting to reconnect with longtime colleagues, meet physicians new to the NMA and build relationships with physicians from across Nebraska.

Board Strategic Planning Retreat – Late October: Later in October, the NMA Board of Directors will come together for a strategic planning retreat. This will be an important opportunity for our board to step away from the day-to-day work of the organization and focus on the future.

Over the past several weeks, we have collected valuable information and feedback from NMA members and staff. The retreat will allow the board to examine that information, identify emerging needs and opportunities, and formulate the NMA's next three-year strategic plan.

Our goal is to ensure the NMA continues to evolve to meet the needs of Nebraska physicians. The healthcare environment is changing quickly, and our strategic plan must provide a clear direction while remaining flexible enough to respond to emerging challenges.

"I encourage all of our NMA members to take advantage of these opportunities. Your involvement is what makes our organization strong, and your voice is essential."
— AMY REYNOLDSON

Preparing for the Legislative Session: As we move into early December, the NMA Legislative Committee will meet to prepare for the coming legislative session.

This meeting is an important part of our advocacy preparation. Committee members will discuss the NMA's approach to key issues, review potential legislation and begin developing strategies for bills that may be introduced during the session.

Effective advocacy begins well before the Legislature convenes. Understanding the issues, developing thoughtful positions and communicating with legislators require preparation and collaboration. Our Legislative Committee plays a critical role in that process.

Your Voice Matters: Each of these events represents a different way for physicians to engage with the NMA—through governance, fellowship, strategic planning or advocacy. Together, they reflect what makes our organization strong: physicians coming together to shape the future of medicine in Nebraska.

I hope you will join us this fall. Your participation matters, and your voice helps ensure the NMA remains an effective and relevant advocate for Nebraska physicians and their patients.

MEMBERSHIP: NOT A ONE-SIZE-FITS-ALL



LAURA POLAK
Membership Director
Metro Omaha Medical Society

"It's important to remember where that strength originates, and that's with you – our members. When you choose to be a member, you add a voice, a unique perspective and help put MOMS at the table for all of the important discussions when you need someone there who advocates on your behalf."

— LAURA POLAK

MOMS/NMA membership is about different things to different people. For some, membership brings advocacy opportunities and being a part of the cumulative voice of physicians helping to move the needle for the betterment of patients, families and our profession. For others, it is about making connections with peers from different specialties, systems or practice models – individuals outside of their daily interactions that they may not have otherwise met. And yet for others, maybe MOMS has been there for them through a difficult time – personally or professionally – by providing confidential wellness resources or guidance for practice transitions. Despite the differences – there is a common thread – it is about belonging and being part of organizations that are driven by physicians with the needs of physicians in the forefront.

To navigate the dynamic healthcare environment, MOMS continually evolves. We align member feedback, regulatory updates, and emerging practice trends with our organizational strategy – always keeping our physicians' needs at the center of our mission.

The end of August – after 30 years at the Davenport Street location, MOMS relocated to a new office in the Regency area. This new location (which you can learn more about on page 18) allows us to better meet our current meeting and event needs with a variety of flexible meeting rooms, classroom and event space available. It is also a better fit for our current staffing model with many staff working a combination of in-office and work-from-home days.

Frequent discussions with members about the importance of physician mentoring has led to MOMS prioritizing mentoring opportunities and resources across all career stages. The MOMS Women in Medicine group hosted a mentoring panel in June, providing vital insights into family, career and self-care navigation. The Early Career Physicians have a similar event planned for Nov. 4.

For our physicians contemplating or actively preparing to retire, MOMS is hosting a series of education sessions. The first of these was held in September and focused upon life lessons with retired physicians sharing their experiences. Sessions over the next year will discuss financial readiness, emotional and social considerations and what needs to be wrapped up (personal and practice-related) as you wind down to retirement.

When issues impact physicians and their practices, MOMS and the NMA get involved. Expanding and providing parity for telehealth and addressing the challenges of the insurance preauthorization processes have been, just some of the recent priorities.

MOMS and the NMA are strong organizations solely focused on physicians, the health of your patients and the practice of medicine. It's important to remember where that strength originates, and that's with you – our members. When you choose to be a member, you add a voice, a unique perspective and help put MOMS at the table for all of the important discussions when you need someone there who advocates on your behalf.

Already a member? We encourage you to renew your membership for the coming year. Interested in getting more involved or want to check your membership status? Call the MOMS office at (402) 393-1415 and ask for Carol Wang or Laura Polak.

Not a member yet? Getting started is simple. Apply online at https://omaha-medical.com/membership/join/ or use the QR code below.

FIVE WAYS TO PROTECT YOUR MEDICAL PRACTICE'S HEALTH



CLAIRE BROOKS, CPA
Manager, Client Accounting and Advisory Services
Bland & Associates

Physicians understand the importance of preventive care. Annual wellness visits, routine screenings and early intervention help identify health concerns before they become more serious. The same principle applies to the financial health of a medical practice.

Today's physician leaders face an increasingly complex environment. Rising operating costs, workforce challenges, reimbursement pressures, regulatory requirements and changing health care models require practices to make thoughtful financial decisions while continuing to prioritize patient care.

While clinical outcomes remain the primary focus of every medical practice, financial health plays an essential role in maintaining stability and supporting long-term success. An annual financial risk assessment provides physician owners and practice leaders with an opportunity to identify potential vulnerabilities, strengthen operations and ensure the practice remains positioned for the future.

The Evolving Risks of Practice Ownership: Medical practices continue to evolve. Many physician groups expand through additional providers, new locations, ancillary services, technology investments or real estate ownership. While growth creates opportunities, it also introduces additional financial and operational considerations.

The systems and strategies that supported a practice during its early years may not provide the same level of support as the organization matures. Compensation models may require refinement, financial reporting needs may become more sophisticated, and internal processes may need to adapt as more providers, employees and stakeholders become involved.

Regular financial reviews ensure the practice evolves strategically rather than reacting after problems arise. Consider:

Review Your Practice Structure: The legal and tax structure of a practice should be reviewed periodically to determine whether it continues to provide the appropriate balance of liability protection, tax efficiency and operational flexibility.

