



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH

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**Minutes of the
RURAL HEALTH ADVISORY COMMISSION
Friday, November 30, 2012
1:30 p.m. – 4:00 p.m.
220 S. 17th
Lincoln, Nebraska**

Members Present: Kathy Boswell, Marty Fattig, Mark Goodman, M.D., Mary Kent, Jenifer Roberts-Johnson, J.D., Rebecca Schroeder, Ph.D., Avery Sides, M.D., Mike Sitorius, M.D., Sharon Vandegrift, R.N., Roger Well, PA-C

Members Absent: Scot Adams, Ph.D., Brian Buhlke, D.O., Shawn Kralik, D.D.S.

Guests Present: Esther Rathjun, R.N. and Diane Vogel, R.N., St. Elizabeth Regional Medical Center

Office of Rural Health Staff Present: Marlene Janssen, Dave Palm, Tom Rauner, and Deb Stoltenberg

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of September 20, 2012, Meeting; Introduce Members and Guests

Marty Fattig called the meeting to order at 1:41 p.m. with the following members present: Kate Boswell, Mary Kent, Jenifer Roberts-Johnson, J.D., Rebecca Schroeder, Ph.D., Avery Sides, M.D., Sharon Vandegrift, R.N., and Roger Wells, P.A-C.

Marty Fattig announced that the Open Meetings Act and Agenda are posted by the door.

Roger Wells moved to approve the agenda. Sharon Vandegrift seconded the motion. Motion carried. YES: Boswell, Kent, Roberts-Johnson, Schroeder, Sides, Vandegrift, Wells; NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik, Sitorius

Dr. Rebecca Schroeder moved to approve the September 20, 2012, Rural Health Advisory Commission (RHAC) minutes. Roger Wells seconded the motion. Motion carried. YES: Kent, Schroeder, Sides, Vandegrift, Wells; ABSTAINED: Boswell, Roberts-Johnson; NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik, Sitorius

Marty Fattig asked the commission members and staff to introduce themselves and welcomed Mary Kent to the commission. Ms. Kent is the rural nursing home administrator representative on the commission.

2. Administrative Announcements

- **Nominations for Chair and Vice-Chair**

Sharon Vandegrift moved to nominate Marty Fattig for chair and Dr. Rebecca Schroeder for vice-chair and approve the slate. Roger Wells seconded the motion. Motion carried. YES: Boswell, Kent, Roberts-Johnson, Schroeder, Sides, Vandegrift, Wells; NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik, Sitorius

- **2013 Meeting Dates**

Members set the following dates for the 2013 RHAC meetings: Friday, March 15, 2013; Friday, June 21, 2013; Thursday, September 19, 2013; and Friday, November 22, 2013. Meetings will be held in Lincoln, Nebraska except the September meeting which will be an evening meeting in Kearney, Nebraska in conjunction with the Nebraska Rural Health Conference.

Dr. Mike Sitorius arrived at 1:50 p.m.

- **RHAC Subcommittees**

Marlene Janssen explained that the commission has 2 subcommittees, the Policy Committee and Program Committee. In the past, members have been assigned to one of the subcommittees; however, given the change in Office of Rural Health staff, Ms. Janssen asked if members would like to volunteer when subcommittees need to meet. After some discussion, commission members decided to volunteer for subcommittee duties as the need arises.

- **Other Announcements**

Marty Fattig reported that letters from the Rural Health Advisory Commission were sent to the Governor, Lieutenant Governor, State Senators, and rural incentive recipients for National Rural Health Day which was on November 15, 2012. Copies of the letter and map are in the members' packets.

3. Rural Telehealth Presentation – Esther Rathjun, R.N. and Diane Vogel, R.N. St. Elizabeth Regional Medical Center, Burn Unit

Esther Rathjun, R.N. is the clinical nurse specialist with St. Elizabeth Regional Medical Center, Burn Unit. Ms. Rathjun reported that St. Elizabeth's began using telehealth about 2-3 years ago connecting with rural hospitals. Telehealth started with grant funding. Telehealth allows burn and trauma patients presenting at emergency rooms in rural Nebraska to be seen by specialists at St. Elizabeth before the patient is transferred or allowing the patient to be treated locally.

