Curing what ails the state

Debate rages about building a UNLV School of Medicine  Page 14

+ PEDIATRIC SURGEON LOVES KIDS PAGE 4

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Billionaire Howard Hughes backed a medical school in Las Vegas in the late 1960s, but Southern Nevadans still are waiting more than 40 years later.

The way Robert Lang sees it, that school could finally arrive as early as 2016. The executive director of UNLV’s Lincy Institute, Lang said the historical Northern-against-Southern Nevada political divide has contributed to Las Vegas going without, but that things are changing as Las Vegas matures.

“Even Roanoke, Virginia, with 280,000 people has a medical school,” Lang said. “Other states don’t have these conversations. Only Nevada does. We are the biggest region without a med school. We have 2 million people. There’s nobody half our scale that doesn’t have a med school. There are not any other cases. We are alone.”

There was a chance of establishing a Southern Nevada medical school in the late 1960s, when a national study pointed out the lack of such schools in the Western United States. In response, Arizona, Colorado and Oregon established medical schools, Lang said.

Las Vegas’ chance came when Hughes moved into the Desert Inn resort, and then bought it in 1967 to avoid being kicked out because he didn’t gamble, Lang said.

Hughes was required to appear before state gaming officials to get a license, but the famous recluse instead offered a big donation for a state medical school if he could send a proxy to see the gaming board, Lang said. He told Gov. Paul Laxalt that Summerlin, his planned community, would be a fine location.

The offer was rebuffed, Lang said.

“Laxalt said it will go where we decide, and it wasn’t Las Vegas,” Lang said. “Reno was the older school and had a lot of alum, and they had the state support to get a medical school.

That made sense. UNLV was a decade old when the medical school went to the north.

“When you go back to 1969 when the school was formed, UNLV was a pretty new school, and the University of Nevada, Reno had been around 100 years and was just a mature university;” said UNR President Marc Johnson.

University of Nevada Medical School Dean Thomas Schwenk said that, as the medical school developed, Reno was the “most appropriate higher education institution” for it.

“Las Vegas’ expansion as a population center could not have been anticipated, nor could the state have waited for UNLV to develop so it could host the state’s single school of medicine;” Schwenk said. “The result has been years of tension and political conflict that have served the state poorly with regard to the full development of the University of Nevada School of Medicine as the source of an adequate number of high-quality physicians in a broad range of specialties.”

Mark Doubrava, a Las Vegas eye doctor and member of the State Board of Regents, brought new energy to the longtime debate last year when he asked to place it on the regent’s agenda.

“There’s always been discussion that we should move the med school from Reno to Las Vegas, but there’s been significant state investment to the facility up north that it would be a shame to move it,” Doubrava said. “If you do, you are damaging UNR and the research dollars (it attracts) from the National Institutes of Health.”

Lang said it once made sense to favor Reno, but over the past two decades Las Vegas has grown to four times the size of the north’s population center. He is surprised UNSOM didn’t open a campus in Las Vegas in the early 1990s, considering the size of the city at that point.

“I’m surprised nobody stepped up and had a full branch of UNR” in Las Vegas, Lang said. “But that moment has passed and locals (at UNLV) want to administer a med school.”
LV SURGEON REAPS SPECIAL REWARDS CARING FOR CHILDREN

BY BUCK WARGO

Nick Fiore is a member of an exclusive club of specialists in Las Vegas, and it’s a passion driven by a love of children.

Fiore, 50, is one of the region’s four pediatric general surgeons. He came to Las Vegas in 1998 to launch his career, 12 years after he entered college as a freshman.

After an undergraduate degree at Notre Dame, the Indiana native spent the required four years of medical school at the University of Indiana in Indianapolis, six years of residency in general surgery and two years of pediatric surgery training.

“I was training for so long that I didn’t get a job until I was 34,” Fiore joked. “It was totally a whim that I came out here. There was nothing in particular that attracted me to Las Vegas other than the job opportunity.”

Fiore said his move offered an opportunity to help advance surgical care for infants and children. About 30 doctors a year nationwide become pediatric surgeons, with about 1,000 practices in the U.S., he said. More than 40 percent are older than 55.

“There was a need here, first of all. People that are well-trained and have an entrepreneurial spirit can do good things here and make a difference,” Fiore said.

“The reason I’m here hasn’t changed, and we’re committed to state-of-the-art care for infants and children. We do a nice job in general in Las Vegas. I think sometimes the medical community gets a little bit of a bad rap, but we have a lot of good care that’s given in this city and I’m proud of that.”

Fiore said he had a “surgery mentality” and knew it would be his career path, but he didn’t know he would specialize in pediatric surgery until his third year of medical school. A mentor influenced him when he rotated through the pediatric surgery component and was caring for kids.

“I knew what I wanted even though it was a massive commitment,” said Fiore, the father of 17-year-old twins Dominic and Mia. “I love kids. It pulls at your heartstrings to see what some of the kids go through. I think if you deal in that area, you’re going to be completely dysfunctional (if you let it get to you) because you’re mostly going to be sad.”

The specialty alone added nine years of training, Fiore said. That included working as much as 120 hours per week for two years, with one day off during the final year of his fellowship.

“It was crazy hard work, but I knew I loved it,” Fiore said. “When it’s in your blood, you can’t deny it. Ultimately, you got to follow your passion in life and that’s where mine ended up even though it was an incredibly hard road.”

Pediatric surgeons are general surgeons who perform a range of surgeries from hernia and appendectomies to removing gallbladders and tumors, and dealing with congenital deformities, Fiore said. They don’t handle orthopedic, cardiac or neurosurgery.