Changes in physician ownership, compensation arrangements, financing or real estate holdings may create opportunities to improve the structure while reducing unnecessary risk. Reviewing these items annually helps ensure the organization is positioned for future growth.

Strengthen Financial Controls and Operational Processes: Strong internal controls are essential to protecting the financial integrity of a medical practice. Clearly defined responsibilities and consistent oversight help reduce the risk of errors, inefficiencies and financial mismanagement.

Practice leaders should periodically review access to financial systems, including banking platforms, payroll systems, accounting software, electronic payment platforms and credit card accounts. Approval processes, reconciliation procedures, expense monitoring and financial reporting review should also be evaluated regularly.

As practices grow, informal processes often need to become more structured. Strong financial controls create transparency and provide leadership with confidence that resources are managed appropriately.

Approach Tax Planning as a Year-Round Process: Effective tax planning is not limited to preparing an annual tax return. The most valuable strategies are often identified through proactive conversations throughout the year.

Regular discussions with a CPA can help physician owners evaluate retirement planning, equipment purchases, physician compensation, estimated tax payments, depreciation strategies, entity considerations and cash flow management.

A year-round approach allows practices to make informed decisions before deadlines arise and ensures tax strategies support broader financial goals.

Monitoring the Financial Vital Signs of Your Practice: Just as physicians rely on vital signs to identify potential health concerns, practice leaders should monitor key financial indicators on a regular basis.

Important metrics may include cash flow, accounts receivable aging, provider productivity, operating margins, payroll costs and overhead trends and available cash reserves.

Consistent review of these indicators often reveal issues before they affect profitability. Meaningful financial reporting provides leadership with the information needed to make informed decisions.

Planning for Ownership Transition: Whether retirement is years away or an unexpected event occurs tomorrow, transition planning deserves ongoing attention. Buy-sell agreements, practice valuations, succession planning and ownership transition strategies should be reviewed regularly to protect physicians, employees and patients. Early planning preserves practice value and creates greater flexibility when circumstances change.

Financial wellness is an important component of practice wellness. Just as preventive medicine focuses on identifying and addressing concerns before they become significant, preventive financial management helps practices remain strong, adaptable and prepared for the future.

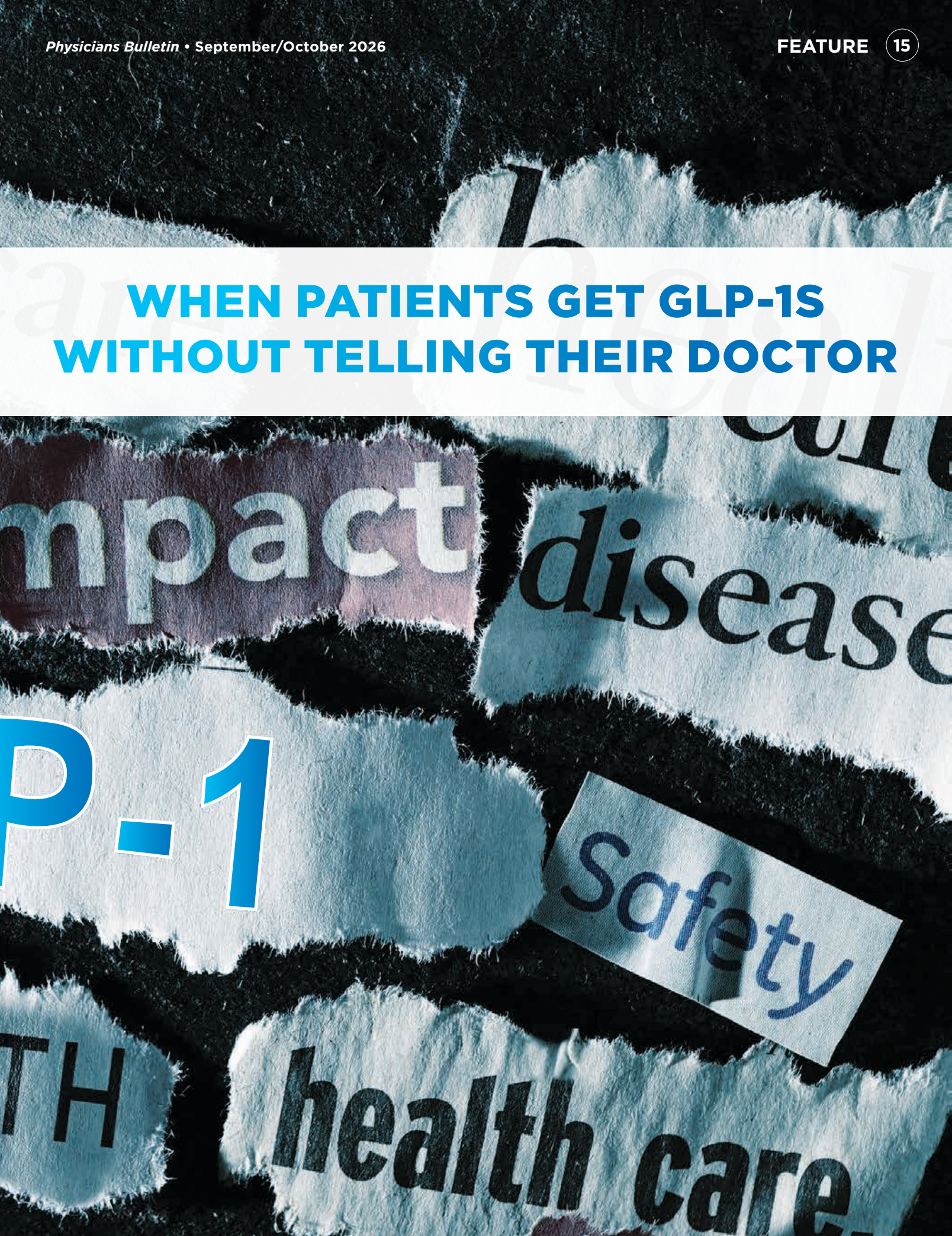
An annual financial risk assessment allows physician leaders to evaluate their financial foundation, identify areas for improvement and make informed decisions that support long-term success.