Ms. Rathjun explained that the telehealth equipment is not mobile and is set up in a dedicated room at the local hospital. At St. Elizabeth the telehealth equipment is staffed 24 hours a day so medical staff is available when a call comes in. Ms. Rathjun commented that telehealth is used

around 30-40 times during the year with most of these calls coming over the Fourth of July weekend.

Telehealth is not just for burn patients according to Diane Vogel, R.N. the telehealth coordinator at St. Elizabeth. Ms. Vogel stated since all of the rural hospitals have telehealth equipment St. Elizabeth Regional Medical Center is trying to enhance the use of it. Cardiologists, pulmonologists, dermatologists, psychiatrists, and other specialists are using telehealth. This allows rural hospitals and clinics the ability to treat patients locally. Physicians are reimbursed just like they are in their offices, there is a modifier on the charge and a room charge from the facility. Ms. Vogel commented that she will be visiting rural hospitals and assisting them with using their telehealth equipment.

Esther Rathjun reported telehealth equipment is not just to treat patients but has also been used for educational training. For example, the Burn Unit physician recently did a lecture series on the treatment of burns through telehealth video conferencing. Through this telehealth lecture series staffs from rural hospitals were provided the opportunity to ask questions live and receive immediate responses.

Marty Fattig commented that he would like to see telehealth used for emergency psychiatric cases. It would be a valuable service to rural hospitals to have access to a psychiatrist or psychologist in an emergency situation.

Dr. Rebecca Schroeder asked if there was any malpractice issues involved in telehealth. Diane Vogel stated that in the hospital, when she first arrived, she started immediately on the development of the credentialing procedures for all of the physicians at St. Elizabeth. This is an acceptable process by the Center for Medicare and Medicaid Services (CMS) so every site does not have to credential every physician. There does need to be an agreement signed by the hospitals and physician(s).

Dr. Sitorius stated that there is no difference in professional standards between telehealth and in-office visit. The health professional, however, needs to be comfortable with the use of telehealth.

Marty Fattig thanked Esther Rathjun and Diane Vogel for their presentation to the commission.

Dr. Mark Goodman arrived at 2:19 p.m.

4. Policy Committee

- **Recommendations**

Marty Fattig stated that the commission's Policy Committee has not met for some time. The latest recommendations and executive summary are what was included in the Rural Health Advisory Commission's December 2011, Annual Report. Mr. Fattig stressed to members that this is one of the commission's statutory duties and we need update these recommendations. Mr. Fattig suggested that each member take one or more sections and revise it, bring all sections together, and have a conference call. Commission members agreed to the following assignments for updating the recommendations:

I. Incentive Programs for Rural Health Professionals – Marty Fattig and Dr. Mike Sitorius

- II. Behavioral Health Services – Dr. Rebecca Schroeder
- III. Integrated Service Delivery and Training Systems – Drs. Mark Goodman and Mike Sitorius
- IV. Rural Emergency Medical Services – Roger Wells
- V. Rural Communication and Information Technology Systems – Marty Fattig
- VI. Rural Quality – Sharon Vandegrift
- VII. Strengthening Rural Health Services by Improving Access to Affordable Health Care – Kate Boswell
- VIII. Rural Managed Care and Reimbursement – Dr. Brian Buhlke
- IX. Veterans Care – Dr. Shawn Kralik and Roger Wells
- X. Elderly – Mary Kent and Roger Wells

Commission members will send their updates to the Office of Rural Health on or before January 15, 2013. Marty Fattig will then schedule a conference call to discuss the updates.

Dr. Mike Sitorius out 2:41 p.m.

Dr. Mike Sitorius in 2:45 p.m.

- **Legislative Updates**

Marty Fattig reported that at the federal level there is the “fiscal cliff” and sequestration dealing with tax increased and spending cuts. According to Mr. Fattig, no one wants to work together. The Medicare physician payment issue (SGR) will most likely be resolved but it may be a temporary fix.

Marty Fattig highlighted the following state level issues: Medicaid Managed Care, Health Insurance Exchanges, Expansion of Medicaid, and the next biennium budget (FY2014-FY2015). There is so much unknown concerning the Affordable Care Act (ACA). Dr. Sitorius commented that due to reimbursement issues, physicians are becoming more and more unlikely to accept Medicare and Medicaid patients. Dr. Mark Goodman stated that many primary offices are closing and physicians are going to work, as employees, at hospitals and hospital clinics. Mr. Fattig mentioned that this trend is having an impact on rural hospitals especially because the hospitals have to take the loss in reimbursement rates. Jenifer Roberts-Johnson added that under the ACA, the Medicaid rates are supposed to go up to the Medicare rates but more people will be added to the system so this is not necessarily an enticement.