“Kids are amazing,” Fiore said. “They’re innocent and want to get better and are incredibly resilient. Generally, they recover very well from incredible insults. It’s sort of their nature and their attitudes are incredible. Most kids just want to get better. They don’t know about being sick. They want to go to the playroom. They don’t handle orthopedic, cardiac or neurosurgery.”

Fiore has served on the board of the Clark County Medical Society since July 2012 and is head of its speaker’s bureau dealing with community outreach and public service. He said he joined the organization because he’s interested in the “nuts and bolts of the medical system” and wanted to make a difference in shaping it in Clark County and statewide.

“The medical community takes a lot of pride in the care it provides and wants to make people feel comfortable about the care they receive in Las Vegas,” Fiore said. “By and large, we achieve that, but like anything you do, there’s a rotten part of any profession. You’re going to have your bad apples, but in general we’re committed to providing state-of-the-art care. I’m impressed with what the Clark County Medical Society does for doctors, and encourage physicians to get involved because they make a difference in that they are a single voice that we doctors have in going to bat for us.”
Ron had been on a morning bike ride near his northern Arizona home when he was clipped from behind by a drowsy driver. The impact sent him flying 35 feet, and shattered his pelvis. He was brought over 150 miles to UMC, where the trauma team, against huge odds, ensured he could walk—even ride—again. Only UMC can provide the highest level of care in the region, making UMC one of our most vital resources.
Medical schools produce two types of doctors, and when Roseman University opens its medical school in Summerlin in 2017, it will offer a different degree than graduates now get from Southern Nevada’s other medical school, Touro University in Henderson.

Roseman will offer a traditional medical doctor degree based on allopathic medicine, while Touro offers a DO, or Doctor of Osteopathic Medicine.

If UNLV gets the go-ahead for a medical school, it will follow the allopathic course.

Little separate the two degree types, because they have similar curricula. State licensing and hospitals don’t distinguish between the degrees.

Osteopathic medical training is known for its holistic approach by treating the entire patient and the focus of the musculoskeletal system and use of osteopathic manipulative treatment. It has traditionally emphasized prevention of medical problems, not just treatment.

Osteopathic medicine grew from a health care reform movement that started after the Civil War in response to the belief that doctors of the day overprescribed medicines. Osteopathic training focused on medicine that emphasized preventative care and integration of the body’s systems. Experts say osteopathic schools emphasize those principles, but both groups today practice medicine in the same way.

The American Medical Student Association says that, despite a historical stigma against osteopathic medicine, graduates of both programs are licensed in all states and students in both schools complete a required residency program. It reports that while osteopathic schools are growing, the “perceived differences” between allopathic and osteopathic physicians is narrowing.

“The difference is philosophical,” said Mitchell Forman, dean of the College of Osteopathic Medicine at Touro. “We embrace from day one that the body has the innate ability to heal itself. There’s a close relationship between the body, mind and spirit on how it affects health and a close relationship between musculoskeletal system and health. We embrace it and teach it from day one as part of understanding how manipulative medicine can assist in the treatment and diagnosis of individuals.”

Forman said students get the same coursework as an allopathic program plus the osteopathic philosophy, and most go into postgraduate allopathic training programs, he said.

About one in seven students nationwide are in osteopathic programs, Forman said.

Osteopathic physicians are found in all specialties, but the majority of Touro graduates focus on family practice, internal medicine and pediatric care.

“Some of that is perception,” Forman said. “We haven’t done a good job of educating the public about what osteopathic medicine is or not. There’s a misunderstanding of what the profession is all about. Some have compared it to a chiropractor. It’s not.”

Osteopathic enrollment around the country has grown by 125 percent in the past decade, in comparison to a 30 percent growth rate for allopathic schools, Forman said.

Roseman has chosen the allopathic approach, which requires a research component.

“The MD program was the path for us to go,” said Roseman president and co-founder Renee Coffman. “Touro is already here. There’s no need to go head-to-head with them. Another focus of our mission going forward was to grow our research, and an MD school requires a good research enterprise underpinning.”

Coffman said the groundwork started two years ago when the university began building a medical research program in leased laboratories at the former Nevada Cancer Institute in Summerlin. Roseman researchers focus on cancer, diabetes, obesity, and Alzheimer’s and Parkinson’s diseases, he said.

“If you look at requirements for accreditation, with allopathic medical schools the expectation is there’s a significant research mission associated with that, and you have to grow that research mission first,” Coffman said. “It doesn’t work to run a medical school and (expect) that is going to make research come. The research infrastructure really needs to be there, so we began building that.”

Robert Lang, executive director of UNLV’s Lincy Institute and an advocate for an allopathic school at his university, said the difference between the two medical schools can be summed up this way:

“Allopathic medicine’s philosophy is, if you got something wrong, invent the technology or drug that rectifies the problem,” he said. “The osteopathic view is it’s something deeper. You need a systemic change. They prescribe a diabetic drug or insulin, but lifestyle and diet drive diabetes.”

UNLV is looking to start a medical school focused on producing doctors, specialists and medical research, said Mark Doubra, a member of the Nevada System of Higher Education Board of Regents. That’s a different emphasis from Touro, which is focused primarily on teaching and producing primary care physicians.

Coffman said that, regardless of focus, graduates from Touro, Roseman and a future UNLV school all become practicing doctors.

“They take the same licensure exam,” she said. “A doctor is a doctor is a doctor, and a physician is a physician.”
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Roseman University has come a long way from its humble beginnings. It started in 1999 in Henderson with $15,000 and 900 square feet when the private, nonprofit institution started what was then the Nevada College of Pharmacy.