By reviewing practice structure, strengthening financial controls, engaging in proactive tax planning, monitoring key financial indicators and preparing for ownership transition, physician owners can protect the value of their practice while continuing to focus on their most important mission: providing exceptional care to their patients.

OFF THE BOOKS:



WHEN PATIENTS GET GLP-1S WITHOUT TELLING THEIR DOCTOR





The **Baker** File

Hometown
Gordon, Nebraska

Undergraduate Degree:
Nebraska Wesleyan University in Lincoln in biopsychology

Medical Degree
University of Nebraska Medical Center

Residency
Barnes-Jewish Hospital in St. Louis in internal medicine

Fellowship
Mayo Clinic in Rochester, Minnesota, in endocrinology

Specialty
Endocrinology

Location
Methodist Physicians Clinic, Diabetes and Endocrine Specialists

Hobbies
Reading, traveling, cooking and knitting

Family
Her husband, Mike Shew and three children, Bruce, Nate and Juliet

Why She Joined MOMS
"I wanted to be better connected within, and part of, the Omaha medical community."

Claire Baker, M.D., tells this story to illustrate her concerns about the rising use of GLP-1 agonists without physician approval:

"My patient comes in. She's an older woman. She tells me since the last time I saw her that her neighbor – who works as a rep for one of the pharmaceutical companies – gave her some Ozempic samples to take. That's obviously not legal and shouldn't be done. How do you address that kind of situation?"

Dr. Baker, an endocrinologist, added: "You don't always know who's on it (GLP-1s) because patients don't always ask before starting to take them. In her case, we should have discussed it before it was started."

Helen Fasanya-Uptagraft, M.D., has a story of her own, actually more than just one and it's short: "I've had more than one patient admit to getting their 'GLP-3' (triple hormone-GIP, GLP-1, and glucagon-receptor agonist) from TikTok! These are investigational GLP-1 like peptides, not yet approved by the FDA."

Drs. Baker and Fasanya-Uptagraft, a gastroenterologist, said it's time for physicians to start asking their patients about what they are taking beyond supplements, and ask about injectable therapies. But, they added, be sure to ask in a respectful, non-threatening way.



Claire Baker, M.D.

"My patient comes in. She's an older woman. She tells me since the last time I saw her that her neighbor – who works as a rep for one of the pharmaceutical companies – gave her some Ozempic samples to take. That's obviously not legal and shouldn't be done. How do you address that kind of situation?"

— CLAIRE BAKER, M.D.

"I am not against people getting them (GLP1s) from external sources," Dr. Fasanya-Uptagraft said. "I worry about people using them without involving their physicians."

Dr. Baker added: "If used properly, they are beneficial."

Just how prevalent is GLP-1 usage?
Forbes Health in June reported that an estimated 12% of U.S. adults report using GLP-1 medications for weight loss. Also, GLP-1 prescriptions for obesity increased nearly 587% between 2019 and 2024. Finally, more than 26% of U.S. adults with diabetes use GLP-1 medications.

Current statistics may be understated, Dr. Baker said, because people using GLP-1s continue to keep this private.

GLP-1s are nothing new, Drs. Baker and Fasanya-Uptagraft said that the drug class was approved about 20 years ago. The steep uptick in use started with the emergence of Ozempic and Mounjaro, and their much-publicized success in helping people lose weight.

High costs for these drugs cause people to look elsewhere – online sources that don't require an in-person exam before providing them, spas and weight-loss clinics – which, they said, can be the problem.

"Some of these places are more valid than others. The key question: Is there a clinician overseeing the process?" Dr. Baker asked. Medical spas typically require an in-person conversation between a nurse practitioner or licensed clinician and the client, she said. "At least there's interaction."

Then, her patients may not know their doses and how many milligrams they are to take, she added. "How many milligrams depends on the compound and concentration, and they don't know how much they're taking, how pure it is. They're assuming they're getting what they're told."

Another challenge, Dr. Fasanya-Uptagraft said, is that because GLP-1s are now more available, online sources may be adding B12 and other supplements to personalize their product. The FDA has yet to address this practice. "What drug are they truly getting?" she asks.

Dr. Baker said she may be more concerned about patient usage of peptides – short chains of amino acids that play crucial roles in the body – from regulating blood pressure to aiding in wound healing – that aren't FDA approved. She added that she isn't confident government will address this issue any time soon.

So, it's time for physicians to ask, Drs. Baker and Fasanya-Uptagraft repeated, and in a more direct way. Physicians know that their patients, when asked to list their prescriptions during a clinic visit, may fail to include – either deliberately or innocently – the supplements they are taking.

Dr. Fasanya-Uptagraft said she plans to go one step further. She said she plans to embrace the potential value GLP-1 agonists may have for her patients. "I am also moving toward becoming more comfortable prescribing GLP-1s for obesity as I believe this is in the realm of gastroenterology and patients want/need our expertise in managing these drugs."

She's also aware of the potential benefits that GLP-1s may have for those suffering from Crohn's and other bowel diseases. "The repercussions for using them will be positive in the future. We just have to do this in the right way."

Keeping an open mind also involves helping patients suffering from side-effects like severe nausea or diarrhea that resulted from taking unprescribed GLP-1s.

"If a patient comes to me with symptoms, my responsibility is to manage them," Dr. Fasanya-Uptagraft said. "And when those symptoms are related to medication side-effects, I feel equally responsible for helping manage them - whether I prescribed or not."



Helen Fasanya-Uptagraft, M.D.