5. State-Designated Shortage Area Request

- **Cherry County (General Dentistry)**

Marlene Janssen reported that Cherry County submitted a request for designation as a state-designated general dentistry shortage area. Ms. Janssen said she confirmed the details with the UNMC Health Professions Tracking Service and Cherry County does meet the shortage area guidelines with high need indicators.

Dr. Mark Goodman moved to approve Cherry County as a state-designated general dentistry shortage area effective October 1, 2012. Dr. Mike Sitorius seconded the motion. Motion carried. YES: Boswell, Goodman, Kent, Roberts-Johnson, Schroeder, Sides, Sitorius, Vandegrift, Wells; NO: None; EXCUSED: Adams, Buhlke, Kralik

6. Nebraska Rural Incentive Programs

- **Loan Repayment Awards Update**

Marlene Janssen reported that Matthew Weingart, PharmD, took a position in Scotts Bluff County. This resulted in the local entity in Box Butte County withdrawing the application. Ms. Janssen reported that this makes state funds available to fund some of the loan repayment applications on the waiting list this fiscal year.

- **Student Loans Update**

Ms. Janssen reported that Dana Kubo, a new student loan recipient, has requested an amendment to her student loan contract changing it from “full-time, full-year” to “full-time, half-year.”

Marty Fattig shared with the commission an email Ms. Janssen received from Sarah Wald, a student loan recipient. Mr. Fattig explained that Ms. Wald, due to a very sad situation, requested an extension of time to obtain her full license. The commission advised DHHS to grant her request and she was able to complete her practice obligation under her Nebraska Student Loan Program contract. Mr. Fattig read Ms. Wald’s email:

I received your letter about my loan forgiveness! Thank you for everything you’ve done for me in working with me through this process. I truly cannot express with words how grateful I am for your understanding, patience and flexibility. Without your understanding, I may have not returned to the counseling field, and I will forever remember the kindness you extended to me. May God bless you and your family during this Christmas Season and always! (Sarah Wald, M.S.Ed, LIMHP)

Marlene Janssen reported that she responded to Ms. Wald’s and thanked her for the kind words.

- **Annual Report**

Marlene Janssen announced that the draft of the Rural Health Advisory Commission’s annual report of the Nebraska Rural Health Systems and Professional Incentive Act was emailed to commission members. Ms. Janssen asked the commission members to please review the document and report any corrections, comments, etc. to her. Ms. Janssen emphasized that, while she prepares the report, this is the commission’s report to the Legislature that was started in 1999 as a result of a Legislative evaluation of the rural incentive programs. The annual report is sent out with a cover letter from the commission chair to the Governor, Lt. Governor, State Senators, and DHHS directors. The commission needs to approve a motion to have the Office of Rural Health distribute this report.

Dr. Mark Goodman moved to approve the Annual Report of the rural incentive act with changes to the executive summary emphasizing the funding level and funding need and have the Office of Rural Health distribute it to the Governor, Lt. Governor, Legislature, and DHHS directors with a cover letter signed by the commission chair. Sharon Vandegrift seconded the motion. Marty Fattig asked if there was any discussion on the motion. Dr. Mark Goodman stated that the report is very well done and Marlene Janssen’s hard work makes the commission look good.

Dr. Sitorius commented that Chart 1, incentive program recipients by fiscal year, shows a decreasing pattern in the number of recipients. At almost every commission meeting, the commission talks about the critical shortage of health care providers in rural underserved areas.

To have this shortage and have this curve going down does not make sense! It's more than just a projection. The history shows fewer recipients each year. These programs have been the most successful of any and the money is returned many times over due to the economic impact healthcare has on the local communities. Marty Fattig confirmed that there are fewer people awarded more money because the amount of the awards was increased without an increase in the appropriation.