Fifteen years later, Roseman has a $100 million a year operating budget that includes campuses in Henderson and Jordan, Utah. Its newest real estate acquisition in Summerlin will become a third campus, and will serve as the next phase in the school’s history.

Although debate over starting a medical school at the University of Nevada, Las Vegas continues, Roseman recently announced that it would open a College of Medicine in 2017 in the former Nevada Cancer Institute research complex. The campus is expected to have 60 students enrolled in its first year and to ramp up to 120 students in each class over time.

“I think there’s a presumption about why we are doing this as a reaction to all the hubbub about medical schools in Nevada,” said Renee Coffman, Roseman’s president and co-founder. “We have been working on this for more than three years. If you look at our mission it’s clear: We are an institution for the training of future health professionals, and as you look at our development from pharmacy, dentistry and orthodontics, we have planned new programs in reaction to the needs of the community.

“It was clear that to us the next priority for Roseman in terms of the needs of Southern Nevada and Nevada in general was that a medical school made sense for us.”

Roseman acquired several research groups that would have left the valley when the Nevada Cancer Institute went bankrupt, Coffman said. Having research groups in place is a necessity before opening a medical school that can get accreditation, she said.

Roseman, which has 750 students at its Henderson campus, offers degrees in pharmacy, dentistry and nursing. Its new school shouldn’t affect UNLV’s plan, Coffman said, noting that UNLV’s Lincy Institute has determined the city can support several medical schools.

“‘There’s going to be big economic impact as we start hiring folks. Cities smaller in size than us have several,’” Coffman said. “Omaha (Neb.) has two. The way we look at ourselves is we are the private alternative to any public alternative that comes forward. I think there’s always a place for both.

“Nevada hasn’t had a long-standing history of postsecondary institutions, and we are at a point in our development and maturity (where) we can look at private institutions,” Coffman said. “Sometimes students like the alternative: to be in a private school. We hope should the Nevada Legislature move forward (with a medical school at UNLV), they would be open to collaborate with us.”

Coffman said acquisition of the 184,000-square-foot Nevada Cancer Institute’s Ralph and Betty Engelstad Cancer Research Building as part of a merger helped accelerate Roseman’s timetable, and said there’s a chance classes could begin before 2017.

The school in April named Mark Penn as its founding dean. He has served as chancellor of Roseman’s Utah campus.

“We started a pharmacy school from nothing, and our students have graduated and done very well.”

RENEE COFFMAN
ROSEMAN UNIVERSITY PRESIDENT

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ROSEMAN UNIVERSITY

CONTINUED FROM PAGE 9

in the state, and there was a huge shortage of pharmacists.

“As we have grown and matured, there isn’t a shortage of pharmacists anymore. We helped diminish the shortage of nurses with our nursing program, and we hope to do the same thing, and I think we will, with the medical school.”

The school plans to work with Las Vegas High School to cultivate students for the medical profession. Roseman draws heavily from California, Arizona and the Mountain West, and Coffman said she expects that will likely be the case for the medical school.

“Maybe the reason you haven’t heard so much about us up until this point is because we wanted to make sure we had all of our ducks in a row and do all of our planning and due diligence,” Coffman said. “The last thing I want to be is the next stadium project in the valley, where you hear all those promises and they went to hell in a handbasket.”

Roseman has yet to announce its staffing, budget and fundraising plans, Penn said. Employment could start at 50 to 100, growing to 200 to 250 over time, he said.

“There’s a big task, and it just doesn’t involve the financing and the budget.”

MARK PENN
FOUNDING DEAN, ROSEMAN UNIVERSITY

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March 24, 2014 | Southern Nevada Business of Medicine 9
Residency training is very personal. By working side by side, at all hours of the night, a doctor develops relationships that are invaluable. If a doctor trains at a teaching hospital in say, Philadelphia, that doctor will not only learn how to practice medicine, they will also learn how medicine is practiced in that community. They will develop close relationships with the practicing physicians in the community. Speaking from my personal experience, even though I completed my residency training fifteen years ago, I still remember very specific details about how I was trained from my mentors in Philadelphia. And, I am certain that every practicing doctor will tell you the same thing.

So, residency training is not just “another four years” of schooling. Residency training prepares doctors for the real world. After several years of working around the same doctors in the same hospitals, in the same city, most doctors choose to find a job as a practicing doctor near the site of their residency training.

And this should be no surprise. If a doctor completes residency training in Philadelphia and then decides they want to practice in Las Vegas, that doctor is at a distinct disadvantage. That doctor has no knowledge of the doctors or the hospitals in other communities. Furthermore, if there are more “attractive jobs” available in a particular year, the local resident physicians will likely become aware of them years before a resident would from out of state.

For a graduating resident physician to relocate into a new community, this is a risky proposition. The decision to join or start a medical practice after residency is not an easy endeavor. Moving to an “unknown” community is not nearly as attractive as finding a good position in the local area.

What’s All The Fuss About GME?

By Keith R. Brill, MD, FACOG, FACS
President, Clark County Medical Society

In the last year, many news stories on TV and in the newspapers have focused on the possibility of a new public medical school in Southern Nevada. Improving the quality of healthcare in our community is one of the main goals of the Clark County Medical Society. If a public medical school will help raise the bar of quality, that would be a wonderful accomplishment.

However, the discussion about a medical school always includes the shortage of doctors in Nevada and how we can improve the doctor-to-population ratio. What’s most important for the public to know, is that once a doctor receives his or her medical degree (either M.D.—Doctor of Medicine, or D.O.—Doctor of Osteopathic Medicine), that doctor’s training is not yet complete. To practice medicine in Nevada, a doctor then needs to complete what is known as “Residency Training.”