The **Fasanya-Uptagraft** File

Hometown:
Legos, Nigeria and Kaliningrad, Russia

Undergraduate Degree:
University of North Texas in Denton in biology

Medical Degree:
Creighton University School of Medicine

Residency:
University of Wisconsin in Madison in internal medicine

Fellowship:
Duke University in Durham, North Carolina in gastrointestinal medicine

Specialty:
Gastrointestinal medicine

Location:
Midwest Gastrointestinal Associates

Hobbies:
Traveling and golfing

Family:
Her husband, Tyson Uptagraft and two daughters, Mila and Anya

Why She Joined MOMS:
"First, because my practice is part of MOMS. More so, Midwest Gastrointestinal Associates values the connection to the community's physicians and I wanted to be a part of it."




BE

MOMS: NEW ADDRESS, SAME FOCUS

By the time you read this, the Metro Omaha Medical Society staff will have relocated to new office space at 10404 Essex Court, Suite 101.

"MOMS is still MOMS – we're just calling a new office home, and we hope our physicians will like the new space," said Carol Wang, MOMS executive director. "We chose it with them in mind."

The MOMS office – which has been situated at 7906 Davenport Street for the past 30 years – moved in August. The move came at the right time – an end to the current lease and an opportunity to move into office space more appropriate for the current staff and approach to work, said Andrew Coughlin, M.D., MOMS board president.

"A renewed look and cost savings that can be used to support our mission are of the utmost importance. Beyond this, maintaining a common space for physicians to meet, as well as a central location were all taken into consideration. The new location will serve all of these needs."

— ANDREW COUGHLIN, M.D.

As with everything after COVID, business changed and so have our needs," Dr. Coughlin said. "With the ability to work from home, the usefulness of online meetings, and the rising costs of real estate, MOMS needed to make a change."

The MOMS office now is situated on the first floor of office space in Regency owned by the White Lotus Group. The office features shared space – restrooms, a server room, two board rooms and a classroom. The shared kitchen and atrium allows for networking events.

MOMS staffers who work a hybrid week will share workstations. Staffers who work onsite have their own spaces.



"Moving has been something we've contemplated for three-plus years," Wang said. "Post-COVID with online meetings and remote work, we found we didn't need the office and desk space that we had at the Davenport Street site, but we needed more space for different types of meetings. This answers that need and at a price point that is more affordable for our organization. Our offices are smaller, but we share the meeting room and other spaces with three other businesses."

Rest assured, Dr. Coughlin said, MOMS members shouldn't notice any difference in the way the organization operates – outside of its location just slightly further west in Omaha.

"While it is sad that we are leaving a chapter of our history behind, the move is exciting," he said. "A renewed look and cost savings that can be used to support our mission are of the utmost importance. Beyond this, maintaining a common space for physicians to meet, as well as a central location were all taken into consideration. The new location will serve all of these needs."

The task of moving files, furniture and the other items that accumulated in the past 30 years was part tedious and part nostalgic, Wang said. What to discard and what to bring to the new location? With less square footage, she said, some things had to go. Sandy Johnson, former MOMS executive director, pitched in to help discern which files were expendable and which should be saved.

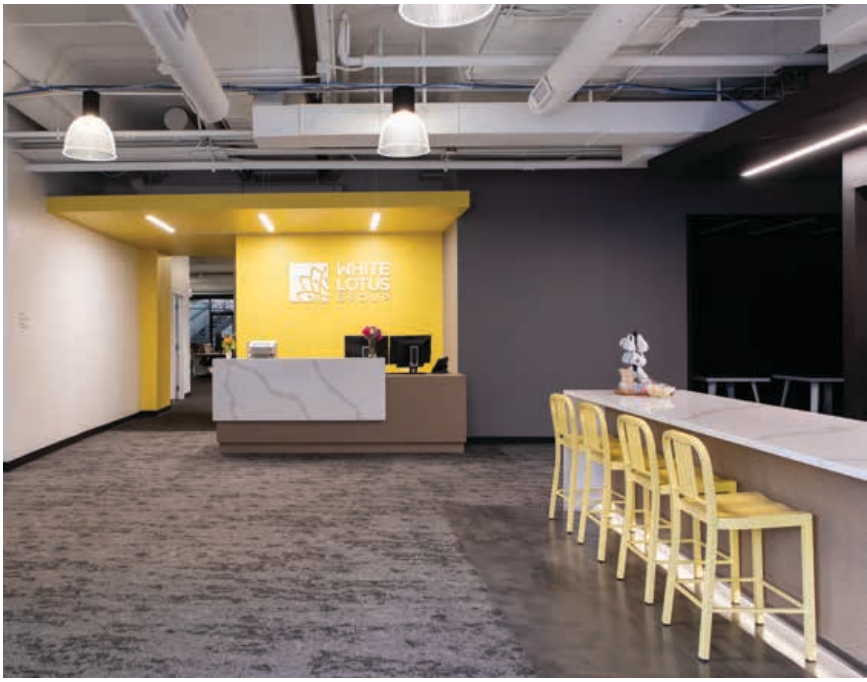
"I want to express immense gratitude for our staff who sorted through closets and files, and made piles of things to give away and those to keep," she said. "All of us know the pain of moving homes and decluttering and this has all those hallmarks and has been overwhelming at times, too."

Among the discarded items were vases, silent auction easels and extra holiday decorations. Unexpected finds included an overhead projector in great shape, a slide projector and carousels, and boxes and boxes of file folders and hanging file folders, along with old MOMS signs and directories. Many items, including most of the furniture and art, were donated to local non-profits.

"We are trying to figure out what to do with the portraits of past presidents since we don't have room to hang them," she said. "But don't worry. They won't be thrown away."

The new office digs already have received one nod of approval – from Wang's dog, Henry, mostly because of its location. "Henry is going to the new office as well. He's excited to meet all the new people and welcome our physicians to the new space. He's getting used to his new home as well. We're not far from a lake and he's expecting good walks when the weather is good."








Rowen Zetterman, M.D.



James Devney, D.O.

NOT READY TO RETIRE

Rowen Zetterman, M.D., quickly realized retirement wasn't for him. The same for James Devney, D.O.

Their stories about what led to retirement – and what brought them back into medicine – is somewhat the same, with some variation. They shared their stories about why retirement didn't stick and offered advice for their peers who are contemplating when to call it a career.