Dr. Sitorius stated that the annual report looks great but the Rural Health Advisory Commission needs to emphasize that without an increase in the appropriation we will continue to see a decline in the number of rural incentive recipients. Marlene Janssen mentioned that in the cover letter there is a statement specifying several legislative changes that have occurred without any increase in the state appropriation. Marty Fattig also pointed out that in the executive summary one of the points is that the number of rural incentive program recipients is directly proportionate to the state appropriation for the program.

Sharon Vandegrift asked if we were going to make changes to emphasize this point in the executive summary. Dr. Sitorius agreed and stated the need remains high and the ability to fund loan recipients is declining. After additional discussion, the motion was amended to include this change.

Chair Marty Fattig announced that there is a motion and second on the table and asked if there was any more discussion. Hearing none, Mr. Fattig did a roll call vote: YES: Boswell, Goodman, Kent, Schroeder, Sides, Sitorius, Vandegrift, Wells; ABSTAIN: Roberts-Johnson; NO: None; EXCUSED: Adams, Buhlke, Kralik

Sharon Vandegrift out 2:50 p.m.
Sharon Vandegrift in 2:53 p.m.
Dr. Avery Sides out 2:55 p.m.
Dr. Avery Sides in 3:05 p.m.

- **Accounts Receivable Report**

Marlene Janssen reported on the following accounts receivable:

Student Loan Update (Contract Buyout and Defaults)

Ryan Boyd, dental student – in-school buyout, full payment due 5/01/13
Mary Metschke, D.D.S. – PAID IN FULL
Tom Pratt, DDS – current (left shortage area)
Andria Simons, med student – Sent case to DHHS Legal Services for collection
Les Veskrna, MD – PAID IN FULL
Nick Woodward, DDS Ped – current (left Nebraska after graduating)

Loan Repayment (Defaults – left shortage area for non-shortage area or left Nebraska)

Manda Clarke, APRN – PAID IN FULL
Michelle Dickes, OT – current
Joseph Kezeor, M.D. – current
Amanda Whitenack, APRN – current

- **Review Current & Proposed Budget**

Marlene Janssen reported that after the Rural Health Advisory Commission's September meeting she prepared an explanation of the budget sheet that shows the current biennium general fund and cash spending appropriation. Ms. Janssen explained that the commission is currently using the general fund appropriation for the state match for loan repayment. Once the general funds have been obligated the commission uses the cash fund and cash spending authority for state match for loan repayment. Since loan repayment requires a local match an equal amount (to the state match) of cash spending is required for the local match. Currently all student loans are being paid from the cash fund. Marlene Janssen stated that if the commission approves the loan repayment applications that will be discussed in closed session, there will be about \$1,500 of unobligated funds at the end of this fiscal year.

Ms. Janssen then explained the projected balance of the Rural Health Incentive Cash Fund. Without cash spending authority, cash in the cash fund cannot be spent. Based on the latest numbers, at the end of this current fiscal year, the student loan cash balance will be approximately \$336,000 and the loan repayment cash balance will be around \$1.15M. Ms. Janssen stated that the student loan cash is generally from the student loan default payments that have been received over time plus some investment income. It is the student loan cash fund that the Legislature has asked the commission to spend down. The loan repayment cash fund includes the UNMC Rural Health Opportunities Program student loan funds that are being paid back each year but will soon be done, some of the Merck settlement fund that was not obligated, loan repayment defaults, and investment income.

Marty Fattig presented information on the "proposed budget" which he received from the Nebraska Hospital Association. Mr. Fattig reported that the Department of Health and Human Services' proposed budget includes eliminating funding for the rural incentive programs. In addition, the verbiage included in the proposed budget drastically misstates the impact of the rural incentive programs. According to the Impact statement on page 564, "*...there are 16 student loan recipients and approximately 66 loan repayment recipients that would not receive continued state and local funded loan assistance...*" and that this would affect approximately 40,000 patients. Mr. Fattig stated that this does not include the patients that are not seen in the office that show up in the emergency room and that the impact is much deeper than the 40,000 patients that are being reported.

In regards to the statement about the federal programs, Mr. Fattig remarked that the federal programs do not apply. The state programs were established to meet the needs of rural Nebraska not covered by the federal programs. In addition, the federal stimulus funds are no longer available and since Nebraska's federal Health Professional Shortage Areas do not score high enough to meet the criteria, National Health Service Corps Loan Repayment is not available to health care providers in Nebraska. So this is putting more demand on the Nebraska Loan Repayment Program.