The official term for residency training is GME—Graduate Medical Education. I still remember the day I received my M.D. degree from the University of Miami School of Medicine. My parents were especially proud. But for graduating doctors, their real medical training is just beginning. Medical schools provide a comprehensive education regarding all aspects of medicine, from basic anatomy and physiology, to the study of microbiology (think viruses and bacteria), pharmacology (think medications), and all the diseases that affect the different organs in the body.

During the final year of medical school, students decide what kind of doctor they would like to become. They apply and interview at Residency programs in the field they have chosen. This is a very competitive process. If Harvard Medical School graduates 165 doctors per year, all of the Harvard affiliated residency programs train much smaller numbers of doctors. Every “teaching hospital” has various residency training programs in different specialties. These typically include, to name a few: Family Practice, Internal Medicine, Emergency Medicine, General Surgery, Ob/Gyn, Pediatrics, and Orthopedics.

What’s more, if a Residency-trained doctor wants to “sub-specialize,” they then have to apply to another GME program, called a Fellowship. Many Internal Medicine doctors choose to sub-specialize—think cardiology, gastroenterology, pulmonology, nephrology, infectious disease, etc. These Fellowship programs are even more competitive, as they train even fewer doctors than residency training.

While medical school is a daunting learning experience, most practicing doctors will tell you that they “learned their craft” in their residency training. Residency training is difficult to describe in words. This is where a young doctor (called an “Intern”) first learns their new profession by doing it over and over, for hours on end, trained by more senior residents and by practicing physicians (called “Attendings”). As a resident doctor learns more and more skills, they also learn how to practice independently, without depending on their fellow residents and attending physicians.

Residency training is very personal. By working side by side, at all hours of the night, a doctor develops relationships that are invaluable. If a doctor trains at a teaching hospital in say, Philadelphia, that doctor will not only learn how to practice medicine, they will also learn how medicine is practiced in that community. They will develop close relationships with the practicing physicians in the community. Speaking from my personal experience, even though I completed my residency training fifteen years ago, I still remember very specific details about how I was trained from my mentors in Philadelphia. And, I am certain that every practicing doctor will tell you the same thing.

So, residency training is not just “another four years” of schooling. Residency training prepares doctors for the real world. After several years of working around the same doctors in the same hospitals, in the same city, most doctors choose to find a job as a practicing doctor near the site of their residency training.

And this should be no surprise. If a doctor completes residency training in Philadelphia and then decides they want to practice in Las Vegas, that doctor is at a distinct disadvantage. That doctor has no knowledge of the doctors or the hospitals in other communities. Furthermore, if there are more “attractive jobs” available in a particular year, the local resident physicians will likely become aware of them years before a resident would from out of state.

For a graduating resident physician to relocate into a new community, this is a risky proposition. The decision to join or start a medical practice after residency is not an easy endeavor. Moving to an “unknown” community is not nearly as attractive as finding a good position in the local area.

This is why the Clark County Medical Society and our medical community’s leaders are so focused on GME programs in our state. Unfortunately, GME training is very expensive. Most residency and fellowship positions are funded by the Federal Government through Medicare and Medicaid. It costs about $100,000 per resident per year! Plus, the Balanced Budget Act of 1997 put a limit, or “cap” on Medicare-supported residency slots.

In the last decade, the U.S. has seen the opening of 17 medical schools. Others are in the planning stage, including another private medical school in Southern Nevada. Currently, Nevada graduates M.D. students from University of Nevada School of Medicine and D.O. students from Touro University Nevada College of Osteopathic Medicine. Recently, Roseman University has announced the opening of an M.D. school in Southern Nevada.

With all these graduating doctors in Nevada, they all need a place to do their residency and fellowship training. Right now, Nevada does not have enough GME positions to train all the doctors that are graduating.

Statistics show that resident physicians will practice in the area they trained 80 percent of the time. Furthermore, if a doctor completes medical school and then residency training in the same region, that doctor will practice in that area 90% of the time. Think about that for a moment.

What our state needs is to increase the GME programs available to our graduating doctors. Earlier in March, I visited Washington, D.C. to lobby our legislators on a bill that will increase funding for GME slots—H.R. 1201, “the Training Tomorrow’s Doctors Today Act of 2013.” Even if this bill passes, we still need to think outside of the box to fund residency slots here in Nevada. State budgets and private hospital budgets should be included in these discussions. Relying on federal funds cannot be the only way to expand residency training.

Nevadans deserve the highest quality medical care available. Training future doctors is of paramount importance, and if the possibility of a public medical school in Southern Nevada becomes a reality, the training of doctors AFTER medical school remains one of the critical needs of our state. Continuing these conversations and raising public awareness are crucial. Now more than ever.
Stepping Out...Stepping Up!
By Loretta Moses
Executive Director,
Clark County Medical Society

On June 14, 2014, the Clark County Medical Society will kick off our 60-year anniversary with the installation of our 60th President, Michael Edwards, MD at our 2014-15 Board of Trustees Installation Dinner and Awards Ceremony! We invite each of you to join us as we “Toast & Tribute” the many doctors who have served our community! Like so many other professional organizations, medical societies are prevalent in most every county and state across the country. But how do they serve, us, the patients?

Ultimately, we strive to serve the needs of physicians, their patients and the Clark County community with responsibility and integrity, and to preserve the physicians/patient relationship while encouraging the delivery of quality health care within the community. We do this through advocacy – speaking for physicians, their patients and community health; quality – promoting the highest standards of medical care; professionalism – delivering care with integrity, respect and compassion; and education – promoting lifelong learning and the education of future physicians.