Dr. Zetterman was 69 when he retired in 2013 as dean of Creighton's School of Medicine after four years in the role. He had served on UNMC's internal medicine faculty and held various leadership positions in medicine.

"It seemed like a good time to retire," he said. "Within a few months I realized I wasn't ready." His wife, he said, was the first to notice. She noticed that he kept current on local and national medical issues, especially healthcare reform. He noticed he missed interaction with colleagues.



The **Devney** File

Hometown
Omaha

Undergraduate Degree:
Midwestern State University in Wichita Falls, Texas; in biology and chemistry

Medical Degree:
North Texas-Texas College of Osteopathic Medicine in Fort Worth

Residency:
Barnes Hospital in affiliation with Washington University School of Medicine in Saint Louis in physical medicine and rehabilitation

Fellowship:
Virginia Spine Institute in Reston, VA in non-operative spine

Specialty:
Musculoskeletal medicine with an emphasis on spine and joint

Location:
Advanced Spine & Joint Care of Nebraska

Hobbies:
Anything that involves his best friend and spouse, Susie.

Family:
His wife, Susie Devney; two children, Courtney and Trevor; and a grandson, Benjamen.

Why He Joined MOMS:
"Common place and advocating association amongst local physicians."

Advice From Dr. Devney:

1. Formulate a written exit strategy and plan. Include loved ones. Consider issues of self-efficacy, finances, foreseeable time occupying and satisfying day-to-day activities, partner relationships as in-home dynamics change and a potential back-up plan perhaps in non-clinical medicine should one be unable to completely step away from medicine.

2. Prepare for uncertainty no matter how much you think you've prepared.

3. Always consider that "the grass may not be greener on the other side."

With his wife's blessing, he looked to re-enter medicine and initially – partly because he served in the military – sought a position as a chief of staff with Veterans Affairs. He quickly realized he would need to relocate – and he mentioned that his grandchildren were local. "I realized if I went, I'd be going alone." So, he pivoted and looked to find a local re-entry point.

For Dr. Devney, he envisioned his retirement in 2023 at age 56 from solo private practice as a less stressful time. "A time when I could reallocate and focus on pursuits of pleasure and live happily ever after."

He spent quality time with his wife and quickly crossed several items off his bucket list. Then, boredom struck. "I quickly fell into an identity vacuum and felt as though I was just an ordinary guy without societal purpose," he said. "My brain got lazy, for real. I wondered if I would ever again achieve that comforting sense of deep satisfaction as I had while doctoring."

He said he didn't believe that golfing, woodworking or even volunteering could fill that void.

So – similar to Dr. Zetterman's revelation – he decided to re-enter medicine.

Dr. Devney said he remained in constant contact with local physicians and eventually settled back into private practice with long-time friend, Mark Shirley, D.O., at Advanced Spine & Joint Care of Nebraska.

The challenges he experienced during his initial 30 years of practice returned, but, he said, he views them differently. "The insurance company struggles persist, the patients remain challenging at times and the administrative burdens remain," he said. "But it's looked upon differently and I am hoping to maintain a rebalanced, healthy perspective having realized that the grass is not always greener on the other side, at least for me."

The next time he looks to retire – for which he has no set timeline, Dr. Devney said he'll view it differently. First, he'll develop a plan – realizing that his per-

sonal perspectives and viewpoints are likely to change as he ages. Then, rather than go from Mach 3 to zero overnight, he will develop interests outside of medicine while he still practices. "My plan, at least for now, is to continue doing what I love for as long as possible and while remaining physically and cognitively capable."

Dr. Zetterman eventually returned to UNMC in 2013 and served as associate vice chancellor for academic affairs. He loved the role, especially working with faculty and students. Eight years later, he realized it was time to step away – again.

"One of the issues in academic medicine is when some people stay too long, it prevents others from moving up," he said. He applied this approach to himself and stepped down – but not entirely away.

After he retired a second time, he continued to consult with UNMC's College of Dentistry, helping its dean prepare for an accreditation site visit. He loved the part-time work – which, he said, was a perfect gradual transition to retirement.

Then, the college's dean announced she was leaving, and UNMC's chancellor asked Dr. Zetterman if he would serve as interim dean. He accepted – knowing that the role came with an expiration date of between six and 12 months, he was told.

"I knew it would end at some point," he said. "I had a wonderful time working with the dental school faculty and staff. I enjoyed working in an area (dentistry) that I knew little about."

Thirteen months later, UNMC announced its new dean. Time to step away again, Dr. Zetterman said. Would he return if an opportunity presented itself? "My response would be: I am 82 years old. It's time for me to stay retired."

Drs. Devney and Zetterman each offered a three-part list of steps to consider as retirement approaches.

Advice From Dr. Zetterman:

1. Realize, while practicing medicine, your entire life image revolves around being a physician. Replace this feeling with something else that matters to you.

2. Find a way in retirement to maintain that feeling that you matter. It could be serving in your church, working with adults or children. Ensure that this feeling of worth remains with you.

3. Find a hobby. Find more than one. Do things you enjoy.



The **Zetterman** File

Hometown:
Shickley, Nebraska

Undergraduate Degree:
Nebraska Wesleyan University in Lincoln in biology

Medical Degree:
UNMC

Residency:
UNMC in internal medicine

Fellowships:
UNMC in gastrointestinal medicine and New Jersey Medical School in Newark in hepatology

Title:
Professor emeritus in internal medicine

Institution:
UNMC

Title:
Dean emeritus

Institution:
Creighton University School of Medicine

Hobbies:
Fishing with his sons and grandsons; collecting antiques, especially clocks; woodworking

Family:
His wife, Emily Clark; three grown sons, two granddaughters and five grandsons

Why He Joined MOMS:
"I wanted to try to help others in various issues of health care, including healthcare reform and practice management."

WORDS OF APPRECIATION FROM UNMC'S CHANCELLOR



UNMC Chancellor H. Dele Davies, M.D., has messages of appreciation and reassurance for members of the Metro Omaha Medical Society. Basically, he's a fan and strong advocate of organizations such as MOMS.