Marty Fattig concluded that the minimal state dollars used for the rural incentive programs has a tremendous impact on rural communities both on the medical side and on the economic side. Mr. Fattig encouraged commission members to talk with their representatives about this.

Marlene Janssen reported that Dr. Brian Buhlke was unable to attend the meeting today but sent her an email concerning his thoughts on the proposed budget. This email was handed out to commission members. Ms. Janssen noted that, according to Dr. Buhlke, "*Each provider* (in his

clinic) averages 3300 patient visits annually or approximately 20, 000 annual office visits.” Dr. Mark Goodman stated that may also be under represented.

Dr. Rebecca Schroeder asked what the next steps are and when should they be initiated. Marty Fattig responded that this is the DHHS budget proposal that was sent to the Governor and he asked Jenifer Roberts-Johnson to explain the process. Ms. Roberts-Johnson stated that the DHHS proposed budget goes to the Governor and then the Governor’s office reviews all of the various agencies’ budgets and creates his budget proposal. In addition, budget requests come in from all agencies and the Legislature so through negotiations a final budget is eventually worked out with the Governor and Legislature.

Dr. Mike Sitorius commented that in all the years he has been on the Rural Health Advisory Commission he has never seen a proposal to completely eliminating funding for the rural incentive programs. Several other members agreed.

After some additional discussion, Marty Fattig stated that members of the Rural Health Advisory Commission ought to meet annually with members of the Legislative Health and Human Services Committee to discuss current rural health issues and create networks and trust. The commission has a lot of knowledge and understanding of rural health issues. Roger Wells commented that we need to let our state representatives know who we are and what we do and build relationships. Mr. Fattig stated that there should be a motion to have the permission or will of this body to contact the HHS Committee.

Sharon Vandegrift moved to, upon approval of legal counsel, have a representative group of the Rural Health Advisory Commission meet annually with representatives of the Legislative Health and Human Service Committee and report back to the full commission. Kate Boswell seconded the motion.

Dr. Mark Goodman asked for clarification on whether the commission is a reactive or proactive body. There was some additional discussion; Jenifer Roberts-Johnson commented that when you consider the name of the commission it is an advisory commission but Marlene Janssen probably has the specific statutory language. Marlene Janssen then read the following from the Rural Health Systems and Professional Incentive Act (§71-5659): *“Advise the department and appropriate parties in all matters relating to rural health care; Serve as an advocate for rural Nebraska in health care issues; Maintain liaison with all agencies, groups, and organizations concerned with rural health care in order to facilitate integration of efforts and commonality of goals.”* Ms. Roberts-Johnson suggested that since the Legislature is not an agency the commission should seek legal approval to advise the Legislature. Ms. Janssen reported that there is another section of the statute that specifically states that the commission is to advise the Legislature, Governor, and others on rural health issues.

Hearing no more discussion, Marty Fattig asked for a roll call vote. YES: Boswell, Goodman, Kent, Schroeder, Sides, Sitorius, Vandegrift, Wells; ABSTAIN: Roberts-Johnson; NO: None; EXCUSED: Adams, Buhlke, Kralik

Dr. Mark Goodman left at 3:28 p.m.

7. Primary Care Report

Tom Rauner reported on some of the initial findings of the retention study he has been working on with Dr. Pathman from North Carolina. Dr. Pathman is conducting a multi-state retention study paid for by the National Health Service Corps (NHSC). NHSC student loan and loan repayment recipients from 2009, 2010, and 2011 were surveyed. Only 1/3 of those surveyed had completed their practice obligation. The study focused on the placement satisfaction and retention of incentive program recipients.

Mr. Rauner reported some of the overall findings of the student. Recipients who committed early were less likely to be retained. This would include student loan recipients. Higher retention rates were associated with non-Hispanic, white recipients, recipients that were married with children, and older recipients that waited to commit to a practice obligation. Overall satisfaction with the practice, a good working relationship with the site administrator, and access to other specialists were some of the clinic retention factors.

Tom Rauner stated that Nebraska was one of 5 states to include a survey of state incentive recipients. Of those Nebraska rural incentive program recipients surveyed, the Nebraska retention rate was around 66 percent.

Jenifer Roberts-Johnson out 3:30 p.m.
Jenifer Roberts-Johnson in 3:31 p.m.