Choosing a doctor is a very personal decision. Researching the right physician can be very stressful, especially if you have recently moved to town, or are faced with a healthcare issue that requires a doctor in a specialty field. The Clark County Medical Society is here to help. We can provide a referral list of our members within a specified specialty. The list will include the doctors’ contact information along with the physicians’ credentials: Education, Residency, Internship, Fellowship, Board Certification, and Specialty.

As with many industries, belonging to your professional association demonstrates a higher level of commitment to your profession and community. Doctors who belong to their medical society help to foster a successful environment to practice medicine. This is done through advocating for patients, continuing education, and delivering quality care.

The members of your Clark County Medical Society work and live here too. They and their families are consumers of healthcare, just as you and I are. They care about what is happening today; they care about what will happen tomorrow and in the future. Their commitment to supporting an organization that seeks to preserve the physician/patient relationship is paramount to the quality health care delivered here in our city.

So, the next time you are searching for a doctor, ask yourself “Is my Doctor a Member?” and then give us a call! 702.739.9989 | www.clarkcountymedical.org
Most people think of the University of Nevada School of Medicine as Reno’s medical school because it’s on the UNR campus, but administrators there say Las Vegas is a key component, and it should be viewed as a statewide school. The four-year school has 266 medical students, of whom 91 are from Las Vegas. And after an initial two years on campus, students participate in a yearlong clerkship in Las Vegas where they receive on-site training in surgery, emergency medicine, pediatrics, internal medicine and other specialties at hospitals and other facilities. Of 335 postgraduate residency positions for UNSOM students, 234 are in Las Vegas. Just 101 are in Reno.

“It’s a statewide medical school because we have an impact in all 17 counties in the state, especially here in Las Vegas,” UNR President Marc Johnson said during a recent trip to Southern Nevada. “It’s extremely important to Las Vegas because half of the school’s $160 million budget is spent in Clark County. We are providing a great deal of clinical service already, and we are training a lot of doctors that do their residency in Las Vegas and stay in Las Vegas. The statewide medical school is very important to Las Vegas right now.”

The state provides $30 million to the school, with the bulk of is total budget coming from clinical revenue, hospital contracts and other sources. UNSOM officials support starting a medical school at UNLV but also seek additional state money to grow their own program. That includes expanded clerkships and postgraduate residencies.

“Our No. 1 priority in the state is to create more graduate medical education slots because it is well known that there’s a 70 percent chance that where doctors get their MD degree and do their residency is where they tend to stay,” Johnson said. “If we want our medical students to graduate from medical school and stay in Nevada, we have to create more quality graduate medical opportunities for them right here in Nevada. We have already invested to get them their medical education here.”

The University of Nevada School of Medicine would play a role if a new medical school is created in Southern Nevada.

“We’re really early in the conversation,” Johnson said. “It’s a possibility we can start a separate school destined to be the UNLV School of Medicine, but in order to kick-start it may operate under the existing accreditation of the Nevada School of Medicine as a regional campus after which it could separate out as a separate school. We just don’t know the pathway. There’s no reason to start a medical school if it’s not going to be accredited.”

UNSOM Dean Thomas Schwenk said it’s too early to predict when state funding would be available for a second medical school but said even a separate school managed by UNLV would benefit UNSOM.

“I think it will be complementary,” Schwenk said. “It will be a positive collaboration. I think whenever you have another academic unit and new research programs and teaching programs, the more is better. It will bring the two universities together, which is positive.”

Johnson said he doesn’t believe starting a second medical school will affect state funding for UNSOM.

“It’s not like they’re carving out a school for UNLV out of an existing medical school,” Johnson said. “The vision here is that we are going to expand medical education to create more doctors for Nevada. So I think the talk of a UNLV medical school is a talk of growth.”

The UNSOM was established in 1969 by the Nevada Legislature as a community-based medical school with a mission of educating primary care physicians for rural Nevada. Initially started as a two-year school with the first class entering in the fall of 1971, the school later became a full four-year medical school. The school’s graduating class of 1981 was the first to receive all four years of undergraduate medical education in Nevada, said UNSOM spokeswoman Anne McMillin.

UNSOM admitted 70 students into its medical school in 2013 and projects a similar number next year. Some 58 students are expected to graduate in May.

The first two years of the curriculum — the basic science years — are taught at the Reno campus. The third and fourth years — the clinical years — are spent in hospitals and clinics throughout the state.

Schwenk said the current structure of the medical school is inadequate to address the state’s health care workforce needs. Having the first two years of education in Reno and much of the remainder in Las Vegas has hurt the state’s ability to develop a full pipeline of medical students as well as a full set of residency and training programs, he said.

“Support for expanding the size and quality of the school’s teaching and research programs has lagged because of the political tension of where the school is based,” Schwenk said. “Reno does not have a full campus, including clinical teaching capacity, to adequately serve its constituents, and Las Vegas does not have a full campus, including academic facilities, to adequately serve its constituents.”
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Seeking cure for doctor shortage

Some see obvious need for Southern Nevada medical school, while others find it hard pill to swallow

By BUCK WARGO

When they hear the popular refrain that “the best way to get good health care in Las Vegas is by going to McCarran International Airport,” community leaders realize they have a problem.

That’s behind a drive to create a four-year medical school at the University of Nevada, Las Vegas to address the region’s shortage of doctors, which some say is only going to worsen with implementation of the Affordable Care Act.

Nevada ranks 45th in the nation in the number of physicians per 100,000 population and 46th when it comes to primary care doctors, which will be in greater demand with the Jan. 1 expansion of health care coverage through insurance and Medicaid.