First, the gratitude: Organized medicine, including groups such as MOMS, have assumed roles traditionally covered by individual health institutions, including physician wellness and addressing burnout.

"I would say organized medicine could not be any more important than it is today," he said. "The turbulent times we have had to face over the last few years – including the threats to funding for the National Institutes for Health and changes in funding for Medicaid – are going to have a profound impact on the way medicine is practiced over the next decade and beyond.

"We are going to rely more often on the advocacy of organized medical groups, such as MOMS, to help pick up where individual voices may not be heard or may not be as powerful.

"Having an organization like MOMS that addresses issues that impact physicians directly, regardless of what organization they belong to, is not only important now, but it will continue to be important moving forward."

Then, the reassurance: Physicians who worry about whether the next generation of healthcare professionals will be ready to serve need not worry, Dr. Davies said. "They will be well-prepared.

"A lot of people lament Gen Z and Gen Y and talk about their work ethic. I will tell you that as I see the students who are coming to us right now, they are just as determined and devoted, and I think as laser-focused on success, as any generation I have seen.

"I'm very optimistic that we have a group of students who not only want to continue the legacy of the generation that's gone ahead of them, but they also have some innovative ideas as to how to get there, which would be very different from what you and I might have considered."

In June, the NU Board of Regents removed the "interim" tag from his title and Dr. Davies became UNMC's ninth chancellor. Dr. Davies, who replaced Jeffrey P. Gold, M.D., as chancellor, had served as interim since July 2024.

"It's been a privilege to serve as interim chancellor and to work alongside so many dedicated faculty, staff, and students across our campuses," he said following his appointment. "Our best work is still in front of us."

Dr. Davies was hired at UNMC in 2012, as the vice chancellor for academic affairs and the dean for graduate studies. He was elevated to senior vice chancellor in 2017. An internationally recognized expert in pediatric infectious diseases, he had served previously at Michigan State University, the Child Health Research Institute at the University of Calgary, Canada, and the Child Health Research Institute at the University of Calgary.

The chancellor said UNMC's mission extends beyond "leading the world in transforming lives for people and communities," which is done through extraordinary research, training and teaching, and extraordinary patient care.

"But our mission goes beyond that, because we also have an economic impact, which is not always talked about."

So, Dr. Davies does.

UNMC, he said, is the largest provider of the healthcare workforce in the state, noting that the medical center's student enrollment has increased every year in the past quarter-century. "That is something we own and take very seriously. When I say we own it, we don't own it alone. We are constantly on the road trying to understand the needs of all the communities we serve."

"It's been a privilege to serve as interim chancellor and to work alongside so many dedicated faculty, staff, and students across our campuses. Our best work is still in front of us."

— H. DELE DAVIS, M.D.



The **Davies** File

Hometown
Lagos, Nigeria

Medical Degree
University of Toronto Faculty of Medicine

Residency
Hospital for Sick Children in Toronto in pediatrics

Fellowship
Hospital for Sick Children in pediatric infectious diseases

Master's Degree
University of Toronto in epidemiology and Harvard University in Boston in health care management

Specialty
Pediatric infectious disease

Title
Chancellor

Institution
University of Nebraska Medical Center

Family
Wife, Arike and three young adult children

Why He Joined MOMS
Please read the story

Dr. Davies addressed other issues he holds important as chancellor:

• **The use of artificial intelligence:** "We want to continue to harness AI to improve the research we do, to help us be better at taking care of our patients and also to make sure that we train the next generation of students to understand and use it, while being mindful of the risks inherent in AI – the bias, the misinformation, the disinformation."

AI and technology will never replace the human aspect of patient care, he said, but they can make it more efficient. For example, the use of AI can assist emergency room nurses in determining who is able to be discharged and who should be admitted, he said.

• **Working more efficiently:** "The last thing you want is to say, 'We want to be extraordinary, but our processes are holding people back.'" UNMC recently added a director to launch UNMC's Better Processes Initiative to help employees work more efficiently. With recent budget cuts, he said, UNMC must work efficiently and effectively. "Rather than asking the question or complaining about something and saying this isn't working, let's turn it into, 'why is this not working?' Let's find a solution for it."

• **Building trust among its clinical partners, including Nebraska Medicine.** "We would not exist today if it was not because of the strong partnership we've developed across the state, in Omaha, Lincoln, Kearney, Norfolk, and Scottsbluff." The list goes on, he said, from community colleges to the volunteer faculty who train UNMC students. Dr. Davies paused to praise former chancellor, Harold M. Maurer, M.D., who died recently. The UNMC campus is one of his legacies, Dr. Davies said, as was his focus on public-private partnerships. Former Chancellor Gold continued this tradition, and Dr. Davies intends to do the same. "I can point to many buildings that not a single penny came from the state. And even if the state put in money, you can be 100% sure that it's been a public-private partnership. We're going to need to continue to have strong partners, both with our clinical partners, our community partners, our state, our community college partners, and our philanthropic community."

• **Financial resilience:** UNMC must eliminate any financial barriers that would keep a student from the healthcare profession. "When you have a state that needs 5,000 nurses today as we speak, we cannot afford to have financial concerns being a barrier for a student to become a healthcare provider. From where I am sitting, I would like to see more scholarships available. Not only just scholarships, but to think where we can partner with local hospitals to support students while they're going through training and then have a promise of them coming back to serve."

Dr. Davies also wanted MOMS members to know how the UNMC campus is being transformed:

• **The EDGE District** is more than a mixed-use real estate development. It's a connected ecosystem accelerating healthcare, life sciences, and economic growth.

Anchored by UNMC, this district will bring together startups, enterprises, investors, service providers, suppliers, and civic partners to transform bold ideas into real-world impact, he said. "Our goal is to help bold healthcare innovations take root and thrive – starting in Omaha, with impact that reaches around the world."

• **Project Health**, a $2.19 billion healthcare facility at UNMC and Nebraska Medicine, will be a clinical learning center to educate and train the next generation of healthcare providers, conduct research, and offer clinical trials.