Dr. Avery Sides out 3:32 p.m.
Dr. Avery Sides in 3:39 p.m.

Dave Palm commented that we have known for some time about the factors that influence retention. Dr. Mike Sitorius stated he has not seen any significant change in these factors. Home-grown means better retention. Dr. Sitorius mentioned that the NHSC programs do not have as good of retention rate as our Nebraska programs because NHSC student loan recipients do not have a choice of placement. If Nebraska moves to eliminate funding for the rural incentive programs and use NHSC programs we will see health professionals come and go and continuity of care will be an issue. Dr. Rebecca Schroeder added that the study does provide some good information especially in light of the DHHS budget proposal that was just discussed.

Tom Rauner stated that when the stimulus funds were first appropriated for the NHSC Loan Repayment Program there was an assurance that these funds would be available for 5 years. However, Nebraska would probably only see about 3 years of expansion because then NHSC would change the criteria and use HPSA scores, which is exactly what they are doing. In turn this will impact the state loan repayment program by increasing the demand for it. According to Mr. Rauner, in Nebraska we have always tried to use NHSC Loan Repayment when the applicant is eligible for it and the Nebraska Loan Repayment Program for applicants not eligible for the NHSC program.

8. Closed Session

- **Review Loan Repayment Applications**
- **Discuss Practice Hours Under Rural Incentive Programs**

Dr. Mike Sitorius moved to go to closed session at 3:45 p.m. to discuss the loan repayment applications and practice hours under the rural incentive programs. Roger Wells seconded the

motion. YES: Boswell, Kent, Roberts-Johnson, Schroeder, Sides, Sitorius, Vandegrift, Wells;
 NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik

Marty Fattig announced that the RHAC would go into Closed Session at 3:46 p.m. to discuss the loan repayment applications and practice hours under the rural incentive programs.

9. Open Session

- **Motion(s) on Closed Session Discussions**

Dr. Mike Sitorius moved to go to Open Session at 3.58 p.m. Roger Wells seconded motion. Motion carried. YES: Boswell, Kent, Roberts-Johnson, Schroeder, Sides, Sitorius, Vandegrift, Wells; NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik

Dr. Mike Sitorius moved to approve the following loan repayment applications with start dates as shown:

APPLICANT'S NAME	Start Date	SPECIALTY	COUNTY (COMMUNITY) OF PRACTICE
Mowry, Alysia (0.5 FTE)	03/01/2013	P.A. (FP)	Furnas County (Cambridge)
Haymart, Haley	03/01/2013	O.T.	Thurston County (Pender)
Simonsen, Brock	03/01/2013	P.T.	Thurston County (Pender)
Griess, Jolene	03/01/2013	P.T.	Clay County (Sutton)
Felker, Bryan	03/01/2012	P.T.	Sheridan County (Gordon)

and move the following loan repayment applications to the waiting list.

APPLICANT'S NAME	SPECIALTY	COUNTY (COMMUNITY) OF PRACTICE
Brown, Marshall Keith	D.O. (FP)	Burt County (Oakland)
Stanton, Jennifer (new app)	P.A. (FP)	Polk County (Osceola)
Gawrych, Richard	PharmD	Howard County (St. Paul)
Mosel, Melissa (0.6 FTE) (Pending License)	M.D. (PED)	Lincoln County (North Platte)
Boyle, Nicholas (Pending License)	M.D. (Genl Surg)	Platte County (Columbus)

Roger Wells seconded motion. Motion carried. YES: Boswell, Kent, Roberts-Johnson, Schroeder, Sides, Sitorius, Vandegrift, Wells; NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik

10. Other Business

Marty Fattig mentioned that the Office of Rural Health forwarded an article about the rural physician in Ogallala (Dr. J. Matt Byrd). Dr. Mike Sitorius commented that Dr. Byrd is also the UNMC Department of Family Medicine's volunteer faculty of the year! He is an outstanding role model.

Hearing no other business Marty Fattig asked for a motion to adjourn.

11. Adjourn

Roger Wells moved to adjourn at 4:00 p.m. YES: Boswell, Kent, Roberts-Johnson, Schroeder, Sides, Sitorius, Vandegrift, Wells; NO: None; EXCUSED: Adams, Buhlke, Goodman, Kralik