Supporters say a Southern Nevada medical school will not only put a dent in the doctor shortage and improve health care, but also cultivate research, attract federal research funds and private philanthropy, and spur medical innovations that would drive the statewide economy.

But support for the school isn’t universal.

Although out-and-out opposition isn’t apparent, some stakeholders contend the focus should first be on creating more residency programs at hospitals and clinics where doctors are trained after they graduate from any four-year medical school.

DOCTOR SHORTAGE

In November, officials from UNLV, the University of Nevada, Reno, the University of Nevada School of Medicine in Reno (UNSOM) and the Nevada System of Higher Education signed a memorandum of understanding agreeing to create a four-year medical school in Las Vegas. The agreement also calls for comparable improvements to facilities and programs in Reno, home of the state’s only public medical school, essentially making it a four-year school instead of hosting only the first two years of instruction.

The stage has been set for 2015, when the Nevada Legislature is expected to consider funding for a Southern Nevada school that could open as soon as 2016; that is a challenging sell given recent state cuts in higher education. A statewide commission is developing a plan.

“I can’t envision anything having a greater impact on the university and region,” said Donald Snyder, UNLV’s acting president. “It’s truly a game-changer for the university. It connects the university with the community and has the social benefit of improving health care.”

According to a report by consultant Tripp Umbach commissioned by UNLV’s Lincy Institute, the state’s population is expected to grow by almost 1 million, to 3.7 million, by 2034. That growth will further stress the health care system.

The consultant’s report describes a state with an aging population, further stressed by health care reform and unable to meet the current health care needs of residents, let alone handle that future growth, without another source of trained doctors.

“It’s not that I want a medical school, but that we need a medical school,” said Mark Doubrava, a member of the Nevada System of Higher Education Board of Regents who kick-started the issue by calling for a discussion at last June’s regents meeting. “We’re the largest metropolitan area in the United States without a public medical school.”

Doubrava, a Las Vegas eye doctor and Reno alumnus, said a medical school will not only produce the quantity and quality
of doctors that Southern Nevada needs, but also serve as a magnet for out-of-state doctors who want to relocate to a city with an academic medical institution.

“UNSOM isn’t strong enough, and I can say that as an alum and regent,” Doubrava said. “It doesn’t have the power to attract what we need in Southern Nevada when we talk about the lack of specialists and a lack of primary care physicians.”

Lincy Institute Executive Director Robert Lang said Southern Nevadans make it clear in interviews and with their actions that they lack confidence in Las Vegas medicine. It’s not unusual for residents of any city to travel across the country for treatment in complicated cases, but Las Vegasans go to Los Angeles even for routine exams, he said.

“People are consuming fairly routine service from Los Angeles because … they aren’t confident in the delivery of that service,” Lang said. “There hasn’t been a pipeline to Southern Nevada to provide that service. A med school solves the reputation and pipeline issue, and it would add tremendously to the economic output of the region.”

ECONOMIC IMPACT

In 2030, a decade after graduating its first class, a UNLV medical school would generate $1.1 billion in local economic activity and create 8,000 jobs, Lang said. In addition, expansion of UNSOM would double the economic impact to $600 million in Northern Nevada and add 4,000 jobs, Lang said.

A Brookings Mountain West report said Southern Nevada is missing nearly one-third of its medical economy, and describes Las Vegas as having the smallest share of its economy tied to health services among the nation’s top 100 cities. Health care should account for 18 percent of the Las Vegas economy, up from the current 12 percent, Lang said.

“If you want to diversify your economy, you don’t have to invent something or trade with China,” Lang said. “Just provide medical service instead of importing medicine. Everyone else does their own health care.”

Tripp Umbach recommends the new medical school start classes in 2016 with an initial class of 60. Enrollment would grow incrementally, to an incoming class of 120 in 2030. To keep graduates from the new UNLV school and from UNSOM in Nevada, the consultant said, the state needs a minimum of 240 new residency positions statewide.

Nationwide, students who complete both their undergraduate medical training and residency in the same state have a 70 percent chance of remaining in that state, Tripp Umbach reports. Students who complete only their residency in the state have a 50 percent chance of remaining, it said.

UNSOM has 335 graduates in residency programs, with 234 of those post-graduate training slots in Las Vegas. The bulk of the positions are at University Medical Center, but Sunrise Hospital and Veterans Administration Hospital also have some.

Each resident spot costs $100,000 to $150,000 per year, of which Medicare might pay 40 percent, the hospital 55 percent and the state less than 5 percent, experts say. In 1997, the federal government capped the number of trainees at each hospital by limiting federal funding, said Miriam Bar-on, associate dean of graduate medical education at UNSOM.

The cap applies to existing teaching hospitals, but allows new hospitals without training programs to develop them over five years. Clark County, meanwhile, provides millions of dollars in residency funding through UMC while the state provides a minimal amount.

That has prompted some calls for the state to spend more on residency programs instead of digging deep to start an entirely new school. They note that UNSOM gets $30 million of its $160 million annual budget from the state.

RESIDENCY PROGRAMS

Keith Brill, president of the Clark County Medical Society, said his organization favors “anything that improves health care for Southern Nevada,” and if a medical school accomplishes that, the society would support it. But he added that residency programs are the best way right now to get more quality doctors in Southern Nevada.

Brill said UNSOM and Touro University’s campus in Henderson graduate 200 doctors a year; if most leave the state for residency training, they’re unlikely to return to practice in Nevada.