Dr. Davies said he's ready to work – and he's excited about the outstanding faculty, staff, and students at UNMC. "We have a great team, period. We have a lot of really, really good people – excellent people from all over the country and all over the world – who have chosen this organization. And for me, it's exciting just to be able to help lead such an incredible team of people."

MOMS EVENTS RECAP

WOMENS GROUP IN ACTION

The MOMS Women in Medicine gathered for networking, dinner and a panel discussion at One Pacific Place Clubhouse on June 25.



ECP TRIVIA BRINGS GROUPS TOGETHER

The MOMS Early Career Physicians teamed up with the Omaha Bar Association Young Lawyers Division for a trivia night on June 30.



The chance to network and compete in trivia drew a crowd.



The winning trivia team, from left, Diane Morris, Dr. Matthew Kelly, Steve Morris, Dr. Ananya Ray and Evan Stein.

RETIRED PHYSICIANS LEARN ABOUT THE WEATHER, OMAHA

MOMS Retired Physicians summer speaker series continued on July 8 at UNO's Community Engagement Center to hear Heath Mello, Greater Omaha Chamber president and CEO, discuss current developments taking place across Omaha. The group met again in August to listen to Matt Serwe, chief meteorologist from WOWT First Alert 6 News.



Greater Omaha Chamber president and CEO, Heath Mello, speaks to MOMS Retired Physicians about his vision for Omaha.



Retired Physicians chair, Dr. Robert Cochran, with speaker, Matt Serwe, chief meteorologist, WOWT First Alert 6 News.

DR. MADHAVEN IS NEW EXECUTIVE VICE PRESIDENT OF HEALTH CARE

Boys Town recently announced the appointment of Deepak Madhavan, M.D., as executive vice president of healthcare. Dr. Madhavan has served as chief medical officer at Boys Town since 2021 and will oversee all Boys Town National Research Hospital operations.

"Dr. Madhavan has demonstrated exceptional vision, clinical expertise and a deep commitment to our mission," said Jason Bruce, M.D., Boys Town chief operating officer. "His ability to build high-performing teams and expand access to care has been instrumental in advancing our healthcare services. I am confident he will continue to lead with innovation and compassion in this expanded role."

Dr. Madhavan joined Boys Town National Research Hospital in 2019 to lead the Pediatric Neuroscience Initiative, where he played a key role in developing and advancing the program. He brings extensive experience in pediatric neurology, program development and clinical leadership, along with a strong track record of driving operational excellence and strategic growth.

Dr. Madhavan received his medical degree from the University of Nebraska Medical Center. He completed his neurology residency at University of Iowa Hospitals & Clinics in Iowa City, Iowa, followed by fellowships at NYU Langone Health. Dr. Madhavan obtained his master of business administration from the University of Nebraska-Lincoln in 2015 and was named a Fellow of the American College of Healthcare Executives in 2021.

CLASS OF 2030 INCLUDES 251 FUTURE PHYSICIANS

The Creighton University School of Medicine welcomed its M.D. Class of 2030 this summer, bringing together 251 future physicians selected from a highly competitive pool of 7,253 applicants. Representing 93 undergraduate institutions, 69 academic majors, 13 birth countries and 34 languages, the incoming class reflects the academic excellence, diversity of thought and commitment to service that define a Creighton medical education. The class enters with a median cumulative GPA of 3.88 and an average MCAT score of 512, while 17 students already hold advanced degrees.

Beyond these statistics, the Class of 2030 represents a significant investment in the future of medicine in Nebraska and the region. Many graduates remain in Nebraska and the surrounding region for residency and long-term careers, strengthening the physician workforce and expanding access to high-quality care. This pipeline of talent is essential as healthcare systems work to address growing physician shortages, particularly in primary care and rural communities.

The caliber of the Class of 2030 is exemplified by students such as Keith Abbey, who came to Creighton after earning a degree in biomedical engineering and conducting research at the National Institutes of Health on genetic therapies for hereditary hearing loss. His work introduced him to Peter Steyger, Ph.D., and the Dr. Richard J. Bellucci Translational Hearing Center, where Creighton's nationally recognized hearing research program became a deciding factor in his decision to pursue the University's MD/PhD program. Living with hearing loss since childhood, Abbey hopes to combine his personal experience with physician-scientist training to advance treatments for patients with hearing disorders.

AWARDS RECOGNIZE COMMITMENT TO CARE, FOLLOW-UP

Methodist Health System received 10 American Heart Association (AHA) "Get With The Guidelines®" achievement awards for demonstrating a commitment to following up-to-date, research-based guidelines for the treatment of heart disease, heart attack and stroke, helping save lives, support recovery and reduce hospital readmissions.

Heart disease and stroke are the No. 1 and No. 4 causes of death in the United States, respectively, according to the AHA's 2026 Heart Disease and Stroke Statistics Report. Studies show patients can experience better outcomes when care teams consistently follow evidence-based treatment guidelines.

Get With The Guidelines puts the expertise of the AHA and American Stroke Association to work for hospitals nationwide, helping ensure patient care is aligned with the latest science-backed guidelines. As a participant in the Get With The Guidelines programs, Methodist Fremont Health, Methodist Hospital and Methodist Jennie Edmundson Hospital each qualified for the awards by demonstrating a sustained commitment to improving the quality of cardiovascular and stroke care.

Methodist Fremont Health:

- Get With The Guidelines – Rural Coronary Artery Disease NSTE-ACS Gold
- Get With The Guidelines – Rural Coronary Artery Disease STEMI Bronze
- Get With The Guidelines – Coronary Artery Disease STEMI Referring Bronze
- Get with the Guidelines – Rural Stroke Silver

Methodist Hospital:

- Get With The Guidelines – Coronary Artery Disease NSTEMI Silver with Target Type 2 Diabetes
- Get With The Guidelines – Coronary Artery Disease STEMI Gold Plus with Target: Type 2 Diabetes
- Get with the Guidelines – Stroke SILVER PLUS with Target: Type 2 Diabetes Honor Roll

Methodist Jennie Edmundson Hospital:

- Get With The Guidelines – Stroke Gold Plus with Target: Type 2 Diabetes Honor Roll
- Get With The Guidelines – Coronary Artery Disease NSTEMI Bronze
- Get With The Guidelines – Coronary Artery Disease STEMI Receiving Bronze Plus

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RIVERA IS NEW INFORMATION OFFICER

Decades of leadership experience in healthcare technology led Keith Rivera to Nebraska. The New Mexico native recently joined Nebraska Medicine as its new vice president, chief information officer.