“The whole medical school issue that came out brought to light the shortage of residency programs,” Brill said. “A medical school without consideration of residency programs is a little short-sighted. We’re not against a medical school, but just want it done in the right way.”

CONTINUED ON PAGE 16
Brill said that means creating an academic medical center like those in other states that have a hospital associated with a university. That is something Doubrava said the Board of Regents wouldn’t favor, because the state doesn’t want to be in the hospital business.

Touro Dean Mitchell Forman said UNLV should get its own medical school, but that there is no rush and that the focus instead should be on adding more residency programs at hospitals and private practices where doctors receive three to seven years of training after graduating from a four-year medical school.

“Having another medical school at a time we can’t accommodate graduates of our current medical school doesn’t seem to make sense to me,” Forman said. “You and I are paying for other states to get the graduates of that program. Is it important to have a medical school? Absolutely. There’s going to be a time where we can accommodate another medical school. We already have another medical school opening shop at Roseman.”

The Nevada State Medical Association has thrown its support for expanding graduate medical education.

“Expansion of graduate medical education opportunities must occur in order for Nevada to retain the physicians trained at our two existing medical schools,” said Stacy Woodbury, executive director of the state medical association. “The key is to have more residency slots within our state. Medicare funds have long been a traditional source of funding but there isn’t likely to be an increase in federal funds available to Nevada for this purpose.”

Nevada needs to grow its cohort of primary care physicians from more than 1,400 to more than 2,600 in the next 15 years, Woodbury said. While saying the association has yet to take a position on a UNLV medical school, Woodbury noted that the limited number of three-year residencies mean that maybe 50 to 100 of Nevada’s 200 graduates each year have an in-state opportunity.

“Four hundred sounds like a lot of slots; but if you’re outputting 200 doctors and only 100 of these slots come up, then half of those people are going to go out of state,” Woodbury said. “If we build another medical school and graduate another 100 doctors a year, we aren’t going to have any more residencies left.”

Doubrava counters that spending the roughly $15 million to $20 million per year in state money UNLV would need annually for a medical school operation on residencies instead wouldn’t provide the same economic impact. He envisions a UNLV school taking over UMC’s current 170 residencies under UNSOM because Clark County officials will want to support the local medical school. UNSOM will need to search out more residencies in Reno and elsewhere in the state, he said.

‘PREPOSTEROUS PROPOSAL’

Doubrava said the UNR school hasn’t been able to tap Southern Nevada donors who would favor a Las Vegas-based medical school. A school with associated residencies in Southern Nevada will attract even more support to make those programs even better, he said.

Lang said the prospect of landing big donations argues in favor of a UNLV-run, freestanding school, rather than creating a UNSOM southern campus. Philanthropy will help cover much of the $70 million to $80 million cost for new buildings.

“No one is going to put any philanthropy in unless it’s a UNLV med school,” Lang said. “They have screamed that. Unless it’s administered by UNLV and reports to the president of UNLV, there doesn’t seem to be lots of big players in philanthropy in Southern Nevada willing to put too much in it.”

Despite the momentum for the proposal, there have been dissenting voices and calls for a go-slow approach to launching a UNLV medical school.

John Packham, the director of health policy research at UNSOM, in a 2013 newspaper column called the idea of lawmakers underwriting a new medical school a laughable and “preposterous proposal.”

Doubrava said Packham has softened his position since, but it shows that elected officials will need data and must be convinced that launching a medical school in Las Vegas benefits the state and region.

“I think two or three years ago the geopolitical climate was that there’s only one medical school and that is at UNR,” Doubrava said. “We will have to show the Reno school will stay intact and progress at its own rate, and that will make a lot of people feel comfortable. I think the more people that hear about and get their questions answered and see the benefits will make this a reality.”

Lang said a medical school would get built because it will more than pay for itself with the jobs and tax revenues it creates, at least $40 million a year by 2030. Starting a medical school is equivalent to the economic benefits of the construction industry, yet unlike construction, he said.

“We don’t have a recession in medicine,” Lang said. “And when you do medicine well, you attract businesses who want to relocate. I think there’s a reason to be optimistic I think we’re going to get this done.”
By BUCK WARGO
SPECIAL TO LAS VEGAS BUSINESS PRESS

Even the dean of Nevada’s largest medical school acknowledges it flies under the radar of the public.
In recent months, a proposal to create a medical school at the University of Nevada, Las Vegas has captured plenty of attention, and will continue to do so into 2015, when the Legislature considers funding it.

But to those saying Southern Nevada needs a medical school, Mitchell Forman has an answer: It already has one.

Touro University in Henderson, since 2004.

Touro, which graduates 130 osteopathic physicians a year and has more than 500 students at its College of Osteopathic Medicine, is considering expanding the number of students it admits a year to more than 200, up from 135 a year, and conducting extensive research on basic sciences, health services and patient care.

“I think our future is great here,” Forman said. “That’s the reason we came to Nevada. We’re about educating and graduating health care professionals that will make a difference in the health and lives of Nevadans. There’s no question we contribute a great deal, but not enough people know about it. We have not used publicity enough to define who we are. That’s going to change now with our new senior provost (former U.S. Rep. Shelley Berkley), who has a great presence. She has already made a difference in publicizing what we do here at Touro University in Nevada.”

While low-profile in Nevada, the Touro University system has 32 schools in five countries.

Touro University Nevada began as a branch campus of the Touro University College of Osteopathic Medicine in Vallejo, Calif. In July 2003, Touro University Nevada received state approval to grant the degree of Doctor of Osteopathic Medicine, and the campus was accredited by the American Osteopathic Association the following year.

Total tuition and fees are $51,206 per year.