"Nebraska Medicine is an outstanding health system with a strong reputation for excellence," Rivera said. "I'm looking forward to joining the collaborative culture and working alongside a team committed to advancing innovation and transforming healthcare."

Rivera brings extensive experience leading large-scale technology and digital transformation initiatives in healthcare. He spent most of his career at Presbyterian Healthcare Services in Albuquerque, New Mexico, serving in several IT leadership roles ranging from director to vice president of clinical and business applications before most recently serving as chief information officer.

"I'm very passionate about healthcare — our whole family is," he said.

In his first few months, Rivera focused on listening, learning and building relationships across the organization. He planned to spend time meeting with leaders and teams across. Nebraska Medicine to better understand operational needs and priorities.

Over time, those conversations will help shape and refine strategic IT roadmaps designed to support long-term transformation goals and continue elevating the role of technology across the organization.

"I want our teams to feel empowered and connected to the mission," Rivera said. "Leadership is certainly about outcomes, performance and delivering value, but it's also about human connection — bringing people together and helping them do their best work."

University of Nebraska Medical Center

AHEC MARKS 25-YEAR ANNIVERSARY

For 25 years, the Nebraska Area Health Education Center program has worked to answer a persistent question in rural communities across the state: How do you recruit, train and keep healthcare providers where they're needed most?

This year, Nebraska AHEC marks its 25th anniversary, celebrating a legacy with roots reaching to 1991, when the Nebraska Legislature and UNMC established the Rural Health Education Network to expand educational opportunities for health professions students. That early work laid the groundwork for a bigger idea.

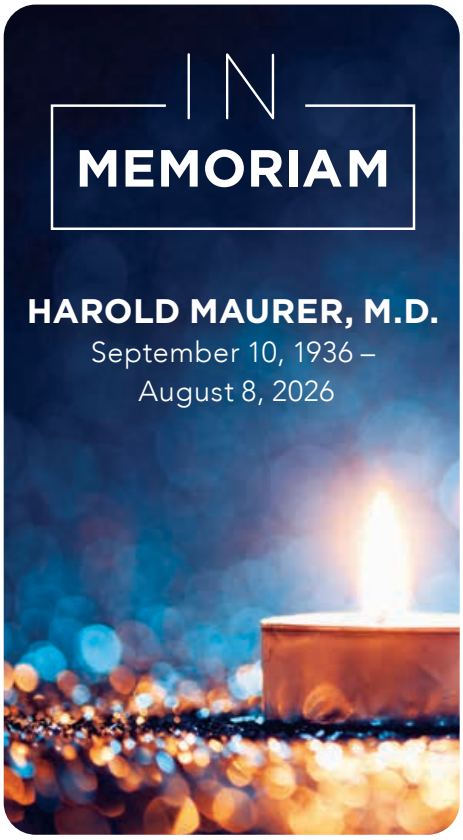
UNMC received funding from the Health Resources and Services Administration in 2001 to establish Nebraska's first AHEC centers. All five regional centers were operating within four years. Since then, the program has engaged more than 31,700 students and professionals statewide.

Along the way, Nebraska AHEC partnered with the Rural Health Education Network to create the Careers in Healthcare Book and support regional science meets, while helping launch programs such as Student/Resident Experiences and Rotation in Community Health.

"The strength of the Nebraska AHEC Program lies in its commitment to rural Nebraska," said Michael Sitorius, M.D., former director and principal investigator of the Nebraska AHEC program. "AHEC has improved and expanded health education – helping communities strengthen their local health workforce recruitment."

Between 2012 and 2022, the program shifted toward statewide standardization – building a shared database, unifying its branding across regional centers and launching the Nebraska AHEC Scholars Program to deepen its focus on students in health professions training. The program also produced Nebraska's first Status of the Healthcare Workforce report in collaboration with UNMC.

The program has graduated 251 AHEC scholars and continues to grow.



NEW MEMBERS

TANNER HANNAPPEL, M.D.
Radiologic Center, Inc.
Diagnostic Radiology

MARK SHIRLEY, D.O.
Advanced Spine & Joint Care of Nebraska
Family Medicine, Sports Medicine



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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
10404 Essex Ct., Suite 101
Omaha, NE 68114

APPLY ONLINE:
www.omahamedical.com

Metropolitan Omaha Medical Society
10404 Essex Ct., Suite 101
Omaha, NE 68114

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Luxury Ranch in the Private, Gated Community of Woodcliff Lakes!







S-1095 MAPLE LANE, FREMONT, NE 68025 | $995,000

This lakeside retreat has been completely renovated by Jeff Wearden Homes. It has a sandy beach, mature landscaping, wildlife galore, community center, marina, two parks, and splash pad. Complete remodel (down to the studs) with new architectural design and added square footage. Modern exterior finishes with new roof, gutters, windows, LP and cedar siding, garage doors, stone accents, and covered patio (all in 2026). Warm and vibrant interior design with LVP flooring, oversized windows, four spacious bedrooms, three modern bathrooms, and an extra large laundry and drop zone area. The open kitchen has new cabinets, breakfast bar with solid surface counter, stainless steel appliances, and walk-in pantry. The oversized two car garage has overhead storage. Updated HVAC system, water softener, sprinkler system, and plumbing. Enjoy boating, skiing, fishing, and jet skiing! Perfect for everyday living or as a weekend retreat! Just minutes to Fremont and 25 minutes to Village Pointe. Impressive inside and out! 4 Beds | 3 Baths | 2 Car | 2,193 SqFt.



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