The nonprofit Jewish-sponsored private institution has 1,400 students.

Its College of Health and Human Services offers degrees in nursing practice, physical therapy, nursing, and occupational therapy. The College of Osteopathic Medicine not only includes training for physicians, but also offers a master of science in medical health sciences and a master of physician assistant studies.

More than 60 percent of Touro graduates go into primary care, which includes family and internal medicine and pediatric care. The school receives 2,608 applications each year, with the majority coming from Nevada, California and Utah. In 2013, some 65 percent of students were male and 13 percent were from Nevada.

Only 18 graduates entered residency programs in Nevada in 2013, Forman said. Most leave Nevada because the region lacks residency programs, he said.

Touro recently partnered with the Nathan Adelson Hospice for three graduates to serve on a hospice and palliative care residency program. It already has a residency program through Valley Hospital Medical Center.

“From my perspective, the thing that will make the biggest difference in the state is graduate medical education,” Forman said. “Studies have shown that the majority of physicians practice – I have seen 60 to 80 percent – within 50 miles of where they train. It’s not where they go to medical school.”

Expanding residency programs is difficult in Nevada because of limited federal funding, Forman said. To overcome that limitation, private practices should become more involved and the state should favor expansion of residencies over creating a new medical school, he said.

“The problem is getting hospitals to be creative,” Forman said. “They have the ability to develop a robust game but don’t. The culture isn’t developed here, and maybe people are uncertain about the Affordable Care Act. What will it be when it grows up. We’ve heard different things about whether federal funding will get cut. Hospitals say, ‘Why should I invest when the funding will get cut?’”

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Volunteering at hospice steered Dandge to medicine

By BUCK WARGO
SPECIAL TO LAS VEGAS BUSINESS PRESS

When Deepa Dandge was strolling the halls at Silverado High School in Henderson she already had a fascination for medicine, though the thought of becoming a doctor seemed distant.

Little did she know that she would one day stroll the halls of University Medical Center as a first-year resident who aspires to become a family practitioner when she completes her training after three years.

“Hopefully, high school students will be encouraged by my story and pursue medicine,” said Dandge, 28.

The daughter of Viju and Dileep Dandge, chemists who emigrated from India to the San Francisco Bay Area before moving to Las Vegas in 1989, Dandge followed in her brother’s footsteps to study biochemistry at the University of Nevada, Reno.

“I was always fascinated with medicine, but I didn’t think I was necessarily smart enough to be a doctor, in all honesty,” Dandge said of her high school days. “Maybe I was selling myself short.”

Dandge learned in college that a fascination could become a reality. When her brother, Sachin, volunteered at a hospice that needed more volunteers, Dandge said she jumped at the chance.

The experience changed her life. Her mission to provide companionship for those preparing to die encouraged her to do more.

“These people were facing death and coming to terms with it, and it was just eye-opening to me,” Dandge said. “I was sitting here and getting to know them and talking to them. It just sparked an interest for me.”

That interest led Dandge to volunteer for the University of Nevada School of Medicine and its student-run community outreach clinic in which women and children would come in for exams and immunizations.

A year after graduating in 2008, Dandge started at UNSOM in 2009 and spent two years in Reno with her classroom studies before returning to Las Vegas for the final two years of a clerkship at UMC. Upon graduation, she started her residency in July at UMC as part of a three-year program that will launch her career as a family practitioner.

Choosing that direction in medicine wasn’t easy, she said. She enjoyed every specialty she trained in during her clerkship and felt she was missing out on when she focused on a single discipline. As a family practitioner, she can be involved in all aspects of medicine. She opted for that path after she attended a national conference on family medicine.

“They seem to be the happiest with their career and family life, and that’s something that was important to me,” said Dandge, who is in a relationship with a Clark County firefighter with two boys. “I wanted to be involved in all aspects of medicine but not be seen solely as a doctor. I wanted people to think of me as a doctor who is also a mom, a sister and a friend. Family medicine helps that balance.”

As a resident, Dandge works 60 to 80 hours a week, and “stressful” best describes the experience, she said.

“Our school prepares us for it pretty well, but there’s no way not to be terrified on your first day and in your first few months,” Dandge said. “All of a sudden you go from having a short white coat that signals to everybody in the hospital that you’re a medical student to having a long white coat that says you’re a physician. It’s pretty terrifying. But I was well-prepared and don’t know if I would have been if I have gone to another medical school.”

Dandge said she typically arrives at UMC by 6 a.m. and meets patients before the attending physician arrives. There’s no way to predict when she will be done for the day, so it’s vital to have an understanding family because you come home later than expected or have to cancel weekend plans on short notice, she said.

“It’s like being in a tornado,” Dandge said of a first-year residency. “You can kind of see it coming, and when it does you try to survive until it’s over. Once you survive it, you can look back and say ‘I can’t believe that happened, and I made it through it.’”

Deepa Dandge, a resident at UMC, reviews a file of a patient. The Las Vegas native is a graduate of the University of Nevada School of Medicine in Reno.

On the day she was interviewed for this article, Dandge saw her usual range of patients, including one who was thought to be stable but developed an irregular heartbeat requiring an electric shock while she called out the patient’s history and background, she said.

“You have to run through the steps in your head and compose yourself,” Dandge said. “You have to remind yourself you know what you’re doing. You can’t show people you are nervous or unsure. It’s a teaching hospital, and there are always people around you who can help. The whole experience helps you build confidence.”

Dandge said the patient survived, but she knows working with patients who don’t have access to health care and come to the hospital in bad shape means she’s going to lose some.

“You never get used to it, and it’s hard every time you see it,” she said.
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